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(215) 567-0110 • anandrao97@gmail.com

2nd | Dr. Ronald K. Heier | 2015  
Drs. Graff & Heier, LLC  
100 Deerfield Lane #290 • Malvern, 19355-2159  
(610) 296-9044 • RonHeier@verizon.com

3rd | Dr. Eli Stavisky | 2016  
700 Glenburn Road, Clarks Summit, 18411-2306  
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4th | Dr. Frederick S. Johnson | 2017  
Dental Art Images, LLC  
221 West Penn Ave., #213, Cleona, 17042  
(717) 272-8500 • johnsondavis520@comcast.net

5th | Dr. James M. Boyle | 2017  
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6th | Dr. John P. Grove | 2014  
PO Box 508, Jersey Shore, 17740-0508  
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7th | Dr. Wade I. Newman | 2014  
Bellefonte Family Dentistry  
115 S. School St., Bellefonte, 16823-2322  
(814) 375-1023 • wpetraitis8th@gmail.com

8th | Dr. Thomas C. Petraitis | 2015  
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9th | Dr. Joseph E. Ross | 2016  
Old Library Office Complex  
106 E. North St., New Castle, 16101  
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10th | Dr. Herbert L. Ray Jr. | 2015  
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The mission of the Pennsylvania Dental Journal is to serve PDA members by providing information about topics and issues that affect dentists practicing in Pennsylvania. The Journal also will report membership-related activities of the leadership of the association, proceedings of the House of Delegates at the annual session and status of PDA programs.

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WHEN YOU GET A CLAIM, WHO WILL DEFEND YOU THE BEST?

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Solving Today’s Dental Care Crisis

The financial challenges facing today’s dental practices have made headlines in dental publications as well as newspapers, magazines, T.V. and radio. Like all segments of the economy, dentistry has been affected by the events of the past five years of recession as well as issues that previously existed.

Most notably, the high cost of dental education has been mentioned numerous times for its effect on future dental students. In addition, a dentist’s income, purchasing a practice, availability of dental patients and competition have all been implicated in the modern day drama of being a dentist. Educational debt is definitely the No. 1 issue facing dental student graduates.

The cost of maintaining a dental practice has also been a major factor in the delivery of dental care. Dentists must pay their debt, therefore they must charge fees that enable them to repay debt and at the same time have income for living expenses and savings. The economic trickle down of a dentist’s expenses affects everything from how many hours per week a dentist works to how much they charge for each procedure, what they pay their staff and what they can do charitably.

One can argue that charity has nothing to do with how much one earns. Charity is something born inside each of us no matter if we are rich or poor. But I would suggest that when one feels more comfortable with their financial situation one is more likely to be charitable.

We also can’t lose sight of the source of our busyness, our patients. We need a steady supply of patients who need dental procedures. We also need patients that can pay for these services. When the economy is down most people begin to panic and dental care becomes optional unless it’s a true emergency.

So if dentists are affected by the economy, the cost of education, and the availability of patients, what can they do to take control their futures? I have pondered this question for quite some time. What can dentists do to increase their revenue? Then, one day, it hit me like a giant billboard on the Turnpike. Naming rights!

That’s right, let’s start selling name rights for our practices. Everyone else does it to get additional revenue. Sports stadiums, university buildings, etc...

I think that if we were to go shopping for sponsors like a race car driver we could literally be sitting in the driver seat.

Can you see it now? We can rename my practice to “Dunkin Donuts Endodontics.” Or, “Ambesol Endodontics.” That’s a catchy one! Someone suggested, “Vicodin Endodontics.” I don’t really get that one. It shouldn’t really matter if the sponsor is relevant to dentistry as long as they pay. We can have the “Staples Dental Center” or “Best Buy Dentistry.”

Since we all know that sex sells, maybe we just need to cut to the chase with “Hooters Dental” or “Chippendale Dental.” That will get those scared patients in the door, right? Maybe “The Nyquil Center For Sleep Dentistry” could work for someone. You see, it’s all about image and imagination.

The list of ideas is endless. The problem
is going to be to convince sponsors of the advantages to them. If the company owners are not dental phobics they may get the idea of branding their label to a target audience. Since patients are trapped in the dental chair for an hour once or twice per year they can be bombarded by all manner of advertising from email blasts to logos on the website. Appointment reminders with sponsorship ads can be plastered all over the post cards.

How about infomercials on the televisions in the waiting and treatment rooms? When they come into the office they will see sponsor logos around the office instead of art work from Bed Bath and Beyond. When they leave they will get a toothbrush with more logos than a race car at the Indy 500. It might be fun to see how many logos you can fit onto one toothbrush.

My other thought was rewriting my HIPAA notification policy to alert my patients that I will sell my list of patient names to whomever is willing to pay me for them. This could be another stunning way to bring in more revenue. Why on earth do I want to work nights and weekends when I can find other ways to make money from my practice? Of course that will require that my patients accept the “Right To No Privacy” statement that I will require if they wish to be a patient in my office. When I explain that the reward to them is not to increase my fees annually and not to perform treatment that really wasn’t necessary in the first place in order to pay the rent, I am sure they will agree.

Potential buyers for my patients names include: credit card companies, pharmaceutical companies selling strong narcotic pain medication and malpractice attorneys. It has also occurred to me that the NSA may be interested in my list of patients. Seems they have been having recent setbacks in obtaining personal information on us. I think I can help them with that.

If these ideas don’t work, I can always go back to the old fashion way of dental practice. Namely, treating one patient at a time. But what’s the fun in that!

—BRT
We continue our 106th year of camaraderie and education as one of the oldest dental societies in the region!

Upcoming Events

Fall All Day Program: Friday, September 20, 2013
The Buck Hotel, Feasterville, PA
“Staging Comprehensive Treatment”

John Nosti D.M.D. practices full time with an emphasis on functional cosmetics, full mouth rehabilitation, and TMJ dysfunction. His down to earth approach and ability to demystify occlusion has earned him distinction among his peers. In his lecture, participants will learn how to stage comprehensive treatment to meet their patient’s budgetary limitations while providing functional and stable dentistry.

Fall Dine Around: Wednesday, November 6, 2013
Toscana 52, Feasterville, PA
“The Five W’s of Xylitol”

Lisa Stillman, RDH, BS is the Northeast Xylitol Educator. She teaches dental health professionals the general and dental health benefits of quality xylitol products with presentations and literature to assist dental offices to incorporate xylitol into the dental hygiene protocol. Lisa has practiced dental hygiene in Maryland and Virginia and currently has a position specializing in Periodontics. The Five W’s of xylitol: the Who, What, When, Where, and Why will become clear upon completion of this course. In addition, attendees will gain a greater appreciation for the many preventive and therapeutic benefits of xylitol.

Spring Dine Around: Wednesday, March 12, 2014
The Refinery at Sugarhouse Casino, Philadelphia, PA
“The Many Faces of Facial Pain”

Alan Stiles, D.M.D. is an instructor in the Department of Oral and Maxillofacial Surgery at Thomas Jefferson University. His clinical practice is limited to the management of head, neck, and facial pain. Following his completion of his DMD at Temple University, he completed a residency in Orofacial Pain and Dysfunction at UCLA School of Medicine and Dentistry. He then completed his fellowship in headache at the Jefferson Headache Center in the department of neurology at Thomas Jefferson University in Philadelphia.

CPR: Friday, April 25, 2014
The Buck Hotel, Feasterville, PA

Spring All Day Program: Friday, May 9th, 2014
The Buck Hotel, Feasterville, PA
“Productivity: It’s not by chance”

Bruce Baird, D.D.S.: The business of dentistry is changing as rapidly as new technology is changing how we treat patients. To succeed in today’s challenging economic environment, we have to re-evaluate our current processes and symptoms. Learn several key strategies that will effectively change your thinking on the business of dentistry, challenge many of the beliefs that prevent practices from realizing their full potential, and offer solutions to your most challenging business issues. Dr. Baird is a preeminent cosmetic dentist in the Dallas / Fort Worth area at Granbury Dental Center. Dr. Baird specializes in cosmetic makeovers, full mouth rehabilitation, and dental implants.

Annual Golf Outing: June, 2014
Philmont Country Club

For more information on Eastern Dental Society, please contact Dr. Michael Salin at Info@Eastern-Dental.org or (215) 322-7810, or visit us online at www.Eastern-Dental.org
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ADA CERP

CME Program

Friday, November 15, 2013

Jeff Staads — Billings, MT — "You Cannot Not Communicate" Everyday, in every situation that involves another person, communication takes place. We recognize it most readily when words are used, besides the words we choose and use, messages are always being sent. The way you dress, your self-image, can all send messages. Are the messages received by our patients and others the same ones we think we are sending? Improving your communications skills will not only help you get treatment acceptance but also help you present accounts receivable from developing by verbally supporting your financial expectations. Should accounts receivable develop, you will learn how to collect them. You will learn: Skills that improve your communications: How to change your attitude when dealing with problems; the different characteristics of challenging people; Eight action steps is better deal with the people that challenge us: Create an effective financial policy; Better results by controlling the collection conversation; Collect more money at time of service. Since 1990, as President of BRC, Jeff tells us with an average of 500 patients each year in the U.S. and internationally on communications skills, collections, sales and leadership. This course is a must for the entire dental team! This course is sponsored by an educational grant from Dodd Dental Lab, Bonadent Lab and Dentply.

Wednesday, December 18, 2013

Lou Graham, DDS — Chicago, IL — "Updates in Direct and Indirect Restorative Dentistry: Mastering Today's Materials for Your Practice" With the life expectancies now approaching 80-90 years of age, developing our restorative as oral health care providers to approach our patients with the most conservative restorations to maximize tooth structure. This course is about how to create long lasting restorations and the essential steps that MUST be incorporated into the process. The changes in materials have been profound and this program will present casework for all, class I, class II, class III, class IV, class V restorations with the latest research and treatment goals. This course reviews direct restorative materials that are tried, tested, and the hidden secrets of what you need to know for proper curing, indirect porcelain, and the implementation of indirect composite restorations to provide simple, non- invasive, long lasting, aesthetically pleasing restorations. Includes: 1. Understanding the basics of restorative dentistry and how to apply them. 2. Understanding the clinical aspects of direct and indirect restorations. 3. Understanding the materials and how to apply them. 4. Understanding the techniques and how to apply them. The course will be conducted by Lou Graham, DDS, and will be presented in a hands-on format.

Wednesday, January 15, 2014

John Minichetti, DMD — Eaglewood, NJ — "Information and Dentists Must Have for Successful Implant Treatment" This program is designed for the dentist wishing to learn how to incorporate or expand their implant knowledge and techniques. Participants will go over diagnosis of the implant patient, treatment options for the implant patient, evaluation of the patient, implant planning, and treatment planning. This course is hands-on and participants will have the opportunity to perform hands-on procedures.

