

Other:

DENTAL PRACTICE TRANSITIONS		Date:				
ASSOCIATE #1 NAME:						
Is this Associate a □ W-2 Employee						
Associate is Compensated at	% of Collections,	% of Production or \$ Daily Rate				
Per Week the Associate Works:	Days and	Hours with Last Year Collections of: \$				
Is Associate a Specialist? □ Endoc						
Associate Has a Written Non-Comp	pete/Restrictive Coven	ant: 🗆 Yes - Trans	ferrable 🗆 Yes -	NOT Transferrable 🛮 No		
Associate Has a Written Non-Solicit						
Please Enter Amounts Paid by Practice:						
Compensation (W-2/1099)	\$	\$	\$	\$		
Health Insurance Premium	\$	\$	\$	\$		
Life/Disability Insurance Premium	\$	\$	\$	\$		
Pension/Profit Share Contribution	\$	\$	\$	\$		
Other:	\$	\$	\$	\$		
A		<u> </u>	Lisa Duas as W			
Associate #2 Name: Is this Associate a □ W-2 Employee	or a □ 1000 Indene		HIRE DATE OR Y	EAR:		
Associate is Compensated at			tion or \$	Daily Rate		
Per Week the Associate Works:				,		
Is Associate a Specialist? Endoc						
Associate Has a Written Non-Comp Associate Has a Written Non-Solicit						
Please Enter Amounts Paid by Practice:						
Compensation (W-2/1099)	\$	\$	\$	\$		
Health Insurance Premium	\$	\$	\$	\$		
Life/Disability Insurance Premium	\$	\$	\$	\$		
Pension/Profit Share Contribution	\$	\$	\$	\$		
Other:	\$	\$	\$	\$		
ASSOCIATE #3 NAME:		Hire Date or Year:				
Is this Associate a 🗆 W-2 Employee			TIIKE DATE OR T	LAIV.		
Associate is Compensated at	·		tion or \$	Daily Rate		
Per Week the Associate Works:						
ls Associate a Specialist? □ Endoc						
Associate Has a Written Non-Comp	pete/Restrictive Coven	ant: 🗆 Yes - Trans	ferrable 🗆 Yes -	NOT Transferrable 🗖 No		
Associate Has a Written Non-Solicit	ation Clause? 🗆 Staff	and Patients 🛚	Staff Only □ Pa	tients Only 🛮 No		
Please Enter Amounts Paid by Practice:						
Compensation (W-2/1099)	\$	\$	\$	\$		
Health Insurance Premium	\$	\$	\$	\$		
Life/Disability Insurance Premium	\$	\$	\$	\$		
Pension/Profit Share Contribution	\$	\$	\$	\$		



Other:

DENTAL PRACTICE TRANSITIONS	AL PRACTICE TRANSITIONS Date:						
ASSOCIATE #4 NAME:		HIRE DATE OR YEAR:					
Is this Associate a □ W-2 Employee							
Associate is Compensated at	% of Collections,			Daily Rate			
Per Week the Associate Works:	Days and	Hours with Las	st Year Collections o	,			
Is Associate a Specialist? □ Endoc							
Associate Has a Written Non-Comp				-			
Associate Has a Written Non-Solicit							
Please Enter Amounts Paid by Practice:			,	,			
Compensation (W-2/1099)	\$	\$	\$	\$			
Health Insurance Premium	\$	Ψ \$	\$	\$			
Life/Disability Insurance Premium	\$	\$	\$	\$			
Pension/Profit Share Contribution	\$	\$ \$	\$	\$			
Other:	\$	\$	\$	\$			
Cinici.	Ψ	Ψ	Ψ	Ψ			
	E #5 NAME: HIRE DATE OR YEAR:						
ls this Associate a □ W-2 Employee	·						
Associate is Compensated at							
Per Week the Associate Works:	Days and	Hours with Las	t Year Collections o	of: \$			
ls Associate a Specialist? □ Endoc	dontist 🗆 Pediatric 🗆	l Periodontal 🛭 P	rosthodontic 🗆 Or	thodontic 🗆 Oral Surgeon			
Associate Has a Written Non-Comp	pete/Restrictive Coven	ant: 🗆 Yes - Trans	ferrable 🗆 Yes -	NOT Transferrable 🗆 No			
Associate Has a Written Non-Solicit							
	allon clause: L olan						
Please Enter Amounts Paid by Practice:	ф.	Φ.	φ.	Φ.			
Compensation (W-2/1099)	\$	\$	\$	\$			
Health Insurance Premium	\$	\$	\$	\$			
Life/Disability Insurance Premium	\$	\$	\$	\$			
Pension/Profit Share Contribution	\$	\$	\$	\$			
Other:	\$	\$	\$	<u> </u>			
ASSOCIATE #6 NAME:		HIRE DATE OR YEAR:					
Is this Associate a □ W-2 Employee	e or a 🗆 1099 Indepe	endent Contractor					
Associate is Compensated at	% of Collections,	% of Produc	tion or \$	Daily Rate			
Per Week the Associate Works:	Days and	Hours with Las	t Year Collections o	of: \$			
ls Associate a Specialist? □ Endoc	dontist 🗆 Pediatric 🗆	l Periodontal 🛭 P	rosthodontic 🗆 Or	thodontic 🗆 Oral Surgeon			
Associate Has a Written Non-Comp	pete/Restrictive Coven	ant: 🛘 Yes - Trans	ferrable 🗆 Yes -	NOT Transferrable 🛮 No			
Associate Has a Written Non-Solicit	ration Clause? 🗆 Staff	and Patients □	Staff Only □ Pa	tients Only 🛮 No			
Please Enter Amounts Paid by Practice:							
Compensation (W-2/1099)	\$	\$	\$	\$			
Health Insurance Premium	\$	\$	\$	\$			
Life/Disability Insurance Premium	\$	\$	\$	\$			
Pension/Profit Share Contribution	\$	\$	\$	\$			

\$