

This worksheet is offered to assist you in evaluating and gaining clarity on different pay packages during interviews or compensation assessments. Please note that it serves as an illustrative example and may not encompass all possible scenarios.

## Practice Production and Pay Type

What is the monthly practice production? \_\_\_\_\_

How much is my guaranteed base pay per month? \_\_\_\_\_

Will I get paid off collections or production? \_\_\_\_\_

What is the gross percentage of production/collections I will receive? \_\_\_\_\_

If collections, how many days after I bill the procedure am I paid? \_\_\_\_\_

Will I be an employee or an independent contractor? \_\_\_\_\_

## Excluded Treatments and Income Reductions

What treatments are excluded from my percentage pay?

- Hygiene \_\_\_\_\_
- Sealants \_\_\_\_\_
- X-rays \_\_\_\_\_
- Other \_\_\_\_\_

Are there other income reductions?

- Lab Fees \_\_\_\_\_
- Supply Costs \_\_\_\_\_
- Adjustments \_\_\_\_\_
- Write-offs \_\_\_\_\_
- Other \_\_\_\_\_

## Company-Paid Benefits

- Malpractice Insurance \_\_\_\_\_
- Medical & Prescription Insurance \_\_\_\_\_
- Continuing Education \_\_\_\_\_
- Life Insurance \_\_\_\_\_

**Gross Production — Excluded Treatments & Income Reductions — Self-Paid Benefits = True Compensation based on Production %**

## Company Benefits

Company-Paid Medical & Prescription Insurance	<b>Yes</b>	<b>or</b>	<b>No</b>
Company-Sponsored Retirement Plan - 401(k)	<b>Yes</b>	<b>or</b>	<b>No</b>
Company-Sponsored Supplemental Benefits	<b>Yes</b>	<b>or</b>	<b>No</b>
Company-Paid Malpractice Insurance	<b>Yes</b>	<b>or</b>	<b>No</b>
Company-Paid Continuing Education	<b>Yes</b>	<b>or</b>	<b>No</b>
Company-Paid Life Insurance	<b>Yes</b>	<b>or</b>	<b>No</b>
Employee Assistance Program	<b>Yes</b>	<b>or</b>	<b>No</b>
Employee Discount Programs	<b>Yes</b>	<b>or</b>	<b>No</b>
Green Card Sponsorship	<b>Yes</b>	<b>or</b>	<b>No</b>
Visa Sponsorship	<b>Yes</b>	<b>or</b>	<b>No</b>
Sign-On Bonus	<b>Yes</b>	<b>or</b>	<b>No</b>

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- What is the monthly practice production?
- How much is my guaranteed base pay per month?
- Will I get paid off collections or production?
- What is the gross percentage of production/collections I will receive?
- If collections, how many days after I bill the procedure am I paid?
- Will I be an employee or an independent contractor?

\$100,000/month

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\$12,000/monthly guaranteed base

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Production

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30% of production

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Employee

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## Excluded Treatments and Income Reductions

What treatments are excluded from my percentage pay?

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- X-rays
- Other

Are there other income reductions?

- Lab Fees
- Supply Costs
- Adjustments
- Write-offs
- Other

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\$10,000

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## Company-Paid Benefits

- Malpractice Insurance
- Medical & Prescription Insurance
- Continuing Education
- Life Insurance

✓

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✓

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✓

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✓

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**Gross Production** — **Excluded Treatments & Income Reductions** — **Self-Paid Benefits** = **True Compensation based on Production %**  
 \$100,000/month                      -\$10,000                      -\$0                      \$90,000 x 30% = \$27,000/month

## Company Benefits

- Company-Paid Medical & Prescription Insurance
- Company-Sponsored Retirement Plan - 401(k)
- Company-Sponsored Supplemental Benefits
- Company-Paid Malpractice Insurance
- Company-Paid Continuing Education
- Company-Paid Life Insurance
- Employee Assistance Program
- Employee Discount Programs
- Green Card Sponsorship
- Visa Sponsorship
- Sign-On Bonus

Yes or No

Yes or No

Yes or No

Yes or No

Yes or No

Yes or No

Yes or No

Yes or No

Yes or No

Yes or No

Yes or No