Friday, April 11, 2014

L-Stephen Buchanan, DDS, FAKC, FACD — Santa Barbara, CA — "The Art of Endodontics: Everything Has Changed but the Anatomy" This presentation reviews the most fundamental and changing endodontic issues — principles of treatment, anatomy, and more. Principles — to principles of treatment, simplicity our choices among prevailing popular techniques. A regimen is shown that can take one in or out, and it pain is of endo toxicity, it can discover which tooth is referring the pain. Dr. Buchanan will also show his most current treatment methods. Procedures covered include guided access canals, rotary shaping with one file to three, bypass irrigation and 3D obturation accomplished in seconds. After watching this presentation attendees should understand: The influence of endodontic anatomy on pulp degeneration and how the complexities of root canal systems dictate treatment to their lid area and lateral extents. How 3D and 2D radiography with dental pulp testing can deliver 100% diagnostic confidence. How to treat patients with the greatest care, endo to implant, and how you are going to successfully invade the root canal system. How cutting with guided access bares reduced endo morbidity, and how your roots may help you deliver the best treatment options for your patients. The course will be conducted by Dr. L-Stephen Buchanan, DDS.

Thursday, May 8, 2014

Glenn Dupont DDS — St Petersburg, FL — "Solving the Most Difficult Cases: A Step-by-Step Process" After graduating from Emory University School of Dentistry in 1979, Dr. Dupont joined the practice of Dr. Peter Dawson. He is currently the Director of Faculty at the Dawson Academy. Dr. Dupont will share a process that he has been using successfully to solve the most difficult cases that patients present with. He has accumulated some extremely challenging cases over the last 34 years. Anterior open bites, class three problems, anterior cross bites, posterior cross bites, deep overbites, bimaxillary and anterior crowding are a few of the cases that he will address. A step-by-step process will be presented in a series of checklists that the attending dentist can immediately apply to help solve problems with the utilization of Dawson theory, formula and concepts of esthetics and function. Apply the four treatment options to solve functional issues (Utilize the Functional-cathetic 2-3 checklist, Show the use of the 10 Step 2-3 checklist, Drills checklist for lab communication to ensure predictability). Utilize this particular process to sequence all types of cases for efficiency and productivity; apply these checklists and principles to a number of different cases. This course is co-sponsored by an educational grant from Dodd Dental Lab, Dentply and Hayes Handpiece Repair.

Those taking the full DKU Series will receive both Bonus Courses at the Valley Forge Radisson Hotel

Thurs., Sept. 26, 2013 Wed., Fri., March 5-6-7, 2014 BONUS #1: Gordon Christensen, DDS; "Clinical Update" BONUS #2: Members choose one course from the Valley Forge Dental Conference

All meetings will be held at the Springfield Country Club on Route 338, Springfield, Delaware County, PA, except for the Bonus Courses held at the Valley Forge Radisson Hotel. Registration for all courses 8:15 AM, Lecture 9:00 AM — 4:30 PM. Continental breakfast and lunch included for all DKU courses.

FEES

Dental and Clerical Society Members - Entire Series plus both bonus courses - $695, Individual Courses - $195, 3 Courses - $330, 4 Courses - $655, Non-ADA Members - Entire Series plus both bonus courses - $815, Individual Courses - $225, 3 Courses - $655, 4 Courses - $1310

Student members accompanied by a dentist will be $95 per course per person with reservation at least one week in advance. $110 per course per person at door. Cancellations and Refund Policy — No refunds will be made without notice of at least one week prior to course date. (A $35 administrative fee will be deducted.) For information please contact DKU • 203 Barry Cohon, DMD • 4750 Township Line Rd • Drexel Hill, PA 19026 • 610-449-7002 • DKUDental@wcom.com
We are now at the midpoint of a two-year legislative session in Pennsylvania, and it seems a prudent time for PDA to assess where we stand on our issues. After scoring several legislative victories in 2012, there was a strong possibility of the legislature telling us to “take a break” in 2013. But once again we were successful in restoring the state’s funding in the Donated Dental Services program, which provides access to individuals in need who are unable to afford dental care. HB 1056, our other important access to care bill allowing out-of-state dentists to obtain temporary licenses in order to volunteer at events like Mission of Mercy and Give Kids a Smile, passed the House of Representatives in April.

Several other bills popped up this year that we did not expect, but to which we were able to quickly and effectively respond. They include bills pertaining to loan forgiveness for dentists, the administration of anesthesia in a hospital setting and the creation of a prescription drug monitoring program. And, of course, we are monitoring the implementation of the federal Affordable Care Act at the state level.

Here’s a recap of where things stand at the end of 2013:

**Assignment of Benefits (SB 520)**

SB 520 would require all insurers to assign benefits directly to the provider, regardless of whether he or she is a participating provider. Sen. Kim Ward (R-Westmoreland) introduced this bill at PDA’s request, and it was assigned to the Senate Banking and Insurance Committee for first consideration. PDA participated in a series of meetings with Chairman Donald White (R-Armstrong) and lobbyists for various insurance organizations and companies. PDA made a compelling argument that SB 520 would improve access to care, particularly for children of divorced parents and for patients in rural areas. The insurance lobbyists were not able to articulate why assignment of benefits laws could work in other states but not Pennsylvania, nor were they able to produce any data substantiating their claim that this law would result in a decrease in network participation.

In October, PDA participated in another meeting with Sen. White, his staff and the insurance lobbyists. We were well represented by Dr. William Spruiil, former PDA president, Dr. Herb Ray, trustee from the Tenth District, and Dr. Wade Newman, trustee from Seventh District. We continue to lobby Chairman White to schedule a committee vote on SB 520.

**Loan Forgiveness for Dentists (HB 542)**

Rep. William Kortz (D-Allegheny) introduced HB 542, legislation to establish the Loan Forgiveness for Dentists Program with the Pennsylvania Higher Education Assistance Agency (PHEAA) in order to increase the number of recent dental school graduates practicing in Pennsylvania.

Under this program, PHEAA would forgive up to 50 percent of the dentist’s loan, not to exceed $100,000. He or she would be subject to a four-year contract with the agency and the award would be forgiven over a four year period at an annual rate of 25 percent. These dentists must practice in an area designated a health professional shortage area by either the federal government or Pennsylvania Department of Health.

The current loan forgiveness program, run by the Department of Health, reimburses a maximum of $64,000 for a four-year commitment. On average, dental students graduates with more than $200,000 in debt, and dentists who continue with specialty training typically assume an even greater amount. Only 30 percent of students graduating from Pennsylvania’s three dental schools choose to practice here.

PDA is generally supportive of student loan forgiveness programs, so long as the state does not require dentists to stay in one area for such a length of time that students are hesitant to apply to the program. Also, the debt forgiveness should be an amount that will incentivize students to practice in Pennsylvania.

HB 542 was assigned to the House Education Committee in February, but it has not yet received any consideration.

**Drug Prescription Monitoring program (HB 1694)**

Rep. Matthew Baker (R-Bradford) introduced HB 1694 in September and it was assigned to the House Human Services Committee. If enacted, this bill would establish an electronic database of controlled substance prescriptions. Dentists and other health care practitioners would have to abide by stringent regulations to submit information to the database in a timely fashion.

PDA provided comments for the Committee’s consideration as soon as it became apparent that the House intended to vote on the bill in November. PDA’s lobbyists are now working with a few senators and their staff members to introduce amendments to HB 1694 while it is assigned to the Senate for consideration.
• Clarification is needed on when health care practitioners actually become a dispenser of medication and whether that includes when dentists give a controlled substance for a patient to take before leaving the dental office.

• The state would establish an Advisory Committee but dentistry is not included in its membership. PDA recommended amending the bill to include a representative from the State Board of Dentistry and a representative from the Pennsylvania Dental Association. The committee is responsible for a number of things, including the formation of continuing education for providers.

• PDA questioned whether any disclosure requirements are in violation with HIPAA since there might not be any business associate agreements in place between providers sharing confidential health information with each other and state employees.

• PDA questioned whether 72 hours is a sufficient amount of time for dentists to submit information into the database. The bill does not say expressly state that dentists may designate a staff person to do this task.

• PDA questioned whether the state can guarantee that practitioners only have access to current patients and what would happen in situations where the patient chooses to go to another provider or the dentist retires from active practice.

• PDA expressed its belief that the failure to comply was too onerous, as it would result in civil penalties and a potential suspension or revocation, etc., of a dental license.

• A practitioner doesn’t have to pay a fee or tax to establish, operate or maintain the database. However, PDA noted that the bill does require submitting dispensers to assume all costs associated with recording and submitting data. HB 1694 does not specify the cost of this database to the state or providers.
PDA asked how the state will define “good cause” for practitioners who cannot submit data electronically. We also questioned whether these individuals would have to abide by the 72 hour requirement if they submitted information via hard copy. Compliance may be difficult for dentists who do not have computers in their dental office.

**Anesthesia in Hospital Settings (HB 1603)**

Rep. Jim Christiana (R-Beaver) introduced HB 1603, legislation that would amend the Medical Practice Act to provide a definition of “anesthesiologist,” and to require anesthesia be provided by an anesthesiologist only or a physician not an anesthesiologist who is given anesthesia privileges by the hospital and meets enumerated criteria in the bill. The bill allows for the delegation of an anesthesiologist’s authority by the anesthesiologist and details the circumstances under which students may provide anesthesia.

The bill states that it is not intended to have any effect on dentist anesthesiologists or oral surgeons with an unrestricted permit who have hospital privileges. PDA noted some consistencies in the bill and how dentists with unrestricted anesthesia permits are regulated by the Department of Health's health care facilities regulations when they administer anesthesia in hospitals, so the exemption in the bill for dentists with unrestricted permit holders may not be enforceable. HB 1603 needs to be amended to address this inaccuracy, to include dentists in the definitions provided and to correct the implication that dentists are exempt only if they provide the anesthesia and perform the dental work.

HB 1603 was assigned to the House Professional Licensure Committee for first consideration.

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Attendees will not receive packets in the mail prior to this event, so please check the website frequently for updates.

PDA STAFF WILL EMAIL YOUR TEAM’S LEGISLATIVE APPOINTMENT SCHEDULE THE DAY BEFORE DAY ON THE HILL.

Thanks to your ongoing support, PDA has had many legislative victories, such as:

PASSING a state budget that included funding for the Donated Dental Services program.

PASSING legislation prohibiting insurers from capping non-covered dental services.

PASSING legislation requiring insurers to cover general anesthesia costs when treating young children and patients with special needs.

...and MANY MORE!
DAY ON THE HILL

I would tell colleagues who hesitate to come to this event that it’s actually a very important event. It’s really important especially to help protect our profession and our patients. I think some of the hesitation is because it is a weekday and you may have to close your office, but you’re given the date well ahead of time so there is enough time to plan ahead and prepare for this. It’s actually one of the most important things that the Pennsylvania Dental Association does.

Dr. Amanda Hemmer,
Philadelphia

I think it’s important for PDA to build relationships with legislators because they are the ones that control a lot of what we do and have a lot to do with how dentistry is run. I have a feeling that if we don’t get in touch with them there is no way they will know what is important in dentistry. Dentistry is a very specialized field and I think that we need to inform them about what is important for us, and important for our patients most of all.

Dr. John Maynard,
Camp Hill

It’s definitely worthwhile because after hearing a little bit about what PDA does for dentistry in the state of Pennsylvania, I thought it was really beneficial to come and see it in action and see what they do. It is such an important part of our profession to support these people and what they do because they are the reason why we’re able to practice and why dentistry is such a great field to work in. They are the ones helping us out and they deserve all of our support.

