Notice of sale of practice



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

Seller

Name			License number		
Tax ID number	Name of practice		I		
Address of practice		City		State	ZIP
Telephone number		Fax number			

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

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

Seller's signature	Signature date
Х	

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 telephone number		Contact email address		
Effective date of purchase				

Purchaser's signature	Signature date
X	

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).

odscommunitydental.com

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Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. 34234938 Notice of sale (3/19)