

**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 <u>DentalNetworkRequest@bcbsma.com</u>, 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 INFORMA	TION	
New business name:		
Tax ID:	NPI	
New owner:		
Providers	NAME	NPI
practicing under new		
business		
SIGNATURES		
Current practice		
owner name	Date	
New practice	Signature	
owner name	Date	

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