

NOTICE OF SALE OF PRACTICE

This is to notify ODS/Delta Dental that, pursuant to an agreement,

SELLER:

Name _____ License number _____

Tax Id number _____ Name of practice _____

Address of practice _____

City, State, Zip code

Phone: _____ Fax: _____

Will the selling provider continue to work in the practice? Yes No

Does the selling provider participate in Health through Oral Wellness? Yes No

Seller's signature: _____ **Date:** _____

If there is more than one seller, the above information must be provided on all sellers with accompanying dated signatures for each seller (you may use the back of this form).

PURCHASER:

Name _____ License number _____

Tax Id number _____ Contact Person: _____

Contact Phone number: _____ Contact Email Address: _____

Individual NPI number: _____ Organizational NPI number: _____

Effective Date of Purchase: _____

Purchaser's signature: _____ **Date:** _____

If there is more than one purchaser, the above information must be provided on all purchasers with accompanying dated signatures for each purchaser (you may use the back of this form).