Alexandra Massik,
University of Pittsburgh,
Class of 2015

SCHEDULE

8:30 - 9:15 a.m.
Continental breakfast and legislative briefing by PDA lobbyists. Please arrive at the Radisson Hotel in Camp Hill no later than 8:30 a.m. to meet with your team.

10:30 a.m. - 1 p.m.
Team visits with legislators or staff. PDA will schedule your team visits in advance.

1:15 p.m.
Boxed lunch and debriefing by PDA’s lobbyists.

1:45 - 3:15 p.m.
Dental Career Expo immediately following Day on the Hill.

LEGISLATIVE BRIEFING

*Legislative briefing begins at 8:50 a.m.
9:15 a.m.
Board buses for the Capitol.

10 - 10:30 a.m.
PDA rally on the staircase of the main Rotunda.

SCHEDULE NOTE:

Tuesday may be a bad day of the week for you, but Tuesday is the best guarantee that you will see your legislator at the Capitol. The General Assembly only is in session Monday-Wednesday.

PDA makes every effort to schedule Day on the Hill for a day that the legislature will most likely be in session. However, there may be unforeseen circumstances in which your legislator may be called out of the office. Should this happen, you will be able to meet with legislative staff. We appreciate your understanding and cooperation should this occur. Oftentimes, meeting with legislative staff is just as effective. No matter what, the presence of hundreds of dentists, spouses and dental students at the Capitol will be noticed!

ANNOUNCING PDA’S FIRST-EVER DENTAL CAREER EXPO:

The Expo offers dental students the opportunity to explore different career paths within dentistry and provides PDA members a venue to discuss employment opportunities with interested students. Featuring individual practitioners, group practices, Pennsylvania residency programs, dental clinics and the Pennsylvania Loan Repayment Program, students and dentists will have the chance to make connections for the future at this event. To reserve space as an exhibitor, please contact Andrea Hoover at ach@padental.org or (800) 223-0016, ext. 123.
MEET YOUR LEGISLATORS —
Know Our Issues – Protect Your Profession

Legislative fundraisers serve as an opportunity for PDA members and PADPAC contributors to have face time with the legislators and staff who determine the outcome of our legislative priorities. Legislators and party campaign committees hold golf fundraisers and intimate receptions throughout the year. Fundraisers are usually held in Harrisburg, but PDA’s lobbyists, and staff, and members can also meet with legislators in their districts to discuss our issues. PDA attends these events based on the recommendations of our lobbyists and with approval from the PADPAC board. These fundraisers offer access to elected officials who shape dentistry’s future.

Advocacy Tips

By attending fundraisers, PDA members are uniquely qualified to help policy makers focus on important issues that would improve dentistry in Pennsylvania. When discussing our issues, you should take the setting and formality of the fundraiser into consideration. For example, a reception in Harrisburg or the district serves as the perfect opportunity to discuss our priorities. Golf fundraisers and picnics are traditionally meant for members to casually get to know policy makers, however, it is possible legislators or staff will ask about our issues.

Here are some tips to prepare for your advocacy role at receptions and golf outings:

• Familiarize yourself with Pennsylvania’s legislative process.
• Understand PDA and its major initiatives and legislative priorities.
• Learn more about key House and Senate committees that have first consideration of legislation. Bills won’t go anywhere if they aren’t voted out of committee.

 o House of Representatives Committees:
  • Insurance
  • Professional Licensure
  • Appropriations

 o Senate Committees:
  • Banking and Insurance
  • Consumer Protection and Professional Licensure
  • Appropriations

• Find out if your legislator is a member of any of these committees. Stay connected to PDA’s Government Relations department for pertinent information regarding PDA’s legislative positions. Contact us beforehand for the status of our issues or log onto the Advocacy section of www.padental.org to learn about our issues.
• Encourage other PDA members to contact their legislators and contribute to PADPAC.

Meeting Policy Makers

Face-to-face meetings with legislators and their staff at fundraisers make lasting impressions.

Here are some tips to maximize your meeting:

• Bring business cards to leave behind with legislators and staff.
• Review PDA’s latest action alerts, suggested talking points and any other information that may be relevant to your discussion.
• Be issue-oriented and clearly state PDA’s position.
• Share your story – Provide examples of how an issue personally affects you or your patients.
• If a legislator or staff person disagrees with you, politely restate your position and make sure you respectfully listen to his or her position. Be careful not to berate the individual for having a different opinion. We could need him or her on a different issue.
• Always thank the lawmaker. Be sure to say that you look forward to working together on future issues.
• Offer to be a resource on oral health issues.

Stay Informed

By studying PDA’s issues, you become well-versed and help us call policy makers’ attention to the importance of dentistry in Pennsylvania. Remind legislators of the importance of your profession. Cite examples of how dentistry positively affects your area.

Ask Questions!

If you want to know more about PDA’s position on certain issues, we’re always here. Government Relations staff will be pleased to brief you by telephone or email when you have questions about issues impacting your profession.

Government Relations Staff — (800) 223-0016
Marisa Swarney – Director of Government Relations – ext. 116 – mss@padental.org
Charles McElwee – Government Relations Coordinator – ext. 108 – cfm@padental.org
Kathleen Kennedy – Government Relations Coordinator – ext. 102 – kek@padental.org
Through the financial contributions of member dentists and other supporters, the Pennsylvania Dental Association’s political action committee (PADPAC) works to elect state candidates to the General Assembly who understand the importance of dentistry, access to care, and the link between oral health and overall health. PADPAC supports candidates regardless of party affiliation. Instead, we support policy makers who demonstrate their strong advocacy for dentists and their patients.

PDA continues to work in Harrisburg to build dentistry’s future by advancing the interests of the profession. During the 2013-14 legislative session, we continue to work on passing assignment of benefits legislation, which would allow a patient to authorize an insurance company to forward payment for a covered procedure directly to the treating dental provider. By supporting PADPAC, you help us fight for insurance, access to care, and other regulatory reforms at the Capitol.

The PADPAC board set a fundraising goal of $100,000 for 2014. When you receive your 2014 dues invoice, consider making an investment for the dental profession. Contributions can also be made online by visiting www.padental.org/padpac. By making a personal contribution to PADPAC, you will be supporting legislators statewide who support dentistry. PADPAC is your best insurance against regulations that hinder your role as a healthcare provider and small businessperson. Help us build on past successes and take PADPAC to new heights in 2014!

We’re here to answer your questions. If you have any questions or concerns, contact Charles McElwee at cfm@padental.org or (800) 223-0016, ext. 108.

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Welcome New Members!

Following is a listing of members who have recently joined PDA, along with the dental schools from which they graduated and their hometowns.

Radha Amin, DMD
Temple University ‘13
Harleysville

Stephen R. Au, DMD
Temple University ‘13
Forth Washington

Lyusya R. Badishyan, DMD
University of Pennsylvania ‘13
Philadelphia

Erin R. Bauerle, DMD
Temple University ‘12
Chalfont

Christy M. Benjamin Lazaroff, DMD
Temple University ‘12
Philadelphia

Roland T. Biron, DMD, MD
University of Pennsylvania 1997
Newtown

Jhia-Ming Chang, DDS
State University of New York at Buffalo ‘12
State College

Dana Elizabeth Craig, DDS
West Virginia University ‘13
Stoneboro

Norman W. Demos, DMD
University of Pittsburgh 1975
Boston

Joseph F. DeSantis, DMD
University of Pittsburgh 1983
Garnet Valley

Carolyn Reeves Dominica, DMD
University of Pennsylvania School of Dentistry ’12
Wilmington, DE

Hayward B. Drane, DMD
University of Pennsylvania School of Dentistry ’12
Wallingford

Anne M. Facchiano, DMD
Temple University 1995
King of Prussia

Kristen D. Falanga, DMD
University of Pennsylvania School of Dentistry ’08
Allentown

Christine D. Ferrell, DDS
University of Maryland ’05
West Chester

Adam J. Fields, DMD
University of Pennsylvania 1986 Mechanicsburg

Emma Gasanova, DMD
University of Pittsburgh ’13
Pittsburgh

Rebekka Gerson, DMD
NOVA Southeastern ’04
Bryn Mawr

Sunil Kumar Reddy Guddeti, DMD
University of Medicine and Dentistry of New Jersey ’13
West Chester

Sheena S. Hauser, DDS
Dalhousie University Faculty of Dentistry ’03
Merion Station

Joshua R. Huhn, DMD
University of Pittsburgh ’13 Greensburg

Peter F. Jackson, DMD
Tufts University ’07
Port Matilda

Jason Foster LaRue, DDS
West Virginia University ’07 Salem

Jeffrey Lin, DDS, MD
Columbia University - NY ’06
Dix Hills

Roma Linganna, DMD
University of Pittsburgh ’12
Pittsburgh

Shang L. Liu, DMD
Temple University ’13
Philadelphia

Katherine Ma, DMD
University of Pennsylvania ’13
Huntingdon Valley

Melody C. Mafa, DMD
University of Alabama ’13
Philadelphia

James Mancini, DMD
University of Pittsburgh 1986
Pittsburgh

George Marcantonis, DMD
Temple University ’02
Swedesboro

Michael E. Milewski, DMD, MS
Temple University ’07
Ivyland

Aryam D. Modesto, DMD
University of Pennsylvania School of Dentistry ’11
Philadelphia

Russell E. Moore, DMD
University of Pittsburgh ’05
Johnstown

Richard J. Moses, III, DMD
University of Pittsburgh ’02
Hershey

Robert A. Moses, DMD
University of Pennsylvania 1972
Lansdale

Chioma Nwanesihudu, DMD
University of Pennsylvania ’13 Lansdowne

Chinyere M. Okoro, DDS
New York University ’13
Harrisburg

Jung Soo Pak, DDS
University of Maryland ’07
Elliott City

Nikleshkumar I. Patel, DMD
Temple University ’13
Bristol

Harkeshwar S. Sandhu, DDS
Howard University ’12
Ashburn

Maral Seroon, DMD
University of Pennsylvania ’13
Wynnewood

Kile B. Sherry, DMD
University of Florida ’13
Tamaqua

Amandeep Sidhu, DDS
University of Southern California ’10
Pittsburgh

Natalie M. Stinton, DMD
University of Pennsylvania School of Dentistry ’11
Bloomsburg, PA

Frederick L. Teschner, III, DDS
Baltimore College of Dental Surgery 1967
Oxford

Kurtis L. Wadsworth, DMD
University of Pennsylvania School of Dentistry ’11
Clarks Summit

Eunice Wu, DMD
Temple University ’13
Philadelphia

Firas N. Yosif, DMD
University of Pennsylvania ’13
Bryn Mawr
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– Stephen T. Radack, III, DMD
Treasurer, Pennsylvania Dental Association Insurance Services, Inc. (PDAIS)

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It began on a nice sunny Tuesday morning at the end of June. My receptionist informed me that a patient had tried to log onto our website to fill out her paperwork and was notified that the website did not exist. My receptionist typed in our website address and noticed that the usual appearance was gone and replaced with an ad that said our website was for sale. When she told me I said no problem, but I was really not aware how big a problem it would become.

