



# 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 [DentalNetworkRequests@bcbsma.com](mailto:DentalNetworkRequests@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 \_\_\_\_\_