## ASSOCIATE DENTIST ACKNOWLEDGMENT FORM

The undersigned has Dentist") and Guardian which	reviewed a copy of the was signed by Participatin	e Agreement (the "Agreement") between	("Participating
The undersigned acknowled continuing and maintaining his	nowledges and agrees that her relationship with Part	nt he/she is signing this Acknowledgment Form in incipating Dentist.	consideration for
Participating Dentist as set fort	h in the Agreement (as sue element including, without and (ii) maintain the licer	ow he/she is hereby agreeing to be an Associate Dennie undersigned hereby agrees to adhere to all of a such Agreement may be amended from time to time to limitation, the obligations to: (i) provide service assure and malpractice insurance required by the Agree	the obligations of ) as if he/she had
Notwithstanding anyth undersigned any compensation he undersigned for services reno	ior sorvices remucicu anu	ndersigned acknowledges that Guardian has no obli- that Participating Dentist shall be solely responsible.	gation to pay the le to compensate
Notwithstanding the for e/she receives a copy of this Ac	regoing, the undersigned a knowledgment Form exec	agrees that he/she shall not be considered an Associated by Guardian.	ate Dentist until
I hereby accept and acki	nowledge the foregoing.		
ASSOCIATE DENTIST		Dental Office:	
Print Name		Dental Office Name	<del>-</del>
Signature	Date	Contract Signer Name	-
GUARDIAN		Address of Dental Office	
By:		City, State, Zip	
Signature	Date		
Title			
		GUARDIAN USE ONLY	
		Facility Number	