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The MDA and the Lymphoma & Leukemia Society are teaming up once again for a statewide bone marrow drive, to be held during the month of November. Here’s a chance for your office to participate in a truly worthwhile activity — you may save a life! Full details begin on Page 24.

Cover photo: Jim Keating.

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- Employment law
- Payment and other disputes

Michigan Dental Association
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DENTAL LEGAL SERVICES YOU CAN TRUST

Editor-in-Chief
Virginia A. Merchant, DMD, CDE; vmerchant@michigandental.org

Interim Executive Editor
Grace DeShaw-Wilner, CAE; gwilner@michigandental.org

Managing Editor
David A. Foe, MA, CDE; dfoe@michigandental.org

Editorial Advisory Board
Robert Coleman, DDS, MS; Joanne Dawley, DDS; James Geist, DDS, MS; Jeffery W. Johnston, DDS, MS; Timothy Kosinski, MS, DDS; Michael Maihofer, DDS; Carol Anne Murdoch-Kinch, DDS, PhD; Norman Palm, DDS, MS; Curt Ralstrom, DDS, MS; Connie Verhagen, DDS, MS

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MDA VALUES: We are guided by integrity and ethics; committed to the improvement of the public’s overall health; we believe oral health is integral to overall health; in an inclusive environment that embraces diversity; that the profession of dentistry and the oral health team must be led by dentists to ensure the safety of the public; and that lifelong learning is critical to excellence in patient care.

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Contact the MDA Office

3657 Okemos Rd., Suite 200
Okemos, MI 48864-3927

Dial 517 and the direct lines listed below. The last three digits of the telephone number are the extension for that staff member.

Executive Office
Grace DeShaw-Wilner, Interim Executive Director
gwilner@michigandental.org …. 346-9413
Jennifer Lennemann, Assistant to the Executive Director
jlennemann@michigandental.org …. 346-9461
Michelle Nichols-Cruz, Board/House Administrator
mcruz@michigandental.org …. 346-9414

Accounting/Production/Building
Brian Stump, Director of Finance
bstump@michigandental.org …. 346-9407
Lori Kleinfelt, Property Manager/Accounting Administrator
lkleinfelt@michigandental.org …. 346-9406
Jody Marquardt, Dues/Accounting Clerk
jmquardt@michigandental.org …. 346-9408
Dave Lutz, Internal Services Clerk
dlutz@michigandental.org …. 346-9426

Continuing Education
Andrea Sundermann, CE Director
asunder@michigandental.org …. 346-9403
Bernie Droste, CE Manager
bdroste@michigandental.org …. 346-9401
Shawna Owens, CE Assistant
sowens@michigandental.org …. 346-9402

Professional Affairs
Grace DeShaw-Wilner, Interim Executive Director
gwilner@michigandental.org …. 346-9413
Lisa Russell Boettger, Senior Professional Review Specialist
lboettger@michigandental.org …. 346-9411
Jo Ann Murphy, Senior Professional Review Assistant
jmurphy@michigandental.org …. 346-9406
Chris Wilson, Professional Review Assistant
cwilson@michigandental.org …. 346-9409
Tammy Cauthen, Human Resources Assistant
tcauthen@michigandental.org …. 346-9416

Legislation/Insurance
Bill Sullivan, Director of Government and Insurance Affairs
bsullivan@michigandental.org …. 346-9405
Kesha Dixon, Government/Insurance Affairs Assistant
kdixon@michigandental.org …. 346-9452

Membership/Student Affairs
Josh Lord, Director of Membership and Strategic Initiatives
jlord@michigandental.org …. 346-9415
Sherry Bryan, Membership Coordinator
sbryan@michigandental.org …. 346-9424
Joanne Floyd, Membership Coordinator
jfloyd@michigandental.org …. 346-9451
Patti Fox, Receptionist
pfox@michigandental.org …. 346-9400

Publications/Website
Dave Fee, Director, Print and e-Publications
dfee@michigandental.org …. 346-9421
Jeff Mertens, Communications/Technology Coordinator
jmertens@michigandental.org …. 346-9460
Jackie Hammond, Publications Assistant
jhammond@michigandental.org …. 346-9419

Public Relations/Marketing
Tom Kochheiser, Director of Public Affairs
tkoch@michigandental.org …. 346-9422
April Stopczynski, Public Affairs and Government/Insurance Affairs Assistant
astop@michigandental.org …. 346-9417
Stefani Olds, Member Image Enhancement Specialist
solds@michigandental.org …. 346-9429

Care and Well Being Line
517-346-9413

Michigan Dental Association Foundation
Lori Kleinfelt
lkleinfelt@michigandental.org …. 346-9406

MDA Insurance
800-860-2272
877-906-9924 (Blue Cross calls)

Craig Start, President
cstart@mdafg.com …………. 346-9441
Elise Witte, Executive Assistant
ewitte@mdafg.com …………. 346-9445
Sabrina Rawson, Accounting Associate
srawson@mdafg.com …………. 346-9433

Health, Life, Disability
Tina Voss, Program Manager, Health
tvoss@mdafg.com …………. 346-9479
Art Brandstatter, Account Executive
abrandstatter@mdafg.com …………. 346-9432
Denise Wyzywany, Health Representative
dwyzywany@mdafg.com …………. 346-9450
Heidi DuMonde, Health Representative
hdumonde@mdafg.com …………. 346-9440

Crista Feldpausch, Program Manager, Life
feldpausch@mdafg.com …………. 346-9447
Shawn Haindel, Life/Health Representative
shaindel@mdafg.com …………. 346-9442
Michelle Miller, Health Representative
mmiller@mdafg.com …………. 346-9437
Averill Meadows, Account Executive
ameadows@mdafg.com …………. 346-9435
Tim Murphy, Account Executive
tmurphy@mdafg.com …………. 346-9478

Professional Liability, Practice Property and Workers’ Comp.
Jeff Spindler, Director, P&C Programs
jspindler@mdafg.com …………. 346-9444
Tina Croley, Commercial Lines Manager
tcroley@mdafg.com …………. 346-9448
Misty Ward, Account Coordinator
mward@mdafg.com …………. 346-9449
janderson@mdafg.com …………. 346-9456
jgoss@mdafg.com …………. 346-9466

Personal Lines — Home and Auto
Jeni Drummond, Personal Lines Manager
jjonckheere@mdafg.com …………. 346-9462
Beth Jackson, Personal Lines Rep.
bjackson@mdafg.com …………. 346-9443
jharwood@mdafg.com …………. 346-9765

MDA Services
Darren Zwick, Director
dzwick@mdafg.com …………. 346-9446
Cindy Hoogasian, Marketing Manager
choogasian@mdafg.com …………. 346-9467
Carol Yoshonis, Member Services Rep.
cyoshonis@mdafg.com …………. 346-9465
Nancy Williams, Customer Service/Gloves
nwilliams@mdafg.com …………. 346-9468
Second ‘Take a Bite Out of Cancer’ Bone Marrow Drive to Launch in November

The MDA and the Leukemia & Lymphoma Society will again team up next month for a second “Take a Bite Out of Cancer” bone marrow drive.

Full details appear in this month’s cover story, beginning on Page 24.

More than 1 million Americans are living with a form of leukemia or lymphoma. Many of these patients have oral implications from their disease or treatment. And, more than 5,000 patients in Michigan are currently seeking a life-saving bone marrow donor. The good news is that a simple mouth swab can help match cancer patients with potential bone marrow donors.

This November, join your MDA colleagues as we “take a bite out of cancer” . . . help make a difference through this very important public health activity!

See full story, Page 24.

House News Coming Next Month

See next month’s Journal for coverage of the Sept. 20 special session of the MDA House of Delegates — the event took place too late for news to be included in this month’s issue.

The special House session discussed proposed changes to the MDA’s governance, including changes in the size and composition of the MDA Board of Trustees, the number of MDA officers, and the duties of the House and the Board.

See last month’s Journal for more on the proposed MDA governance changes.

A recap of the House actions will appear online at www.smilemichigan.com/pro and in this month’s Journal eNews, which is scheduled to be sent around Oct. 15.

Interested members may also obtain a report on the House meeting by contacting the MDA’s Michelle Nichols-Cruz at mcruz@michigandental.org or at 800-589-2632, ext. 414.

Grass roots advocacy in action — Dr. William Maher, of Troy, (center) recently attended Sen. Jim Marleau’s Bloomfield Summer Social on Aug. 26, and while at the get-together Marleau (R-Lake Orion, right) introduced Maher to Gov. Rick Snyder (left). Maher also had the opportunity to visit with state Sen. John Pappageorge (R-Troy) and former Michigan Secretary of State Terri Lynn Land, now a candidate for U.S. Senate.

OSHA: Changes Coming to Safety Data Sheets

The federal Occupational Safety and Health Administration has revised its Hazard Communication Standard, with two significant changes — new labeling elements and a standardized format for Safety Data Sheets, formerly known as Material Safety Data Sheets.

The new label elements and Safety Data Sheets requirements will improve worker understanding of the hazards associated with the chemicals in their workplace. The change in the Standard will bring the United States into alignment with the Globally Harmonized System of Classification and Labeling of Chemicals.

By Dec. 1, 2013, dentists are required to train their employees on the new label elements they will see on products and supplies, as well as how employees might use the labels in the workplace.

Training is also required on the new 16-section format of the Safety Data Sheet. By June 2015, manufacturers and distributors are required to provide the new Safety Data Sheets with each product. As the new Safety Data Sheets come in, be sure to replace the old Material Safety Data Sheets in your office Hazard Communication Binder and keep the new sheets on file.

For more information, visit www.michigan.gov/lara/0,4601,7-154-61256_11407-284831--,00.html.
Mobile Dentistry Legislation Introduced

This summer, legislation was re-introduced in the Michigan House of Representatives to regulate mobile dental facilities. Rep. Peter MacGregor (R-Rockford) sponsored the bill after originally introducing it last session. Here is some background on this legislation . . .

Mobile dentistry refers to the dental operations that visit schools, nursing homes and other facilities with mobile dental units or portable equipment. The idea is to reach underserved populations. There are many very good mobile dental businesses, but there are concerns that several do not conduct their business in the patient’s best interest.

In 2010, the MDA House of Delegates passed a resolution directing the association to pursue legislation that would regulate mobile dental operations. The MDA pursued this course of action because of the number of complaints that were being received from member dentists.

The complaints dealt with several issues, but the primary issue centered on follow-up care. Many times the mobile dental operation is from a different part of the state and not from the community where it is providing service. The mobile dental operation does not have arrangements with local dentists or entities to accept patients for follow-up care. As a result, the follow-up care does not get done, resulting in a form of patient abandonment. Dental care provided in this manner does not meet the standard of care for dentistry.

In addition, there is also a major problem when people who see a local dentist, after visiting a mobile clinic, cannot get their records (which include X-rays) sent to the local dentist. The local dentist then must duplicate the services already provided, resulting in excessive X-ray exposure and exhausted Medicaid/dental insurance benefits.

The MDA has worked closely with the Michigan Department of Community Health over the past 18 months to draft a bill that provides for patient protection and is fair to mobile dental operations. The bill is needed because the state currently does not have the authority to regulate mobile dental facilities.

House Bill 4865 would provide for patient protection by imposing rules on the mobile dental operation to ensure the services provided meet the same ethical standards as is practiced in a traditional dental treatment setting. The bill would, among other things, require that a mobile dental operator have an arrangement, in writing, with a local dentist or entity that can provide follow-up care. In addition, it provides that a mobile dental operation must provide the dental records to the entity that performs the follow-up care.

The MDA will continue to work with interested parties on any suggestions they may have on the bill.

Legislature Completes Work on Medicaid Expansion

After months of debate and heightened media coverage, the Michigan Legislature completed work on Medicaid reform and expansion legislation on Sept. 3. HB 4714 (Lori, R-Constantine) would implement numerous cost-saving reforms while expanding Medicaid coverage to individuals with incomes up to 133 percent of the federal poverty limit.

The bill originally passed the House with strong bipartisan support in June. The Senate spent the summer recess discussing the legislation and formed a bipartisan workgroup led by Sen. Roger Kahn (R-Saginaw) that added additional changes to the bill.

The Senate passed HB 4714 on Aug. 27 on a 20-18 vote, and it was concurred by the House in September. As the bill was not granted immediate effect, the legislation is not expected to take effect until late March or early April 2014. Gov. Rick Snyder, a major proponent for expansion, lauded completion of the legislation. Snyder is expected to sign HB 4714 sometime this fall.

Lt. Gov. Brian Calley Faces 2014 Challenge

In 2010, then-state Rep. Brian Calley (R-Portland) was chosen by Rick Snyder to be his running mate on the 2010 Republican gubernatorial ticket. Since Snyder’s 2010 victory and subsequent years in office, Calley has been a major player in the administration, helping lead efforts to pass the governor’s priorities, such as requiring insurance companies to cover autism, expanding Medicaid, construction of a new bridge between Detroit and Windsor, and efforts to expand Healthy Kids Dental.

However, this summer Snyder and Calley have come under heavy scrutiny from Tea Party factions across Michigan that do not support some of the administration’s initiatives, such as Medicaid expansion. As a result, Wes Nakagiri, a prominent Tea Party activist from Livingston County, announced in August he will challenge Calley for the lieutenant governor nomination.

Unlike Michigan’s gubernatorial primaries, lieutenant governors are selected by delegates at each party’s state convention. Tea Party supporters may attempt to defeat Calley by nominating Nakagiri at the state convention and securing enough delegate support on the floor to secure the nomination. At this time, Calley still maintains strong support within the Michigan Republican Party and has been endorsed by members of the GOP Congressional delegation. This story will be one to watch as the official start of the 2014 election cycle draws near.

Compiled by MDA legislative staff. Questions? Contact the MDA’s Bill Sullivan at bsullivan@michigandental.org.

When you receive your 2014 MDA membership renewal next month, be sure to support MDA Dental PAC! MDA Dental PAC is the important engine that funds the MDA’s legislative activity.
Dues Waivers: What You Need to Know

Are you facing circumstances beyond your control that are forcing you to decide whether you can afford to renew your membership in 2014? If so, the MDA wants you to know it appreciates your past support — and its dues waiver program can help you maintain your membership during difficult times.

Membership dues waivers are based on one of five different criteria: physical disability/illness; family obligation; service to country; disaster recovery; and financial hardship. Upon request, you will receive the MDA/ADA Membership Waiver packet for review and completion. The information you provide is confidential, and will be treated with respect. Be sure to be detailed and specific in your request.

Following the review of your request, the MDA’s Membership Advisory Committee will forward its recommendation and your request to your local society for review. After the component has made its decision, the request will be sent to the ADA for final review. This process may take several weeks to ensure thoroughness, accuracy and a fair review.

Membership waivers are acts of charitable relief, and are intended to be short-term in nature. Waivers are not granted for ineptitude of management of financial commitments — such circumstances are not considered a sufficient reason to warrant receiving a membership waiver.

If you are interested in a waiver application, contact the MDA’s Sherry Bryan at sbryan@michigandental.org or by phone at 800-589-2632, ext. 404.

Installment Plan Spreads Out Membership Investment

When you receive your MDA/ADA/local membership statement this year, you’ll be able to spread your investment out over four monthly contributions between November and February by using the MDA’s Membership Installment Plan. It’s a convenient option for those preferring to make several payments rather than one.


In early November all members will receive a statement from the MDA that reflects mandatory items (such as ADA and MDA dues) and optional items (such as donations to MDA Dental PAC and the MDA Foundation). You’ll be asked which optional items you wish to contribute to. If you choose to participate in the plan, all four installments will be one-quarter of the mandatory line items, along with one-quarter of any optional items selected.

To ensure payment to the MDA by Nov. 28, call in your information to 800-589-2632, ext. 408, fax to 517-372-0008, or email the MDA’s Jody Marquardt at jmarquardt@michigandental.org. Complete details will also appear with your membership statement.

