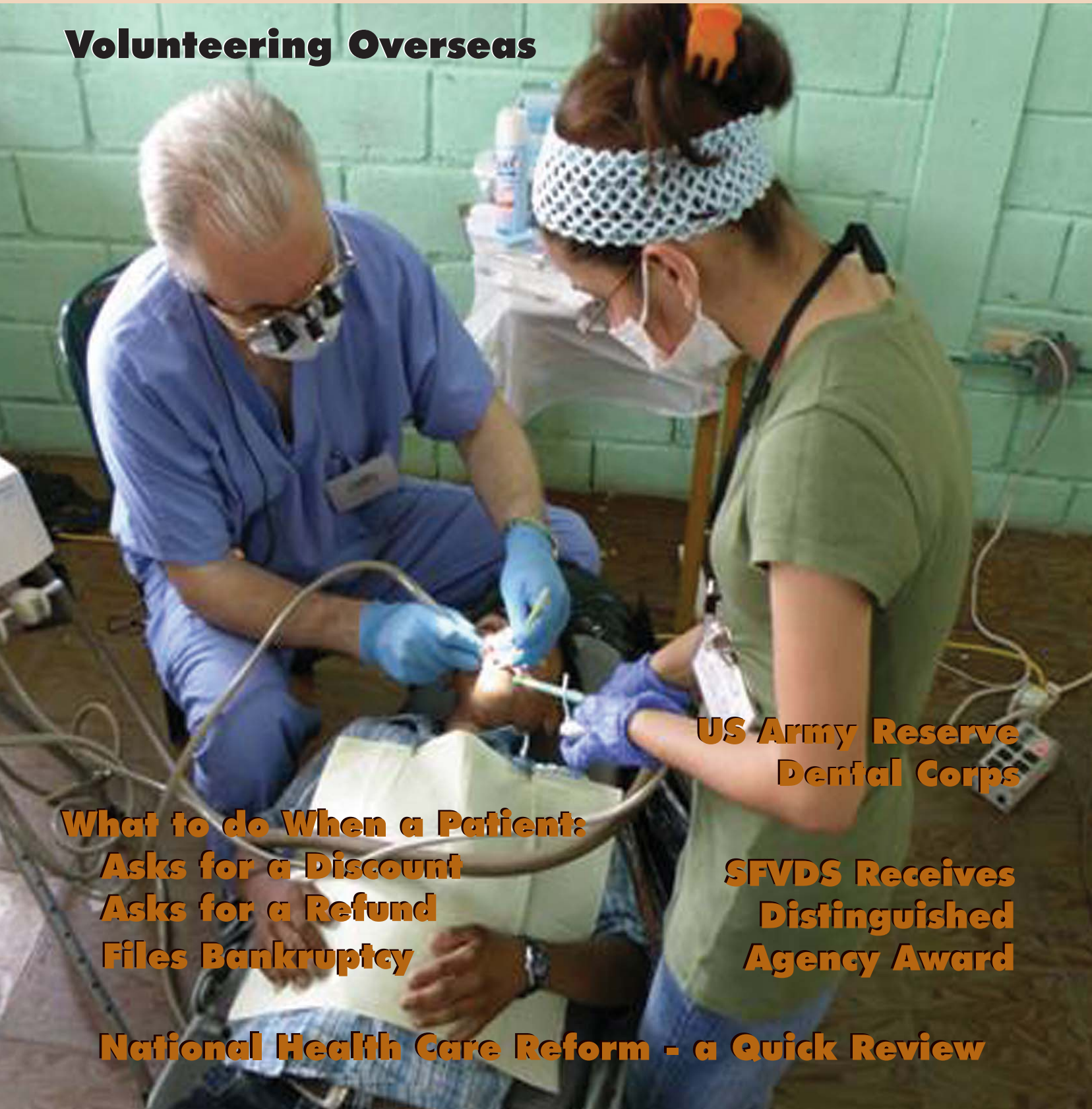


# DENTAL DIMENSIONS

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*Fall*  
2010

## Volunteering Overseas



**US Army Reserve  
Dental Corps**

**What to do When a Patient:  
Asks for a Discount  
Asks for a Refund  
Files Bankruptcy**

**SFVDS Receives  
Distinguished  
Agency Award**

**National Health Care Reform - a Quick Review**



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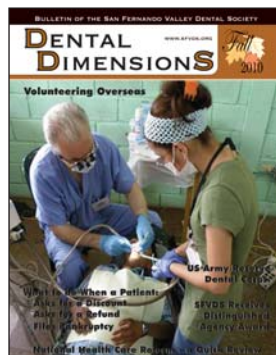
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### *Correction:*

In the Give Kids a Smile article in the Spring, 2010 issue of Dental Dimensions, Page 20, we mistakenly identified one of our members who volunteered his time at the GKAS program we held at the ElCariso Head Start program. In the middle picture on the right hand side of the page, the correct name of the member pictured is Dr. Moris Aynечи.

### On The Cover.....



Member, Dr. Charles Woods, is shown providing dental services to a Down's Syndrome child in Condega, Nicaragua

## From the Desk of the Editor



### *“Just a Simple Story...”*

Not a long time ago and not in a valley far, far away, a dentist performed a whitening procedure on a patient and charged his regular fees for teeth whitening. He continued along with his dental practice in the same way he had been doing for years, until one day, he received a notice from an insurance company stating that he had over-charged a patient for a dental service. The dentist was shocked as he was very careful and never “overcharged” any of his patients for any procedure. Upon closer look at the letter, he found that the insurance company was referring to the whitening procedure he had done for a patient not long ago. The dentist was confused as “teeth whitening” was not a covered benefit under any insurance plan for whom he was a provider. How could such a letter be sent?

