

NOTIFICATION OF SALE OF PRACTICE

This is to notify Delta that, pursuant to an agreement

S E L L E R	I, Name _____ <small>(print or type)</small>	License Number _____
	Name of practice _____	Social Security Number _____
	Address of practice _____ <small>(street)</small>	TIN _____
	<small>City, State, ZIP code</small>	
	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).

have sold the above practice to:

P U R C H A S E R	Name _____ <small>(print or type)</small>	License Number _____
	Social Security Number _____	TIN _____
	Purchaser's Signature: _____ Date: _____	
	<i>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).</i>	

I, (seller) understand that, pursuant to the foregoing sale, all payments made by Delta Dental of California for Attending Dentist's Statements submitted by myself, **for services dated on or before** _____ (date of sale) **will be issued in my name** and that, as required by law, said payments will be reported by Delta to the Internal Revenue Service as my earnings. _____
(initials)

I, (purchaser) understand that Attending Dentist's Statements for services provided **after** _____ (date of sale), must be submitted under my name and will be payable to me, according to my Participating Dentist Agreement with Delta, or if I do not have a Participating Dentist Agreement with Delta, will be payable to the subscriber according to the terms of the subscriber's group dental care contract. _____
(initials)

Assignment of Payments

Purchaser: I, Name _____
(print or type)

Purchaser's Signature: _____ Date: _____

have purchased the accounts receivable from:

Seller: I, Name _____
(print or type)

Seller's Signature: _____ Date: _____