If you choose not to participate in the plan, you’ll have until Jan. 1, 2014, to renew your membership.

Foundation Scholarship Deadline Nears

The Michigan Dental Association Foundation is seeking applicants for its senior dental student and senior dental hygiene student scholarships. The deadline for applications is Nov. 15, 2013.

The Foundation awards scholarships annually to dental, dental hygiene and dental assisting students. The Foundation scholarship winners are honored during the MDA Annual Session in the spring.

Application forms appear online at www.smilemichigan.com/foundation in the Scholarships section.
Ju-Hee Ma, DDS, of Canton, recently received the American Academy of Implant Dentistry’s Dental Student Award, which honors undergraduate dental students who demonstrate an academic and clinical interest in implant dentistry. Ma graduated this year from the University of Michigan and was selected by the faculty to receive the AAID award. In addition to a Certificate of Recognition, Ma received a year’s membership in the AAID and a complimentary registration at the 2013 AAID Annual Meeting, to be held in Phoenix, Ariz., Oct. 23-26.

The ADA’s Committee on International Programs and Development and the ADA Division of Global Affairs recently awarded the ADA’s Certificate for International Volunteer Service to three Michigan ADA members. They are Dr. Gregory Czarnecki, of Dearborn, Dr. Thomas Laboe, of Monroe, and Shawn Nguyen, of Detroit, a dental student at the University of Detroit Mercy School of Dentistry. David Frost, chair of the ADA Committee on International Programs and Development, wrote: “Your contributions as a volunteer exemplify a selfless and giving nature that is needed in the world now more than ever . . . Your ambassadorship fosters good will and friendship among nations and elevates the profession of dentistry.”

The well-known Dr. Jessica Rickert, of Interlochen, served as keynote speaker at the Potawatomi College and Career Day, part of the 2013 Gathering of the Potawatomi Nations in Dowagiac, held recently. Her theme: “Are You Ready to Grab the Future?” Rickert set up a dental careers exhibit table featuring the University of Michigan School of Dentistry, and hosted the “Say ‘Ahhhhhhh!’ to a Future in Medicine” workshop for all health careers that Potawatomi youth might consider.

Dr. Renee Duff, clinical associate professor in the department of biologic and materials sciences and division of prosthodontics at the University of Michigan School of Dentistry, has been named assistant dean for student services at the School. Dr. Peter Polverini, dean, announced the appointment, which was effective Sept. 15. She succeeds Dr. Marilyn Woolfolk, who recently completed a 23-year career as an administrator at the school. In her new role Duff will work with students and faculty in the school’s predoctoral, dental hygiene, master’s and PhD programs, among other duties. She is also co-director of the school’s Leadership Pathway program.

The MDA’s new “Members Making a Difference” Program is an MDA news service promoting the achievements of local dentists and dental team members to their local media. If you have a news item to share with MDA members, or have participated in a community activity such as a local access event, dental health screening, or received an award or earned a significant professional accomplishment, contact the MDA’s Stefani Olds at solds@michigandental.org, or call 800-589-2632, ext. 429.

Great news! The Mecosta County Community Foundation has agreed to provide matching funds of up to 50 cents for every dollar donated to the 2014 Michigan Mission of Mercy between now and Nov. 19, 2013.

Eligible donations may be made by check or credit card. Visit www.smilemichigan.com/foundation and click on the Mission of Mercy link to make an online donation. Or call Lori Kleinfelt at 800-589-2632, ext. 406. You can mail your donations to Michigan Dental Association Foundation, 3657 Okemos Road, Suite 200, Okemos, MI 48864. Checks should be made payable to MDA Foundation Mission of Mercy.

The matching funds are part of the Mecosta County Community Foundation’s Match Day, which began in 2010 to help charities raise revenue during these difficult economic times. The Mecosta County Community Foundation provides a “match pool” of funds that are distributed to non-profits on the Match Day.

The Mecosta County Community Foundation addresses community needs for positive change in the fields of art and culture, education, health, nature conservation and the environment, community development, historical resources and social services. Visit the MCCF online at www.mecostagives.com.

The Michigan Dental Association Foundation’s 2014 Mission of Mercy will take place May 30 and 31 at Ferris State University in Big Rapids.
Events and Such
To publicize a local meeting or dental event in this space, contact Jackie Hammond at 800-589-2632, ext. 419; jhammond@michigandental.org via email. Continuing education courses are listed in the Continuing Education department in the Journal. All MDA events are held at the MDA building in Okemos unless otherwise noted (check for last-minute cancellations by calling the MDA office).

Oct. 8 — President’s Visit. Genesee District. Flint Golf Club, Flint.

Oct. 9 — Executive Directors Component Leadership Workshop, 9 a.m.

Oct. 25 — MOM Executive Committee, noon.

Oct. 26 — Special MDA Board of Trustees Meeting, 8 a.m.

New Members
The MDA is pleased to officially welcome the following individuals into membership:

Detroit: Razan Abbass, Hisham Merdad; Genesee: Jameel Aftab; Jackson: Joseph Ebeling; Lakeland Valley: Michael Flewelleng; Livingston: Dale Wagman; Oakland County: Rachel Abraham, Dina Khoury-Hanby, Martha Vega-Crist; Saginaw Valley: Donald Hobson; Superior: Charles Simons; West Michigan: Steven Debbink; Provisional: Jonathan Hekmen.

New Member Applicants
The following dentists have submitted applications for membership in the Michigan Dental Association. According to the association's bylaws, an applicant must first be accepted as a member in good standing of one of the component societies of this association as a condition of membership in the MDA. Any concerns should be expressed to both the component society and the MDA. The component society should advise the MDA of the applicant’s component membership status as soon as possible.

Detroit: Nicole Mackie, Michael Reich; Washtenaw: Margherita Fontana;

In Memoriam


BHS Disciplinary Report
As directed by the MDA Board of Trustees, all reports concerning dentists, registered dental hygienists and registered dental assistants are published verbatim as received from the state of Michigan’s Bureau of Health Professions:

Report Dated: 7/1/13 through 7/5/13:


Anna Marie Desmecht, RDH, Lalinde, France. Fine imposed. Suspended. Probation violation. (7-31-13)

Wendell Alan Racette, DDS, Lansing. Summary suspension dissolved. Revoked. Criminal sexual conduct. (7-1-13)

Report Dated: 7/19/13:


Report Dated: 7/22/13 through 7/26/13:


Self-Reporting of Criminal Convictions and Disciplinary Licensing Actions
Section 16222(3) of Michigan’s Public Health Code requires any licensee or registrant to self-report to the Department of Community Health a criminal conviction or a disciplinary licensing or registration action taken by another state against the licensee or registrant. The report must be made within 30 days after the date of the conviction or action. Convictions and/or disciplinary actions that have been stayed pending appeal must still be reported. Should the licensee or registrant fail to report, and the Department becomes aware of the conviction or action, an allegation will be filed against the licensee or registrant. Sanctions for failing to report can include reprimand, probation, suspension, restitution, community service, denial or fine. For a concise written report on this matter contact the MDA’s Grace DeShaw-Wilner at 800-589-2632, ext. 413.
MDA Insurance Can Help with Health Marketplace Shopping

As of Oct. 1, the federally operated online marketplace for health insurance is scheduled to open in accordance with the Affordable Care Act. The marketplace is where people will find out whether they are eligible to receive a federal subsidy for purchasing health insurance. Those who are eligible for a premium subsidy will need to purchase their health plan on the marketplace.

It is important to know that there are many more health insurance plans available than those listed on the marketplace. Carriers are placing only part of their health insurance portfolios online.

Individuals who do not qualify for a subsidy (those earning more than $46,000 for one person or $94,200 for a family of four) who wish to buy health insurance will want to work with an agent to find the best plan for their needs.

“MDA Insurance expects to be trained and approved to help members and their staff who may be subsidy eligible to shop on the online marketplace,” says Craig Start, president, MDA Insurance. “We expect the vast majority of MDA members will not qualify for subsidies, but we believe our members’ employees may be eligible. I encourage you and your employees to contact MDA Insurance for advice and assistance with buying health insurance.”

Subsidies are based on a sliding scale in accordance with income. The subsidy for a single person earning $20,600 is anticipated to be 77 percent of the premium. For those earning $44,200, the subsidy will be about 13 percent.


If you need help with health insurance, or have questions about the ACA, call MDA Insurance at 877-906-9924.

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Sample Online Insurance Marketplace Notice Available on Website

All employers must issue a notice of the availability of the online health insurance marketplace, regardless of whether they provide health insurance benefits to employees. The notices were to have been issued by Oct. 1 and must be issued within 14 days of employment for all new employees. This is a requirement of the Affordable Care Act.

Model notices, available in Word format for easy customization, are available on the MDA Insurance website, www.mdaprograms.com. Look in the “Hot Topics” box on the home page. There are three notices: one to be used for employers who make the exclusive, MDA-endorsed, quarterly billed health plan available; a generic notice for those who offer health insurance; and a notice for those who do not offer health insurance. Employees will need the notice to determine their eligibility for a subsidy. Please distribute the notices to your staff if you have not yet done so.
From the Editor

Oral Cancer Screening: Is it Worth the Time?

By Virginia A. Merchant, DMD, CDE
Editor-in-Chief

The U.S. Preventive Services Task Force, an independent group supported by the U.S. Department of Health and Human Services, issued a statement this past spring indicating that published evidence does not support screening for oral cancer by primary care professionals. Furthermore, an article published in the March 2013 Consumer Reports recommended against cancer screening tests for oral cancer as well. This latter article encouraged screenings for cervical cancer, colon cancer, and breast cancer. They indicated that all other cancer screening tests should be avoided.

As dental students, we were taught to do an oral cancer screening exam as part of our oral examination. The exam involved an extraoral palpation exam of the head and neck to detect enlarged lymph nodes or other abnormalities, a visual examination of intraoral tissues, as well as palpation of intraoral tissues including the tongue. In reality, this examination takes a few minutes at most. It is and should be part of a complete oral examination.

In recent years, a number of adjunctive screening tests have become available. Unfortunately, it seems that many dentists are now using these commercial devices in lieu of a visual/palpation exam. These tests have not been shown to be any better than a conventional visual and tactile examination in detecting potentially malignant lesions. Why charge the patient for an adjunctive test when a conventional examination is as effective and should be part of every complete oral examination?

Oral cancer is not common, but it is not as rare as is often claimed. Tobacco and heavy alcohol use have traditionally been considered to be the primary risk factors for oral cancer. These still are. However, human papillomavirus infection, particularly HPV-16, is being increasingly seen as a risk factor for cancers of the base of the tongue and the tonsils. Data suggests that the incidence of oral and pharyngeal cancer is decreasing overall, but that the incidence of cancers of the tongue, oropharynx, and tonsils is increasing, often in younger individuals who neither smoke nor consume alcoholic beverages. Tobacco use has declined, but the incidence of oral HPV infections is increasing.

Unlike the majority of cancer screening tests, a visual/palpation oral cancer exam is neither invasive nor does it expose the patient to radiation. It is not even particularly unpleasant. Yes, questionable lesions may be unnecessarily biopsied, but what about the alternative? If the cancer is not diagnosed until a later stage, possibly when the patient detects that something is wrong, the result is often disfiguring and sometimes even fatal.

I strongly believe that we owe our patients the few extra minutes it takes to perform a thorough visual/palpation oral cancer exam at least annually. If we find nothing suspicious, that is great. If we do, it was definitely worth the time, and we need to do our best to diagnose the problem. Often that means having the patient return for follow-up in 7 to 14 days. If the suspicious lesion is still there, we need to determine if a biopsy is required or refer the patient for a second opinion.

In addition to this annual screening of all patients, we need to take the opportunity to encourage the parents of adolescents to have their children, both girls and boys, immunized against HPV. Not only will the HPV vaccine protect against cervical cancer and genital warts, but evidence suggests that it may also protect against most HPV-associated oral cancers. The time for immunization is prior to any exposure; therefore, the target population is 11- and 12-year-old girls and boys.

Dentists should be proactive. We need to do everything we can to prevent oral cancer, whether that is discouraging tobacco use and the excess consumption of alcoholic beverages, or getting children immunized against HPV. However, when oral cancer does occur, we need to do everything we can to make an early diagnosis and avoid a debilitating or fatal outcome.
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Use MAPS to Prevent Prescription Drug Abuse

By Daniel J. Schulte, JD
MDA Legal Counsel

Question: I was contacted by an investigator for the Michigan Department of Licensing and Regulatory Affairs. Apparently, a new patient of mine has gotten controlled substance prescriptions from three MDs over the last year or so. Not knowing this, I prescribed a controlled substance for pain as part of my treatment of this patient. How can this happen? What could I or should I have done to not have become a part of this?

Answer: This is an all-too-common scenario, one that has occurred a great deal for a very long time. Patients (as a result of necessary medical treatment or otherwise) become addicted to one or more controlled substances. Instead of buying the drugs on the street, they sometimes “doctor shop” and/or take advantage of opportunities to obtain as many new prescriptions/refills as they can. Alternatively, the patient may not be an addict and instead pose as a patient telling you a fake story to get a prescription — and then sell the drugs on the street.

You can protect yourself and help prevent this from happening by using Michigan’s Automated Prescription System (“MAPS”). MAPS is Michigan’s prescription monitoring service that is made available to dentists and other licensed health care professionals, law enforcement officials and certain other state agencies. On the first and 15th of each month (this is the minimum required reporting — reporting could be made on a weekly, daily, etc., basis) pharmacies and others legally able to dispense Schedule 2 through 5 controlled substances are required to report information to MAPS. The information reported includes the patient’s name, the name of the drug, dosage, etc., of the drug dispensed, the prescriber, the date the drugs were dispensed and other information that would easily enable someone to determine if doctor-shopping or the otherwise illegal procurement of controlled substances was occurring.

Any Michigan dentist may use MAPS. In order to do so you must first register online by going to http://sso.state.mi.us. Once registered, you will be able to obtain patient-specific reports. The law requires that you only request MAPS reports on your current bona fide patients. You will be asked to certify that this is the case each time you request a MAPS report. You should not use MAPS to request information on anyone who is not a bona fide current patient.

All of the data maintained by MAPS is securely stored by the state of Michigan in a way that (according to the state) complies with HIPAA’s security requirements. Since the data will only be released to you or others that certify they are the patient’s current dentist or other licensed health care professional the disclosure does not violate HIPAA.

In addition to using MAPS to prevent patients from illegally obtaining prescriptions for controlled substances, you can use MAPS to determine whether prescriptions are being illegally written or renewed in your office. I often have clients who have discovered their office personnel are, without the dentist’s knowledge, calling in or otherwise transmitting prescriptions for themselves, family members, and so on. If these unauthorized prescriptions are for controlled substances they will be reported to MAPS as though you prescribed them when dispensed by a pharmacy. It is a good practice to periodically request a MAPS report on yourself and to make sure your office staff members know that you are doing so. This report will contain all prescriptions for controlled substances supposedly written by you. A review of the report would enable you to determine whether prescriptions are being written without your authorization.

Regular use of MAPS will prevent prescription drug abuse in your practice.

Editor’s Note: Look for more on MAPS in an upcoming issue of the Journal.

Send questions for publication to Managing Editor David Foe by emailing dfoe@michigandental.org.
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By Jodi Schafer, SPHR

**Question:** I have been hearing a lot about the NLRA and the NLRB lately. However, I don’t have a unionized workforce in my practice. Does this labor law affect me, and if so, how?

**Answer:** Many non-unionized employers misunderstand the scope of the National Labor Relations Act (NLRA) and assume it doesn’t apply to them. However, this law actually covers most private-sector employers, including dentists, and protects the rights of your employees to engage in “concerted activity.” Concerted activities include discussions involving wages, hours, benefits, working conditions and other terms of employment in an effort to advance the common good. In other words, employees cannot be disciplined for discussing these topics or be prohibited from sharing information related to these areas.

