



MASSACHUSETTS

SALE OF DENTAL PRACTICE

Please use this form to notify Dental Blue about the sale of your dental practice. Return this form by email to DentalNetworkRequest@bcbsma.com, or fax to Dental Network at 1-617-246-9397.

EXISTING BUSINESS INFORMATION

Legal business name: _____

Tax ID: _____ NPI _____

Address (list all applicable)

Sale effective date: _____

NEW BUSINESS INFORMATION

New business name: _____

Tax ID: _____ NPI _____

New owner: _____

Providers practicing under new business

NAME	NPI

SIGNATURES

Current practice owner name _____ Signature _____
Date _____

New practice owner name _____ Signature _____
Date _____

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