



Tri-County Dental Society

# BULLETIN

*Representing the Dentists of the Inland Empire*

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Volume 58 No 2



*Give Kids A Smile - One Child at a Time*

## TCDS Membership Status Report

Active/Recent	1,459
Life Active	84
Life Retired	141
Retired	35
Post Grad	33
Faculty	50
Disabled	12
Military/Public Health	6
Provisional	63
Hardship	2
Pending Applications	22
TOTAL	1,907

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## Mission Statement:

It is the mission of the TCDS to be the recognized source for serving the needs and issues of its members and the dental community.



### Featured TCDS City

#### Norco

*The banner photo was taken on the Norco side of the the Santa Ana River looking towards the city of Norco.*

### Featured Cover Photo

*Dr. Marileth Coria provided dental care at the first TCDS Give Kids A Smile clinic in Fallbrook on February 1. Twenty-seven clinics are being supported by Tri-County volunteers this year. Photos and a story about the events will appear in the May/June issue of the Bulletin.*

## Fresh Produce Daily



One of the things I enjoy about having sold my practice last year is seeing the sights around our component territory while traveling to various offices. Recently, on a side road on which I was taking an “unintended exploratory adventure,” I drove by a fruit stand. In big letters a sign read, “Fresh

Produce Daily.” For some reason, I thought to myself, “How fresh is fresh?” If they have to state that it is fresh daily, does that mean that fresh does not mean “daily?”

Of course, I saw some parallels in dentistry from this. Clarity in marketing dentistry is important and it is considered unethical if the message is confusing to the public. This is one of the concerns many dentists have about various marketing methods in dentistry.

Marketing is one method to try to educate potential patients to desire and accept dental treatment. One of the main tenants of dental marketing ethics is that the message should be accurately portrayed to the reader. If an ad should read “Crowns - as low as \$XX dollars,” is it really saying “all crowns” are \$XX dollars or does it mean an SSC? When the patient arrives at the office, will they feel they have been a victim of “bait and switch?” Just like the definition of “Fresh Produce Daily,” the average person does not know the difference between an SSC, porcelain fused to high noble metal crown, or an all porcelain crown. For most people they are doing well to know there are tooth colored and metal crowns! This is the fine line in marketing that the message is clear as to what is “Fresh” and what is a “Crown?” Marketing is just one of the methods to improve the bottom line of a dental practice. An increase in marketing is intended to increase production to increase the bottom line by bringing in new patients-who will most likely need treatment.

While increasing marketing is intended to bring in new patients, another cost saving method might actually be to reassess staffing requirements and payroll allocations. This is a tough subject because, as dentists, we will tend to protect our team members. We don't want to be the “bad boss” by cutting back hours, team members, or employee pay. In some cases, however, it might be time for a serious team meeting to discuss the options for the practice.

I'll admit that we concentrate our discussions on those members who are in private practice as they are in the majority. Those members who associate either full time or those who are associating part time to augment

their practice incomes are deserving of help from their dental society. While the TCDS website does have pages for associateships, I feel it is underutilized. I encourage those who are either seeking an associate or seeking an associateship to go to Tri-County's website, [www.tcds.org](http://www.tcds.org), and register. If you need help navigating the site, call Shehara or Stacey at the TCDS office.

One good cost saving event that happened recently is that TDIC has received State approval to sell workers' compensation coverage. I have heard many members complain about the high cost of workers' compensation insurance, so this should be met with many “Thank yous” to TDIC and to CDA for once again accomplishing a difficult goal to save money for members.

I have asked Lenora Milligan and Debbie Quarles of Innovative Practice Solutions to provide us with a series of articles on practice management for this year. They have given several seminars for TCDS in the past and those who have heard them have been very pleased with their presentations. I hope these articles will give everyone some ideas to use in their own practices.

I have received a few emails in response to the “Membership Deals” list that I sent out in January. I encourage everyone to share with me more dental product/service providers that I can contact for deals. Of course, these deals may not meet the needs of everyone and they may not be enough to fully fund your retirement plan this year - but it takes many steps to complete a journey. I hope this list will grow and that as a result, so will your bottom line!

While not all the ideas are for every member, the lesson of the fruit stand sign is still what is to set members of organized dentistry apart from others-ethics. As you make decisions for your dental practice, I hope you remember the lesson of “Fresh Produce Daily.”

I wish you all success, health, and peace.



## Politics R Us



**W**hen you read the title of this editorial, did you immediately cringe at the thought of what I may be writing about. These past few years have been exhausting to say the least just keeping up with the political issues that have come up, let alone actually discussing the politics that

affect us.

When Dr. Dan Jenkins asked me to include a legislative update in this month's Bulletin, I cautiously reported a few pieces of political news that I think are of importance to our members. I informed Dr. Jenkins that I would try my hardest to keep the legislative update as objective as possible so that members can form their own opinions regarding the news. He replied, "That's great, and if you want to share your opinion, that's what the editorial is for." So I thought I would take this opportunity to share my opinions and see if we are all on the same page.

My initial perceptions of dentistry, as a new graduate, were quite naïve. I was under the impression that as dentists we all wanted the same things for the direction of our profession. Then, I had the opportunity to go to the CDA House of Delegates, where I learned there was a significant amount of dentists who see things entirely differently from me, and even though we differ in our opinions, at the end of the day we stand together and united in our efforts to protect our profession.

I recently gave a presentation to the incoming freshmen at Loma Linda University School of Dentistry about the importance of organized dentistry in our careers. One of my opening slides was a screenshot of a Google search. The search was for "dentists are." Type that in sometime without hitting "enter" and see what shows up in the auto complete search bar. It might surprise you (or not) to see the most common searches regarding dentists are not positive ones. It sure came as a surprise to me to learn that dentists are not always seen under a positive light.

When it comes to shaping the future of our profession it is clear to me that not only do we have an uphill battle with the perception the public already has of dentists, but also the differences in opinion we hold about where our profession should head. From how much

fluoride we should put in our water, to whom should be allowed to perform irreversible procedures in the mouth, our profession is in the midst of a very political climate.

My friends joke with me and tell me that I am so political. I never thought of myself as political, but the truth is, whether you like it or not, as dentists we are inherently political. Or, at least we have inherited a profession that requires us to be political. We have to be, we have no choice! Consider this, in 2009, over 1,300 pieces of legislation directly affected the oral health industry in the United States. That alone is too much for anyone to stay updated on. That is where our professional organizations come in. I am constantly getting info on the latest piece of legislation affecting dentistry from the associations of which I'm a member. My goal this next year is to keep you informed of the issues that are affecting us the most. So, if you agree with me and believe that as dentists we are the head of the dental team, and we are the owners of our profession, then it is inevitable that we also protect our interests through our political efforts. And while I encourage everyone I know to get involved in leadership within our profession, I know the majority of us don't care for the headache. As far as my clever response to my friends who poke fun at my political efforts, I tell them if you're not going to get involved then at least send us the check and a thank you card and we'll still save dentistry for you because "Politics R'Us."

### Contact Your Dental Society Staff

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I understand the first two articles published have continued to spur interest and discussion among my colleagues and their staff. That's a great thing. My deepest hope and greatest desire in airing my dirty laundry in public is that someone may be helped by my experience and may adopt

or modify existing systems and policies that protect and defend themselves, their families, their practices and their patients.