The National Labor Relations Board (NLRB) is responsible for enforcing these rights. The board is comprised of five members who are appointed by the president and approved by the Senate. Their decisions tend to be either more pro-union or more pro-employer, depending upon which political party appointed them.

Some of the unfair labor practices the NLRB prohibits employers from engaging in are more obvious than others, so let’s start with those. In general, employers cannot:

- threaten employees with the loss of jobs or benefits if they join or vote for a union or engage in protected concerted activity;
- threaten to close the practice if employees select a union to represent them;
- question employees about their union sympathies or activities in circumstances that tend to interfere with, restrain or coerce employees in the exercise of their rights under the act;
- promise benefits to employees to discourage their union support;
- transfer, lay off, terminate, assign more difficult work tasks, or otherwise punish employees because they engaged in union or protected concerted activity.

However, not every violation is quite so clear-cut. There are other interactions between the NLRA and employment policies that you also need to be aware of. Social media policies, for example, have received a lot of scrutiny from the NLRB over the last two years for being too broad. So, while I advocate having a policy in place to govern appropriate access and use, you have to be careful with the wording. Policy language containing a general statement such as, “Employees are prohibited from making negative, derogatory or embarrassing remarks about patients, co-workers, vendors or the practice” may be deemed overbroad in the eyes of the NLRB. On the surface this policy outlines a reasonable expectation of behavior, but what if your employee goes home at night and complains about her pay on Facebook? You would probably consider that to be a negative comment that reflects poorly on the practice, but her comment may be protected as concerted activity under the NLRA since it has to do with her wages and it wasn’t made on company time. The NLRB wants policies to be much more specific for exactly this reason.

Now, don’t get scared and throw the bath water out with the bath water. A social media policy is still a good idea and you can continue to discipline employees for making negative or derogatory comments that hurt your practice, just not those having to do with wages, hours, benefits or working conditions. You can also enforce policies that prohibit employees from accessing social media sites while on the clock and discipline those who violate this, regardless of what they post. Ultimately, I advocate that you err on the side of caution where social media is concerned and include safety net language in your policy, such as, “Nothing in this policy should be construed as interfering with or otherwise restricting an employee’s or employer’s right to engage in conduct or communications protected by Section 7 of the National Labor Relations Act.”

It may seem excessive, but violating the NLRA is serious (and costly) business. It is important to understand the potential liabilities that exist and revise any practice policies that may be out of compliance.
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By Mike Maihofer, DDS
Chair, MDA Committee on Peer Review/Ethics

**Question:** For a number of years I’ve been covering emergencies for one of my older colleagues whenever he goes out of town. Recently, several other local practitioners and I have noticed that this dentist’s practice skills have considerably diminished. We are now seeing new restorations in many of his patients’ mouths that are of very poor quality — unlike anything he would have placed in the past. We have tried to talk to him about retirement, but he seems quite resistant to having such a conversation. What are the ethical issues involved in a case like this?

**Answer:** Knowing when it’s time to retire — making the decision to give up your life’s work — is, for many, one of the toughest decisions any health care professional will ever have to make. There may be a variety of reasons for this. For example, some dentists may realize they need to retire, but don’t know how to get started. For others there is often fear of the unknown — not knowing where to start and fearing what they will do with their time once they do retire. Many dentists, unfortunately, let their career define their lives. They have few outside interests or hobbies and may find fulfillment solely in the practice of dentistry.

However, no matter what the reason for their reluctance, there are clearly ethical issues involved with dental professionals who continue to practice with a physical or mental condition that impairs their ability to practice to an established standard of care.

The Combined Codes require that all dental professionals adhere to several important ethical principles. The first principle is that of Nonmaleficence. This principle expresses the concept that professionals have a duty to protect the patient from harm. Under this principle, the dentist’s primary obligations include keeping knowledge and skills current, knowing one’s own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to auxiliaries is appropriate.

If a dentist refuses or fails to recognize his limitations and can no longer provide standard-of-care treatment, he or she may well be putting the patient’s health at risk.

This is hardly protecting the patient from harm, and to knowingly do this is certainly unethical.

This concept is further elucidated under subsection 2.A., Education, which states: “The privilege of dentists to be accorded professional status rests primarily in the knowledge, skill and experience with which they serve their patients and society. All dentists, therefore, have the obligation of keeping their knowledge and skill current.” It follows then that if a dentist, for whatever reason, can no longer practice with the skills that his profession demands, he must reevaluate his career. By definition, he (or she) is no longer practicing as a professional and should cease to represent himself or herself as such.

Then there is the principle of Beneficence. Simply stated, this principle states that a dentist has a duty to promote the patient’s welfare. To quote: “This principle expresses the concept that professionals have a duty to act for the benefit of others. Under this principle, the dentist’s primary obligation is service to the patient and the public-at-large. The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration being given to the needs, desires and values of the patient.”

It’s important to note the words “competent and timely delivery of dental care.” If a dentist can no longer deliver competent care and continues to practice, he or she is no longer putting the patient first. Consciously continuing to practice in such a manner may be solely for selfish or self-serving reasons, and could certainly put the patient’s health at risk. This is an unethical way to practice that reflects poorly not only on the doctor, but also on his or her profession.

The principle of Justice in Section 4 likewise applies here. This principle expresses the concept that profes-

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Caries Risk Assessment Codes Are New in 2014

By Chris Smiley, DDS

My September column discussed “applying risk assessment and evidence to plan design” and how this can be problematic in the “one size fits all” world of dental benefits.

We see some plans refuse coverage of effective care for patients at increased risk for caries because they have determined that the plan serves a predominantly “low risk” population. Conversely, Medicaid plans assert that their plans serve a population at increased risk for oral disease and are designing their coverage to address evidence-based preventive measures. Such assignment of risk level to a population based on geographic location and socio-economic status is inequitable. It is a “blanket” determination of risk without consideration for each patient’s unique condition. This is why effective implementation of risk strategies in oral health care must be implemented on an individualized basis.

The advent of Accountable Care Organizations (ACOs), Managed Care Organizations (MCOs) and the movement to “Patient Centered Care” positions individualized risk assessment as the wave of the future for treatment of dental caries and periodontitis for children and adults. Benefit administrators have been working on individualized risk plans for some time, and their presence in the marketplace is looming. The 2014 CDT will facilitate the recording and reporting of the provision of caries risk assessment and the level of risk assigned using the following new codes:

**D0601** — Caries risk assessment and documentation, with a finding of low risk. Using recognized assessment tools.

**D0602** — Caries risk assessment and documentation, with a finding of moderate risk. Using recognized assessment tools.

**D0603** — Caries risk assessment and documentation, with a finding of high risk. Using recognized assessment tools.

These codes will allow plans to tailor benefit eligibility based on individual risk. Intuitively, the assignment of risk may best be reported through use of a “diagnosis code” rather than a service code. However, oral health advocates have voiced a desire to use the CDT format so that plans could “incentivize” utilization of risk assessment through payments to the provider for implementing these systems into their patient care.

Medicaid plans may have the most pressing need to implement risk strategies in plan design, but can they afford to provide a meaningful incentive to providers? There are close to two million dental patients eligible for Medicaid coverage in Michigan. If providers were reimbursed every six months to assess patient risk these payments could add millions of dollars to annual costs for a program that is already short on resources.

To contain such costs, a Boston-based administrator discussed with me a model where the initial reporting on elevated risk is not compensated, but it will result in eligibility for additional preventive services. If a report of a lower risk level is submitted for that patient within the subsequent three years, a “bonus payment” may be provided to reward improved outcomes. The desire to have an accurate assignment of individual risk levels for plan members is so important to administrators that the Texas State Medicaid director tells me he may unbundle services so that the full compensation for exams will only be available through reporting of risk using these new codes.

Those providers who do not participate with Medicaid plans will not avoid having to address risk reporting, as private pay individual risk plans will have many of these same features. These codes call for “using recognized assessment tools.” Risk must be actively assessed and recorded. Simple observation is not acceptable. A suitable resource for caries risk assessment is the ADA’s Caries Risk Assessment Tool, which is available on ADA.org at http://pdfsdb.com/pdf/ad aorg-caries-risk-assessment-6-18706069.html.

Risk assignment will be reported by CDT code, and the tool will remain as a document in the patient’s record.

Dentists may chose not to submit these new codes when assessing risk for patients who are not covered by plans that require reporting. I would urge each of you to learn how to incorporate these tools into your practice, tailoring care recommendations to your patients’ needs.
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 Effective Retirement Plans for Dental Practices

By Darren Zwick

What is the single most effective tax-planning strategy for you as a practice owner? To find out, we asked Mercer Advisors, endorsed by the MDA for wealth management, which includes retirement planning. Mercer Advisors’ answer: Creating and implementing an employer-sponsored retirement plan.

Numerous employer-sponsored retirement plan options are available to you. First, it is important to develop a clear vision of the retirement plan you wish to sponsor and fund. Plan objectives and variables to consider include:

- maximizing your own retirement savings;
- leveraging tax credits and deductions available to you as the plan sponsor/practice owner;
- remaining competitive as an employer to elevate employee retention and loyalty;
- funding flexibility vs. ease of administration vs. the overall cost spectrum.

To ensure that you as the owner/sponsor receive both primary and maximum savings and tax and contribution benefits from your plan, it’s important to evaluate carefully the complete demographics of your business. This includes your capacity for regular and consistent annual savings and funding, as well as the income levels, ages, length of service and number of eligible plan participants. You also need to understand the funding parameters, start-up and ongoing operational costs, administrative workload, and fiduciary responsibilities of the plan you ultimately select. Conducting a cost/benefit analysis of your options in advance of selection is a worthwhile exercise to undertake with your financial adviser.

The most common types of retirement plans favored by dentists are either “qualified” or IRA-based. These are described below.

Qualified plans

Profit Sharing Plan (PSP) — a means of sharing practice profits with employees in the form of retirement funding; contributions are discretionary and funded solely by you. The 2013 contributions for any employee cannot exceed the lesser of $51,000 or 100 percent of compensation.

401(k) PSP — the 401(k) component allows employees to make pre-tax and/or Roth contributions in 2013 of up to $17,500 of pay ($23,000 if age 50 or older). Combined employer (discretionary) and employee contributions cannot exceed the lesser of $51,000 (plus catch-up contributions of up to $5,500 if age 50 or older) or 100 percent of compensation.

401(k) Safe Harbor — allows you as practice owner to make a larger contribution to yourself (as both employer and employee) in exchange for making required 3 percent contributions to all eligible employees.

A qualified plan offers the practice owner the opportunity to save for retirement in a tax-efficient manner and also to receive favorable tax treatment in the form of deductions and credits. An employer-sponsored retirement plan can (and should) provide the most tax benefits to the owner/sponsor.

Employer contributions to a retirement plan are tax-deductible when made and may be subject to a vesting schedule. This tax advantage may help your practice avoid a higher tax bracket and/or the additional 0.9 percent Medicare taxes that took effect in January. Employer contributions are not taxed to an employee until distributed from the plan. You receive a deduction on the contribution you make to yourself as well as the opportunity for tax-deferred compounded growth of plan contributions. Asset protection from creditors is another important benefit afforded by a qualified retirement plan.

IRA-based plans

SIMPLE IRA — employees can elect to make pre-tax contributions in 2013 of up to $12,000 ($14,500 if age 50 or older). The owner must either match participant contributions dollar for dollar up to 3 percent or make a fixed 2 percent of compensation contribution to each eligible participant.

(Continued on Page 58)
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Take a Bite Out of Cancer!

MDA Launches New Campaign Next Month

By Steven Conlon, DDS
The Michigan Dental Association and the Leukemia & Lymphoma Society are partnering once again this November to “Take a Bite out of Cancer.” We encourage all MDA dental offices to join this very important campaign to identify potential bone marrow donors.

More than 1 million Americans are living with a form of leukemia or lymphoma. And thousands of patients in Michigan are currently seeking a life-saving bone marrow donor. The good news is that a simple mouth swab can help match cancer patients with potential bone marrow donors.

This is our second “Take a Bite Out of Cancer” campaign. The MDA and the Leukemia & Lymphoma Society partnered on the first campaign in May of 2012, and it was a great success. Participating MDA dental offices registered more than 2,500 new suitable potential donors to the worldwide bone marrow registry. To date, there have been five confirmed matches from our efforts. That means five saved lives from the first MDA drive alone. This year, with your help, we are going to put the force of our membership to good use once again as we host a second bone marrow registration drive in participating dental offices across the state.

Roughly 120,000 hematologic cancers (leukemia, lymphoma, and myeloma) are diagnosed yearly in the United States. Although many of the hematologic cancers respond to traditional chemotherapy/radiation regimens, the use of hematopoietic cell transplantation (blood or marrow transplantation – BMT) has grown to become the standard of care for some of these diseases. An estimated 45,000 to 50,000 hematopoietic cell transplants are performed annually worldwide to treat patients with life-threatening malignant and non-malignant diseases. More than one-third of the transplanted patients are treated with stem cell grafts from non-related donors.

The chance that a related sibling would be a suitable match for a blood cancer patient requiring transplant is just 25 percent, leaving many patients and their physicians to then search the worldwide marrow registry of 9 million potential donors for suitable matches. Unfortunately, for many the search fails to yield any potential donors. This is especially true for African-Americans, Latinos, Native Americans, and those of Asian/Pacific descent, as they are under-represented on the rolls of potential donors. Sadly, many patients who cannot find a match will succumb to their illness.

Last year participating MDA dental offices registered more than 2,500 new suitable potential donors to the worldwide bone marrow registry. To date, there have been five confirmed matches from our efforts. This year, with your help, we’ll register even more potential donors and save more lives.
The screening process to join the registry is quite simple. Suitable donors are healthy individuals between the ages of 18 and 54 who are willing to submit to a self-administered series of intra-oral cheek swabs and fill out a form(s) detailing basic personal demographic and medical information. In addition, when called, those on the registry should be willing to personally donate (bone marrow/stem cells) for a matched patient in need.

Cheek swab samples obtained from those joining the registry are then “typed” according to their unique Human Leukocyte Antigen (HLA) profile. Physicians will search for suitable HLA profiles on the registry when no suitable related donor exists for a patient in need. It is at this time that a potential donor would be contacted if a match is made for a more involved medical work-up to confirm that a suitable donor/recipient match exists. The odds of being contacted for this level of testing is at this time roughly 1 in 540.

Currently, there are two methods for donating to a patient in need; peripheral blood stem cells (PBSC) and surgical bone marrow donation. PBSC is a non-surgical procedure done on an outpatient basis requiring a five-day course of a drug called filgrastim. This will increase the number of blood-forming stem cells in the peripheral vasculature. Blood is removed from the donor, stem cells are filtered out, and the blood then is returned to the donor over the course of several hours. Marrow donation requires a surgical outpatient procedure where liquid marrow is removed from the donor’s pelvic bone. At this time the vast majority of donations are nonsurgical PBSC.

Last year’s campaign results proved that the dental office is a viable alternative to traditional bone marrow drive locations. Marrow donation registration can easily be incorporated into your existing hygiene program. Registration of a healthy dental patient as part of a routine preventive dental visit should only take a few minutes out of your schedule. The time to fill out paperwork and self-administer cheek swabs is minimal.

Please join us this November and help us “Take a Bite Out of Cancer!” We are confident that many MDA dental offices will be willing to offer bone marrow screenings (free of charge to both patients and providers) to their existing and potential future patients. This program has tremendous potential to affect the lives of many people struggling with blood cancers, but we need your support. A fact sheet for dental office staff appears on the next page. A tear-out sign and fact sheet you can reproduce and give to patients is also included with this issue.

Please feel free to contact me at drcconlon@sbcglobal.net, or call my office 616-554-5970 with any questions you may have. Thank you for your support of this campaign.