I have been a computer techie most of my adult life. I secured my website back in 1998 when it was not yet exist. My receptionist charged an annual fee for me to have ownership (more on that in a minute) of the domain. Not long after I captured www.endodonticspecialists.com the entrepreneurial idea of owning popular names for future sale started. This practice was called “squatting.”

You may remember that individuals scooped up domains like www.coke.com or www.apple.com in an attempt to sell these at a profit the company of the same name. Articles at that time told of squatters buying a domain name for an annual fee of $15 and reselling it for $100,000. Who wouldn’t want to do that? Several years later new rules were written that prevented squatting in obvious situations, but not for the little guys like you and me.

The Network Information Center (NIC), also known as InterNIC from 1993 until 1998, was the internet governing body primarily responsible for domain name allocation. From its inception in 1972 until October 1, 1991, it was run by the Stanford Research Institute. From October 1991 until September 18, 1998, it was run by Network Solutions. Thereafter, the responsibility was assumed by the Internet Corporation for Assigned Names and Numbers (ICANN).

My domain registry company allowed me to prepay for up to nine years to hold a domain name, so that’s what I did. This company is supposed to notify the domain registrant if the domain is nearing renewal. You can probably see where this is going. I didn’t have a note or a calendar or iPhone nine years ago to note the renewal date of June, 2013. Unfortunately, my domain registry did not notify me as promised. I later found out that this is not an uncommon practice because if the domain is not renewed it becomes eligible for auction. There are even websites that advertise sites for auction. Sadly, these websites for auction are active like mine was.

With some research I was quickly educated about domain ownership. Actually, even with your annual fee paid you don’t “own” the domain name. What you are is the registrant of that domain. Your registration expires at the conclusion of the period for which you have paid to register that domain.

So, not really knowing this I contacted my domain registry company, which can only be done by email! I was informed that the renewal date had passed and that my site had been sold to a third party. I was really mad at this point and via email I argued that they had all the correct contact information and they had never notified me. Despite my pleas I was told the site was sold and there was nothing I could do.

My options were to obtain a new domain name and switch everything, including all of my printed materials. This would include practice brochures, business cards, etc... I would also need to create new office email, since the prior email was connected to the domain name and was no longer active. It was a painful and expensive thought.

I asked the domain registry company that bought the site if it was for sale. Again, after reading information on the Internet I learned that several sites that go to auction are bought for $15 and then held until the original owner makes contact. It took a few days to make contact, but that is exactly what happened to my site. The new owner responded to my request and was happy to sell my site back to me for $5,000. He said it was a bargain. I said it was extortion.

For the next day, we negotiated until I was able to get the price down to $1,000. I completed the purchase through a web escrow company and after five days without a website I was back in business. But the story doesn’t end there.

I have more than one domain and they are all registered with the domain company that I don’t like. When I tried to move these domains to another company they gave me a hard time and blocked the move of the repurchased sites because they were afraid that I was going to move it away from their control and then find a way to cancel my payment. I have concluded that my site was never really sold to a third party, but was just held by this company. This is an easy buck for them when websites don’t get renewed.

As I investigated the seedy side of domain ownership I learned that it is a “buyer beware” environment. The rules are lax and don’t favor you or me. I am telling you this story so that all of you will check to see that your website ownership does not expire and that you don’t have to tell my story in the first person.

—BRT
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Request your BankAmericard Cash Rewards credit card at pdais.com/creditcards today.
Sumar Recognized by ADA for Volunteer Service

Dr. Dilshad Sumar, a PDA member and pediatric dentist from Allentown, has been selected by the ADA’s Committee on International Programs and Development as a recipient of the ADA Certificate for International Volunteer Service. The committee believes that the personal effort and dedication of members who serve as volunteers in developing countries in order to improve the health of the people merit professional and public appreciation and recognition.

Dr. Sumar was recognized for her extensive volunteer service in Cambodia. She has traveled there the last four years to volunteer at Angkor Hospital for Children (AHC) as well as volunteering at a library her family, through their own foundation, had built for children in Siem Reap, Cambodia in 2009. She has taught pediatric dentistry to the staff at AHC and instituted fluoride rinse programs in two other schools. Her volunteer work in Cambodia is ongoing and she is reaching additional people through new volunteer efforts in 2013.

We will highlight Dr. Sumar’s efforts further in a future issue of the Journal.
The Way Forward: PDA’s Roadmap for Organizational Excellence
There have been no “lazy days of summer” for the members of the Bylaws Committee of the PDA Board of Trustees. Since April, they have been working diligently on your behalf to develop a roadmap for the governance change that was mandated by the 2013 House of Delegates (HOD).

The 2013 House adopted several resolutions proposed by the Reference Committee on Organizational Affairs (RCOA). The RCOA developed a model to address four areas identified by the 2012-13 Governance Task Force as impediments to efficient organizational operations.

The RCOA model includes the following:

- The size of the Board of Trustees would be reduced from its current composition of 20 to a maximum of 5.
- The PDA Annual Session would shrink to a one-day meeting.
- The selection of ADA delegates and alternates would be altered slightly to reduce the number of “automatic delegates” and enable positions to be filled through the election process.
- The ADA trustee nomination and election process would be expanded to allow PDA members in good standing to vote for the candidates rather than restricting the election process to the PDA House of Delegates.

The HOD further directed that the Bylaws Committee craft the bylaws changes necessary to implement the RCOA model, and authorized the appointment of a Governance Task Force (GTF) to assist in the transition to the new organizational structure.

The Bylaws Committee completed a first draft of revised bylaws in late July. Bylaws chair and speaker of the house, Dr. Peter Korch, has created a multi-layer process which will provide PDA members an opportunity to view the proposed bylaws and offer input as they are refined. The first level of review is underway with a group of district representatives chosen by their district presidents who responded to the invitation extended by Dr. Korch. The representatives are responsible to communicate proposed changes with the members of their respective districts, and relay feedback to the bylaws committee through a social network forum specially created for this purpose.

The members of the district review group are:

1. Dr. Pete Carroll
2. Dr. Charles Incalcaterra
3. Dr. Matthew Zale
4. Dr. John Reitz
5. Dr. David Larson
6. No name submitted
7. Dr. David Schimmel
8. No name submitted
9. Dr. Dennis Charlton
10. Dr. Jim Tauberg
The district review group is tackling the composition of the five trustee regions from which the trustees will be chosen. The RCOA specified that existing component societies will remain intact without a change in function or autonomy. Districts simply will be combined so that one trustee will represent multiple districts.

The next level of review will be extended to the leaders of the local societies so that each can share the contents with their members and, in turn, weigh in on the developing bylaws package. Future layers of review will include the members of the PDA HOD and legal counsel. It is hoped that all questions and concerns about the revised bylaws can be resolved prior to the 2014 House meeting.

The mission of the GTF will be to create the implementation plan for achieving each of the goals detailed by the RCOA governance model and adopted by the HOD. It will develop the mechanics that will describe the format and outline the protocols each change will require. The implementation plans will be tied directly to the new bylaws, as well as to PDA’s Strategic Plan.

The GTF has surveyed other state dental associations, as well as state and national organizations, that sponsor a one-day annual meeting. It will evaluate the various formats within the parameters mandated by the HOD in order to present a proposal to the 2014 delegation. Similarly, the GTF will research, analyze and evaluate available information from many varied sources before proposing a recommendation to the HOD.

Both the BOT and the GTF are committed to sharing with the membership the status of their work as it evolves so that concerns can be addressed in advance of the 2014 Annual Session. Members are encouraged to share ideas with their district and local leaders, the district bylaws review group listed above and their trustees, so that information is readily available and easily accessible.

Stay tuned to the eNews Update, PDA website, the various social network forums, and additional eblasts to keep abreast of the changing face of PDA. You have a role in recreating your professional organization. We welcome your input and value your experience so please communicate with us.

The RCOA Model for Governance Change

Board of Trustees
- Reduce board to 5 trustees (3 year term), elected by 5 “trustee regions” that combine existing districts into larger groups. One trustee will be elected by the board to serve as secretary (one year term).
- Ex-officio members:
  - President
  - President-elect (one year term) elected by membership during PDA annual meeting
  - Treasurer (3 year term) elected by membership during PDA annual meeting
  - CEO and legal counsel
- Creation of a Council of District Presidents to communicate information to and from component societies and members, to identify volunteer leaders, to provide oversight of the board along with all PDA members at PDA’s annual meeting.

PDA House of Delegates
- Reduce the PDA annual session to a one day business meeting. President presides. Reports provided by Treasurer, ADA trustee, CEO, and an advocacy update.
- Change the business model by eliminating the House of Delegates and replacing it with a model that includes all members.
- Retain elections (for President-elect, Treasurer, ADA trustee, and ADA delegates and alternates), installation of elected leaders, member recognition, PDAIS shareholder meeting and social events. CE and an open member forum to discuss new ideas and present petitions can be included.
- Creation of a five member Election committee, selected by the president, to provide oversight of the election process prior to and during the PDA annual meeting.

Selection of ADA Delegates and Alternates
- Automatic delegates: President, president-elect, treasurer and the 5 trustees.
- Remainder of delegates and alternates: elected by members in good standing at PDA annual meeting.
- One year term with 5 consecutive year maximum; one year off before possible election again.
- President serves as chair of the delegation. Delegation secretary selected by the delegation (Not the PDA secretary).

ADA Trustee Election
- Candidates submit name at least 2 years in advance.
- PDA’s five trustees and officers will nominate; members in good standing will elect at PDA annual meeting.
- 4-year term.

2013-14 Governance Task Force Appointed

Dr. R. Scott Aldinger (3), Chair
Dr. Karin Brian (2)
Dr. Sarah Haines (5)
Dr. Gino Pagano (10)

Dr. Brian Schwab (4)
Dr. Fred Johnson (4), Trustee-Liaison
Dr. Steve Radack (9), Consultant
OSSEOUS DYSPLASIA

(Cemento-osseous Dysplasia)

OF THE JAW BONES IN WESTERN PENNSYLVANIA PATIENTS:

Analysis of 35 Cases

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Pittsburgh, PA 15261
ABSTRACT

Objectives: The purpose of this study is to analyze the demographic, clinical, and radiographic presentations of osseous dysplasia of the jaws in western Pennsylvania patients and its associated complications.

Materials and Methods: The clinical records and radiographs of patients diagnosed with osseous (cement-osseous) dysplasia were retrieved from the electronic health record of the University of Pittsburgh, School of Dental Medicine from 2007 to 2012. All cases were reviewed; the WHO criteria and classification for osseous dysplasia was used. Clinical and demographic data, radiographic findings, and final diagnoses were collected and analyzed.

Results: 35 cases of osseous dysplasia were retrieved over the six-year period. The majority (33) were females [94.3%], with ages ranging from 26 to 89 years, with a mean age of 53.9 years ± standard deviation of 15.6 years, 32 [91.4%] were African Americans and 3 [8.6%] were Caucasians. 17 [48.6%] were florid osseous dysplasia, 13 [37.1%] periapical osseous dysplasia and 5 [14.3%] focal osseous dysplasia. Of the 35 patients only 8 [22.9%] patients were symptomatic. All florid osseous dysplasia patients were African American females, with 7 of the patients being symptomatic and the commonest symptom being pain. Also, all periapical osseous dysplasia patients were African Americans (12 females and 1 male), with 1 of the patients presenting with widening of the diastema. Of the focal osseous dysplasia patients, 3 were Caucasians and 2 African American (4 females and 1 male).

