

Ownership Change

New Owner Form

We are thrilled to welcome you to RevenueWell as a practice owner. To complete the ownership change, please fill out the form below and return to your Customer Success Manager. Our Customer Experience team will finalize the transfer and ensure a smooth transition for your practice.

Ownership Details

New Owner or DSO Name

New Owner Phone Number

Primary Contact Name

Primary Contact Phone Number

Primary Contact Email Address

Effective Date of Ownership Transfer

Current Practice Name

Office Manager Name

New Practice Name (If Applicable)

Have there been changes to practice staff? YES NO

If yes, please explain changes.

Note: The primary contact listed above will receive an emailed DocuSign within seven business days to confirm subscription details and provide new billing information.



By signing this form, you confirm that all information is correct and RevenueWell can proceed with the Ownership Change request.

X

New Owner

Date