

Buying a Denplan patient list

This form is an agreement from the Buyer to receive the Denplan patients and payments from the Seller.

For a smooth transfer of the Seller's Denplan patients and payments to you, please fully complete the following information. If you are buying a practice from more than one dentist, please complete a form for each dentist you are buying from.

Your details

Title:	First name:	Surname:
Date of birth:	GDC number:	
Contact address:		Postcode:
Telephone number:	Mobile number:	
Email address:		
To protect the confidentiality of the sale, please let us know who we can discuss this sale with at the practice: Any Practice Staff <input type="checkbox"/> Practice Manager and I <input type="checkbox"/> Me only <input type="checkbox"/> Any of the individuals named below <input type="checkbox"/> _____ _____		

The sale details

Seller Name:	GDC number:
Name and address of the practice you are buying:	Postcode:
Anticipated date of Purchase:	

Please note that the Denplan patients', whose Goodwill you are buying, will be transferred to you on the same basis they are currently registered with the Seller. If you haven't registered yourself as a member of Simplyhealth Professionals yet, please fill in and return the enclosed Membership application form.

The Denplan Excel certification programme supports your practice with clinical governance and is a clear sign of the high quality dentistry you provide. Would you like to receive more information? Yes No

Denplan Payments

Please provide details of the bank account to receive Denplan payments. By providing bank details, you also agree for them to be used to create registration facilities in your name, in order to transfer Denplan patients to you.

Sort code:	Account number:
Account name:	Bank name:
Bank address:	

Denplan payment should be redirected to this account commencing: MONTH _____ YEAR _____
Please note that Denplan can only redirect payment for complete calendar months and cannot split payments between Seller and Buyer.

By signing this form I agree to all of the following:

- From the agreed Goodwill Transfer date, I will take over responsibility for the Denplan patients under their existing contractual terms
- I have fully considered and acted upon the Due Diligence advice in this booklet
- I understand Denplan patients must be given one calendar months' notice prior to changing their Denplan contracts (Simplyhealth Professionals can notify patients on my behalf FREE of charge)

Buyer's Signature:	Date:
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