

# Periodontist Acknowledgement of Independent Contractor Status

Patient Name \_\_\_\_\_

Chart Number \_\_\_\_\_

Date \_\_\_\_\_

This document is to advise you that your Periodontist is not an employee or agent of this office. Your signature below acknowledges that you understand and agree that your Periodontist is an independent contractor. It further acknowledges that you understand that services received from your Periodontist may be received at any facility and that Dental Group will not be responsible for the actions of or the services provided by your Periodontist. All billing or other services performed on behalf of the Periodontist are done as an accommodation.

## **ACKNOWLEDGED AND AGREED**

Patient Full Name (Print) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Witness Name (Print) \_\_\_\_\_