Prison and what can be done to protect and defend your assets...I guess that's what was promised at the close of the last article. That having been established, that's where we will go...as much as I hate going back there in my memory.

Prison...how can I describe the prison experience? I guess, as in most tales to be told, I should start in the beginning.

At sentencing, the judge has two options. One, the convicted felon can be ordered into custody as soon as the gavel hits the sound block. This begins what is called diesel therapy. The new inmate spends the next few weeks in processing, holding, and transit to the final destination, a federal prison facility within 500 miles (if possible) of the offender's home. From the stories I heard from those who were given this option, I am very thankful that I was shown mercy and allowed to "self surrender" - the second option. If ordered to self surrender, the inmate simply showed up on the prison's doorstep on the date ordered. That sounds simple, doesn't it? No so much!

There are several federal prison facilities throughout the United States and although the Federal Bureau of Prisons is directed to place inmates within 500 miles of their homes, due to overcrowding and other factors, this is not always the case. The Court can make a recommendation as to where the convicted sentence is to be spent, but few judges choose this option. In my case, there is a federal prison four miles from my home. It would have been convenient for my family and friends to visit me there; however, there was just one problem. A large number of the prison employees and their families were patients of mine. One of the employees in the education department babysat our children and one of the corrections offi-

cers was a fellow deacon in my church. Because I had so many close ties with the administration and staff at the local prison, I knew this wasn't going to happen. My next choice was a facility in Manchester, KY, a facility with a prison camp about 2 hours from home but I didn't really expect to be that fortunate. It takes some time for the Federal Bureau of Prisons to assign prisoners to a facility so I waited, as patiently as I could, to be given the news, where I would be living be for the next 24 months.

Four weeks after sentencing I got the letter....I knew where I would be going but I didn't know when. Usually both those things are spelled out in this letter; however, the letter indicated that I had been assigned to the prison facility at Manchester, Kentucky (small family celebration) but the date I was to present remained unclear. The letter stated that I was to present on Saturday, August 20, "208." (Yes, 208, that isn't a typo.) I looked at the calendar and August 20, 2008 was on Wednesday and not on Saturday. Besides, the year 208 was a long time ago. Truly, I didn't know whether to laugh or to cry.

I called my probation officer and explained the situation. She, my probation officer, asked that I fax a copy to her for verification. I did as directed and when she contacted the Federal Bureau of Prisons she was told that they had detected the mistake and that they were forwarding another letter with the necessary corrections. I received the new designation the following week. I was to report to Manchester, KY, on Wednesday, August 20, 2008, leaving my family and surrendering my freedom for the next 21 months. The next few weeks were filled with goodbyes and in preparation (if that's even possible) for the separation.

The trip from home to Manchester was one of the longest most difficult trips I have ever taken. I really wanted to say goodbye at home and have a friend take me to Manchester to self surrender, but my family wouldn't hear of it! They insisted that they take me. We had been together throughout the whole ordeal and they were not about to "abandon" me as I made that trip. That's the kind of family I have. I am a man truly blessed indeed.

We all tried to put on a strong front but on the inside we were dying. After a kiss and a hug, choking back the tears, we said goodbye and I was directed to sit down in a chair in the lobby and I waited. I waited not knowing what to expect, not knowing what I would encounter and what I would have to endure

before being released back into society. I arrived early because I was told if I got there too late, the intake process could not be competed that day and that I would have to spend the night in a holding cell. I waited for 2 hours with my mind working overtime thinking, worrying about my family, grieving for them and what they had endured and would continue to endure.

There in the silence I was truly alone. Those two hours were the longest of my entire 21 months at Manchester because of the unknown. Further complicating the situation, the Prison in Manchester has both a Medium Security Area and a Camp Area. We had hoped that I had been assigned to the Camp; however, I was not assured that I would go to the camp. I had to wait and see. I had been advised that when it came to the staff, I was not to ask questions, speak when spoken to, and to mind my own business. This was good advice that served me well over the course of my imprisonment there. As I sat there with my head down, praying that I'd have the strength to survive, an officer came to escort me to intake.

The first thing the officer did was to do an alcohol breath test. Apparently, some choose to cope with the intake process by hoisting a drink or two before presenting to prison. When the officer was satisfied that I was sober, I was stripped, searched, and given a set of

green scrubs. All the trappings of the outside world were stripped away and I was left with nothing other than what I was given by the officer. I was then placed in a holding cell. Next came the interview by a staff nurse and finally, after another wait, I was processed by my counselor who explained what I might expect over the next couple of days, but most importantly she told me I had been assigned to the prison camp.

A prison camp is a minimum security facility with no bars, no walls, and no gates. You could literally walk away at any time...that is if you didn't mind being charged with escape and having your sentence extended. I would have cried had I not been afraid that I would be viewed as weak! The counselor assured me that I would be OK and that if I ever felt threatened in any way to alert an officer. Violence and intimidation is strictly prohibited and anyone found guilty of taking advantage of another inmate, in any way, would be severely punished.

The intake process, from the time I was dropped off to the time I was transported to the camp, took 6 hours. I was moved from the medium security intake facility to the camp by an inmate who gave me a quick rundown of what I might expect over the next few days. All new inmates wear the scrub suits until they are assigned their "greens" the next laundry day. You are immediately recognizable as a new inmate when

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*Last month, Dr. Charles Goodacre commented on the impact Loma Linda University has had upon the public and the profession from the 1950's and 1960's. The following charts the 10 "firsts" during the 1970's and 1980's.*

## **F**irsts from the 1970's and 1980's

1. It was 1976 when Loma Linda established the world's first University-based specialty training program in implant dentistry under the leadership of Dr. Robert James. This program was started well in advance of the time other schools would recognize the impact this aspect of dental care would eventually have on the esthetics, comfort, and function that patients would be able to enjoy.
2. In addition to the implant dentistry program, the School of Dentistry started an Implant Dentistry Study Club with one-on-one teaching in the 1970s that subsequently evolved into a group program. During the first 30 years this program was in existence, over 700 practicing dentists expanded their knowledge of the science and clinical procedures associated with dental implants through this novel year-long, part-time program.
3. While serving on active duty during the Vietnam War, oral surgeon Dr. Philip Boyne was involved in the facial reconstruction of many injured soldiers. During this time he developed a keen interest in and special expertise in the required surgical procedures that led to his pioneering work with bone grafts and the use of different materials that could be used to enhance the replacement of missing bone.
4. A hinge axis recorder was developed by Dr. Lloyd Baum in 1970. The unique design of this device required use of only the mandible, and this device made it easier for clinicians to record the opening and closing axis of the jaw for patients in need of extensive oral rehabilitation.
5. The attachment of the peri-implant mucosa to a dental implant was first described by Dr. Robert James. This hemidesmosomal attachment of the soft tissue is what helps to maintain the health of the tissues surrounding dental implants.
6. Loma Linda developed the technique whereby the radiographic data from a CT scan could be used to create a 3-D replica of the jaw bone, allowing for more accurate anatomic evaluation and aiding surgical planning. This

landmark work was pioneered by Drs. Robert James and one of his residents, Dr. Philip Truitt. The process has now become a routine procedure used in dentistry and medicine to plan complex surgical procedures in advance of the surgery. In dentistry, it has also provided the anatomical information required to fabricate more accurate treatment devices and prostheses for the replacement of missing teeth.

