

## **Dental Practice Advisors**<sup>™</sup> 2023 Annual WAGE & BENEFIT SURVEY

**SURVEY DEADLINE** 

July 31, 2023

Please complete in black ink.

vvisconsin & U	1-1	,				Pleas	e save a d	opy for yo	ur records.
Practice Name					Dr. Name				
Street Address	City	City State		Zip Code					
Email Address (REQUIRED to receive confidential wage survey results)				Т	Telephone Number			State County Required	
Number of days per week the practice is open?									
ASSOCIATE DOCTOR COMPENSATION - If no associate doctor, skip to next section									
Do you provide associates a guaranteed salary?									
What is the amount of the guaranteed annual salary?									
If compensation is commission based, what percentage is used for the calculation?%									
Commission is calculated on (select one): gross production net production collections									
Is commission reduced for lab expense?  YES  NO If yes, what percentage is used?%									
STAFF HOURLY WAGES: Enter staff hourly rate as of May 1, 2023 that best match their job duties.									
Position	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Staff 8	*Bonus
Receptionist									
Fin / Tx / Scheduling Coordinators									
Office / Business Manager									П
Dental Assistant									
Hygienist									
	honuses a	re naid ha	sed on nr	duction	collections	or other r	ractice of	) Dals	
* Bonus ✓ if regular periodic incentive bonuses are paid based on production, collections or other practice goals.									
STAFF BENEFITS: Check all that you offer to any or all staff (exclude owner doctors).									
Retirement plan: Life insurance: Short-term disability: Long-term disability:									
Health insurance: Employee only:  Family coverage:									
Flex spending plan: Medical: Dependent care: Health savings account (HSA):									
Dental benefits: Employee only:   Employee and family:									
Dental benefits: Employee	only: L		Employee	and ran	niiy:				
Dental benefits: Employee PAID TIME OFF (PTO): Check					mily:				
	all that y		to any or	all staff.	holidays:				
PAID TIME OFF (PTO): Check	all that y	ou offer	to any or	all staff. Paid	,	out?	] YES [	NO	
PAID TIME OFF (PTO): Check Vacation: Sick days:	all that y Per	ou offer sonal day	to any or	all staff. Paid	holidays:	out?	] YES [	NO	

Return your survey by July 31, 2023

Email: DPASurvey@dentalpracticeadvisors.com | Toll-free FAX: 866-833-2990 Mail: Dental Practice Advisors, 1537 Park Place, Suite 200, Green Bay, WI 54304

Please send information on Dental Practice Advisors' services. Visit our website at www.dentalpracticeadvisors.com