



Confidentiality Statement

This Confidentiality Agreement must be signed before we can evaluate your fee schedule(s). In addition to restricting the use and disclosure of our proprietary and confidential business information, this agreement is both a reminder and a commitment not to use the information that we provide in any manner that would violate federal or state antitrust laws.

I/We, the undersigned, acknowledge that the information provided by Atlanta Dental Consultants, Inc. ("ADC") in response to this request is the property of ADC, and is provided for my/our personal office use only. I/We agree not to disclose it to any other person, and further agree not to reproduce or transmit any part of it in any form or by any means, including photocopying, facsimile transmission or entry into any electronic information storage and retrieval system. I/We also agree that the information will not be discussed with any other dentist or dentist's representative, and will not otherwise be used in any manner that could violate federal or state antitrust laws.

Name information for Requesting Individual, Group Practice, or Corporate Entity (please provide a list of office locations and dentists you represent):

Name: _____ Date Submitted: _____

Address: _____

City/State/ZIP: _____ Phone: _____

Dr. _____ Date: _____
Signature

Dr. _____ Date: _____
Signature

If requester is a business entity employing or otherwise representing dentists, please sign here. Your signature affirms that you are authorized to sign this agreement on behalf of your organization and each person who will have access to the information provided to you by ADC.

By: _____ Date: _____
Signature

Title: _____

Please Note: We ask that you submit your entire, unrestricted fee schedule. This form must be signed before your review can be completed. Any information furnished will be used as collective statistical data only and will never be singularly identified. If you have any questions, please call our office.