Quick and easy — Participating in the campaign is a simple process, as Dr. Conlon and his patient demonstrate.

About the Author

Steven M. Conlon, DDS, is a general dentist in Grand Rapids. After losing his father-in-law, Thomas A. Bowles, DDS (a general dentist who practiced in Burton, Mich.), to leukemia, he became involved with the Leukemia & Lymphoma Society. He has participated in marathons and triathlons with Team in Training and this fall is serving as co-chairman of Light the Night Walk in Grand Rapids, a Leukemia & Lymphoma Society fundraiser to help find a cure for blood cancers. He received the MDA’s Public Service Award earlier this year.
Take a Bite Out of Cancer!
Facts for Dental Offices

Be Part of Michigan’s Largest Bone Marrow Registry Drive!

The Michigan Dental Association is partnering with The Leukemia & Lymphoma Society to sponsor its second bone marrow registry drive in dental offices here in Michigan during the month of November. This important campaign encourages people to become entered in the international bone marrow registry through a simple mouth swab. The registry links potential matches with cancer patients waiting for a life-saving bone marrow transplant.

Step 1 – Sign Up
Sign-up is quick and easy at mi.mda.llsevent.org! Fill out the interest form and DKMS will ship the swab kits right to your office. The kits will contain instructions, supplies including swabs and a return envelope.

Step 2 – Ask Patients to Participate
Explain to your patients what the drive is – simple talking points, signs for your office waiting room or operatory, and fact sheets are available to print at mi.mda.llsevent.org. A short YouTube video can also be shown if you prefer. Give willing patients the swab for them to do themselves and a basic questionnaire for the registry they fill out.

Step 3 – Return Kits to the Lab
At the end of the month, be sure to mail all the completed registration forms and swab kits back to DKMS in the envelope provided.

That’s really it – 1, 2, 3!

Thank you to our sponsors!
Multiple sclerosis (MS) is a chronic, inflammatory and neurodegenerative central nervous system disease affecting young people with a long disease duration and gradual development of disability, leading to a wide range of physical, social and psychological problems.

For the pathologist, MS is a disorder of the central nervous system, manifesting as acute focal inflammatory demyelination and axonal loss with limited remyelination, culminating in the chronic, multifocal sclerotic plaques from which the disease gets its name. For the patient, MS poses the threat of an apparently infinite variety of symptoms, but with certain recurring themes and an unpredictable course. For the neurologist, MS is a disorder of young adults diagnosed on the basis of clinical and paraclinical evidence for at least two demyelinating lesions, affecting different sites within the brain or spinal cord, separated in time. For the clinical scientist, MS is the prototype inflammatory autoimmune disease of the central nervous system.

Prevalence

MS is more common among Caucasians (particularly those of northern European ancestry) than among other ethnic groups. But people of African, Asian and Hispanic ancestry also develop the disease. The mean prevalence age adjusted to the world population is 69.1 per 100,000 person-years and 90.7 per 100,000 person-years when adjusted to the European population. The overall combined prevalence estimate for MS is 85/100,000 population, or approximately 211,000 persons with the disease among the civilian, noninstitutionalized population of the United States.

Etiology

The etiology of the disease is not fully understood. Considerable evidence indicates that both genetic and environmental factors (such as vitamin D deficiency and cigarette smoking) are involved in MS susceptibility and disease progression. Some patients progress to significant degrees of neurological disability. In addition, depressed mood, fatigue and reduced sleep quality also have a considerable impact on the quality of life in MS patients.

Several theories for seasonal modulation of MS activity exist. Significantly increased levels of disease activity during the spring and summer seasons were found. The observed activity pattern is suggestive of a modulating role of seasonally changing environmental factors or season-dependent metabolic activity. Recent studies have supported the role of infection and immune system disorders in the early stages of MS. T cells activated in the periphery enter the central nervous system, leading to demyelination and axonal loss. Healthy individuals harbor autoreactive myelin T cells, normally kept in check by regulatory T cells. Failure of regulation leads to proliferation, activation and entry into the circu-
T-cell response in MS. A greater number of IL-17 mRNA-expressing cells were found by using in situ hybridization.

The role of T cells in human disease is undergoing revision as a result of the discovery of Th17 cells, a unique CD4 T-cell subset characterized by production of IL-17. Th1 cells are characterized by the production of interferon gamma (IFNγ) and induce cell-mediated immunity against intracellular pathogens, while Th2 cells produce interleukin-4 (IL-4) and stimulate humoral immunity against parasitic helminths. This paradigm was maintained until 2005, when a third T-cell subset, known as Th17, was identified. Th17 cells are characterized by production of IL-17 and may have evolved for host protection against microbes that Th1 or Th2 immunity are not well suited for, such as extracellular bacteria and some fungi.

The receptor for IL-17 is widely expressed on many cell types, where it induces the expression of chemokines, proinflammatory cytokines and colony-stimulating factors. These cytokines and chemokines in turn induce the recruitment of neutrophils and other myeloid cells, which is a critical feature of many infections. Recent data in humans and mice suggest that Th17 cells play an important role in the pathogenesis of a diverse group of immune-mediated diseases, including MS. The development of human Th17 cells is dependent upon IL-1beta and IL-6, thus supporting a role for glial cells and brain-infiltrating monocytes/macrophages in driving the pathogenic T-cell response in MS. A greater number of IL-17 mRNA-expressing cells were found by using in situ hybridization in cerebrospinal fluid than in peripheral blood from patients with MS.

Clinical and Oral Manifestations in MS Patient

The spectrum of clinical manifestations depends mainly on the location and extension of the plaques in the central nervous system. The cognitive functions that are most often affected are memory, the speed of information processing, as well as attention and executive functions, visuospatial perception or object naming. Periodontal Health

Peripheral inflammation may be involved in the etiology of MS. Chronic periodontitis is a periodontal disease that is initiated and sustained by microorganisms living in biofilm communities that are present in supragingival plaque in the form of uncalcified and calcified biofilms. It is a chronic inflammation of the attachment structures of the teeth, triggered by potentially hazardous microorganisms and the consequent immune-inflammatory responses. Infection with a periodontal pathogen such as Porphyromonas gingivalis (P. gingivalis) may play a role in the pathogenesis of central nervous system inflammatory disorders such as MS.
Among current MS therapeutics, there are a number of disease modifying oral and parenteral agents that target developing inflammation. Subcutaneous interferon beta-1b acts as an anti-inflammatory and has several mechanisms of action, including a reduction in the production of pro-inflammatory IFN-γ and TNFα, inhibition of T-cell activation and clonal expansion, modulation of cytokine and matrix metalloproteinase production and the release and inhibition of T-cell migration and entry into the CNS.26

Recent studies show that IFN-beta downregulates expression of IL-17 in both humans and animals,27,28 which may reveal a new mechanism of action of IFN-beta.29 On the other hand, a high IL-17F concentration in the serum of people with relapsing remitting MS (RRMS) was found to be associated with nonresponsiveness to therapy with IFN-beta.30 However, IL-17 might be a key contributor to periodontal disease (PD).31 Subsequent studies have confirmed the presence of IL-17 in inflamed gingival tissues in PD.32-34

IL-17 regulates matrix metalloproteinases and inflammatory cytokines in gingival fibroblasts,35 and P. gingivalis can stimulate IL-17 production from T-cells in vitro.36 The same study implicates IL-17 in the destructive phase of periodontal disease. The inflammatory nature of both MS and periodontal disease results in a common outcome, which leads to the role of compromised immunological response as Th17 in both entities. Therefore, IFN-beta seems to have a role on the inflammatory response by its association with IL-17. Further investigations are needed to determine whether this relation between IFN-beta and IL-17 has an effect on the inflammatory condition around the supporting structures of the teeth, as well.

Manual dexterity is decreased in the patient severely affected by MS. Loss of muscular coordination results in increased difficulty maintaining adequate oral hygiene.37 Therefore, long-term MS patients who are severely physically compromised may be susceptible to plaque build-up and resultant dental disease of soft and hard tissues.38

Prevention of periodontitis is clearly related to eradication of microbial biofilm. Basic treatment of periodontitis involves the removal of both supra- and subgingival plaque. Several studies show that the treatment of PD decreases the inflammatory markers both in gingival crevicular fluid and serum which, in turn, may affect the systemic inflammatory burden.39,40 Application of subantimicrobial-dose doxycycline in gingival crevicular fluid of patients with chronic periodontitis adjunctive to mechanical treatment with scaling and root planing resulted in a significant decrease in IL-17, implying a role for T-cell-dependent activity in the resolution of periodontal inflammation.41

In another study, researchers found a significant decrease in serum concentrations of IL-17 (P = .04) six months after periodontal treatment in patients with generalized aggressive periodontitis.42 So, one can say that periodontal treatment through Th17 cells may have an effect on the inflammatory burden that is thought to play a primary role in the etiology of MS. But there are no studies showing the long-term effect of periodontal treatment on levels of IL-17 in both gingival crevicular fluid and serum.

**Treatment of MS**

There is no cure for MS; therefore, the focus of treatment is on reducing relapsing rates, preventing and/or reducing disability, providing symptomatic management of fixed neurological deficits and maintaining quality of life. Corticosteroids, and, occasionally, immunosuppressants, may be used to control symptoms in acute attacks or relapses. Disease-modifying therapies (DMTs) are immunomodulating agents targeted against the inflammatory component of the disease process to prevent or reduce the biologic activity of MS. DMTs are being developed to prevent the formation and progression of new lesions, especially when initiated early in the disease. These include three interferon-beta agents, glatiramer acetate, a monoclonal antibody (natalizumab) and a chemotherapeutic agent (mitoxantrone).43

Other management strategies are symptomatic therapies aimed at reducing symptoms of MS. Fixed neurological deficits in MS are best managed by a multidisciplinary team, attending to physical therapies, psychological and social interventions, supplemented by medical treatments.

**Effect of MS Treatment on Oral Health**

The medications given for MS may interact with commonly used medications in dentistry, such as analgesics and nonsteroidal anti-inflammatory drugs. These interactions may cause cytotoxicity and hepatotoxicity, or amplify depression and alter drug metabolism. Side effects of these medications must also be considered; they include gingival hyperplasia, mucositis/ulcerative stomatitis, dysgeusia and overgrowth of opportunistic infections, causing candidiasis, angular cheilitis and the reactivation of herpes viruses. Medications for therapy of MS and pain may also cause xerostomia, increasing the risk for dental disease.43
To date, there have been only a few reports on the use of implants in patients with xerostomia. These case reports indicate that these patients can be treated successfully with osseointegrated implants.44,45

Dental Visitations by MS Patients

In a recent study, it was reported that having MS had an impact on the ability of patients to visit the dentist and maintain oral health. A large number of respondents (88%) were currently registered with a dentist. Seventy-four percent of respondents reported visiting regularly, with 68% having visited in the past six months. Some respondents considered it difficult to get access to the building (21%), waiting room (11%) and surgery (16%) at the dental practice they visited. A large percentage of participants reported that the dental practice they visited lacked facilities such as suitable parking, access and toilets. However, fewer than 5% of participants visited dental practices because they offered special facilities. This study has shown that people with MS consider their oral health to be important, with a large percentage visiting the dentist frequently.46

Conclusion and Recommendations for Dental Professionals

A more favorable outcome and better quality of life are definitely more attainable by people with MS through appropriate and aggressive management.

1. The presence of dental disease in this population may be related to complications of the MS disease process rather than to specific changes in oral biology. It is important for the dental practitioner to be aware of the potential interactions of medications used to treat the disease with commonly used medications in dentistry. Interactions among these medications may result in cytotoxicity and hepatotoxicity and/or amplify depression and alter the metabolism of certain drugs.

2. Optimally, dental treatment should be performed by dental hygienists or dentists when the patient is in remission.47

3. Appointments should be scheduled for a shorter duration and when the patient is more relaxed, especially in the morning, since morning appointments tend to be less stressful to patients with neurological problems.

4. A quiet and relaxed environment for the patient during the appointment should be provided. Dental practitioners may allow multiple breaks during the appointment to help relax patient’s facial muscles and allow necessary, frequent urination.

5. Chlorhexidine may be used prior to treatment to reduce bacterial flora within the oral cavity.

6. In the presence of xerostomia, diet counseling may be done to increase salivary flow. Electric toothbrushes could be recommended for people with disabilities who find toothbrushing particularly challenging.

7. Patients with tremor, numbness or paresthesia in arms and hands will have decreased ability to carry out effective oral hygiene. Spasticity may impact safe delivery of dental treatment and oral hygiene. Hospital outpatient dental clinics for these patients may be a better choice than the dental office, should intravenous sedation or general anesthesia be needed for a dental procedure.

In the absence of the ability to carry out effective oral hygiene, dental treatment should be done by dental hygienists and/or dentists to prevent dental caries and periodontal disease in patients with MS. It is hoped that by identifying MS patients in dental clinics, the required support and treatment could be provided to these patients to improve their quality of life and to help dental professionals feel comfortable in treating patients with MS.

Queries about this article can be sent to Dr. Almas at almas@uchc.edu and khalidalmas9@gmail.com.

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References

(Continued on Page 56)
We received such a positive response to the retirement stories in the October 2012 issue that we decided to follow up with another round of stories. Unfortunately the response was less than we hoped, but we know that you will enjoy reading what several of our colleagues are doing in their retirement.

—The Editor
Dr. George Baumgartner writes:

“After doing a computer search on the most popular places to retire, my wife Debbie and I landed in Sea Trail Plantation, Sunset Beach, NC. Saying good riddance to my snowblower, snow tires, and half my clothing, we moved to our piece of paradise. Having been an avid golfer, I always wanted to live on a golf course. Now I could play golf everyday and get my handicap down to single digits!

“As my handicap was going in the wrong direction and I found golf very different down here — picture alligators — I started to lose interest and realized that my brain was turning to ‘mush.’ I needed to find other ways to occupy my retirement. I decided I needed some type of regular ‘job,’ at least a couple days a week so I could remember what day of the week it is. Since I love dogs, I thought I might get a ‘job’ with a vet’s office. I wrote a letter and sent a resume. I did not hear anything for a month and figured they were not interested. Then they called and said I could start in the kennels. Although I really love dogs, cleaning their kennels was not really what I had in mind. After about three months, the management decided that maybe I was being underutilized!

“Now I work two days a week, three hours a day, “doing dentals” on dogs and cats of all sizes and breeds. I have worked on a 3 pound chihuahua and a 150 pound mastiff. Using virtually the same instruments I did in practice, I do prophys and ‘consult’ on difficult extractions. I also assist in their state of the art lab facility and have helped implement digital intraoral radiographs into their program. I have been fortunate to assist in many surgeries. It is amazing what some dogs will eat that then needs to be surgically removed. Underwear seems to be #1 on the list!

“For the past three years, I have been the race director for the Brunswick County Chamber of Commerce’s Oyster Festival Road Race. This is a 10K/5K race that is held in conjunction with the North Carolina Oyster Festival in Ocean Isle Beach which attracts more than 50,000 people each year.

“I have also become active in my church. The music director asked me to play a speaking part in a Christmas Cantata, and my acting career has blossomed. I have played roles of Patrick Henry, a wise man, a centurion, Luke, Judas, and Pontius Pilate. Between roles, I work weekly at the food pantry and made a work trip to Biloxi following the hurricane.

“Of course there is always travel: cruises of the Mediterranean, the Baltic, Caribbean, Alaska and land trips to Nova Scotia, the Blue Ridge Mountains, and trips to visit grandchildren in Michigan and Denver.”