7. The first cable drive pin wrench was invented by Drs. Lloyd Baum and Douglass Roberts to improve the ease and accuracy of placing pins for the retention of large fillings in teeth.
8. Dr. Robert Kiger became the first Loma Linda dental graduate to also earn a Master's of Arts (MA) degree in Ethics.
9. The first peer-reviewed paper describing the technique of bone grafting in the maxillary sinus was published by School of Dentistry faculty members Drs. Philip Boyne and Robert James. This new technique has allowed thousands of patients to receive dental implants that previously would not have been possible.
10. Under the leadership of Dr. Roland Walters, Loma Linda was the first dental school to adopt the Bioprogressive technique developed by Dr. Robert Ricketts that has enhanced the orthodontic treatment of generations of patients.

In the next issue, "Firsts from the 1990's and 2000's."

## **TDIC Approved for Workers' Compensation Product**

TDIC received final regulatory approval from the California Department of Insurance to offer its own workers' compensation insurance as part of its full suite of insurance coverage that protects dental practices.

This approval allows TDIC to develop a workers' compensation insurance product and provide members with a comprehensive practice and professional protection, competitive rates and broaden multi-line discounts.

Final details are in the works, and it is expected that the new product will be available to dentists by mid-year. For more information on TDIC, visit the-dentists.com.

(Excerpt from Special Executive Bulletin, January 27, 2011.)



## Court Upholds Advertising of GP Credentials

Nov. 18, 2010, The U.S. District Court for the Eastern District of CA ruled the Cal. Bus. & Prof. Code 651 (h)(5)(A) to be unconstitutional. In a Civil Suit filed by Dr. Mike Potts of Camarillo, CA, representing the American Academy of Implant Dentistry (AAID), the plaintiffs argued it was unconstitutional for the Dental Board of CA to prohibit a dentist to advertise their achieved titles from a credentialing board, such as "Fellow" or "Diplomat". Dentists who possess titles of "Fellow" or "Diplomat" within the AAID and ABOI/ID will now be allowed to advertise such accomplishments to the public. This opens the door for other organizations such as the AGD and AACD to file "Amicus Curiae" (Friend of the Court) briefs so they may also be included in this ruling.

## "Red Flags" Rule Signed Into Law

On November 9, 2007, the Federal Trade Commission (FTC) had issued a final regulation implementing the FACT Act, which requires financial institutions and creditors to develop and implement written identity theft programs (Red Flags program). Neither the FACT Act nor the final rule issued by the FTC specifically mentions health care professionals as creditors.

Nonetheless, the FTC had determined that health care professionals should be covered under this law and must implement a Red Flags program by January 1, 2011.

In November 2010 more than 29 organizations including the ADA, AGD and several other dental organizations wrote a letter to the U.S. Senate urging them to amend the Fair Credit Reporting Act to exclude dental practices from this rule. On Nov. 30, 2010 the U.S. Senate moved quickly in a bipartisan action to remove certain businesses, including dental practices, from the Federal Trade Commission's Red Flags Rule. The bill passed the House on Dec. 13, 2010 and on Saturday, December 18, 2010, the President signed S. 3987 into law.

## Fee Caps Ban is Signed Into Law

The California Dental Association successfully sponsored legislation this last September 2010 (AB 2257) that prohibits dental plans from capping fees dentists may charge on non-covered services. The law went into effect January 1, 2011 and enables dentists to charge the usual and customary fees on non covered services. The law also requires dental plans to provide a disclosure statement in their enrollees evidence of coverage document explaining the law.

*These combined efforts and achievements through organized dentistry have saved California dentists thousands of hours and money (and headaches).*

## In Memoriam



*Jack J. Jensen, DDS  
1932 - 2011*

Jack Joseph Jensen, age 78, passed away on January 30, 2011. He was born on

September 23, 1932 and was raised in Richfield, UT. He graduated with a Bachelor of Science degree from the University of Utah. He received his Doctorate of Dental Surgery at the University of Missouri in 1958.

Dr. Jensen served two years in the United States Air Force before establishing his dental practice in the City of Ontario. He retired after 37 years in practice and relocated to St. George, UT.

He is survived by his wife, Joyce, seven children, ten grandchildren and two great-grandchildren.

Memorial service was held on February 11 in Washington, UT.





*Taking control is part one of a series of six articles designed to get your practice working efficiently and effectively in 2011.*

**T**he New Year, for many, means a time of evaluation and reflection. There is a sudden renewed sense of focus. Goals are set. Perhaps procedures and products are evaluated. And of course, somewhere in there is the dreaded visit to the accountant's office to see if the practice was profitable. If not, there are two choices: 1. Increase productivity or 2. Decrease overhead. Why not work on both this year and be ahead of the game?

Getting a handle on your overhead means monthly evaluation - monitoring expenses to determine if they are staying within guidelines so action can be taken quickly if needed.

## **Fixed versus Variable Expenses**

Fixed expenses are those which, for the most part, remain the same month after month: employee wages, rent, insurance premiums, equipment payments, front office supplies, and utilities.

Variable expenses are those which you have control over and/or that vary depending upon production. Those would be your lab expenses and supplies, marketing/promotion dollars, continuing education programs and team bonuses.

You have probably seen the figures before. Employee wages should be between 24-28% of total overhead. Supplies 5-7% and rent no more than 8%. Can a practice even hope to stay within these guidelines? The answer is a resounding yes! The real issue most times is not that your rent is too high, or you pay your team too much, although that can be an issue, the real concern is that you may be under-producing for your overhead.

As your practice grows, it is natural that you should see a decline in the percentage of overhead. Produce more and your overhead drops effortlessly. Employees are generally your largest expense, but also they have the ability to be your greatest asset. Utilize them to their fullest. You've probably heard the saying, "If you don't know where you're going, any road will take you there." Make sure your team knows the goals and for what they

are striving. Then, track your production daily. When teams have a sense of ownership, they make things happen. If they know the practice is shy of attaining the goal for the day and a patient cancels they are much more apt to work to retain the patient or to immediately contact someone else to take that appointment time when they feel their efforts are noticed.

So where do you find those employees that will take ownership? You actually create them yourself. Do this by evaluating and reviewing your employees at least twice a year. Evaluations and reviews are a time to discuss what is working and what is not with the employee's behavior. It is not a time to evaluate compensation. I find that most dentists feel if they sit down with their employee to discuss how they are doing the employee will expect a raise. Employees will not have any expectation of a raise if you set the stage and inform them that raises and monetary compensation of any kind will not be discussed, only how they are doing in their job performance.

So how does an employee receive a raise? Whenever I'm informed that an employee wants a raise, I encourage them to submit a request in writing, citing how they have improved the practice since their last wage increase.

