Temporary Fill-Ins, South

D.irect D.ental S.taffing

Fax: (303) 337-2755

PO Box 630764 • Highlands Ranch, CO 80163-0764 (866) DDS-STAF • (303) 790-8289

Phone Number: _					
Type or Print Your Name &					
Address:					
Social Security No	.:				
hours x	/hour =	total due	check no	date	
and was properly cer	tified by the dent ary, must be direc	ist or dentist's represei	curate and was worked by mentative. Further acceptance of ary Fill-Ins. I understand I am	f employment from this office	e, either

DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	DAILY TOTAL
SUN		:	:	:	:	
MON		:	:	:	:	
TUES		:	:	:	:	
WED		:	:	:	:	
THURS		:	:	:	:	
FRI		:	:	:	:	
SAT		:	:	:	:	
				TOTAL HOU	rs less lunch:	

Signature of Auxiliary: _____

I have read the terms and conditions below and I agree to be bound by them. It is hereby agreed that the hours stated above are correct and that the work was performed satisfactorily.

Client's	Signature:	
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- (1) Charges for the services provided under this agreement will be billed at the rate schedule effective on the date this voucher is signed.
- (2) Payment shall be made within 10 days of the date Temporary Fill-Ins submits for the services provided under this agreement, unless other arrangements are discussed.
- (3) All requests for Temporary Fill-Ins temporaries shall be made through Temporary Fill-Ins. If this temporary Fill-Ins temporary is hired for temporary or permanent work by the dental office signing this voucher, or anyone through his/her directive, that dentist agrees to pay Temporary Fill-Ins its current effective corresponding fees, within I year of the date this voucher is signed.
- (4) The client agrees to pay all costs of collection, including reasonable attorney's fees, if after default the client's account is turned over for collection, whether or not the matter is resolved in or out of court, with or without litigation.