Dr. William (Bill) Chase writes:

“I came to Palm Springs in 2005 with the inten-
tion of retiring, but it didn’t work out that way. When I arrived here I was quickly recruited by a non-profit dental organization called The Smile Factory. A member of their board discovered that I had international volunteering experience and thought I might be a good fit to be in their dental program. The organization provided free dentistry to underprivileged elementary students in the Coachella Valley. For the next three years, I worked as both their Dental Director and clinical dentist. After the non-profit was sold, I offered to work in a private dental office whose owner had died unexpectedly. I just wanted to keep the practice from dissolving. I was a part-time clinical dentist there until it was sold two years later. I finally retired in March of last year.

“Since then I have been extremely busy with Rotary International, having joined the Palm Springs Sunup Rotary Club in 2005 and serving as their president in 2008. I am currently a faculty member of the Southern California District’s Rotary Leadership Institute and teach an array of leadership courses throughout the year. But my most time consuming and enjoyable extracurricular activity is tennis. I play between four-to-five times a week, both singles and doubles. My tennis partner, Dr. Frank LaFerla, is a professor of Neurobiology at the University of California at Irvine. Frank and I continue to play in sanctioned tournaments together, both here and on the coast. We’ve won more matches than we’ve lost, I’m happy to say. Life in Michigan was great, but life here in Palm Springs is paradise!”

Dr. Stuart Falk is a 1957 graduate of the University of Michigan School of Dentistry. He writes:

“Service to the community and being active, both mentally and physically, are prerequisites for enjoying a successful retirement. Volunteering within and outside the field of dentistry prepares you for the challenge of what lies ahead after your professional endeavors. To quote an ad on TV, ‘a body in motion tends to stay in motion.’ It is not a question of what do you do with free time, but how do you fit all your activities during the time allowed?

“In the many years following graduation I was very busy with various committees. They included serving with the dental school, the dental association, philanthropies, and my religious affiliation. I even ran many marathons. As I approached ‘my twilight period,’ I looked forward to having more time with family, vacationing, and smelling the roses.

“However, it is difficult to shake well-entrenched habits. I accomplished my intended goals and joined a health club, which I presently utilize five to six mornings a week. Still, there was the need to continue to volunteer in some capacity. I found my niche as a tour guide at the Holocaust Memorial Center in Farmington Hills. This branched out into serving on the Docent Steering Committee which led to my being its chairperson. I then was charged with the responsibility of the prospective docent program and became a member of the board of what is now the Holocaust Memorial Center Zekelman Family Campus. Needless to say, there are still not enough hours in the day. My activities have allowed me to confront retirement challenges and accomplish a rich and rewarding twilight. The secret is to be active before the time has come and then afterwards, to continue reaping the benefits.”
**Dr. Joseph (Joe) Malek** is a 1967 graduate of the University of Detroit Dental School. He writes:

“I retired Dec. 31, 2011, and turned 70 in January 2012. So far, I am enjoying my retirement and keeping very busy. In January of last year, I went on my annual two-week mission trip to provide dental care to the people in rural areas in Mexico. This is my 15th trip there, and I find it extremely rewarding. I also volunteered as a dentist for the Mission of Mercy at Saginaw Valley State University in June.

“Over the years, I have done many total restorations on antique cars, trucks, and gas pumps, so now I have more time to finish restoring my 1931 Buick convertible.

“This summer, I also spent my time volunteering on Habitat for Humanity Homes as I have done for many years. I also enjoy working at our church’s Knights of Columbus projects. My wife and I enjoy gardening and house projects, and we celebrated our 45th wedding anniversary this past year! We both love attending sporting events especially Saginaw Spirit Hockey and Nouvel Catholic Central High School games. But, I always make time for poker on Thursday nights.

“I went on my first wilderness fishing trip in Northern Canada this past summer which was great fun. November will be deer hunting time for me.

“Retirement has given me more time to travel and to spend with family, especially my two young grandchildren who live next door.

“A wonderful young dentist, Todd Goldensoph, DDS bought my practice and office earlier this year. I wish the best to all of you, and I highly recommend retirement!”

**Dr. Chester Summers** was a participant in *Life After Retirement: Part 1*. He had “retired” from dentistry on five occasions from 1970 through 2007. After five years of being fully retired, he returned to Germany as a contract orthodontist for the U.S. Army. He writes:

“My assignment this time is in Kaiserslautern, and I will be here for one more year. I have returned to orthodontic practice because I love my profession, and I enjoy working with the military and their dependents. While I am overseas, I can travel with members of my family, and enjoy my favorite hobby of seeing, hearing, and playing the pipe organ.

“After 52 years in dentistry, I have concluded that we dentists should never fully retire from the profession – we should try to keep our (gloved) hands in dentistry as long as possible. Over the years, I have wondered what I would become if I weren’t a dentist. I still have no good, real answer.”

Dr. Chester Summers and oldest granddaughter, Caitlin, at Neuschwanstein Castle in Bavaria, Germany.
Are You Sure You’re Ready for Retirement?

By Gary L. Borucki, CPA
Rehmann Healthcare Advisors

Not long ago I sat down with a client who has a very robust financial portfolio and is planning to retire soon. I asked him, “By the way, John, what are you going to do on your first day of retirement?”

He looked at me with a puzzled expression that seemed to say, “I don’t know,” as if he hadn’t given any real thought to how he might spend his time.

Your plan for retirement is as important as whether you’re financially ready to do so. As you gear up for it, you should examine as best you can your emotional and fiscal readiness for one of life’s greatest milestones.

Let’s look first at your dream for retirement. It’s something we all think about as we draw closer to our 60s. What do you see yourself actually doing? Is
Are You Sure You’re Ready for Retirement?

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FOCUS: RETIREMENT

there a hobby you’ve been wanting to devote more time to? What about travel, spending more time with family, or volunteering for a favorite charity or cause? More time for entertainment, reading, or exercise? These are some of the basics that could fill the time you used to spend working. The trick is finding something you enjoy doing as a reason to embrace each new day as a retiree.

The status of your health is also a factor to consider, and whether your skills may be slipping. If you’ve decided it’s time to retire because your health is poor, then you may use that extra time in retirement dealing with your medical problems. On the flip side, you may want to retire because you’re feeling fit and have a desire — and the financial where-

withal — to finally do what you feel like doing.

As part of your self-examination, you may say to yourself: “I’ve been a dentist for 30 or 40 years, getting up weekdays to go into the office, interacting with my staff and patients, socializing with my peers. How will it feel when I’m not doing that anymore?”

I’ve known folks who seemed lost when they retired — as if their whole identity came from what they did professionally rather than who they are. It’s easy to think of friends, family members or colleagues who’ve retired and whose good health quickly seems to go south because they don’t know what to do with themselves.

When people start saving at the beginning of their careers, retirement seems a long way off. As you near your mid-50s to early 60s, it’s time to make a plan for what you’ll do and assess whether you’ve saved enough to live the lifestyle you want in retirement.

Taking your financial pulse

The first step in determining whether you’re financially capable of retiring is taking a serious look at what you’re spending today in after-tax dollars. That will help you figure out the income you’ll need to generate to support the lifestyle you’d like to lead.

Take a look at your monthly bills, your property taxes, what you pay for groceries, gas, utilities, entertainment, and the like. It’s a task that can be as simple as reviewing a personal financial software program like Quicken that has all your data readily available, or actually going through your checkbook and credit cards slips to determine what your monthly expenses are. If your goal is to keep the same economic lifestyle in retirement, you’ll have to make up the income from funding sources other than the salary you paid yourself as a dentist.

There are those who say you’ll only need to replace 60 percent to 80 percent of your working income in your retirement years, but a rule of thumb like this isn’t applicable in every case. Because most dentists own their own practices, there can be hidden expenses — items that were paid for through the business. How will those bills get paid once they’re no longer deductible through your practice? For example, there’s your cell phone. Once you’re retired, that’s a bill that’s now coming out of your pocket. What about your automobile and its repairs and operation? Meals and entertainment? Newspaper and magazine subscriptions that used to be paid for by the practice but that you still enjoy reading?

And how about health insurance? Wait, you say — I’ll be retiring at a time when I’m eligible for Medicare. While that may be true, will Medicare cover everything you’ll want, or will you be paying more in out-of-pocket costs than you did before? You may decide you need supplemental health insurance because your previ-
Social Security: When Should You Start Taking It?

As you approach retirement age, look closely at your Social Security benefits, factoring in your spouse (if you’re married) and when each of you is eligible for benefits. Once you become age 65 or 66, you hit full retirement benefits, but you can delay taking it until age 70 and the benefit amount increases by 7 percent to 8 percent each year. At age 70, your basic benefit will no longer increase annually (except for cost-of-living adjustments.)

As an example: Say you’re eligible for $1,000 monthly in Social Security benefits at age 65. If you wait until the next year to begin collecting, that amount will increase to $1,080. At 67, it’s $1,160. By age 70, it has increased to $1,400. So at 65, you’d get $1,000 per month for your lifetime. Delaying the start of Social Security until age 70 means you’ll get $1,400 per month for the rest of your life. Yes, you missed out on collecting Social Security for five years but if you’re making another $400 a month at age 70, you’ll make up for that at some point in time.

Or look at it this way. If you don’t need income from both your retirement plan and Social Security to meet your annual expenses, what’s the better deal? You’re receiving a 7 to 8 percent increase annually by holding off your Social Security payments until age 70. Would you get that same percentage increase if you take the Social Security earlier and wait to withdraw income from your 401k? The federal government is giving you a guaranteed 7 percent to 8 percent return, whereas there are no guarantees your 401k will earn anywhere near that.

The bottom line: If you can wait until age 70 to collect your Social Security, it’s the better deal.

What do I owe?

Another area to examine is debt payment. If you’ve paid off outstanding college loans, a mortgage, credit cards, etc., your income needs in retirement will be less. But say you’re going to have debt in retirement because you weren’t successful at paying your mortgage down while you were working, or it’s a mortgage on a second home. If this is the case, you might consider refinancing to spread your mortgage payments out over a longer period of time, and with a lower monthly cash payment.

Let’s say you have a $2,000-per-month mortgage payment in retirement. If you refinance the balance and extend it out over 15 to 30 years, you may cut that payment in half. That’s $1,000 less that you need in retirement to continue your standard of living.

Remember, the consideration here is whether you’re capable of retiring. Say you have four years left on your mortgage but refinancing to a 15-year mortgage cuts your $2,000 payment to $500 a month. Maybe that means you could retire now. If something happens to you in the future, you can leave it to your heirs to pay off that debt with the equity you’ve accumulated in your home.

Where’s your income coming from?

Before we get to your retirement accounts as income generators, let’s look at some other possibilities for boosting or maintaining your budget once you retire.

Downsizing. If your home has lost value, as so many have over the past four years, you don’t have as much equity. On the other hand, if you downsize, you’re not going to have to pay as much either. If you’ll reap an extra $100,000 in equity by downsizing, that can go into an account that produces some income down the road.

About the Author

Gary L. Borucki, CPA, is a principal of Rehmann’s Healthcare Advisors. A Certified Healthcare Business Consultant, he specializes in tax and accounting services, practice management and assessment for physicians and dentists, and merger and acquisition support. Contact him at Rehmann’s Lansing office by calling 517-316-2402 or by email at gary.borucki@rehmann.com
**Selling a first or second home.** Do you have a vacation home that you plan to relocate to one day? Or will you remain where you are? Do you need both places or could you sell one or rent it out? Doing either will provide you with cash flow by turning the property into an income-generating asset.

**Life insurance.** If you have a whole, variable, or universal life policy, it can be converted into cash as a way to increase your income in retirement.

**Collectibles.** Just this past July, cousins in Toledo discovered a “buried” treasure in their aunt’s attic after she passed away: baseball cards in mint condition that their grandfather acquired in the early 1900s. That collection included a Honus Wagner — one of the rarest cards of all. Their discovery was expected to fetch $500,000 or more at auction. While it’s unlikely you’ll be as fortunate as these heirs were, you may have saved, collected or inherited something else of real value, such as classic cars, coins, stamps, art or other antiques. If you’re willing to part with them, you’ll have more to add to your retirement income.

**Selling your practice.** Rather than banking on this as your retirement plan, the sale of your practice should be the icing on the cake. If you’ve invested well over the years, the sale of your practice might enable you to do something really special that you’ve been putting off, such as traveling around the world.

**Inheritance.** My words of wisdom? Never count on an inheritance. If one comes to you, let it be a welcome surprise.

**Part-time work.** Perhaps you’re not ready to give up dentistry altogether and would like to work one day each week. Or maybe you’d like to do something entirely different. I know several retirees, for example, who enjoy working at golf courses. They get to make a little extra money, see their buddies, and golf for free.

In addition to these income resources, there are the accounts you’ve regularly invested in while you were working — your mutual funds and stocks and bonds within or outside of your retirement plan. And let’s not forget about Social Security, depending on what age you are when you retire. That, of course, will be another source of income, but when will that income stream start? You’re eligible at age 62. At 65 or 66 you get full benefits. If you wait until age 70, you’ll receive the maximum benefit.

Altogether, these are the possible resources to sustain your lifestyle in retirement. How do yours stack up?

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**If You’ve Just Started: Planning for Retirement**

If you’re starting out and have begun contributing to a qualified retirement plan, one common maxim says your ultimate goal in your working lifetime is when that plan finally returns at least three times the amount of your contribution. Can you retire when you hit that goal? That’s a question that can only be answered by how much you spend annually and what you think you’ll need in retirement.

Still, reaching that goal is very significant. For example, several years ago $30,000 was the limit of what you could contribute to a qualified retirement plan. If, as retirement draws nearer, your plan has $900,000 in it and it’s earning 10 percent — or $90,000 — that’s three times your contribution of $30,000.

Planning for retirement is really all about the math and calculating what you may want or need when that time comes. Using the 4 percent rule of thumb, you need $2.5 million in assets to be able to retire with an income of $100,000 per year. Although there are never any guarantees, that 4 percent is conservative and more or less a safe haven, offering 25 years or more of retirement income from your assets. Of course, if your investments are offering negative returns, that planning can go out the window mighty quickly.

What you really want to do in planning for retirement is to hit that sweet spot between the guy who worked all his life, saving every extra penny for retirement but who winds up dying on his first day of retirement, and the guy who enjoyed spending almost every nickel he ever earned, and faces an old age in relative poverty. Neither wins in these two extremes — but in which direction do you want to err?

**What will you really need?**

Once you’ve examined all of your expenses and where your income will come from, the first important question arises: What amount can I safely take out each month or annually? Certainly, if the earnings alone on these investments generate more than enough income to cover the expenses you’ve identified, you should be able to retire, since you’re not touching the principal of those investments.

However, not everyone can do that. And if you’re waiting until you can get to that point, you may not have a very long retirement. In fact, it might be a very short one. And that brings up the second key question: How long does this pool of assets need to last to cover your expenses? Or put more bluntly, how long are you going to live?

Here’s where another rule of thumb comes into play: It suggests that you can safely take 4 percent annually from the principal of your investment income to help sustain your...
Living Is What You Do When Life Gets in the Way

By John Thompson, DDS

I first wrote down the date, December 31, 2012, in the summer of 1995. It was the date that I had planned to retire from dentistry, and you know, live on Social Security. If I planned well, I would no longer have to do anything but come to the office on a limited schedule that I could choose as I became a part-time employee of my partners. I really expected to work as long as my eyes and hands were working. The less I had to practice dentistry to make a living, the more I have enjoyed it and the less I looked forward to that date.

Practicing dentistry for over 40 years has allowed me to meet great people who have been my patients and who have put their trust in me for their dental care. It has also allowed me to work with perhaps the best partners and staff that any dentist could hope for in a career. The present cadre at TLC Dentistry and those who have gone before have allowed me to present dental care and services in an atmosphere that was hard to define as work. Where has time gone? That is the question I have to ask as I write this piece.

Over the past two years I have noticed what I thought was progressive arthritis in first my left hand and then my right. Last year, I began looking for some help with the arthritis, and this spring I began in earnest to seek relief and improvement. I was now unable to grip a golf club, and that got my attention. My first stop was my orthopedist, who made an immediate referral to a neurophysiologist to test the nerves that control my fingers, hoping it was just a carpal tunnel problem.