What about performance bonuses? While wages are part of your fixed expenses, bonuses are considered part of your variable expenses. Team bonuses are a great way to give raises when the office can afford it and, at the same time, keep overhead in check. Think easy. Two percent of net collections - minus refunds - each month goal is produced. You may consider doubling that if goal is made three months in a row. Remember, you are the one that sets the goal. Choose a number that allows for bonuses and it will be a win-win.

In California, many times the fixed overhead issue is the rent. Rent should reflect 5-8% of your overhead, but this number can be higher if your location also serves as part of your marketing plan, in other words, if your building is located in an area that has significant walk-by or drive-by traffic, you may add a percentage or two.

Lab fees are an area where a lower percentage does not necessarily reflect positively. Lab costs generally reflect how much crown and bridge is being done by the practice. An excellent range would be 10-12% of your collections. A number in this range usually means that case acceptance for crown and bridge is okay. If you find your percentage is higher, it may mean one of two things. 1. You have a lab fee that is outside of the range affordable for the fees you are charging or 2. Outside the range affordable for the fees you are receiving from your insurance contracts. A lower percentage means you may not

be getting the case acceptance needed for a healthy practice.

Inventory your supplies at the beginning of each year. This is a great time to start a new system. Why not create one that keeps track of supplies and that causes you to utilize supplies before their expiration dates. Then turn over ownership of purchasing supplies to a trusted team member. When dental supplies are monitored, it can result in huge savings and when team members are given the responsibility and a goal, dental supplies can be easily kept in check. Your dental assistant can be a great asset in dealing with this issue. Give a 5% budget based upon the previous month's collections. (Remember if you didn't earn it, you can't spend it.) Allow a 1-2% override each month. This 1-2% override is for emergency situations and can only be authorized by the doctor.

Of course, all expenses should be evaluated. Is this expense necessary? Or could this expense be reduced without affecting patient care? But be discriminate when considering where to cut costs. Remember, cost cutting will not benefit you if it results in negatives for the patient, either in customer service or in actual quality of care.

#### **What else should be done to increase profitability?**

Examine insurance participation and marketing expenses. Fee adjustments should happen yearly. As a general practitioner, fees should reflect at least the 80th percentile according to the National Dental Data Advisory Service while specialists should consider a 95th percentile. Why? Your fees reflect your competence. A low fee equates, in a patient's mind, as meaning low competency. A mediocre fee equates to mediocrity. If you do not feel comfortable with increasing your fees, it's time to evaluate why. And then take action. If you feel your dental skills need to improve before you can feel comfortable with a higher fee then, by all means use this year to gain that knowledge and competency.

Collection numbers should be evaluated monthly and reflect 98%-102 of your net (after adjustments) production, with a third of your collections coming in at the time of service by having your team collect patient portions.

Closely monitor adjustments as they can sometimes be an area where many feel they have no control. Insurance continues to dictate what fees will be paid and the percentages paid continues to

decrease. However, you do have some control and it must be exercised. Reduce your patient courtesy or discount to 5% and make this for paying at the time of service with cash or a check. Create an employee day, where all employees come on a typically non-work day to receive their dentistry. All 'work' for the betterment of each other at no cost to the doctor. Plan the days well in advance and be sure each team member is available to work. Work to keep adjustments to production, not including insurance, at no more than 3%. Empower your front desk team to review and control the schedule to achieve that goal.

Accounts receivable is considered normal if it is 1-1/2 times an average production month. Any more is uncommon. Having current accounts means we are able to collect more of those dollars in general - less is being written off for bad debt.

Who is average? Studies have shown that most of us consider ourselves above average. So why not strive to own an optimal practice with optimal overhead?

If you would like more detailed information regarding overhead percentages for your general or specialty practice please contact us at [info@IPSdentist.com](mailto:info@IPSdentist.com) for a complete breakdown.

Look for our next article on overhead control. We will focus on small but significant ways to reduce costs. Have you heard of the story of the \$40,000 dollar olive?

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## Short Abstracts

### **Mercury Toxicity Testing**

Care of Patients Who Are Worried about Mercury Poisoning from Dental Fillings

David Vearrier, MD; Michael I. Greenberg, MD, MPH, J Am Board Fam Med. 2010;23(6):797-798. 01/16/2011

A report about a 37-year-old female who had a dimercaptopropanesulfonic acid (DMPS) challenge urine study that revealed an "elevated" mercury level. This non-validated post-chelator test was ordered by a wellness doctor.

The researchers suggest "In patients with moderate to high suspicion for mercury toxicity, a validated test for mercury, such as a 24-hour urine mercury level, or referral to a medical toxicologist is the most appropriate approach."

### **No evidence to link prosthetic joint infections with dental procedures.**

Rodgers J, Richards D. Evidenced Based Dent. 2008;9(4):103-4

Medline and bibliographies of relevant papers were used to source relevant studies. Case reports and references to relevant conference presentations were also included. Animal and in-vitro studies were excluded. Publications in English, French and German were included.

Of 144 articles retrieved, there were 23 prospective studies but no randomized or comparative trials. Twenty-seven reports (18.8%) favored prophylaxis for special circumstances, 11 publications (7.6%) did not perceive any benefit and 106 (73.6%) took no clear position. Infections of total hip or knee replacements because of haematogenous seeding following dental intervention are very rare. The scientific rationale for systemic or local antimicrobial prophylaxis is very weak at best.

## Dental Dote - Prepared Kid

A lady with limited financial resources brought her 4 children in to my friend, John's, dental office for treatment. The children were pretty active so he thought he should just let one child back for treatment at a time so the mother could "supervise" the other 3 children in the reception area.

Things seemed to go well with his plan and the mother expressed her gratitude as she left the office. John did notice one of the chairs in the reception area was out of alignment. When he reached down to move the chair the legs fell off and the seat fell to the floor with a thud!

As he looked things over, John found the screws had been removed! He looked over to the window sill and there upon the sill were the screws standing at attention upright into the air - all of them.

