

# Selling a Denplan patient list

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

For a smooth transfer of your Denplan patients and payments to the Buyer, please fully complete the following information.

## Your details

Title:	First name:	Surname:
Membership number:	GDC number:	
Date of birth:		
Practice address:		Postcode:
Home address:		Postcode:
Telephone number:	Mobile number:	
Email address:		
Where would you prefer to receive correspondence regarding the sale? Practice address <input type="checkbox"/> Home address <input type="checkbox"/>		
To protect the confidentiality of your sale, please let us know who we can discuss your sale with at your 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"/> _____ _____		

## Your sale details

Buyer Name:	GDC number:
Anticipated date of sale:	
As part of this sale the Goodwill of your Denplan patients will be transferred to the buyer named above. Please confirm which of your Denplan Registration Facilities are to be transferred: All of my Registration Facilities <input type="checkbox"/> All at this location <input type="checkbox"/> (please give postcode) _____ The following Registration Facilities only <input type="checkbox"/> _____ Would you like to remain a member with Simplyhealth Professionals? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Consent to release information to Buyer (optional) Signature:</b> _____ By signing here I give my consent for Simplyhealth Professionals to release information contained in my last 12 months of Denplan monthly reports to the buyer, prior to the date of sale completion.	
<b>Denplan payment should be redirected to the Buyer commencing:</b> MONTH _____ YEAR _____ Please note that Simplyhealth Professionals 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:

- I agree that Simplyhealth Professionals will pay the Denplan payments to the Buyer named above, commencing from the calendar month specified above
- I have fully considered and acted upon the Due Diligence advice in this booklet
- I understand that I must provide my patients with one calendar months' notice prior to changing their Denplan contracts (Simplyhealth Professionals can notify patients on my behalf FREE of charge)

Seller's Signature:	Date:
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