After radiographs, MRIs and multiple specialty consultations, I am not dealing with arthritis or carpal tunnel syndrome or cervical stenosis. My problem originates in the nerves that control the motor and sensory function in most of the fingers in both hands. It is called motor neuron disease (MND), and unfortunately it is not reversible and not treatable. The problem began to extract a toll on my life choices.

One choice I made was to go to the Internet to better understand MND. Do not go to the Internet! I followed my Internet experience with four days in the fetal position, and when I recovered from this I proceeded to develop every symptom of ALS known to man. My faith-of-steel wife, Dr. Carole, kept telling me I was depressed and that I did not have ALS. Her reassurance did not alter the fact that my hands were failing and I was realizing that I could no longer practice dentistry, as I referred more and more treatment to my partners. The fact that I could no longer grip a golf club was now totally insignificant as I gave away my clubs.

My neurologist referred me to a neurologist at the UK Medical Center who specializes in ALS. That appointment was just after Thanksgiving. While in his waiting room, I split tooth #18, which had only a shallow class 1 amalgam placed while in dental school. It is gone! My blood pressure was off the chart when the three-hour exam began. But you cannot begin to imagine the exuberance I felt when I was told that I do not have ALS and that I should go live my life. I do have a motor neuron problem and neuropathies. They may get worse. There is nothing I can do to make it worse or make it better and there is nothing to treat the problems, but “go live your life” was the prescription.

Now I must give credit to Dr. Carole, whose faith is unshakable, as she told me all along it was not ALS and
When Life Gets in the Way
(Continued from Page 41)

that I was now suffering depression. Her faith, prayers, my prayers, the prayers of family and friends, and the prayers of friends of friends have humbled me as those prayers were answered. I cannot say that the physical symptoms have improved at all, but the emotional symptoms have completely abated. My prayer was for a remission and that prayer was answered in spades. The overwhelming fatigue that is a symptom of ALS and depression is gone and I have more energy than my legs will allow.

Why would I share this story? It is because I have learned a lot in this past year. One mantra that I learned from Dr. L. D. Pankey: “What the mind can conceive and believe, it will achieve,” I had forgotten. Under the guidance of Dr. Carole, I have chosen to believe that this will not become ALS and I have canceled all further tests that were scheduled. She has said, logically, that if you can’t change it and they can’t treat it, why do you need to know? I guess I will know, but for now I do not have ALS.

When you think you are facing a devastating disease, it changes everything about the way you think. The most important thing is the relationship you have with family and friends and your ultimate faith in a merciful God. God has provided me a life-learning experience that has brought me to a total peace with my mortality. I have decided that I am going to live every day and be grateful that I was given this day to do something good. I now plan to live every day for the rest of my life knowing what blessed really means.

Well, I have retired from clinical dentistry as planned, but not on my terms. I still can’t grip a golf club, but there are those that would say “what difference would it make?” to my game anyway. I most likely will not sail alone, but I do have friends who say they will now sail with me, but only in winds of their choosing. I can still hold a paint brush or pastel stick, so I can still become a starving artist. My mind still seems to work for now, so I am trying to find ways to reinvent myself.

For now, I am spending January on an island in South Carolina and will spend most of February in Anguilla. My first Social Security check will arrive when I get there. The sun is shining brightly and I will come up with something good to do today. ♦

Reprinted, with permission, from KDA Today, the official publication of the Kentucky Dental Association, January/February 2013 issue.
Phased in over the next two years. This program will cover all the new Safety Data Sheet format and chemical labeling system that will be required by OSHA and MIOSHA. The New OSHA/MIOSHA Hazard Communication Standard – What Are the Requirements for Dentistry?

**Presenter Information:**
Mary Govoni brings over 40 years of experience in dentistry to the team. She is a Certified Dental Assistant, a Registered Dental Assistant (MI) and a Registered Dental Hygienist, with experience in general and specialty practices both clinically and as an administrator. Mary is a former dental assisting educator and was a partner in a successful dental staffing service. For the past 20 years, Mary has focused on speaking and consulting with dental teams on OSHA compliance, ergonomics, chairside efficiency and team communication and development. Recently Mary has added HIPAA compliance and employment law compliance to her areas of expertise. Mary has published numerous articles in professional journals, such as RDH Magazine, The Dental Assistant, Dental Products Reports, and is featured monthly in Dental Economics. She is a life member and Past President of the American Dental Assistants Association, and serves on the ADAA Editorial Board as well as the Corporate Council for Dimensions of Dental Hygiene. Mary is also a consultant to the American Dental Association’s Council on Dental Practice (ADA) and a featured speaker on the Continuing Education and Lifelong Learning Seminar Series.

**Course Overview:** In 2013 OSHA and MIOSHA released an updated Hazard Communication Standard to comply with the Global Harmonization Initiative to standardize chemical safety information. OSHA requires that all employers provide training on the new Safety Data Sheet format and chemical labeling system that will be phased in over the next two years. This program will cover all the required information and will assist dental teams in meeting this mandate.

**All proceeds go to the MDA and MDA Foundation’s 2014 Mission of Mercy event in Big Rapids, with up to .50 cents per dollar being matched by the Mecosta County Community Foundation. Thank you for your support!**

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**Mission Of Mercy**

**Presenter Information:**
Chris Brown and Mary Yakas
1:00-4:00 p.m. (3) CEUs
CAD CAM Technology: Perspectives from the Dentist and Digital Laboratory

**Presenter Information:**
Chris Brown is the Business Manager of Apex Dental Milling, a dental milling facility in Ann Arbor. His experience with numerous dental CAD/CAM systems, scanners and software, combined with his engineering degree, allows him to advise dental laboratories, doctors and system manufacturers on both sides of the technical world of CAD/CAM. He is a laboratory consultant for THE DENTAL ADVISOR and works collaboratively with THE DENTAL ADVISOR and other organizations on research projects and lectures related to the areas of CAD/CAM and has published articles in Compendium, Journal of Dental Technology, Inside Dental Technology and a number of other publications.

Mary Yakas has been working in the dental industry since 1987 and has been involved in every area of the dental practice. In addition to her dental office experience, Ms. Yakas has held numerous positions in dentistry, including practice consultant, senior analytical coach, and Director of Sales and Marketing for both Benco Dental and Transitions Group. She is currently the Executive Director of THE DENTAL ADVISOR. As a speaker, Mary has worked with and spoken to numerous groups on dental technology, communication, listening skills, customer service, and day to day dental practice operations. She has had experience working with all types of Dental Practices, and has served over 500 individual offices in a consultative capacity. She holds a bachelor's degree in Behavioral Sciences from The University of Michigan, and is a certified dental management consultant.

**Course Overview:** The use of CAD/CAM technology in dentistry is increasing, both in the dental laboratory and in general practice. This exciting technology is opening doors and driving movement away from traditional approaches to indirect restorative treatment. The presenters will discuss the ever-changing world of CAD/CAM. Ms. Yakas will provide clinical tips for success from the experience of clinicians using all systems daily in practice. Chris Brown will discuss the role of the laboratory and milling centers in the digital workflow. All of the current products on the market will be compared. Finally, materials for use in CAD/CAM will also be discussed. Learning objectives will include: Advantages of Digital Impressions, Digital Impression Systems, Chairside CAD/CAM Systems, Laboratory CAD Software Options, Clinical Tips for Effective Intraoral Scanning, Material Selection (Ceramics & Cements), Tips for Effective Dentist and Laboratory Communication and Model Solutions for Digital Impressions.

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**REGISTRATION FORM:** Deadline to Register is November 10th. Class restricted to 65 attendees

**Donation:** $75 AM Program, $75 PM Program or $125 both AM and PM

Lunch is on your own and a list of area restaurants will be provided for those attending for the full day.

Name of Registrant ____________________________

Address ____________________________________________

Phone ____________________________ e-mail or fax # (Include to receive confirmation) ____________________________

Please Circle Choice: Full Day AM Only (Mary Govoni) PM Only (Chris Brown and Mary Yakas) Amount Enclosed? ____________________________

Make checks payable to: Michigan Dental Association Foundation and mail to: MDAA C/O Lori Barnhart, P.O. Box 118, Lennon, MI 48449

Questions? Please contact Lori at (810) 515-6317 or email at SLSBARN@Lentel.com

Please consult with your accountant regarding questions related to charitable contributions

For more information on the Mission of Mercy event please visit the MDA Foundation website at:
www.smilemichigan.com/foundation
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DEADLINES: First of the month preceding publication. (e.g., Jan. 1 for Feb. issue)

PLEASE PLACE THE FOLLOWING CLASSIFIED AD:

Total number of words: ____________________________

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☐ JAN  ☐ FEB  ☐ MAR  ☐ APR  ☐ MAY  ☐ JUNE
☐ JULY  ☐ AUG  ☐ SEPT  ☐ OCT  ☐ NOV  ☐ DEC

☐ Check for the ad to be posted ONLINE within the next three business days (Additional $25 charge).

☐ Check this box if you DO NOT wish to have your ad posted on the MDA’s website.

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**Dental space for lease** — Two prime dental suites located on north Woodward just north of I-696. Suites are in a prime location of three story professional building. Newly refurbished common area; 1,000 sq. ft. with three operatories expandable to four operatories; 2,500 sq. ft. with six operatories; expandable to nine operatories. Suites are fully plumbed with cabinetry. Rent includes janitorial and all common area maintenance expenses. Building management and building maintenance man are located in the building. Covered drop-off area. Easy patient access with lots of close parking! Ideal for endodontists, orthodontists, or join other general practitioners and specialists in this premier location. Ideal for primary office, relocation, or satellite office. Reasonable rates and flexible terms. Will divide and finish to suit. Available immediately. Contact: 248-548-0880 or jeffrey@bromskyrealty.com.

**For sale** — **Price reduced** — Lansing, East Lansing — 1,366 sq. ft. suite with four plumbed operatories, N0 ready, sterilization area, private office in professional building. Located on main thoroughfare, 1801 E. Saginaw, close to expressway. Share air and suction with other dentists. Reasonable sale price or lease. Call 231-347-1373.

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**Go digital tomorrow.** ScanX Duo machine for sale, $5,500. Faster than film: FMX less than two minutes. Call Cathie at 517-741-4565.

**Planmeca Promax**, purchased new in 2004, used about once per week. Great condition, $6,500. Call to view and discuss details, 734-975-9900.

**Selling used Sirona CerC** Red Cam computer unit software version 3.6 and Sirona CerC 3 milling unit. Excellent condition. CyberPower battery backup on CerC. Make an offer. Contact smiles@muscottandmuscott.com.

handpieces and instruments. Call 810-227-9570.

**Den Mat Sapphire plus,** lesion detection device for your DenMat Sapphire plus light. This purchase includes the correct camera with adapter. Asking $1,500 or best offer. Call Teresa at 734-282-2019.

**Several dental chairs,** dental units, office furniture and supplies for sale in Lansing, Mich. Please call 517-485-1769 or email bobbettman@hotmail.com.

**Nearly new 3M True Definition scanner.** Purchased in spring for $14K, will sell for $10K. Works as new. Call 616-820-5744.


**PRACTICE FOR SALE**

**Thinking about buying** or selling a dental practice? Statewide service available. Experienced, professional consultants for all of your business needs. Alan R. Laing, DDS, MBA, The Rehmann Group Healthcare Management Advisors; 800-349-2644 or 517-316-2400.

**Don’t make a mistake** selling or buying. We have buyers. Your own buyer? We can help. We offer assistance you can’t get anywhere else. More dentists use us than anyone else. Call the Goldman Group, broker, 248-841-3997.

**For sale** — 2,400 sq. ft. brick building with full basement and two, two-car garages on Main Street in Gaylord. Previously occupied by oral surgeon. Three operatories, recovery room, waiting room, business office, break room, lab, private office, two bathrooms, nitrous oxide/oxygen, Panorex, three dental X-ray heads. Email themoirs@alphacomm.net.

**Well-established practice** for sale in beautiful northwest Lower Peninsula Michigan near Traverse City. Using three operatories and two vacant. Leave message, phone 231-864-3660 or fax 231-864-3590.

**St. Clair area —** General practice for sale. Nice office in a good location. Consistently high-grossing practice. Email hammer5955@yahoo.com for more info.

**Traverse City —** 750 active patients (seen at least once in past 18 months); stand-alone professional building on busy street in the heart of a heavily

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populated section within the city limits. Four ops: two doctor/one RDH/one overflow. Owner is relocating out of state. Nice professional building with expansion possibilities and available for purchase. Call 616-485-9482 or email Reggie.VanderVeen@HenrySchein.com.

**Southern Genesee County** — Home town general dental practice for sale with loyal patient following. Email: dentalpracticefsbo@sbcglobal.net for more info.

**Michigan (Kalamazoo)** — Fee-for-service contemporary boutique dental practice, emphasizing family, esthetic, implant and reconstruction dentistry, seeking dentist transitioning to buy-in/buy-out. Our modern, high-tech office is located in Kalamazoo, a metropolitan area with a population of 326,600. Our practice was established in 1978, currently with 1,940 active patients. Our facility is 2,300 sq. ft. with seven operatories and a current staff consisting of two hygienists; three assistants with expanded functions; one scheduling coordinator; one financial coordinator; one office manager; and one public relations manager. Kalamazoo is well-known for its diverse and extensive business base, arts, thriving entertainment district, higher education opportunities (Kalamazoo College, Western Michigan University and Kalamazoo Valley Community College) and the Kalamazoo Promise. Located midway between Chicago and Detroit, Kalamazoo is surrounded by inland lakes and is 35 minutes to the beautiful Lake Michigan shoreline. Minimum of one year post-graduation experience is required. Visit our website at www.magnusondentaldesign.com. Please send CV to Brett@MDentalDesign.com.

**Southfield** — Small practice for sale, great merger opportunity. Contact ddsdoe@yahoo.com.


**Family practice in northeast Grand Rapids, Mich.** Five chair, part-time practice with growth potential in prime location. Call 616-808-7182 and leave complete contact information.

**Solo general practitioner** practice for sale — Newly expanded and remodeled office in the Grand Rapids area. Flourishing practice in a natural setting with high traffic exposure. Five operators — could expand to seven easily and conveniently. Hard-working, cohesive staff serves quality patients. Calvin College alum: GrandRapidsDDS@gmail.com.

**West Michigan orthodontic** practice
for sale — two offices, paperless, over 800 patients in recall; 500 active. Appraisal is done. Senior doctor will stay as long as you want or leave when you say go. Looking for energetic, motivated person. Send inquiries to WestMichOrtho@hotmail.com.

**Southeast Michigan north** — Free-standing building with easy lease. Modern equipment, modern building not far from the big water. Four ops, 1,545 patients, all molar, endo, and extractions referred out. Collecting $456K on three doctor days. Excellent growth potential. Owner retiring. Dale Wagman, DDS, 517-375-3740, dwagman@paragon.us.com.

**Pediatric practice**, one hour north of Detroit suburbs, 3,000 patients, three and one half days, very modern, high traffic, digital, computerized, great opportunity for internal growth with procedural change; dwagman@paragon.us.com, Dale Wagman, DDS, 517-375-3740.

**Greater Lansing** — Well-established cosmetic and restorative practice in a modern, state-of-the-art building on a main street in a very desirable area. High traffic, high visibility, excellent reputation. Does this sound like the ideal practice for you? Well, it could easily be yours! The owner is cutting back but will remain on as your associate to assure easy patient transfer and to help another practitioner realize his or her career goals. Collected almost $1.1M in 2012 without any endo or oral surgery. No PPOs or managed care. Dale Wagman, DDS, dwagman@paragon.us.com.