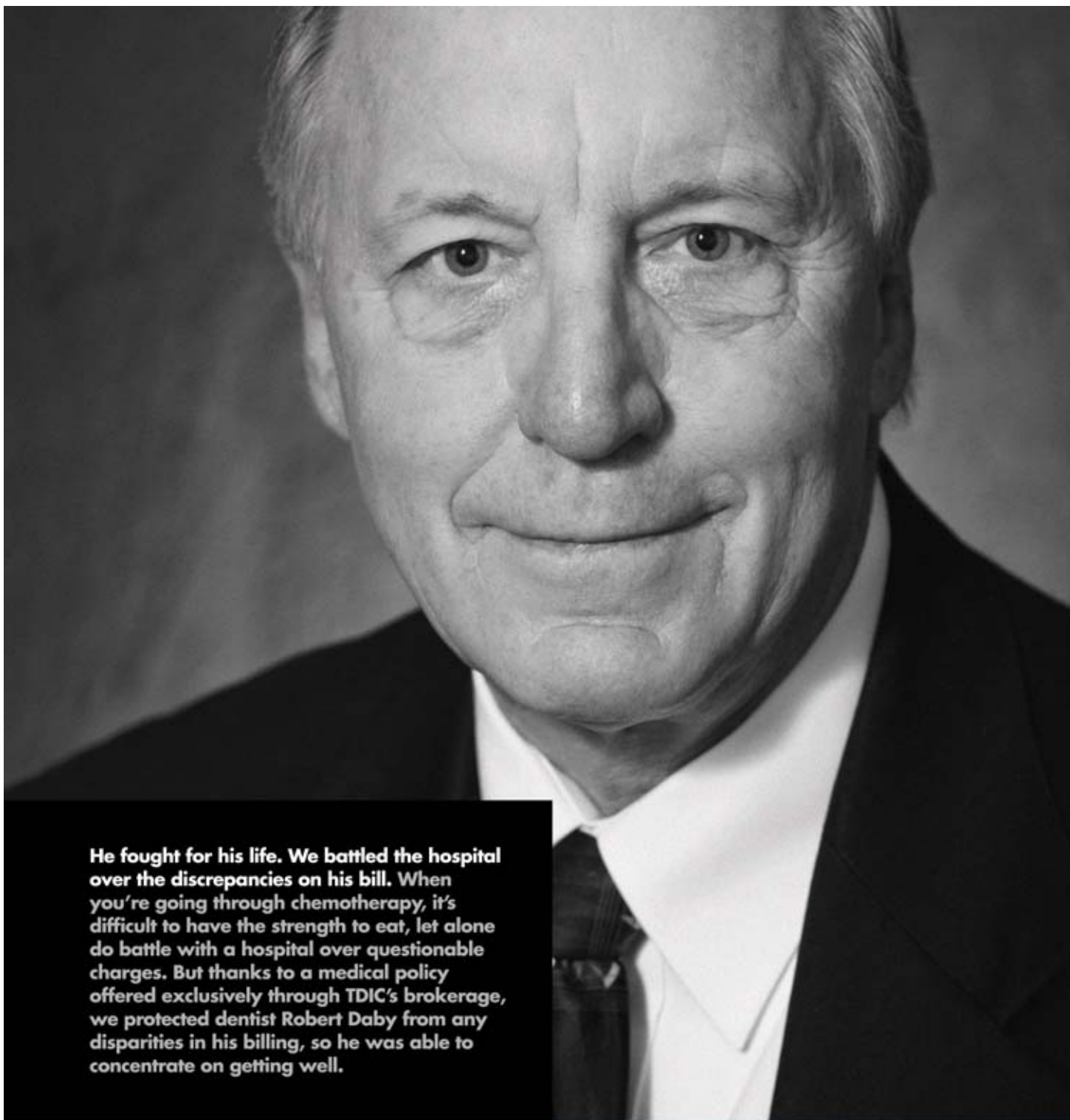
After he got his Allen wrench out and put the chair back together he decided to call the mother and "see if the kids were ok."

After the mother said the kids were doing fine, John told her he did have one question for her and told her about the chair screws being removed. He

asked her if she saw any of the children removing the screws. She said that indeed she did because her son was bored in the waiting room and needed something to keep him "entertained!" John mentioned that it takes a unique wrench to remove those screws and asked how it was that he was able to remove the Allan headed screws.

The mother answered that her boy just used the little tool kit that she carries around with her for him to use whenever he gets bored somewhere! And that was when John learned how to write a letter of dismissal for a patient!





He fought for his life. We battled the hospital over the discrepancies on his bill. When you're going through chemotherapy, it's difficult to have the strength to eat, let alone do battle with a hospital over questionable charges. But thanks to a medical policy offered exclusively through TDIC's brokerage, we protected dentist Robert Daby from any disparities in his billing, so he was able to concentrate on getting well.

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**T**his year I decided that one of my goals for the New Year was to break up with 'Difficult'. The reason I decided to break up with 'Difficult' is because as I reflect on my past year and objectively examine the areas where I lost my passion, my focus, my drive, my

direction or my energy, it was because I was dating "Difficult."

I did not intentionally set out to date "Difficult." To be honest, I did not even realize we had started a relationship. I saw all my extra efforts this past year as simply "hard work" - something that needed to be done during what everyone refers to as, "These difficult times." So, in the effort to do what the experts say it took to survive, I worked extra, extra hard: I worked hard at work, I worked hard at my body, I worked hard at love, I worked hard at friendship, I worked hard at my health, I worked hard at patience, and I worked hard at acceptance. In general you could say that in 2010 whenever "Difficult" presented

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*If life has become too difficult,  
you are doing it wrong"*

*Dr. Tracy*

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itself, I worked hard to get through it. And at the end of the year, if the truth be known, I was a bit tired from all the hard work!

As I look around I notice a lot of other people who have been dating "Difficult," and as a result they too are tired from working so hard at life. One of my girlfriends is tired because she has been working hard to get pregnant. My other friend is tired because she is working hard at being single. And at the opposite end of the spectrum another friend is working hard just to remain married. One of my friends is working hard to stay alive, while a family member of mine is working hard to be retired. A loved one of mine is working hard to remain sober, and another one is working hard just to find employment. I have clients who are working hard at releasing their demons and others who are working really hard at holding onto them. Even my positive husband, as

I glance at him not napping on the couch, but instead collapsing on the couch, is exhausted from working hard just to keep things moving.

All around me I see people I know and people I don't that are "working hard," and as I sit here I have to believe there has to be another way. Specifically, I see many of the dentists that I have come to know through charity programs that are also working hard. I look into the eyes of all the hard workers and from the core of their being I see the questions: "Is this hard work really worth it? Are my answers ever going to come? Is there light at the end of the tunnel? Or, if I rally one more time, work just a little harder, will my life as I crave it to be, finally arrive?"

My answer, after walking the journey of hard work, is "No!" With harder work, more effort, stronger focus and all the other various tricks we were taught to get ahead or get what we want, none of that will create the life we desire, or create the change we need. Don't get me wrong. It is not that our hard efforts go completely void. Of course we will have some result from all the extra effort. But in comparison to the tired, the zap of passion, and the emotional drainage we experience, not to mention the exhaustion that dating "Difficult" takes on you, the formula of hard work for results simply is not a winning formula at all. Memo from Normal Land: We are not meant to go through life swimming up-stream. If we're meant to swim up-stream to live our passions, we would have all come back as salmons. But we did not. We came here as humans - individuals who are to enjoy this journey to the best of our ability. And note to self! There is nothing enjoyable about "Difficult."

My mother has a saying I love. She says, "If things become too difficult, you are doing it wrong." I had a hard time embracing or even understanding that concept because in truth, it felt as though it went against everything I had been taught. Things like, "There is no gain without pain," or "You have to work hard for what you want," and all the other long suffering messages and quotes that we are force fed about success and prosperity.

But then my tired Self got to thinking: "Wouldn't life feel so much kinder if we knew we could get what we want, but not at the expense of our passion, our sanity or our Self? What if life, as we crave it to be, can be enjoyable and easy, or at least an easier journey than how "Difficult" says it

has to be? What if the real truth is that we can float with the natural current of life, rather than swim up-stream to find our desires? Well guess what? It's true. Our desired life is not found up-stream, but instead downstream and better yet - we can get to it without having to date "Difficult."