Conclusion: The cases occurred mostly in African American females with a peak incidence in the fifth and sixth decades of life; most cases occurred in the mandible. The commonest form of osseous dysplasias was the florid osseous dysplasia which is most likely to present with symptoms.

INTRODUCTION

Osseous dysplasia (OD) is categorized as a benign fibro-osseous lesion, which is a non-neoplastic idiopathic process confined to the periapical area of the tooth bearing region of the jaw, characterized by replacement of normal bone by fibrous and cementoid tissue [1].

Brophy in 1915 first described the lesion known as periapical cemental dysplasia [2], while Stafne in 1933 carried out a comprehensive clinical, radiographic, and histopathologic study of 35 cases, which was called periapical cementoma [3]. In 1992, the World Health Organization (WHO) adopted the name cemento-osseous dysplasia [4]. This entity has been coined with different names such as cemental dysplasia, cementoma, cement-osseous dysplasia, and osseous dysplasia. OD has been shown to have a predilection for middle-aged African American women [5-8].

The etiology of OD is not fully understood. Many accept that it arises from the periodontal ligament tissue because of its close association with the apices of the teeth and histopathological feature of cementum-like tissue proliferation. In edentulous areas, it has been speculated that medullary bone around the periodontal ligament tissue might be able to produce cementoid tissues because the osteoblastic lining of the alveolar process and periodontal ligament are contiguous through the Volkmann’s canals [9].

In 2005, the WHO publication on head and neck tumors called this group of lesions "osseous dysplasia" and described the types based on their clinical and radiographic features:

A. Periapical osseous dysplasia (POD) is a dysplastic process limited to a few adjacent teeth in the anterior mandible and is usually asymptomatic with involved vital teeth (Fig 1).

B. Focal osseous dysplasia (fOD) is similar to the POD, but limited to the posterior jaw quadrants (Fig 2).

C. Florid osseous dysplasia (fLOD) is a more extensive dysplastic process occurring at least bilaterally in the mandible or potentially involving all 4 quadrants, usually without expansion (Fig 3).

D. Familial gigantiform cementoma (fGC) is a rare form of OD, which is similar to fLOD but associated with considerable jaw expansion. It is usually seen in younger patients and has been shown to be of autosomal dominant inheritance with variable expression [1].

Radiographically, depending on its stage of maturity, OD may present as a completely radiolucent lesion, mixed radiopacity having globular masses of calcified structure, or as a radiopaque structure with a radiolucent rim separating it from the surrounding bone and root. POD and FOD are usually asymptomatic incidental radiographic findings, while FLOD sometimes does present with symptoms when secondarily infected, giving rise to osteomyelitis of the involved jaw bone.

Histologically, all patterns of osseous dysplasia demonstrate similar histopathologic features of a mixture of woven bone, irregular bony trabecular, and cementum-like particles in a
plump to spindled connective tissue stroma. There is no capsule, and the hard tissue component does not fuse with the root of the tooth (Fig 4). Emphases are not placed on histopathological diagnoses of osseous dysplasias because most of the lesions are asymptomatic. Furthermore, the histologic features of benign fibro-osseous lesions may be non-specific. An incisional biopsy, especially on FLOD, may provoke and initiate secondary infection resulting in osteomyelitis. Given the current understanding of OD most cases can be diagnosed solely on the basis of clinical and radiographic features. Treatment is not required for OD unless complicated by infection, as may be seen in FLOD or facial deformity as may be seen FGC 11.

This study was undertaken with the purpose of exploring the demographic and clinical presentations of OD of the jaws in Western Pennsylvania patients and its associated complications.

**MATERIALS AND METHODS**

A retrospective analysis of the clinical records and radiographs of patients diagnosed with OD were retrieved from the electronic health record of the University of Pittsburgh, School of Dental Medicine from 2007 to 2012. The study was approved by the University’s institutional review board. Periapical, full mouth series, and panoramic radiographs of all the patients were individually and collectively evaluated by the authors (A.O, E.B, and A.P) using the WHO classification criteria to reach a diagnosis. Histopathologic reports and slides of cases that were biopsied were reviewed. Demographic and clinical data of the patients at presentation were collected and analyzed.

**RESULTS**

**Demographic characteristics:**

The retrospective analysis of cases between 2007 and 2012 revealed a total of 35 patients with a definitive diagnosis of OD. Of the 35 patients, 33 [94.3%] were females and 2 [5.7%] were males, the age ranged from 27 to 89 years with a mean of 53.9 years ± standard deviation of 15.6 years. The peak incidence age group was in the 5th and 6th decades of life (Fig 5), the 2 male patients in the study were in the 4th decade of life. 32 [91.4%] patients were African-Americans (AA) and 3 [8.6%] patients were Caucasians (C).

**Types of OD:**

The majority of OD in our study was the FLOD with 17 [48.6%] patients, followed by POD with 13 [37.1%], and lastly FOD
with 5 [14.3%]. We had no case of FGC. All FLOD(s) and POD(s) were seen in AA, while the FOD(s) were seen in 3 C and 2 AA (Fig 6). All FLOD cases were in females, POD cases were in 12 females and 1 male, and FOD cases were in 4 females and 1 male.

**Clinical features:**
Of the 35 cases, the mandible was involved in all cases with concomitant involvement of maxilla in 6 cases of FLOD. Most of the patients were asymptomatic, only 8 [22.9%] patients presented with symptoms ranging from isolated bone pain, bone pain secondary to osteomyelitis, swelling, displaced teeth, and widening of the diastema (Table 1). Dental examination and pulp vitality test was done for the involved teeth to rule out a dental infection as the etiology. Their ages ranged from 28 to 89 years. One of the patients was diagnosed to have POD with a presenting symptom of widening of the diastema and the remaining seven symptomatic patients were diagnosed to have FLOD, one of which presented with a buccal swelling secondary to an endodontic treatment. Four out of the seven symptomatic FLOD patients had biopsy specimens submitted, which were histopathologically diagnosed as: benign fibro-osseous lesion compatible with FLOD, chronic osteomyelitis with sequestrum in the setting of a FLOD, sequestrum in the setting of a FLOD, and FLOD. The two patients with osteomyelitis were above the seventh decade of life.

**DISCUSSION**
Osseous dysplasia is categorized as a benign fibro-osseous lesion (BFOL) and as with all BFOL, the diagnosis can be challenging without clinical and radiographic information. In making a diagnosis of osseous dysplasia radiographs are a fundamental component; most fibro-osseous lesions have similar histopathological features.\(^1\) Waldron stated that “in the absence of good clinical and radiologic information, a pathologist can only state that a given biopsy is consistent with a fibro-osseous lesion,” and “with adequate clinical and radiologic information, most lesion can be assigned with reasonable certainty into one of several categories.”\(^1\) In our present study we have used clinical and radiographic information in arriving at our diagnoses with the exception of 4 cases that had biopsy specimens submitted along with their radiographs, the provision of the radiographs was helpful in reaching a definitive diagnosis.

OD is known to occur in different ethnic groups with a wide age range but has a predilection for females of African descent in their middle-age. Our data is in general agreement with other studies showing that OD occurs commonly in females.
Implant placement is now a common treatment option for replacing missing teeth of the jaws. Based on the pathophysiology of OD, dental implants might fail after placement and also exacerbate the disease process due to the avascular nature of the lesion. It appears to pose complications if implants are to be placed in sites with OD of the jaw, because they serve as communication pathways to the oral cavity for oral flora to access the bone and the lesion might get secondarily infected and lead to osteomyelitis. The literature reveals no comprehensive studies on OD and implant placement. Longitudinal studies on implant placement in OD affected sites will be beneficial to clarify, the dilemma of clinicians as to whether they can place an implant at the jaw site of OD.

In conclusion, the cases in our study occurred mostly in African American females with a peak incidence in the fifth and sixth decades of life; most cases occurred in the mandible. The commonest form of OD was the FLOD which is most likely to present with symptoms.

REFERENCES

TEN TROUBLE SPOTS THAT CAN PUT YOU (AND POTENTIALLY YOUR LICENSE) IN HOT WATER
By Thomas J. Weber, Esq.

When a licensee faces charges before the State Board of Dentistry, one of the mechanisms to resolve the charges is through a Consent Agreement. This is an agreed-to penalty between the licensee and the prosecuting attorney which must be approved by the State Board. Often times, such Agreements will include a probationary period. If so, one of the terms is that the licensee agrees to obey the laws of the Commonwealth of Pennsylvania and the United States of America.

If it were only that easy to navigate your professional career. Unfortunately, there remain a countless number of other ways one can find themselves in hot water. This article is intended to identify some of the less obvious (and some obvious) ways that continue to occur.

Do Not Tolerate an Intolerable Patient.

I will often receive questions about how a dentist can change a difficult patient’s actions toward the dentist and/or staff. Complaints often include rude or belligerent behavior by the patients; the patient making sexually inappropriate comments or actions; or the patient arriving at an appointment impaired from drugs or alcohol. Unfortunately, there is no magic wand to make mean (...or rude) people act nice.

When facing such a situation, if the patient will not alter his or her behavior after being told it is not acceptable, you should give serious consideration to terminating the patient. When I render this advice, I am frequently met with the question: “What about patient abandonment?”

The concept of patient abandonment is one that is recognized in the regulations as constituting unprofessional conduct. However, it is narrowly drafted, stating that it is unprofessional conduct to “withdraw [...] dental services after a dentist-patient relationship has been established that the patient is unable to obtain necessary dental care in a timely manner.” 49 Pa. Code §33.221(a)(4). As long as you are not in the middle of treatment, you can inform the patient that you will no longer be willing to see him or her. I suggest you inform patients in writing and that in the case of an emergency, you will be willing to see them for an additional (30 days. This time frame is more than reasonable for them to find a replacement dentist. What constitutes the middle of treatment will vary depending on the treatment.

Remember, you owe a duty to your staff to provide a safe working environment. As a professional, you are entitled to be treated with dignity. A disruptive patient poses a significant risk to your practice.
Do Not Allow the Patient to Create the Treatment Plan.

In a close corollary to number 1, patients who believe they know what treatment is required pose a risk to you. These patients often will not be “difficult or belligerent” in their interaction with you or your staff. Instead, they come in with a preconceived plan of what form their treatment should take.

As the licensed professional, it is your responsibility to make the diagnosis and develop the appropriate treatment plan. Although the patient retains ultimate control over what treatment they will receive, you should not allow them to force you to practice below the applicable standard of care.

Perhaps the classic example of this concept is the patient who refuses x-rays out of fear of radiation. Initially, you should provide education as to the safety of current radiographs. But what do you do if they continue to refuse? You may take the position that it is ultimately their choice, in which case you just document it and move on. However, your training and experience tell you radiographs at regular intervals are an important diagnostic tool and you recognize your need them in order to learn valuable, perhaps life saving, information. Further, should your patient develop a condition that advances without detection due to the lack of x-rays, you could be criticized for practicing below the standard of care.

If a patient, no matter how polite or well-intentioned, prevents you from practicing up to the standard of care, you should seriously consider terminating the relationship. The same rules apply as to the belligerent patient.

