



NOTIFICATION OF SALE OF PRACTICE

This is to notify Delta that, pursuant to an agreement

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

Purchaser's Signature: _____ **Date** _____

have purchased the accounts receivable from:

Purchaser: I, Name _____

Purchaser's Signature: _____ **Date** _____