The key to downstream living is found in a Universal Law called "Inspired Action". Inspired Action is the key or maybe better put, the raft, to effortless living. In other words, Inspired Action is the life tool we need in order to get what we want, effortlessly. Inspired Action is a choice making skill where we learn and discipline our self to make choices from a positive motivation point, versus from a point of fear, stress or insecurity. An example of Inspired Actions would say that rather than go to the gym because you are "FAT" (negative thought) you instead go to the gym because you want to take care of "You" (positive thought). Inspired Action says you are excited about eating differently because that fabulous outfit is going to look fabulous on "You" (positive thought); plus, "You" will feel good better about going through life in a healthier and more fit body (positive thought); and at the end of the day, you fabulously deserve that!

The question most have after hearing this is, "How does Inspired Action create an effortless life?" The answer is that as Inspired Action comes from a positive reference point, it scientifically works for one simple reason: When you make choices based on Inspired Action, you are living

at a positive frequency level, and when we make the choice to live in the positive, our dreams and our positive lives have no choice but to manifest themselves. Why? Because everything in life is energy and our promotion and prosperity reside on that positive frequency level. You cannot reach your promotion (a positive) through the reference point of stress (a negative). You can only reach your dream (a positive) if you put yourself on the same frequency level as your dream, (a positive). That is the only way a dream can reach you without effort.

Can you imagine? All we have to do to get what we want is to learn to feel good! Think about that for a moment and then think about how wonderful the journey of life could be if "Difficult" were no longer a part of the dance. We can flow through life experiencing our desires, simply by learning to feel good, and as we are meant to enjoy this journey, effortlessly, with the gift of Inspired Action, we can. Remember that Joy is an address and this is your Map Quest to get there.

Dr Tracy Kemble, [www.DrTracy.tv](http://www.DrTracy.tv), is a Success Coach and the creator of the **Power of Positive Formula**. She is the founder of the WIN Foundation an international outreach for abuse recovery ([www.WINFoundationInternational.org](http://www.WINFoundationInternational.org)). She is also the founder of the SMILE program [www.winning-smile.tv](http://www.winning-smile.tv), a fundraiser where smiles create recovery for women in need.

## E-BOOKS: ADA Publications Now on Amazon Kindle

Three of the ADA's most popular practice management publications are now available for the Amazon Kindle: **The ADA Practical Guide to Starting Your Dental Practice**, **CEO Crash Course: A Dentist's Guide to Practice Leadership and Terminating Employment in a Dental Office**. Each e-book is available for wireless download for \$44.95.

**The ADA Practical Guide to Starting Your Dental Practice** is the first in the ADA Practical Guide Series, designed to familiarize dentists with the basics of developing and maintaining a prosperous and satisfying dental career. This publication outlines the essentials of starting a dental practice, whether as a solo practitioner or as an associate.

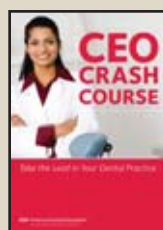
**CEO Crash Course: A Dentist's Guide to Practice Leadership** applies business principles to managing a dental practice. With insights from seasoned practitioners and dental consultants, CEO Crash Course provides guidance on striking a work-life balance, meeting your bottom line, and building a loyal client base, among other matters.

**Terminating Employment in a Dental Office** navigates the thorny legal issues surrounding employee dismissal. Its many

topics include handling employee fraud and drug use, terminating an associate, and navigating the mechanics of termination.

While these e-books are currently limited to the Kindle, their publication signals the beginning of a larger initiative to make ADA publications available in a variety of formats, including other e-book readers, such as the Barnes and Noble Nook and the Sony Reader. Sales have been unexpectedly successful despite minimal publicity.

Visit the **ADA Catalog** for hard copies of the publications or call 800-947-4746.



# What is Privileged Communication?

*Yasica Corum  
Risk Management Analyst, TDIC*



**P**rivileged communication is the exchange of information between two individuals, which is confidential due to the nature of the relationship, such as a doctor-patient relationship.

Doctor-patient confidentiality begins when a patient seeks the advice, care, and/or treatment of a dentist.

This applies to dental consultations as well. Patients seeking dental treatment or advice should not fear that their dental concerns, medical conditions or personal information will be disclosed to others. The expectation is for dentists to hold that personal health information in confidence and use it exclusively for the benefit of the patient.

Maintaining confidentiality covers not only what a patient may reveal to the dentist, but also what a dentist may independently conclude or form an opinion about, based on an examination or assessment of the patient. Confidentiality covers all of the dental

record (including radiographs, lab reports, and billing) as well as all communications between the dentist and patient. It includes communication between the patient and dental staff and phone conversations between dental staff and third-party payers. The duty to preserve privacy even continues after a patient is no longer part of the practice.

Divulging health information is a privilege belonging to the patient, not the dentist. Only the patient may waive that privilege. In general, dentists should not release health information to a third party without getting a release signed by the patient. A common exception occurs when two dentists are treating the same patient and they consult each other regarding treatment. To obtain a sample "Release of Patient Records" form, visit the Risk Management section of the TDIC website at [www.thedentists.com](http://www.thedentists.com).

Medical issues warranting special confidentiality include mental health information, drug and alcohol abuse records, and HIV test results. Do not release this information unless you have express written permission from the patient or the patient's legal representative allowing you to do so.

## Members save 10% on claims with new Endorsed Program

CDA has selected DentalXChange, a provider of electronic transaction services including electronic claims, real-time eligibility and claim status as its latest Endorsed Program.

Based in Irvine, DentalXChange provides dental professionals with innovative, easy-to-use products and services and exceptional customer support. Using its online tool, ClaimConnect, DentalXChange offers CDA members free software applications that provide support for all HIPAA transactions, a robust claim tracking tool, and an exclusive 10 percent discount on claims and real-time services.

"In today's difficult economic times, it's more important than ever to improve practice efficiencies. This CDA Endorsed Program not only helps members survive and compete by identifying a valuable business service like ClaimConnect, it saves members money on these services year in and year out," said Evet Dickinson, CDA Endorsed Programs manager.

ClaimConnect was designed to remove the barriers long associated with conducting electronic transactions between dental practices and insurance companies. It offers nearly every dental practice management software system the option to support batch submissions, eliminating double entry of patient data.

Providers not wishing to invest in EDI modules or a dental software program have the ability to conduct all transactions online using simple, intuitive screens. Printable explanation of benefits and patient storage packages further enhance the experience, all at reduced rates for CDA members.

With the recent focus in the industry on real-time claims adjudication, predeterminations and eligibility, ClaimConnect offers provider staff the tools to improve the flow of both registration and billing processes. Within seconds, patient eligibility can be verified prior to the patient visit, saving staff countless hours of unproductive time on hold with insurance companies. Several insurance companies now have the ability to process claims immediately, allowing for collection of the patient balance upon checkout.

"DentalXChange has been supporting California dental providers since 1989. Endorsement by the CDA is a reflection of the quality services, industry participation and vision shared by our entire team. I could not be more proud," said Scott Wellwood, DentalXChange president.

For more information, visit [cdaendorsedprograms.com](http://cdaendorsedprograms.com).



you are seen in the scrubs. I was dropped off at my "cube" and met my "cellie." My cellie had been in the system for 12 years and was great to help me through the initial shock of prison.

