

SureSmile® Case Transfer Form

Effective for Standard Case Starts beginning March 01, 2021

This SureSmile® Case Transfer Form (“Form”) supplements any terms of sale or service that the below listed dental professionals (“Transferring Professional” and “Receiving Professional”) have entered into with DENTSPLY SIRONA Orthodontics Inc., or its local affiliate (referred to herein as “Dentsply Sirona” that govern the use of Dentsply Sirona’s SureSmile® orthodontic treatment planning software and the purchase of clear aligners and other products from Dentsply Sirona.

Case Transfer Policy

- Transfers of SureSmile® Cases are available between dental professionals who currently use the SureSmile® orthodontic treatment planning software.
- Each of Transferring Professional and Receiving Professional acknowledge that a separate Case Transfer Form must be submitted for each patient/case being transferred.
- Both Transferring Professional and Receiving Professional must fully complete all information, sign and date the Form prior to submission.
- Dentsply Sirona will review the Case Transfer Form and respond to the submitter within 10 business days with Approve, Deny or Need additional information. If approved, a case transfer Authorization Number will be provided. Case Transfer will only be processed if a case transfer Authorization Number is issued.

Requested Case Transfer

- Transferring Professional hereby requests that Dentsply Sirona transfer Patient HRID _____ to Receiving Professional within the SureSmile® treatment planning system.
- Transferring Professional hereby represents and warrants that it will (or has) transmit(ed) with the patient, or as promptly as reasonable hereafter, copies of the patient’s treatment record or an abstract of pertinent information required to enable uninterrupted and proper treatment, and that applicable data protection laws have been and will be complied with for the case transfer.
- All reasonable efforts will be made by both parties to preserve the confidential nature of the patient’s medical records, including information contained in the SureSmile® treatment planning system and individually identifiable information of such patient that has been created during the past, current, or future provision of medical care (collectively, the “Personal Information”) and to safeguard the rights of the patient as to medical and/or other privileged information contained within said records in accordance with applicable state, federal, and local laws and regulations, including without limitation any obligations under applicable data protection laws.
- Transferring Professional expressly acknowledges and confirms that the patient has given its informed and valid consent to the disclosure of his or her Personal Information to the Receiving Professional. The Transferring Professional shall indemnify, defend, and hold harmless Dentsply Sirona and its officers, directors, agents, and employees from and against any and all costs, demands, liabilities, settlements or verdicts, including reasonable attorneys’ fees, arising out of any claim, demand, action or suit brought by, on behalf of, any transfer patient in connection with Transferring Professional’s performance or failure to perform its duties hereunder.

- From the date of transfer, Receiving Professional agrees to assume responsibility for the patient's care and comply with applicable data protection laws in using, editing, storing, transferring or deleting the information arising from the case transfer.

Fees

- Receiving Professional acknowledges that a transfer fee will be charged on the Receiving Professional's credit card on file. Receiving Professional expressly authorizes Dentsply Sirona to charge its credit card in accordance with the Authorization to Bill Credit Card on file with Dentsply Sirona. Cards are typically charged within 5 business days after approval of the requested case transfer.
- Upon completion of the transfer of the above-listed patient/case, all further products ordered in support of such case shall be charged to the Receiving Professional.

Please submit this Form within the specified timeframe. Please scan and email completed form to suresmile-customer-care@dentsplysirona.com.

Transferring Professional

Practice Name: _____

SureSmile® Practice ID: _____

Doctor's Name: _____

Signature: _____ Date: _____

Receiving Professional

Practice Name: _____

SureSmile® Practice ID: _____

Doctor's Name: _____

Signature: _____ Date: _____

SureSmile® only	
<input type="checkbox"/> Approve	Authorization Number: _____
<input type="checkbox"/> Deny	_____
<input type="checkbox"/> Need additional information	_____
Patient HRID assigned for Receiving SureSmile® Practice (B) _____	