Do Not Delegate Away Your Responsibility to Address Patient Complaints/Concerns

Office efficiency is often enhanced by the adoption of protocols and utilization of staff to act as gatekeepers to interaction with patients. In addition, some staff recognizing how busy the dentist may be will “help out” by screening patient calls. As the dentist, you retain responsibility for the actions of your staff. Furthermore, information given to your staff will be deemed given to you. Breakdowns in, or barriers to, communication with your staff, and ultimately your patients, can be very problematic.

Take, for example, the patient who calls, post-extraction, complaining of pain and bleeding. Your office’s response should never be that it is normal and the doctor will see you at your next scheduled appointment. Although pain and bleeding may, in fact, be normal, it also may be very abnormal.

At a minimum, your staff should be trained to ask questions and elicit more information in order to try and quantify both conditions. For example, one could ask “on a scale of 1 to 5, how painful is the extraction site?” or “How quickly does a gauze pad become saturated with blood?” The patient should then be told the information will be conveyed to the dentist and someone will get back to them shortly. You, as the dentist, must determine whether: 1) it is normal; 2) it requires further observation; or 3) they should be brought in for examination or sent to the Emergency Room. If your schedule permits, you should be summoned to the phone and speak directly to the patient.

Another example is complaints of numbness post implant placement. Again, numbness may be normal. However, it also may be a sign of nerve perforation and delay in proper diagnosis of the latter could have serious consequences.
Do Not Practice on a Lapsed License/Certificate.

This seems obvious, and it is. However, despite this, a number of practitioners fall victim to late renewals every renewal cycle. You should calendar your renewal cycles; March of every odd year. You should also make sure the State Board has your correct address. This involves not only moving your practice but also switching practices. In conjunction with tracking your renewal date, you should also be tracking your continuing education completion.

In the event you fail to renew in a timely fashion, there is a straightforward administrative mechanism to have your license reinstated. However, part of the process requires you to state whether you saw patients during the period your license was inactive. If the answer to this is yes, your license will still be reinstated, however, you are likely to face a disciplinary complaint for the unlicensed practice of dentistry. If the period involved is relatively short, you may be able to “escape” with a fine and reprimand. This will still constitute disciplinary action against your license. If the period involved is of a longer duration, the penalties could be much more severe.

Be on the Lookout for Drug Seeking Behavior.

Perhaps because a toothache is a common, easily identifiable condition, dentists are frequently approached for prescription pain medication. Best practices require that you do not prescribe any scheduled controlled substances without seeing the patient. In addition, you are required to complete specific chart entries when prescribing controlled substances. 49 Pa. Code §33.207.

Signs to be on the lookout for include repeat customers who complain of pain and promise to come in the next day/Monday, only to call in and indicate the problem resolved itself. Be suspicious of the telephone calls that come in on a Friday afternoon and be suspicious of the individuals who select the type of medication they want, “can I have y, x upsets my stomach?” You should also be wary of the patient who identifies the quantity and strength of the medication. If the individual identifies a specific pharmacy, you may want to call the pharmacist to ensure the patient has not been submitting frequent prescriptions.

You should also be on the watch for staff, family members, or friends making similar requests. In such situations, you not only have to be concerned about the drug-seeking behavior, but also whether you are being asked to treat a condition outside the scope of dentistry. Likewise, you should only prescribe for patients, which means you need a chart with appropriate chart entries, including those contained in Section 33.207.
Manage Your Staff.

The importance of a well-functioning staff cannot be overstated. Nor can the number and magnitude of problems that can be caused by improper actions of an employer or by a disgruntled employee. This article, in fact this entire journal, is not large enough to thoroughly address employee-related issues that can land you in hot water. Instead, I would like to merely identify some of the areas of concern.

Sexual Harassment
One of the largest, if not the largest, potential trouble spots involves allegations of improper sexual overtures towards an employee. Recognize that what you perceive to be playful banter may not be so perceived by the recipient. Furthermore, what may not be found as offensive at the time of its utterance, may later be viewed differently after there is a deterioration between the parties. Likewise, a willing participant in improper conduct can still be viewed as a "victim" and pose serious personal and professional problems should they later feel jilted.

Employee Theft
You should make it your business to understand the financial operations of your practice. You should do spot checks of the records and comparisons to see any anomalies that come up. Be watchful of an employee who is overprotective of the books. Likewise, be watchful of an employee who appears to be living above their means. Consider cross-training employees so that they can perform multiple functions and have them do so. You should have different individuals handling office receipts and bank deposits.

Troublesome Employee, Avoid Favorites
An employee who is incapable of following the rules is not providing you an honest day of work and is likely having a negative impact on the other members of the staff. Likewise, should you allow someone to get away with not following the rules, or provide preferential treatment to an employee, you are undermining your ability to properly enforce the rules. By doing so, you may be providing the basis for someone to claim disparate treatment, and adversely affecting office morale.

A disgruntled employee is a dangerous employee. OSHA reports the majority of complaints received come from current or former employees. Recognize employee problems quickly and deal with them appropriately. Burying your head in the sand while you hope the problem disappears or someone just quits is not wise strategy.

Do Not Practice Outside Your Comfort Zone.

After years of schooling and practice, it is not unusual for professionals to determine those areas of practice that they like, those that they do not, those that they do well, and those that they do not do particularly well. Having established for yourself those items you feel comfortable doing, stick with those procedures. Even if there is a particular treatment you feel you perform well but do not like doing, you are probably better referring it out. Your lack of interest can lead to a lack of focus or attentiveness. Do not allow a patient to pressure you to do something against your best judgment. Even if they insist you are the only one they trust, you should respond by stating that your level of concern for their well being is what is prompting you to refer them to another practitioner.
A Referral is Not an “Out of Sight, Out of Mind” Event.

As a referring dentist, you have made a professional determination that your patient is in need of some treatment. Having made such a determination, you should be interested in confirming the treatment was rendered and the results that were obtained.

By keeping the lines of communication open between you, the referred specialist, and the patient you can stay ahead of a number of problems.

Your involvement in their referred treatment shows your patient your level of interest in their care. Should your patient have a problem with the specialist, you are aware of this and may be able to eliminate the problem or at least make sure it does not turn into a problem for you. If the patient does not follow through, you are in a better position to determine whether they are placing you in a situation where you are practicing below the standard of care.

A patient who comes in every six months but suffers from severe periodontal disease and refuses to go to a periodontist is likely to lose some, if not all, of their teeth. Should they become upset with the loss (or cost of dentures or implants), they may want to hold you responsible. You are now in a situation where your chart confirms you saw them for x number of years, twice a year, and their teeth still fell out.

If you are the specialist to whom the patient was referred remember to communicate with the referring dentists so that appropriate follow up care can occur and continuity of care is preserved.

Do Not Find Romance in All the Wrong Places.

We already touched upon the numerous problems, both personally and professionally, that can arise out of a romantic relationship with an employee/coworker. The problems are not limited to that arena.

For the past five years, the regulations have made it unprofessional conduct to commit sexual misconduct. 49 Pa. Code §33.211a. Sexual misconduct is defined as “[a]ny conduct with a current patient, including words, gestures or expressions, actions or any combination thereof, which is sexual in nature, or which may be construed by a reasonable person as sexual in nature.” 49 Pa. Code §33.1. In turn, a current patient is defined as someone who received treatment within the past three months. Note that consent is not a defense.

Pursuant to these regulatory provisions, you cannot treat anyone you are dating or, in turn, date anyone you are treating (unless they became a patient of record with another dentist).
Don’t Drink and Drive.

In the event you are charged with a DUI, and depending on its timing and disposition, this occurrence is likely to earn you attention from the Drug Monitoring Unit of the Department of State (“DMU”). Renewal applications require disclosure of the existence of a DUI charge. This information, is forwarded to the DMU, which, will in turn, reach out offering you to voluntarily submit to an evaluation to determine whether you suffer from an impairment. Obviously, your health must be your primary concern. However, with that said, you should be careful before unknowingly submitting to an evaluation. In the event you do suffer from an impairment, there are mechanisms in existence that can assist you in getting the help you need, while protecting your ability to practice. If you do not suffer from an impairment but find yourself improperly so classified, you can find yourself under some significant and expensive conditions to preserve your right to practice.

Hopefully the foregoing alerts you to some of the many potential problem areas you can encounter in your practice. While by no means exhaustive, it is my hope that by highlighting these areas you can be more cognizant of some of the trouble spots that lay out there and could land you, and potentially your license, in hot water.

Thomas J. Weber, Esq. serves as general counsel to PDA and PDAIS. He devotes a substantial portion of his practice to dental-related matters, including professional licensure and malpractice defense, and frequently writes and lectures on legal issues and practice-related issues pertinent to dentists. Tom also is a shareholder in the Harrisburg law firm Goldberg Katzman, P.C. where he serves on the executive committee and is chair of the civil litigation department. He can be reached at tjw@goldbergkatzman.com.

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United Concordia’s Utilization Review Process
By: Jill D. Williamson and James B. Bramson, DDS

United Concordia’s Utilization Review process is designed to help ensure that procedures reported on behalf of our members are rendered consistent with the provisions of their benefit programs. Utilization reviews generally begin with the identification of a potential concern, which is most frequently identified through statistical analysis. When concerns are identified, our utilization review area initiates action to address, control or correct it.

Data Collection & Statistical Analysis

We profile the collective utilization of all dentists to identify reporting patterns which may indicate potential concerns. Reports summarize claims data at a procedure code or grouped procedure code (ex. all restorations) basis and provide statistical evaluations that allow us to identify unusual or excessive patterns. These ratios are depicted as a frequency per 100 patients, based upon the number of services reported (during the specific time period) and the total number of unique patients. To identify dentists who exceed certain statistical parameters, we compare the individual dentist’s ratio to the peer group norm (i.e., all dentists within the same specialty and state). Any dentist whose ratio is greater than 2 standard deviations from the peer group norm is considered to be a statistical ‘outlier.’ The standard deviation is a statistic that helps describe how tightly the data is centered around the mean. It presents itself graphically as a bell-curve shape. One standard deviation away from the mean in either direction accounts for somewhere around 68 percent of the people in this group. Approximately 95 percent of dentists fall within 2 standard deviations of the norm. This means that only 5 percent of dentists would be considered statistical ‘outliers.’

Prior to taking any action on a dentist who exceeds the peer group norm, an analysis is conducted to determine whether the statistical anomaly represents a reporting problem or is attributable to other factors such as patient demographics or benefit design. If other factors are found to be driving the statistics, the case is closed. If not, a review of patient records may be initiated.

Review of Patient Records

A review of patient records (typically 10 to 20) is conducted to evaluate the dentist’s reporting pattern. In most cases, the dentist is requested to send the records to us via mail. However, there may be times when the review is conducted in the dentist’s office. The review is conducted by specially trained, utilization review staff and a dental director or dentist advisor. The dental director or dentist advisor reviews the patient records and verifies that reported procedures were necessary according to the group contract, appropriate, and rendered in accordance with recognized standards of care.

Upon completion of the record review, the results are summarized and sent to the dentist for review. The letter always includes the name and telephone number of a utilization review staff member and also provides the dentist with the opportunity to discuss any clinical or dental policy related questions with a dental director or dentist advisor.