In addition to learning a whole new language, what you can do and what can get you into trouble, I learned that you absolutely cannot judge a book by its cover. That analogy has never been truer than as it applies to the men I met in Manchester. Some of the finest people I've ever met I met during my stay in Manchester. Most of the men there were found guilty of drug-related charges, but there were men there from all walks of life.

I was the only dentist there. There were two physicians, lawyers, accountants, stock brokers, investment bankers, real estate brokers, mortgage lenders, judges, and a state senator from a Midwest state. Not quite what I expected. I never felt threatened or scared. Inmates truly treat one another with a great deal of respect. I didn't expect that either, really.

All inmates are assigned a job while there. I worked in the education department. Although there was a dental clinic, I was not allowed in that area other than for the initial dental screening. (That's a whole other story!) That's Bureau Policy. I began as a window washer and moved my way up into the leisure library. I was charged with keeping the Leisure Library area in order and there were a number of books of all kinds to read.

There was a great deal of down time. I tried to remain active both mentally and physically, determined to emerge at least none the worse for wear. I completed a number of CE articles (130 hours credit), reading, and writing letters.

How much did this cost you, the taxpayer, above and beyond what it cost my family emotionally and financially? The last estimate I've read puts the cost of keeping a person in a federal prison facility at about \$24,000 per month. That means that while I was in Manchester, KY, the American taxpayers supported me

to the tune of \$456,000. That seems another crime, but maybe I'm too close to the situation to be objective. Forgive me, please.

There's so much more to tell about the experience, but I know you want something else. I guess you really didn't want to hear so much about my prison experience as much as you want to know how to protect and defend yourselves. If nothing else, my hope is that these articles have piqued your curiosity and will spur you to improve your systems to protect and defend yourselves.

The answer as to what can be done is: First, chart as if each and every treatment record you make will be scrutinized by a prosecuting attorney and a jury of your peers. Remember if it's not in your dental record, you didn't see it, you didn't say it, you didn't do it, it didn't need to be done, and it doesn't exist...from the legal perspective.

Second, strive to insure that every document that leaves your office is completely accurate as if your freedom depends upon it. (It just might!) Remember that no specific intent to defraud is required. The law defines "knowing" to include not only actual knowledge but also instances in which the person acted in deliberate ignorance or reckless disregard of the truth or falsity of the information. Ignorance is no excuse.

Third, train yourself and/or your staff to do periodic audits of your records and billing systems as if searching for a great prize. Conducting these regular audits shows your intent and desire is "do it right" without deliberate ignorance or reckless disregard.


Fourth, identify and employ experts to audit your records, billing, and coding systems so that you will not continue to make the same errors over and over again. It is very important that you seek an independent outside records auditor. Remember, just because you are being paid, doesn't necessarily mean that you are billing and coding appropriately. Shockingly, even if the administrator of the program makes the error and you keep the overpayment made to you because



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of insurance error, you are still responsible for any monies you received inappropriately and can be charged with fraud.

Fifth, make every effort to adopt changes and improvements as necessary to be and stay free. Knowledge is powerful but only when put into action. By plugging all the holes in your systems and fostering an environment of continuous improvement, you will protect and defend yourselves, your families, your practices, and your patients. There are tools available to provide guidance for each and every area mentioned above. It will take commitment of time, money, and effort to get things moving in the right direction. Ignoring your shortcomings will have devastating effects. If you ever doubt that, think of me!

I was released from the Federal Prison in Manchester, KY, on Feb 19, 2010, and was admitted to the halfway house in Lebanon, VA, to serve the remaining 10% of my sentence. I was given the maximum allowable time for "good behavior," 15% of the sentence.

The days before my transfer and upon leaving the facility, my mind and heart flooded with so many emotions. My wife and youngest daughter were waiting in the parking lot at the administration building for me. As much as I wanted to run to them and fall together into their arms - that would have to wait until I was processed out. As I waved to them and walked inside I was so excited, elated, ecstatic and terrified. The joy and celebration was tempered with fear.

Again, I was being moved into a completely different environment with a specified interval of time to arrive there. Added to the trepidation were the concerns of, how had I changed, how had my family changed, would the relationships be different, somehow damaged by what we had experienced, would our lives ever be the same? Although my wife had visited every weekend for the 19 months at Manchester, we had only 4 days together a month and in a very artificial environment...with strict do's and don'ts. The future was truly a mystery with no history to help predict how things would shake out. Would we be able to deal with the continued upheaval? Only time would tell.

During the time in Lebanon, while I was living in the halfway house, I worked for my attorney in his office in Lebanon. That was a little weird but I was thankful for the employment! As per Bureau of Prisons rules and after 2 "successful" visits with my family at the halfway house, I was allowed a 2 hour day pass. After 2 more weeks, I was allowed a weekend pass - home. After 6 weeks at the halfway house, I was granted home confinement. During the last 2 weeks of

home incarceration, I wore an electronic tracking device and could go to work and church - nowhere else.

My first time back home, after being gone for 20 months, was a little surreal. In a way it was like I never left and in another way it was as if I had never been there....really hard to explain. My family was excited to have me home but also good to let me have my space enough to deal with the adjustment. It was an adjustment for everybody. Even so, my fears were not realized. Relationships, although different, were stronger than ever. The love and support I received from family and friends never wavered. In that respect, life is so good!

So many things have changed and we've begun to settle into the new "normal." It's been very hard, but it great to be free!

My current speaking/consulting thing is very new for me...not something I would have ever considered doing prior to this, but I find joy in the fact that people value what I am able to share. The door has opened wide and I've learned that when the door opens, to walk through it. Finances are difficult and we struggle from time to time, but I've learned to be thankful for what we have...regardless of how much or little that might be!

It has been my pleasure to share my story and I hope that you have learned something of value from my story. Please, if you have any questions, don't hesitate to contact me at your convenience. It would be a great pleasure to talk with you more specifically about any questions or help you might need.

## **New Members**

### **Sumathi Chandrashekhar, DDS**

General Dentist  
Boston University, MA, 2004  
18523 Corwin Rd., Ste. C  
Apple Valley, CA 92307  
(760) 884-3764

### **Miguel Montoya, DDS**

General Dentist  
Universidad De La Salle Bajio, Mexico, 2008  
82204 Highway 111, Ste. A  
Indio, CA 92201  
(760) 775-5552

**Looking for an endodontist,** periodontist, oral surgeon or any medical physician to lease out about 2200-2400 sq. ft from a prime -located, free standing building in the heartland of Chino Hills. Actual size of building is 4,400 sq ft but approximately half will be built into a general dental practice. Located on Chino Hills Pkwy in a busy, retail center with anchor stores KFC, AM/PM, etc., and Facing The Main Street!. Also located across from the Von's Shopping Center with other anchor stores such as 24HR Sports Fitness Center, Starbucks, etc. High foot and vehicle traffic with Great Visibility and Front Signage! Please call Rene for more details at (909)438-8737.

