

Notice of sale of practice



Delta Dental of Oregon & Alaska

This is to notify Delta Dental that, pursuant to an agreement.

Section 1: Seller

Name (first)	Name (last)	Tax Id number	
Name of practice	Telephone number	Fax number	
Address of practice	City	State/Province	ZIP code/Postal code
Will the selling provider continue to work in the practice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the selling provider participate in Health through Oral Wellness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature X			Date (mm/dd/yyyy)

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).

Section 2: Purchaser

Name	Contact person	License number	
Tax Id number	Individual NPI number	Organizational NPI number	
Contact phone number	Contact email address	Effective date of purchase	
Signature X			Date (mm/dd/yyyy)

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).

Section 3: Correspondence address

Please complete the information below for providers that are deceased, retired, and/or have sold their practice. This correspondence information will be utilized for 1099 tax information mailings:

Name (first)	Name (last)	Tax ID number	
Address	City	State/Province	ZIP code/Postal code
Phone number	Email		
Signature X			Date (mm/dd/yyyy)

PID

Ready to submit? Mail this form to Delta Dental:

Attn: Dental Professional Relations
Mail: 601 SW Second Ave., Portland OR, 97240-0384
Fax: 503-243-3965

Questions? We're here to help. Contact the Delta Dental Professional Relations at 888-374-8905. (TTY users, dial 711.)

DeltaDentalAK.com | DeltaDentalOR.com