Possible Follow-Up Actions

Based upon the results of the record review, one or more of the following actions may occur:

• If there are no discrepancies or problems of a repetitive nature identified, the dentist is notified of the results of the review and no additional action is taken.
• If problems of a repetitive nature are identified, the dentist may be
required to provide supporting clinical documentation with future claims and/or requests for predetermination which will be reviewed by a licensed dentist to determine benefit eligibility. This action is referred to as a focused review. When a dentist is under focused review, his utilization is re-reviewed in six months to assess the effectiveness of the review process and to determine if positive changes have occurred that justify processing the claims routinely. If problems do not improve over an extended period of time, the dentist may be terminated from United Concordia network participation.

• If fraudulent discrepancies exist, such as reporting a service that has not been provided or reporting a more costly service than what was provided, a refund may be requested for those services.

• If fraudulent patterns, patient harm, or violations of dental practice laws are identified, the case is referred to the Special Investigations Unit for further action.

About the Authors
Ms. Williamson is the Director, Quality Assurance at United Concordia Companies, Inc.
Dr. Bramson is the Chief Dental Officer at United Concordia Companies, Inc.

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- Dr. Uche Odiatu - "The Miracle of Health"
- AAFE - "Botox Use in Dentistry" - Lecture and Hands On, Part I
- Hiossen - "AIC Basic Implant Course" - Part I

Thursday, March 6, 2014
- Dr. Rella Christensen - "What's New in Caries, Restoratives, Laser Perio and Infection Control"
- Dr. Samuel B. Low - "Successful Management of Periodontal Patient!"
- AAFE - "Dermal Fillers in Dentistry" - Hands On, Part II
- Hiossen - "AIC Basic Implant Course" - Part II

Friday, March 7, 2014
- Dr. Harold L. Crossley - "The Real Deal About Street Drugs and Their Effects on You, Your Friends, and Your Dental Practice"
- Dr. John H. Tucker - "Dental Sleep Medicine"
- Dr. Leonard F. Tau - "21st Century Marketing: Using the Power of the Internet and Social Media to Step Up Your Practice"
- Hiossen - "AIC Basic Implant Course" - Part III

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<td>January 24, 2014 Untangling the Confusion of Today’s Restorative Materials</td>
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<tr>
<td>Managing Caries: From Fluoride to Fillings, and Everything in Between</td>
<td>Dale A. Miles, BA, DDS, MS</td>
<td>Warren F. Jesek, DDS</td>
<td>Dr. Ed Swift</td>
</tr>
<tr>
<td>December 6</td>
<td>Contact: Rebecca Von Nieda, PDA</td>
<td>Francis G. Seno, DMD, MS, MBA</td>
<td>Dr. Christian F.J. Stappert</td>
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<tr>
<td>Dr. Edward Heinrichs</td>
<td>April 4, 2014 Salivary Gland Disease and Dry Mouth - The Impact on Oral Health Scott S. De Rossi, DMD</td>
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<tr>
<td>February 14, 2014</td>
<td>Brookville Pinecraft Country Club</td>
<td>PDA &amp; PDAIS Sponsored Courses</td>
<td>Dental Society of Chester County and Delaware County</td>
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<td>Potpourri Series Topics include:</td>
<td>Contact: Rebecca Von Nieda, PDA</td>
<td>Contact: Rebecca Von Nieda, PDA</td>
<td>DKU Continuing Dental Education Springfield Country Club</td>
</tr>
<tr>
<td>Dr. Matthew Cooke – Medical Management of the Prosthodontic Patient</td>
<td>(800) 223-0016, ext 117</td>
<td>(800) 223-0016, ext 117</td>
<td>Delaware County</td>
</tr>
<tr>
<td>Dr. Edward McCarthy – Preparation and Temporization for Fixed Prostheses</td>
<td>May 2, 2014 Updates in Pediatric Dentistry – Treating Tiny Tots to Teens in 2014 Lance Kisby, DMD</td>
<td>May 14, 2014 Updates in Direct and Indirect Restorative</td>
<td>Contact: Dr. Barry Cohen</td>
</tr>
<tr>
<td>Dr. Thomas Kunkel – Using CEREC for Digital Impressions and Prostheses Fabrication</td>
<td>May 30, 2014 Predictable &amp; Profitable Procedures for the New Economy Marvin A. Fier, DDS</td>
<td>(610) 449-7002 <a href="mailto:DKUdental@aol.com">DKUdental@aol.com</a></td>
<td>(610) 449-7002</td>
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<tr>
<td>Dr. Jennifer Zavoral – Periodontal Considerations for Fixed Prostheses</td>
<td>Bedford November 22 Medical Emergencies in the Dental Office: The Six Links of Survival Larry J. Sangnak, DDS</td>
<td>December 18 Updates in Direct and Indirect Restorative Lou Graham, DDS</td>
<td>December 18 Updates in Direct and Indirect Restorative Lou Graham, DDS</td>
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At Your Fingertips — Members Making a Difference  www.padental.org

Many PDA members regularly use their time and talents to reach out to the public in a variety of ways. This outreach ranges from donating dental services to those in need to collecting items for children or United States troops. We have a section of our website, “Members Making a Difference,” celebrating these efforts. The section is geared toward educating the public about members’ volunteerism, as well giving other dentists ideas for ways they, too, can give back.

We encourage you to visit www.padental.org/makingadifference and browse through the inspiring stories featured. The section will continue to grow, and we’d love to hear about your outreach efforts. There’s a quick and simple form you can fill out online, or fax or mail the form, below, to PDA, attn: Jennifer McClure. We look forward to hearing from you!

NAME:

ZIP CODE: PHONE NUMBER: EMAIL ADDRESS:

Detailed summary of your volunteer activities:

Please email photographs, if available, to accompany your story to jmd@padental.org.
Dentist Seeking Employment
Dentist seeking employment one to three days per week to cover vacations, sick days or to relieve patient load. Fully credentialed. Excellent technical and social skills. Had private practice for 40 yrs, then sold it. Complete resume and references on request. I'm accessible to Phila, Mont/Bucks, Chester/Delaware and Lehigh counties. Contact rjfitt1@aol.com.

Outstanding Career Opportunities
In Pennsylvania, providing ongoing professional development, financial advancement and more. Positions also available in FL, GA, IN, MI, VA and MD. For more information contact Jeff Dreels at (941) 955-3150, fax CV to (941) 330-1731 or email dreeljs@dentalcarealliance.com. Visit our website: www.Dentalcarealliance.com.

Lancaster Group Practice
Associate or Associate to Partnership in Lancaster. Large group dental practice. Income potential of $150,000 to $300,000 plus. Must be a multi-skilled, excellent dentist. This may be one of the best dental practices in the state! Call (717) 394-9231 or email SJRDMD@aol.com.

Classified Advertisements

Rates: $45 for 45 words or less, $1 for each additional word. $1 for each word set in boldface (other than first four words). $10 to box an ad. $5 for PDA Box number reply. One free ad to deceased member’s spouse.

Website: All Journal classified ads will be posted on the public section of the PDA website, unless otherwise requested. Ads will be posted within 48 hours of receipt, but no earlier than one month prior to the date of the Journal issue. Ads will be removed at the end of the two months of the Journal issue.


Payment: Upon submitting ad.

Mailing Address: Send ad copy and box responses to:
PDA Dental Journal • PO Box 3341 • Harrisburg, PA 17105

Classified Advertising Policy: The Pennsylvania Dental Association is unable to investigate the offers made in Classifieds and, therefore, does not assume any responsibility concerning them. The Association reserves the right to decline to accept or withdraw advertisements in the Classifieds. The Journal reserves the right to edit classified ad copy.

How to reply to a PDA Box Number:

Pennsylvania Dental Journal
PO Box 3341
Harrisburg, PA 17105

If you haven’t already, please visit our website, www.mymeritdental.com.

OPPORTUNITIES AVAILABLE

Associate Needed
Seeking general dentist for associateship leading to partnership. Our group is located in the Central Susquehanna Valley near Bucknell and Susquehanna Universities. We are seeking a general dentist capable of a wide range of procedures for our continually growing practice. To learn more about this rare opportunity call (570) 742-9607, email copdha@sunlink.net, or fax your CV to (570) 742-6397.

General Dentists Needed
Dental Dreams desires motivated, quality oriented general dentists to work in our busy Pennsylvania practices. At Dental Dreams, we focus on providing the entire family superior quality general dentistry in a modern technologically advanced setting with experienced support staff. Because we understand the tremendous value of our associate dentists, we make sure that their compensation package is amongst the best. Our competitive compensation package includes: minimum guaranteed salary of $150,000 with potential to earn up to $300,000, visa sponsorship, and health and malpractice insurance reimbursement. Make Dental Dreams a reality for you! To apply, please email CV to humanresources@dentaldreams.org or call (312) 274-4520.

Associate - General Dental Practice
Beaver County Pennsylvania (Pittsburgh area) extremely busy general practice seeking quality long term associate or buy in candidate. Contemporary practice is computerized and has all digital X-rays. Experience in all phases of general practice including endo, implants and crown and bridge preferred but will consider a recent, qualified graduate. Established practice includes experienced staff, modern equipment, great location, and doctors willing to make this a win-win situation. Contact office at (724) 775-4115 or email mfddmd@comcast.net.

Geriatric Dentistry
Part-time general dentists needed for nursing home patient care in Pittsburgh and Erie locations. All transportation, equipment, supplies, auxiliary and administrative staff provided. Daily minimum rate $500 + production + benefits. Join our team, providing this needed service for over 30 years. Please fax resume to (440) 888-8763 or email jakmieck@sbcglobal.net.

General Dentist Wanted
Looking for a dentist for a general dentistry practice in Maine. Excellent guaranteed daily compensation rate with collection bonus, great staff and plenty of patients. Only fee for services and PPO payments accepted, no Medicare or Medicaid. Healthcare plan and flexible spending account available. Malpractice insurance is covered and there is an allowance for CE. Please mail CV to mainedds@yahoo.com or call (330) 651-2265.

Dentists Needed – Sandy Lake
Merit Dental is seeking dentist candidates for Sandy Lake. Since 1968, our philosophy of supporting doctors and staff has lead to unmatched consistency and paved the way for future growth. We pride ourselves on providing doctors the ability to practice in a traditional, non-HMO practice environment coupled with the flexibility and rewards that a group can offer. We are currently working on new opportunities in Sandy Lake. We’d enjoy the opportunity to learn about your practice philosophy, career goals and expectations. To learn more, please contact Laura Anderson Laehn by phone at (715) 225-9126 or email landerson@midwest-dental.com. You may also visit us and apply online at www.mymeritdental.com.
EXCITING OPPORTUNITIES FOR DENTISTS
To provide children with dental care in Erie and/or Scranton area schools. No need to be local. Hotel accommodations will be provided. Monday through Friday, no weekends. Apply at www.smileprograms.com.

Dentist Needed
Part-Time (no weekends/2-3 day) position available in the Scranton, Harrisburg, York, and Lancaster areas. We are a mobile practice providing dental care for very deserving elderly patients. Please contact Tanya at (877) 724-4410 (toll free) or tjones@healthdrive.com to hear more.