**Dentists Wanted.** Indio Surgery Center located at 46-900 Monroe St., Suite B-201, in Indio, CA, is available to dentists who are interested in treating their own patients under general anesthesia. Call Larry Church, DDS, or Diana Jesson, RN, at 760-396-5733 or e-mail [d.jesson@indiosurgerycenter.com](mailto:d.jesson@indiosurgerycenter.com)

**Space for Rent.** Dental office on Arlington Ave. has office space for rent. Busy Riverside dental office had an orthodontist subleasing space for many years. Orthodontist retired and sold his business to local orthodontist. We now have office space available to lease. Previous tenant's lease included use of 4 operatories on Tuesday and Thursday. Separate office reception check-in and consultation room. Great location for an Orthodontist or Endodontist to work 1 or 2 days a week in their own practice. Call Dr. Slepiski at (951) 785-1209 for more details. Rental fee to be discussed.

**Board Certified Anesthesiologist...** providing mobile anesthesia services for all dental procedures from general anesthesia to IV sedation. BLS, ACLS, PALS certified. Please call (206) 948-2468 or email [40winksanes@gmail.com](mailto:40winksanes@gmail.com) for more information.

**Exclusive Dental Suites for Lease.** Menifee, Temecula Valley. Short/long-term lease for startup endo, perio. Brand new office building. 1500 sq ft space, 6 plumbed operatories, excellent location in a growing city with new homes. New Loma Linda University hospital is being built nearby. Contact Vivian (951) 704-6223 or e-mail [vivianphung1@yahoo.com](mailto:vivianphung1@yahoo.com) for more details.

**Periodontist Wanted.** Position available in a beautiful group dental office in Las Vegas, NV. We are looking for a motivated and experienced periodontist to join our busy group general practice that has a strong emphasis on specialties. 1-2 days a month, state of the art offices, excellent compensation, flexible days. Would prefer more than one year of experience. For more information, please send resume to [periodontalproviders@hotmail.com](mailto:periodontalproviders@hotmail.com) or call (818) 389-7288.

**Openings Available.** TCDS is looking for willing volunteers to serve on committees and councils. For a list of openings, please contact Penny at [penny@tcds.org](mailto:penny@tcds.org) or give her a call at (909) 370-2112/(800) 287-8237.

## Hot Shorts

**Desert Friends of the Developmentally Disabled,** DFDD, is looking for volunteer dentists, hygienists and dental assistants to work on our developmentally disabled population. To volunteer, or for more information, contact Marianne Benson, (760) 832-6555 or [dfddnow@me.com](mailto:dfddnow@me.com). DFDD is located in Rancho Mirage.

**Planet Green Fundraiser for Give Kids A Smile.** Drop your used printer cartridges and old cell phones off at the dental society office and help us grow our Give Kids A Smile program! Everyone knows recycling is

good for the environment, but did you know that recycling is also good for Tri-County Dental Society's Give Kids A Smile? We have just partnered with Planet Green, a printer cartridge and cell phone remanufacturing and recycling company, to start an exciting new fundraiser that recycles mobile phones and used printer cartridges - and we want you to be part of it!

**Tri-County Dental Society** is looking for willing volunteers to serve on committees and councils. For a list of openings, please contact Penny at [penny@tcds.org](mailto:penny@tcds.org) or give her a call at (909) 370-2112/(800) 287-8237.

## What's Happening?

Day/Date	Event Details
Mon. Mar. 7	<b>New Dentist Study Club</b> TCDS Office, 6:30 p.m.
Tues. Mar. 8	<b>Board of Directors Meeting</b> TCDS Office, 6:30 p.m.
Mar. 11-12	<b>CDA Leadership Education</b> Conference Los Angeles
Tues. Mar. 15	<b>CE Planning Committee</b> Meeting TCDS Office, 6:30 p.m.
Tues. Mar. 22	<b>Nominating Committee</b> Meeting TCDS Office, 6:30 p.m.
Apr. 1-2	<b>ADA R/R Conference</b> Chicago
Mon. Apr. 4	<b>New Dentist Study Club</b> TCDS Office, 6:30 p.m.
Thur. Apr. 7	<b>CE Program</b> TCDS Board Room Registration: 5:30 p.m. (Social Hour) Lecture 6:30 p.m. - 8:30 p.m. "Soft Tissue Grafting" Dr. Armen Mardirossian "Socket and Bone Grafting" Dr. Gregg Filippelli
Mon. May 2	<b>New Dentist Study Club</b> TCDS Office, 6:30 p.m.
May 12-14	<b>CDA Presents</b> Anaheim
Fri. May 13	<b>TCDS Hospitality Suite</b> Palisades Room, Anaheim Hilton 9 a.m. - 6 p.m.
Sat. May 14	<b>TCDS Hospitality Suite</b> Palisades Room, Anaheim Hilton 9 a.m. - 2 p.m.
Mon. May 30	<b>Memorial Day Observed</b> TCDS Office Closed
Thurs. June 9	<b>New Dentist Mixer</b> Location TBA, 6-9 p.m.
June 16-18	<b>ADA New Dentist Conference</b> Chicago

## TROUBLE with ADDICTION?

Alcoholism and drug addiction can touch any of us.

The Well Being Committee is an organization of dental professionals who can give CONFIDENTIAL ASSISTANCE to members of the profession, their spouses and staff members. Information, help and/or support is available at the numbers below.

**Southern California Well Being Committee**  
(818) 437-3204 or (310) 406-6319

**Tri-County Dental Society Well Being Committee**  
(951) 203-0505

## CDA Compass Tip



A patient's request for access to his or records may not be denied for reasons related to an unpaid bill for dental treatment or services. Learn more about Patient Records: Requirements and Best Practices at [www.cda-compass.com](http://www.cda-compass.com).

## What can a CPA do for You?

We have extensive experience with Dental Practices. The professional staff of Frank W. Stearns offers a wealth of knowledge in financial practice management. We tailor our services to meet your specific needs. We offer the highest quality of professional services designed to improve the profitability of your practice while enhancing productivity and performance.

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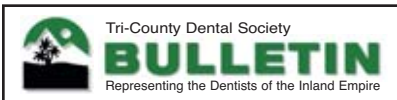
- Practice Acquisition/Mergers
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If we can assist you in any of these areas, please call Frank (Chip) Stearns.

**Frank W. Stearns**

Certified Public Accountant, Inc.  
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*Say What?*

Dentists who volunteered in early February for Give Kids A Smile were asked, "What has been the biggest learning lesson of this experience?"



**Sandra Farah-Franco,**  
WesternU GKAS Clinic -  
"How great and dire the need  
is for these kids."



**Jim Yanoshick, SJVC**  
GKAS Clinic - "After working  
the GKAS program for many  
years, it is always a rewarding  
experience. Like most things  
in life, whatever you give,  
comes back to you with multi-  
ple benefits."



**Narendra Vyas,**  
GKAS Clinic - "I learned that  
there are enthusiastic pre-  
dental students at UC River-  
side and was fortunate to be  
able to work with them."



**John Bianchin,**  
GKAS clinic in his Palm Desert  
office - "Even if all I saw on  
GKAS day was one kid...it  
would be worth the effort!"



**JAubrey Lopez,**  
Jay Hoffman Youth Dental  
GKAS Clinic - "There are a lot  
of kids out there in need. We  
had a long wait list, but not  
enough dentist volunteers to  
see everyone."

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