

# Case transfer

Use this form to transfer an active ClearCorrect case to another doctor. The new doctor must be registered as a ClearCorrect provider before the transfer takes place. Email this signed form to your account rep or contact a provider services representative at [support@clearcorrect.com](mailto:support@clearcorrect.com) for assistance.

## PATIENT INFORMATION

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Case number \_\_\_\_\_

Patient's name \_\_\_\_\_

## CURRENT DOCTOR

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Current doctor's name \_\_\_\_\_

I attest that I am the doctor currently registered as the provider for the case specified above. I wish to transfer this case to the doctor specified below. I understand that I will no longer be authorized to receive confidential medical information about this case from ClearCorrect. I understand that transferring this case does not absolve me of legal responsibility for any services performed before the transfer. I agree to ClearCorrect's current pricing, terms, and conditions.

Current doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

## NEW DOCTOR

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New doctor's name \_\_\_\_\_

New practice name \_\_\_\_\_

New practice address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I attest that I am currently registered as a ClearCorrect provider. I wish to assume responsibility for all future treatment in the case specified above. I understand that, after the transfer, any future phases will ship to the practice I specify. I understand that I will be responsible for paying any outstanding costs for this case, regardless of when the costs were incurred, and that I may be billed for additional steps or phases if the treatment extends beyond the number of phases that have already been purchased. I agree to ClearCorrect's current pricing, terms, and conditions.

New doctor's signature \_\_\_\_\_ Date \_\_\_\_\_