**Perio practice** — desirable location. Fantastic facility. Long-term, many referring dentists. Close relationships with other specialists over wide geography. Practice focus: implant placement with advanced implant reconstruction and periodontal surgery including osseous and soft tissue grafting. Collecting almost $1.1M, however, due to some special circumstances, growth potential is exceptionally high for the right practitioner or group practice. Owner leaving state. Contact Dale Wagman, DDS, 517-375-3740, dwagman@paragon.us.com.

**New listing in northeastern lower Mich.** Family practice using Dentrix software. Three ops plus two hygiene. Building available. Contact DBS Professional Practice Brokers, 800-327-2377 or sara@dentalbusinesssuccess.com.

**Mid-Michigan north** — Had it with competition? Why not move to this beautiful lakeside community and get away from all that without hav-
ing to move to Siberia. Freestanding building, high visibility. Four ops, expandable. Collecting $483K on just 18 hours a week. Owner retiring, many procedures referred out. Dale Wagman, DDS, 517-375-3740, dwagman@paragon.us.com.

**Traverse City** — Associate to buy-in. Modern office, collecting $1.3M with endo and lots of other production referred out. The Paragon Ownership Program is already in place. The buy-in is not a vacant promise, but rather a contractual obligation based on definable criteria. Give us a call. We will show you how it works and then push all the buttons for you. Dale Wagman, 517-375-3740, dwagman@paragon.us.com.

**West Michigan lakeshore** — Acorns to Oaks. Small now, big later. It’s up to you. Great satellite! Great merger! Perfect opportunity to start your career on the Lake Michigan coast. Priced for easy new-grad financing. Very laid-back owner is ready to retire, but will consider staying on as your associate to facilitate the transition. Start out running with 1,000 active patients. High visibility location. Modern building. Contact Dale Wagman, DDS, dwagman@paragon.us.com, 517-375-3740.

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**Are you making far less** than you need or deserve? A great opportunity awaits you just west of Flint. This practice has all the perks: a 1,400 sq. ft. office, five ops, digital X-ray, Cerec, an average gross $1M. Contact DBS Professional Practice Brokers, 800-327-2377 or sara@dentalbusinesssuccess.com.

**Berrien County practice** — practice and building. Gross average $450K. Eaglesoft. Refers out all endo and most surgery. Contact DBS Professional Practice Brokers, 800-327-2377 or sara@dentalbusinesssuccess.com.

**New listing, Genesee County** — no discounted insurance, gross $750K on three days per week, five ops, great staff, attractive lease space. Practice Works software. Call 800-327-2377 or sara@dentalbusinesssuccess.com.

**Have a million dollar practice?** DBS Professional Practice Brokers are Michigan’s specialists. As a dentist and businessman you dedicated yourself to be a consummate professional. Now that you are planning the next stage of your life we take the guess work out of your greatest life transition. Call 800-327-2377 or sara@dentalbusinesssuccess.com.


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**Western Washtenaw County** — Looking for a practice with that small town feel yet close to big city amenities? There are over 1,000 active patients, four operators, 1,900 sq. ft. of office space and great growth potential with most specialty services referred out. Contact David J. Dobbins, DDS, 313-550-6509, ddobbins@paragon.us.com.

**Established, personalized,** fee-for-service dental office available in Dearborn, Mich. The recently remodeled facility offers 1,200 sq. ft. with three operatories, lab, private doctor office, storage, and break room. An additional plumbed dental suite is currently available for possible expansion. Owner retiring. Please contact Dan Pierce, JD, at 313-570-0274 or piercesurf@comcast.net.

**Office building and/or** equipment for sale — 4,000 sq. ft. state-of-the-art dental office in beautiful Copper Ridge in Traverse City with amazing views of the city and bay. Currently occupied by oral surgeon. Three finished and two unfinished but plumbed operatories with a potential for three more. Also, roomy reception area, lab, large break/meeting room, two private offices with bathrooms and one additional staff bathroom, Panorex/lateral cephalometric and three periapical dental X-ray units (all-dig-
A private dental practice is available, equipped with nitrous oxide/O2, nitrogen, and compressed air for nitrous oxide/oxygen delivery. The practice is all-digital and offers potential for experienced staff inclusion (office manager, dental assistants, and registered dental hygienist). Please inquire to Dr. Jeffrey Link at kristi.link@gmail.com.

Kalamazoo/Portage — Great opportunity for growth. Located on a busy thoroughfare. Four operatories. Busy hygiene department. Consistent annual revenues of about $450K. Contact Chip Eggers, DDS, at 616-460-6860 or chip@paragon.us.com.

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Thinking of selling? The Peak Practice Transition MVP Program shows you specific ways to increase your practice value. We will create your own customized exit strategy. Let us show you what your real practice value is! Call Phil Stark, 888-477-7325 or visit www.peaktransitions.com.

Eastern Macomb County — Solid general practice with revenues in the low $600K range. Four fully equipped operatories, fifth ready for expansion. CEREC, digital X-rays already there. Real estate available as well. Great potential to grow practice or add satellite office. Contact Ken Smith, Peak Transitions, 888-477-7325 or visit www.peaktransitions.com.

Traverse City — General practice, revenues in low $500Ks, moderate overhead allows for strong net. Four equipped ops, great office to get established in the area or for a satellite. For details contact Phil Stark, Peak Practice Transitions, 888-477-7325 or visit www.peaktransitions.com.


West Michigan general practice — Between Holland and Grand Haven. Desirable, small community practice with great location and wonderful patient population. Fee-for-service; $600K gross collections. Plenty of room for expansion. Contact Reggie VanderVeen@HenrySchein.com.

Mobile dentist, lower Michigan. Work nine months per year. Low overhead high ROI. Visit schools providing prophy, exam, radiographs, fluoride, sealants. Healthy Kids Program is expanding. Email DrJames.David@henryschein.com, or phone 586-530-0800.

Earnings potential of more than $325K a year, gross. Live and work your dream. Call Mark Breit, a Paragon Dental Transitions consultant, at 906-250-9666 or email at mbreit@paragon.us.com, about a fantastic practice in Michigan’s Upper Peninsula.

PRACTICE WANTED

Downriver area practice wanted; areas of Taylor, Allen Park, Brownstown. Please call 313-980-4812.

General dentist wanting to purchase existing practice in the metro area. Please call 248-212-6687.

Experienced general dentist with oral surgery training is looking for a general practice to buy/partner in Oakland or Macomb counties, or nearby areas, please email troydds1@gmail.com, or call 248-470-5423.

MISCELLANEOUS

Troubled by addiction, stress, or other...
practice or personal problems? Many dentists and dental team members are. But you don’t have to go it alone. The MDA’s Care and Well-Being Program can help you, or someone you care about. It’s completely confidential. Take the first step. Call 800-589-2632, ext. 413, or email at care@michigandental.org.

Paluda Law — In Troy, specializes in representing dentists in general business matters, malpractice defense, licensure investigations, administrative complaints, billing fraud, and more. Contact Andy Paluda at 248-740-0203 for a consultation.

Need a lawyer? Call Nicholas H. VanderVeen, PC, before you sign that employment agreement, associate contract, purchase agreement, or office lease. From starting your first practice to selling your last practice, we protect dentists’ business interests throughout Michigan. Contact us today for your free consultation: 313-757-1120 or contact@nhvlaw.com.

EMPLOYMENT OPPORTUNITIES

Full-time and part-time associateship opportunities are available in our successful, well-established, state-of-the-art, privately owned dental practices. We are seeking long-term, motivated dentists who prefer a solid career in a team-oriented practice. Please email resumes to: astarbird@mcdac.com, or fax to 248-471-7804.

Dental Dreams desires motivated, quality-oriented associate dentists for its offices in Ill. (Chicago and suburbs), D.C., La., Mich. (Flint, Saginaw, and Muskegon), Mass., Md., N.M., Pa., S.C., Texas and Va. We provide quality general family dentistry in a technologically advanced setting. Our valued dentists earn on average $230K per year plus benefits. New graduates encouraged! Call 312-274-4524 or email dtharp@kosservices.com.

Bright Side Dental is looking for new associates for our growing company. Part- and full-time available. Willing to locate to other areas. Contact Sarah Kavos at skavos@brightside-dental.com.

Immediate opening — Wonderful opportunity for an associate interested in a pathway to ownership in Saginaw County. Full-time. Great pay and benefits. Contact: Reggie VanderVeen at reggie.vanderveen@henryschein.com or call 616-485-9482.

Ever wonder why we have been so successful during the economic down trend? Join our team of professionals at Convenient Family Dentistry and find out why! We are seeking a part-time, experienced dentist to be part of our practices located just an hour north of the Detroit area. Please email your resume to: cfdburton@hotmail.com, or you may call Maryanne at 810-744-3388.

Associate dentist needed (full-time and part-time positions) — General dentists needed to work in Lansing, Jackson, Battle Creek or Grand Rap-
Endodontist needed — Large group practice with six general practitioners and three specialists seeks endodontists for one day per week. Extensive patient base, so you can enjoy the synergy of in-house referrals. Operating microscope provided. Excellent administrative and assistant support, excellent remuneration. Contact Dr. Brant at Cambridge Dental Group 734-476-1120 or gary.brant.dds@gmail.com.

Periodontist to oversee multi-practice periodontal program — private owner of multi-practice dental seeks highly motivated, board-certified periodontist to head the planning, implementation, development and oversight of a new periodontal program to span multiple offices in southeast Michigan. The ideal candidate is innovative and hard-working — someone who wants to expand their knowledge as well as enhance the quality of patient care through the creation of a successful periodontal program to meet our patients’ needs. Responsibilities will include oversight of individual patient treatment plans and patient satisfaction. We are looking forward to working with an energetic, dedicated individual in order to achieve our goals across offices and provide our patients with excellent care. Position is full-time, benefits offered. Please email resume as an attachment to resumes@mcadc.com.

Dentist positions available throughout the metro Detroit and surrounding areas. Experienced in all phases of dentistry, focusing on excellent patient care. Various opportunities. Email CV to info@spsolutionteam.com for immediate review. Visit our website at www.strategicpracticesolution.com for more information.

South central Michigan, halfway between Detroit and Chicago, one hour to Lansing or Fort Wayne. Full-time associate needed for busy multi-doctor office. Good benefits. Send resume to info@ucsmiles.com.

Redwood Dental Group has an opening for a full-time dentist in central Michigan, half-way between Detroit and Chicago, one hour to Lansing or Fort Wayne. Full-time associate needed for busy multi-doctor office. Good benefits. Send resume to info@ucsmiles.com.
Macomb County. Redwood Dental Group is a leading dental group in southeast Michigan and has been serving patients since 1962. Many of our dentists are owners, leaders, mentors, associates and most importantly they are all decision makers when it comes to patient care. We offer 401K, health insurance, life insurance, malpractice insurance and continuing education reimbursement. All associates have an opportunity to become owners. To apply, send your information to Applyredwood@AMDPI.com.


Houston, Texas — Established Houston endodontic practice with three well-equipped locations seeks full-time associate. The ideal candidate will be highly motivated with excellent communication skills. Our offices are equipped with the latest technology, microscopes in all operatories, Cone Beam 3D imaging, digital X-rays and paperless patient records. The successful candidate will be supported by an energetic office and dental assistant staff. We are offering an excellent work environment and generous compensation package with flexible schedule options and benefits. Houston is a dynamic blend of world-class dining, nightlife, shopping, arts, history, and relaxation. The city is America’s fourth-largest, and one that offers a fabulous life. Please respond to haddadendo@gmail.com.

Successful, established general and orthodontic practice — We are seeking an experienced, energetic, motivated and goal-oriented part-time general practitioner with orthodontic experience. We are located in Macomb County and offer a competitive pay and benefits package.

Please contact Riana at 586-293-8750 or dcfuture@live.com for details.

Orthodontist or dentist with ortho experience needed for growing pedo practice in Grand Haven. Two days per month to start. Good opportunity to supplement current income or start a new location. Check out website at LittleSmilesGH.com. Email darren.rio@gmail.com.

Vibrant general practice seeks associate for future full partnership with buy-in. This 30-plus year, one-doctor practice thrives on excellence, trust, and care. We produce and collect in the top 1 percent of the nation. We operate five days per week with no evening or weekend hours, average 40-60 new patients per month and have a strong, robust hygiene program. Preferably, we seek a general dentist with two-to-four years of dental experience, or a graduate of an accredited general residency program. Competitive salary package. You must be mo-
Orthodontist — Knollwood Dental Care is looking for a part-time orthodontist. We are a well-established general family practice in Macomb County. We are looking for someone with exceptional skill in all phases of orthodontics. Our office sees a variety of patients from children to adults. The orthodontist will have the opportunity to work collaboratively with a variety of specialists within the practice toward a goal of integrated care for its patients. This is a great opportunity for the professional who is looking to further their skill level as a member in the field of dentistry. Our Sterling Heights office offers exceptional care in a family environment. We have been located in Macomb County for almost 60 years. Our general doctors and specialists are tops in their field. The staff is long-term and very knowledgeable. You will be joining an extraordinary team of individuals. If interested please email to carolwkdc@yahoo.com or call 586-268-1400 and ask to speak to Carol.

Northville non-par practice looking for board-certified endodontist. State-of-the-art facility including microscope. Please email jaghabdds@gmail.com if interested.

Immediate opening for a general dentist, only with an established patient base. At least three days available in our established state-of-the-art turn-key dental facility located in Warren, Mich. Enjoy the benefits of advanced technologies without having to assume tremendous financial risk or deal with day-to-day hassles of managing a practice. The dental practice has advanced dental technologies including: digital radiography, paperless charting, and intraoral cameras. Continual focus is on providing ongoing excellence in patient care in a friendly, welcoming atmosphere. This opportunity is ideal for a dentist with an established patient base who is looking to transition into a modern turn-key fully operational facility. Email resume to: sparkledental@hotmail.com or call 313-207-0908.

Successful general dentistry practice seeks dentist to join our team. Offices located in southwest Michigan in rural Hartford and Dowagiac areas, which is located approximately 30 miles east of the sandy shores of Lake Michigan and 30 miles west of the metropolitan area of Kalamazoo. Our Dowagiac office is also not far from South Bend, Ind. Seeking highly motivated individual with license to practice in Michigan. Our clinics have up-to-date equipment, computerized offices using Dentrix software. Work Monday through Friday. No weekends. Excellent benefits. Current staff and team members are devoted to the success of the practice. If looking for excellence in care and long-term relationships with staff, patients and dentistry you will appreciate the full potential of what is offered. Find out more by calling 269-621-4665.

Dental office seeking dental associate to join our busy group practice in West Michigan. Candidate must be caring, energetic and motivated. Please call 231-796-3571 or fax your resume to 231-796-2211.

Endodontist needed for part-time work at busy general dental office in Royal Oak, Mich. Most insurances accepted but no cap or Medicaid. Great compensation. Days flexible. Reply with resume via email to: demi@kazanisdds.com.

Multi-location periodontal practice in southeastern Mich. Seeking board-certified periodontist. Must be proficient in all periodontal and implant-related procedures. Excellent pay and potential partnership. Please send CV/resume to perioassoc@aol.com.

Associate general dentist needed part-time for busy practice on southeast side of Grand Rapids. Potential to lead to future ownership situation. Please respond via email to: dentalassociatekentwood@outlook.com.

Full-time dentist needed — Very busy practice needs experienced dentist experienced in oral surgery, endo, crown and bridge, and all aspects of dentistry. Can make over $300K if skillful. Oakland and Ingham County areas. Call 248-798-5660 anytime.

Associate/partner — Offering a great opportunity for professional growth in an expanding general practice which is progressive in technology, with the added benefit of working with a highly skilled and committed team. This is an excellent career move for a new grad or experienced clinician interested in establishing themselves in beautiful Northwest Mich. Inquiries to dentalprospect1@gmail.com.