Western Pennsylvania General Practice
Looking for full- or part-time associate leading to practice buyout. Well established busy suburban practice with very high collection rate. Producing 1.55M on four-day work week. Fair and equitable terms and valuation. Seven operatories, three hygienists, four EFDAs. Don’t miss this great opportunity. Dr transitioning to retire. (814) 244-4581 gamdm@atlanticbb.net.

PRACTICE FOR SALE

Dental Office for Sale
Very modern dental office in Berks County. Four (4) treatment rooms with digital radiography, Dentrix computer, staff lounge and large sterilization area. Free-standing building on large lot. Much expansion available. Will sell practice with or without building. No brokers please. Call (610) 644-2818 or email to kjsj1001@aol.com.

For Sale
General Dentist Retiring – 500K gross, 4 ops. apt. upstairs, parking lot on doctor’s row. Huntingdon with Juniata College and Lake Raystown. Turnkey: reduces to $225,000 for the lot. Owner is very flexible for transition. Reply: drezeke1974@verizon.net.

Practices Available/Western Pennsylvania
Smaller Merger opportunities to practices grossing over $1 Million annually. Visit our website at www.paragon.us.com or contact David A. Moffa, DMD, MAGD (724) 244-9449 or dmoffa@paragon.us.com.

Pittsburgh Practice Opportunity
Landmark practice consistently grossing over $1,000,000. With the selling doctor working 2 days a week through the transition period, the Purchaser can anticipate a first year net salary over $300,000. Contact David A. Moffa, DMD, MAGD to learn more. dmoffa@paragon.us.com or (724) 244-9449.

PRACTICES FOR SALE — MARYLAND, DC, VIRGINIA

For Sale
PENNSYLVANIA: General practice, Poconos, 1,500 active patients. Collections 400K. Doctor transitioning to retire. 28 hrs per week. Tremendous opportunity for growth. Call (570) 856-0905 or email toothman@ptd.net.

PRACTICE FOR SALE
Western Pennsylvania / Greater Pittsburgh Area
Numerous practices available with collections ranging from $240,000 to $2,500,000
PA – (#’s represent collections)
Altoona $275,000, Beaver County $760,000, Beaver $320,000, Butler County $540,000, East Pittsburgh Suburb Pediatric $400,000, Erie $1,700,000, Erie $1,000,000, Mercer County $410,000, Pittsburgh $2,500,000, Pittsburgh Periodontist $1,500,000, Pittsburgh-North Hills $300,000, Pittsburgh-Whitaker $487,000, Plum/Murrysville $400,000, Robinson Twp, $670,000, Tri-State Periodontist $600,000, Venango $350,000, Washington County $500,000.

We offer formal Valuation Services in case of divorce, business planning, estate planning, retirement planning, help in determining exit strategy, partner “buy out”, etc. Please contact Bob Septak at (724) 869-0533 or e-mail bob@udba.biz. www.UDBA.biz

As always, we treat these matters with the highest amount of confidentiality and any contact with United Dental Brokers of America will be kept completely confidential.

General Dental Practice
General dental practice and building northeast Philadelphia. Established practice at same location for 61 years. Presently 2 operatories, but has room for expansion upstairs; apartment rental income; excellent opportunity for an energetic business-minded doctor to build a close-knit neighborhood practice. Please call (609) 280-2768 or email rstol27@live.com.

For Sale
General Practice - Pittsburgh Eastern Suburbs – Long established practice. Four operatories – ideal starter or satellite office. Opportunity for ownership in the building. Email: Dweigh7117@comcast.net.

WESTMORELAND COUNTY
Family general practice for sale near Greensburg – fee for service, collections of $365,000 with net profit of $172,000 – well established practice with long time patients and loyal employees. Contact PDI at (412) 373-7044 for confidential information.

SOUTH HILLS
Well established general practice with loyal employees, fee for service with $260,000 in collections – senior doctor willing to stay to introduce patients, also willing to treat patients at a limited capacity. Contact PDI at (412) 373-7044 for confidential information.

Practice for Sale
Lancaster County - Very nice 38 yr. old practice, 2,000 SF, 4 operatories, equipment approximately 10 years old, Dentrix software, digital x-ray, Pan. Great staff, limited insurance, 1,400 patients of record, approximately 15 new patients per month. Located right in the middle of the town square, tons of walk by visibility. Contact Sharon Mascetti at Henry Schein Professional Practice Transitions at (484) 788-4071 or Sharon.Mascetti@henryschein.com. (#PA2009)
CLASSIFIED ADVERTISEMENTS continued

Practice for Sale
Snyder County - Well-established, 5 operatories, open floor plan, contemporary design. Located at a major intersection, stand alone professional building available for sale. Enjoy an outdoor lifestyle! Contact Donna Costa at Henry Schein Professional Practice Transitions at 800-988-5674 or Donna.Costa@henryschein.com. (#PA2087)

Practice for Sale
Philadelphia - Well-established part time practice (2 days) in great location! Digital X-ray, newer dental equipment, participating with several higher end PPO’s. Contact Donna Costa at Henry Schein Professional Practice Transitions at (800) 988-5674 or Donna.Costa@henryschein.com (#PA120)

General Dentistry Practice
General dentistry practice for sale in Erie - east side. Very reasonable. Would be ideal for new graduate or dentist seeking a second office. Call for details. (814) 899-2181 or (814) 440-0091.

For Lease
Perfect office for a dental specialist and support staff (medical practice, or health care professional. Operatory/treatment rooms are plumbed and with electrical power. First-floor parking. Desirable Princeton, NJ, high traffic location. Possibly sub-dividable. Contact Michael Mayo, Weichert Realtors, (609) 921-1900 ext 241 or cell (713) 449-6498. michaelkmayo@yahoo.com for details.

FOR SALE
Active general practice - Schuylkill County. Excellent facility, staff, equipment, patient base, opportunity. Professional Practice Planners. (412) 673-3144 or (412) 621-2881 (after hours). stanpoll@aol.com.

For Sale

For Sale
Established general dental practice in Cambridge Springs. Ideal for new graduate or dentist seeking satellite. Currently open 2 1/2 days weekly but definite opportunity to increase if desired. Reasonably priced. Call (814) 734-2574.

Lehighton
Busy 3 operatory, general dentistry practice. Real estate, with additional 2 income residential rentals, for sale or rent. Call (610) 377-4719 or email cchawk@ptd.net.

For Sale/Rent
Media Specialty Practice including 4 chair operatory. Perfect for any dental specialty. Will sell all equipment including ADEC Chairs. Buyer to assume lease of beautifully furnished office. Call (215) 955-8802.

MISCELLANEOUS

DR. FILL-IN “Dentists helping Dentists”
Dr. Fill-in was established 5 years ago to match qualified dentists with dentists who are looking for temporary or permanent dental coverage. We serve the Pennsylvania and New Jersey area to keep your office open while you are away. For more information, please visit our website at www.doctorfillin.com or if you prefer contact us by phone at (610) 216-2899.

PROFESSIONAL SERVICES

Financial Services
Fischer Financial Services, Inc. is an independent money management firm located in Harrisburg. As a “Registered Investment Adviser” with the U.S. Securities and Exchange Commission, the firm specializes in money management for institutions and individuals. To learn more, call (888) 886-1902 or visit www.fischerfinancialservices.com.

PRACTICE TRANSITIONS
If you are considering VALUING – SELLING – BUYING – MERGING – ARRANGING ASSOCIATESHIP – EXITING PRACTICE, contact the Transition & Valuation Specialists: Professional Practice Planners, 332 Fifth Avenue, McKeesport, PA 15132. (412) 673-3144 or (412) 621-2881 (after hours) or stanpoll@aol.com.

Practice Transitions
We specialize in Practice Sales, Appraisals and Partnership Arrangements in Eastern Pennsylvania. Free Seller and Buyer Guides available. For more details on our services, contact Philip Cooper, DMD, MBA America Practice Consultants, (800) 400-8550 or cooper@ameriprac.com.

PDA members, we need your email address. We frequently communicate to you via email, keeping you informed about valuable member benefits and important information regarding your profession. If we don’t have your email address you will miss out on these vital updates. Please allow us to serve you better by taking a moment to submit your email address at www.padental.org/email or contact Michelle Rozman at mlr@padental.org.
ELECTRONIC NCDHM
Preparations for the 2014 National Children’s Dental Health Month’s (NCDHM) promotion are underway. Continuing from last year’s modification to the program, materials will be made readily available online.

The 2014 lesson plan, activities and statewide poster contest information are only available through PDA’s website. Visit www.padental.org/ncdhm to download the materials. The NCDHM promotional posters are still available for you to order. There may be a postage fee depending on the quantity.

GET INVOLVED
Help judge the student posters. An online NCDHM advisory group on PDA’s Social Network is open to all interested members who would like to participate. PDA staff also is a part of the NCDHM advisory group. This advisory group plays an integral role in the statewide poster contest and is responsible for judging the poster contest entries.

In order for another successful campaign, PDA needs your help. Complete the form below or visit www.padental.org/ncdhmgroup to sign up for NCDHM’s advisory group by December 31, 2013.

WWW.PADENTAL.ORG/NCDHM

NCDHM ADVISORY GROUP SIGN UP
AND POSTER ORDER FORM

The advisory group is open to all PDA members and will be responsible for judging the NCDHM poster contest entries. Names must be submitted by December 31, 2013. Poster orders must be placed by January 31, 2014, to allow time for the processing of your request.

NCDHM ADVISORY GROUP
Your Name ____________________________________________
Address _____________________________________________

City ___________________ State ______ Zip Code ______

Email ___________________ District/Local Society ______

City ___________________ Email ______________________

POSTERS
Quantity _______ Date by which you them __________________

Credit Card (REQUIRED for shipping & handling fee)
○ Visa ○ MasterCard ○ American Express ○ Discover

Credit Card Number ___________________ Exp. Date ______

Name on Card ___________________ Signature ______

Promotion Type
○ Mail event ○ School visit ○ Other

Promotion Sponsor
○ District/local society ○ Individual ○ Both ○ Other

Mail or fax form to: Pennsylvania Dental Association, Attn: NCDHM, P.O. Box 334, Harrisburg, PA 17105-3341 Fax: (717) 234-2186
Digital Bytes to Dynamic Beauty

CAD/CAM restorations are growing at an unprecedented rate. As "Your Partner in Mastering New Technologies®," Thayer Dental Laboratory was an early adopter with CAD design and CAM milling—with over 10 years' experience as a digital dental laboratory. Our CAD designers are experienced dental technicians and CDT's who design full contour monolithic restorations for milling and pressing; zirconia substructures for milling and layering porcelain; printed wax patterns for casting copings and bridgework; and the design of patient specific implant abutments and bars.

CAD/CAM technologies have allowed Thayer Dental Laboratory to provide more consistent quality tolerances and quicker fabrication times for a wide array of restorations—including virtual restorations without a physical model. Thayer is a Sirona® Connect laboratory and can also accept digital impressions from your Cadent iTero®, E4D, Lava™ COS, 3M™ Tru Def, or Trios® scanner.

Discover how we can help you grow your practice with CAD/CAM technology by calling us at 800.382.1240.

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CERTIFIED DENTAL LABORATORY

CLEARMATCH LABORATORY

MADE in USA

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