Traverse City — Associate to buy-in. Modern office collecting $1.3M with endo and lots of other production referred out. The Paragon Ownership Program is already in place. Dale Wagman, 517-375-3740, dwagman@paragon.us.com.

When you join an affiliated DentalOne Partners practice, you have more time to focus on what really matters
— providing your patients with the most advanced dental care available. Part-time orthodontist — new grads encouraged to apply! The part-time orthodontist will ensure our practice’s clinical and financial success by providing superior orthodontia patient care and service between our practices in Novi and Livonia. Preferred hours include: three Wednesdays and Fridays per month from 10 a.m. – 6 p.m. Degree from accredited dental school and current dental license issued by the state of Michigan required. To apply: http://jobs.dentalpartners.com/jobs/876088-Orthodontist.aspx. Equal opportunity employer.

**Associate —** Immediate position two-to-three days per week, includes some Saturdays. Competitive wages, southern metro-Detroit suburbs. Contact sara@dentalbusinesssuccess.com or 800-327-2377.

**Associate needed for high quality general practice in Macomb County.** The ideal candidate will have a minimum of three years general practice experience including ortho. Have strong verbal patient communication skills. Be open to learning and respectful of the leadership provided. Be proficient in basic restorative procedures and willing to learn a higher level of care. The candidate should be interested, excited and comfortable with providing ortho services for both children and adults. Be willing and enthusiastic about investing in themselves for CE. The position will be for two days per week and expanding to three as schedule permits. The schedule will be Monday 9 a.m. - 6 p.m., Wednesdays 7:30 a.m. - 1:30 p.m. Send resume to Ted Schumann via email to Tedtbi@dentalbusinesssuccess.com.

**Growing general practice in Oakland County looking for motivated associate interested in becoming a partner.** Must be proficient in molar root canals and have excellent patient management skills. Please email resume to needdss@yahoo.com.

**Orthodontist opportunity —** We are a dental group located in Waterford, Mich., dedicated to providing very personal dental care. Our patients are always our guests. Our professional staff consists of five general dentists, a children’s dentist, and specialists in oral surgery, prosthodontics, orthodontics and periodontics. Our children’s department is very unique in that it has a full size play castle with movies and a game room. We see many young children and have an excellent recall program. Our orthodontist starts approximately eight to 10 patients every month and works approximately two days per week. Due to health reasons our orthodontist cannot continue at our practice. We have been providing dental care at this location since 1971 and have offered orthodontic services since 1984. If interested please send your resume to: foreveryoung.lijun@gmail.com.

**Temporary work and locum tenens assignments available throughout the state offering flexible schedules.** Long- or short-term work, associate opportunities as well. For details call Ken Smith at Peak Performers, 888-477-7325 or visit www.peakdental.com.

**Associate position for two and one half days per week available between Holland and Grand Rapids.** Long-term opportunity. Modern comprehensive care office with Cerec, CT, digital X-rays. Email resume to cfdapply@gmail.com.

**General dentist wanted —** Oakland/Wayne County. Our beautiful appointed state-of-the-art new office is looking for an entrepreneurial-minded dentist. Full-time preferred, however will consider part-time. Top notch equipment, paperless, fully digital office. Has had rapid growth due to excellent staffing, unique location, and demographics. Affiliation with area hospital. Owner has hospital privileges which contribute to our rapid growth. Looking for long-term relationship. Ownership potential would be discussed after short trial period. This is an excellent opportunity for professional and financial growth for a business-minded, hard-
working, sharp dentist. If interested, please forward your current resume and a brief summary about yourself to manager4dg@gmail.com.

Exceptional group practice in south central (Coldwater) Mich. seeks experienced, community-oriented associate dentist. We offer a wide range of dental services to a diverse patient base. Enjoy the benefits of advanced technology without having to take on tremendous financial risk or deal with the day to day hassles of managing a practice. Please send your CV to contactus@smilespreserved.com.

SEEKING EMPLOYMENT

General practitioner with over 30 years experience looking for part-time associateship in Macomb County. Fax 586-232-3875.

Increase productivity and retain periodontal and implant procedures in your practice. Seeking a part-time position in general/multi-specialty office. Board-certified in Michigan and Diplomate of the American Board of Periodontology with five-plus years experience. Feel free to contact miperio2000@gmail.com for further details.

Upcoming Classified Deadlines

December 2013.................. November 1
January 2014...................... December 1
February 2014...................... January 1
March 2014......................... February 1
April 2014........................ March 1
May 2014.......................... April 1
June 2014.......................... May 1
July 2014........................... June 1
August 2014........................ July 1

Publication of classified ads does not constitute endorsement of products, practices, or services by the MDA.

Multiple Sclerosis

(Continued from Page 31)

A Special Invitation!

You’re invited to join the Michigan Academy of General Dentistry (AGD) to help form a united voice for the Michigan general dentist!

Find your voice as a general dentist today with the Michigan AGD.

Not only does the AGD give you access to high-quality continuing education (CE) courses to keep you at the top of your profession, it also exclusively represents the needs and interests of the general dentist through its advocacy efforts, ensuring your ability to provide your patients with the very best care.

What’s more, the Michigan AGD constituent offers support, networking opportunities, and convenient educational options. Plus, the AGD has state-of-the-art benefits to help you keep up with the latest advancements in patient care as you grow your practice, all for half the price of regular membership.

Visit the Michigan AGD’s website, www.michiganagd.org, to find out more about how the AGD can serve your needs on both a national and a local level for less than $2 per day.

Please contact AGD Membership Services at 888.AGD.DENT (888.243.3368) or membership@agd.org for more information.
sionals have a duty to be fair in their dealings with patients, colleagues and society. How fair would it be to now place poor or inadequate restorations in patients who have come to expect a higher standard? This is not only unfair to your patients, but to represent dentistry in such a manner would also be unfair to your colleagues.

Finally, the principle of Veracity comes into play. This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity. Subsection 5.A., of this principle, Representation of Care, states: “Dentists shall not represent the care being rendered to their patients in a false or misleading manner.”

All dentist-patient relationships are based on trust. How honest or trustworthy is it to present yourself as a competent professional and then perform services that are below the standard of care? To continue to practice in such a manner is rendering care in a false and misleading manner. Not only are you lying to your patients, but you may also be lying to yourself by insisting that you can continue this way. By doing so, you may be setting yourself up for the filing of an ethics complaint by one of your patients or colleagues, or possibly even the revocation of your license by the state.

No one wants to be told that they can no longer practice to the high standards required by their profession. However, as dental professionals each of us has an ethical duty to continually self-evaluate our abilities to meet the high demands that society has placed on us. Sometimes this involves listening to our colleagues and others we trust to help us determine whether we can continue to meet those high standards. And as hard as it may be, this is an important part of what it means to be a dental professional.

Editor’s Note: The MDA has a wealth of information and resources available for dentists who are considering transitioning out of practice. For more information on transitioning out of practice, contact the MDA at 800-589-2632 and speak with Lisa Russell Boettger or Grace DeShaw-Wilner.

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**SEP IRA** — employer contributions are uniform and discretionary. For 2013, they cannot exceed the lesser of 25 percent of earned income or $51,000. Participant contributions are not allowed.

If you are new to retirement plan sponsorship or have limited savings/funding abilities, an IRA-based plan option may be a preferred solution. An IRA-based plan offers sponsor benefits that include lower administration and contribution costs, less paperwork, and discrimination testing built into the plan parameters. An IRA-based plan offers similar tax benefits as a qualified plan with fewer administrative requirements and similar tax-deductible business expense status for all employer-match contributions.

To learn more about the retirement plan options available for your unique practice circumstances, please contact Tracey Lehman, CFP® at the Mercer Advisors’ Michigan branch at 800-444-4143, or at tracey.lehman@merceradvisors.com.

Mercer Global Advisors Inc. is registered with the Securities and Exchange Commission and delivers all investment-related services. Mercer Advisors Inc. is the parent company of Mercer Global Advisors Inc. and is not involved with investment services.
Congratulations
Class of 2013!

Now is the time to join the #1 organization serving all dentists.

When you have questions, concerns or ideas, you can turn to the ADA, the Michigan Dental Association and your local dental society. Through membership, we work together to make a difference in our profession. Join today at ADA.org/join or contact the Michigan Dental Association.

Even if you were an ASDA and ADA student member, you must complete an application to transition to membership as a dentist.

Membership is affordable.
Through the Reduced Dues Program, the ADA portion of your membership dues is $0 for 2014. The Michigan Dental Association also offers reduced rates.

In a graduate program or residency?
Dues are just $30/year, and the Reduced Dues Program goes “on hold” until you complete your training.

98% of dentists renew with the MDA because membership creates success - join today!
MDA COURSES

Make the MDA your first choice for continuing dental education! For more information on MDA-sponsored continuing dental education, call 800-589-2632, ext. 402, or see the MDA website at www.smilemichigan.com/pro.

The Michigan Dental Association is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. The Michigan Board of Dentistry recognizes ADA CERP for continuing education credits toward dental license renewal.


Friday, Nov. 8: What's New with OSHA/Infection Control and Maximizing Dental Practice Efficiency. Speaker: Mary Govoni, RDA, RDH. Where: Northern Michigan University, Marquette. Six CE credits.


UNIVERSITY OF DETROIT MERCY

These listings are provided by the University of Detroit Mercy Institute for Advanced Continuing Education. Contact UDM at 313-494-6626 or online at www.udmercy.edu/dental (continuing education area) for registration and additional information.


Thursday, Nov. 14: Case-Based Pharmacological Pain Management. (Continued on Page 62)
If a medical catastrophe occurred in your office…

...how would you be judged?

Learn why…

CPR IS NOT ENOUGH

INTERACTIVE DENTAL SEMINARS
presents

MEDICAL EMERGENCIES in the DENTAL Office

An 8 hour PARTICIPATORY CE course for Dentists, Dental Specialists and the Entire Dental Team

LARRY J. SANGRIK, DDS, INSTRUCTOR

Call (440) 286-7138 or visit www.interactivedentalseminars.com for details and registration information

TWO CONVENIENT VENUES

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Save $50 / person with early registration

Dentists Receive a COMPLIMENTARY Medical Emergency Manual (a $45 value)
Speakers: Shyam Prasad Aravindaksha, BDS, MDS, and W. Choong Foong, BSc, PhD. Where: Andiamo Banquet Center, Warren. Three CE credits.

**UNIVERSITY OF MICHIGAN**

These listings are provided by the University of Michigan School of Dentistry. Please contact the school at 734-763-5070 for registration and additional information.


**Friday, Oct. 18:** Am I at Risk for Malpractice Suits: Will the Oral/Systemic Evidence Hold Up in Court? Speakers: Michael Glick, DMD, MS, Dan J. Schulte, JD, William Hermann, MD, MPH, Timothy Johnson, MD, Melvyn Rubenfire, MD, and Wendy S. Borgnakke, DDS, MPH, PhD. Where: School of Dentistry. Six CE credits.


**COMPONENT SOCIETIES**

The Michigan Dental Association encourages local dental societies to publicize courses and speakers online and in the MDA Journal’s Continuing Education listings. These listings are published when submitted and should not be considered a definitive list or master calendar of all component CE courses offered in the state of Michigan. Local societies planning CE events are urged to check with other components when scheduling courses.

**Friday, Oct. 18:** Dr. Charles J. Defeaver All-Day Memorial Seminar. Speaker: Dean Vafiadis, DDS. Where: Royal Park Hotel, Rochester. Sponsored by: Macomb Dental Society. Information: Drs. Chris or Michele Gorecki at mcgorecki@aol.com or Aaron Pokorny at apokornya@gmail.com or 586-751-7777. Seven CE credits.

**Friday, Nov. 8:** Detroit Dental Review. Dentistry Course Track: Composite Restorative Dentistry: A Blend of Artistry and Technique and Advanced Aesthetic Restorations from Basic to Cutting Edge — Technologies That Will Change Your Practice with Robert A. Lowe, DDS. Dental Hygiene Course Track: Local Anesthesia with William Forbes, DDS, and The Age-1 Dental Visit with Daniel Briskie, DDS, and Jehan Wakeen, DDS. Assistant/staff Course Track: Infection Control with John Molinari, PhD, and In-Office Repair and Maintenance of Equipment with Bob Johnson. Where: Burton Manor, Livonia. Component: Detroit District Dental Society. Call 517-346-9402 for more information. Six CE credits for each track.

**OTHER COURSES**

**Tuesday, Oct. 15:** U of M School of Dentistry: Connections and Community in 2013 and Beyond. Speaker: Laurie McCauley, DDS, PhD. Where: Grand Rapids Airport Hilton on 28th St. Sponsored by: Kent County Dental Society. Contact: Dr. James Papp, kentcountydental@hotmail.com. Two CE credits.


Support Our Journal Advertisers

Revenue from these valued MDA Journal advertisers helps the MDA bring you a quality publication each month. Listed below are this month’s advertisers, the page number of the advertisement, phone number, and website or other contact address.

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How Will the ACA and Pediatric Dental Care Affect Business?

By Gary Vance, DDS
Dental Director, Blue Cross Blue Shield of Michigan

Considering we’re seeing the most significant changes to health care since the 1960s, it’s only natural that there are a lot of questions out there. For dental providers, questions about the pediatric dental benefits required under the Patient Protection and Affordable Care Act are certainly part of the mix.

I’ve heard a number of concerns from many colleagues regarding pediatric dental benefits. How will these benefits affect my business? Will I be forced to take on new pediatric clients? Will reimbursement for these benefits from health insurance plans be capped or come in at lower rates?

Let’s first clear up some information about these benefits:

■ The pediatric dental benefits required under the Affordable Care Act of 2010 (ACA) are specifically for people up to age 19 who are covered by private health care plans.

■ The ACA requires that most medical plans for individuals and small groups of one to 50 full-time-equivalent employees (FTEs) include 10 “essential health benefits” in 2014. Pediatric dental care is one of the 10. However, it’s important to note that small groups aren’t required to provide their employees with any medical insurance at all. If they don’t, their employees may seek insurance on the Health Insurance Marketplace.

■ Groups of more than 50 FTEs aren’t required to include essential health benefits as part of their health care coverage.

■ The specific services that must be covered as pediatric dental benefits will vary from state to state based on the benchmark plan used to determine these benefits. As a result, coverage details for your pediatric patients could vary, based on the state in which their coverage was issued. For policies issued in Michigan, covered benefits will largely mirror the Michigan CHIP plan.

■ The pediatric dental benefits required under the ACA can’t have annual or lifetime limits on coverage. However, Michigan insurers may still place lifetime maximums on orthodontic coverage, as orthodontic care isn’t among the specific services that must be covered.

Now, let’s answer some concerns:

■ Under the health care law, medical insurers must either provide pediatric dental care with their medical plans or be reasonably assured purchasers have it through another carrier.

Blue Cross Blue Shield of Michigan will include this coverage in its small group and individual dental plans, and it will provide a separate pediatric-only dental plan for small groups and individuals who don’t have this coverage through us or another carrier. Nothing changes for you — you’ll continue to submit dental claims to us the way you always have.

■ You aren’t required to take on new or additional pediatric patients. There is no penalty for not doing so.

■ Children eligible for Medicaid and CHIP plans will continue to use those benefits, if appropriate.

■ Reimbursement for pediatric dental benefits provided under ACA-compliant individual and small group private plans isn’t at a lower or decreased rate. You will receive normal, standard reimbursement for these services.

In the end, circumstances tomorrow will be no different than today in terms of providing pediatric dental care and being compensated for your services.

For more information, see the health reform area of the ADA website at http://www.ada.org/2389.aspx.

Dr. Gary Vance has been a practicing dentist for more than 35 years and is currently a dental associate at a private practice in Plymouth, Mich. Vance has been a dental consultant for Blue Cross Blue Shield of Michigan for the past 15 years and is the newest blogger for A Healthier Michigan.
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