This story could very well have become a reality if it was not for organized dentistry working on your behalf. The California Dental (CDA) has worked tirelessly to prevent just this type of scenario from becoming a reality. Governor Schwarzenegger recently signed the CDA-sponsored bill into law, which prevents insurance companies from capping fees for non-covered dental services. Despite concerns about philosophical differences within the California legislature, the new law received unanimous support from both the Senate and Assembly.

Fee caps for non-covered service has been a “hot topic” for our profession in the recent past. Of the 15 states that have legislation prohibiting this “fee-capping” practice by insurance carriers, 14 enacted legislation within the past year. Last year, the CDA House of Delegates (HOD) passed a resolution, which directed CDA to consider options to ban fee restrictions on non-covered services. CDA member surveys have shown this to be a top priority for California dentists. Speak up and you will be heard! Your CDA delegates listened and brought this issue to the HOD. CDA listened and brought this to the legislature. Passage of just this one bill is worth a lifetime of membership dues! Think about that for a moment and you will see how true it is. Pass this information to your non-member colleagues. Tell them what organized dentistry is doing for them. Encourage them to join. The more members we have, the stronger our voice for dentistry and the more resources we will have to fight the many challenges facing our profession. Although this was a major accomplishment, we have many issues still ahead to tackle. Get involved, ask fellow dentists to get involved and using Dr. Wood’s expression from his article on page 20, let us not be “waylaid” from our dreams to use our gifts to make a true difference.

*Anita Rathee, D.D.S., MPH.  
Editor, SFVDS*



### *Reservations Now Open* **2010 HOLIDAY PARTY**

**Thursday, December 9, 2010, 7-11 PM**  
**Knollwood Country Club, Granada Hills, CA**

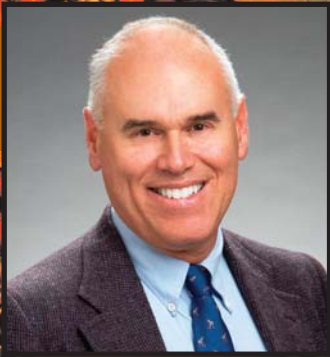
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## From the Desk of the President

### Your Opinion Really Does Count

In August we sent out a fairly comprehensive survey to our members by e-mail. When the results were gathered, of the 1021 surveys sent 91 responded. Of the 91 responses, 13 of those are currently serving on the San Fernando Valley Dental Society Board. That is not as good a sampling of our membership as we had hoped for.

This was our first major survey using Constant Contact. Hopefully future surveys won't be nearly as long and comprehensive. With regard to methods of communication, we can't rely on our old ways of doing things anymore and expect to stay relevant with our younger members.

Most of those who answered the electronic survey preferred receiving our Dental Dimensions periodical electronically to getting a printed copy. Because I personally see the cost of printing the periodical and the cost of mailing it to everyone, I would recommend we send it out electronically. While there is no immediate plan to change from a printed version to an electronic one, if you want to continue to receive our printed periodical, please speak up!

Because of the ongoing economic slowdown, we experimented this year with doing an all-day Friday CE course, two evening CE courses and four of the traditional Wednesday afternoon/evening CE courses. According to the responses from the survey, most preferred the shorter evening format. The current Wednesday format got the second most votes, Friday came in third, then Saturday followed by Sunday.

Most of next year's schedule will likely be under the traditional Wednesday format, but with the results of the study, the 2012 schedule could look different. Now that Continuing Education credits can be obtained through many other sources, fewer people are attending our meetings today compared to 20, even 10 years ago. Because of this we need to be open to changes.

Our respondents felt that this year's Schlep and Shred events were the best of the member benefit activities we offered. A majority liked the return of the local area lunch zone meetings with CE. The new dentist activities were also well received. Please see below for a summary of the survey's key questions/answers.

Another hot button issue that was surveyed was about the development of a mid-level practitioner in California. A resounding majority (89%) of those who responded were against the movement coming to this state. Will the results of organized dentistry's comprehensive evidence-based studies be enough of a morsel to bring to the table with the legislators to convince them that our population's underserved 30% will not be better off with a new level of caregiver? The legislators need to listen to all the stakeholders, many of whom we in organized dentistry call special interests, who oppose the views of dentists. The lawmakers are compelled to make changes when solutions can't be made from within the existing system. With the loss of adult Denti-Cal, where is the money going to come from to address the needs of the underserved? To make a compelling argument, organized dentistry needs to come up with viable solutions to an access problem that is getting worse - along with our state's financial situation. The face of organized dentistry is not the SFVDS board, CDA or ADA, it is every member dentist. We are the voice for the future of our profession. Your opinion really does count!

*Mark Amundsen, D.D.S.  
2010 President  
San Fernando Valley Dental Society*

### SFVDS Member Survey Highlights

During the month of August, the SFVDS conducted a member survey through an e-mail process that resulted in about 100 responses. Below you will see a summary of that survey, citing the top three or four answers.

1. Among the social events members would like offered are: CE Cruise, Laker/Clippers game, Schlep and Shred events and joint activities with the other LA County dental societies.

2. Members seem to have a preference for shorter evening CE sessions as well as continuing the Wednesday, afternoon-evening CE meetings

a. CE topics of interest include: General Dentistry, Implants, Pharmacology, Prosthetics, Pathology, Endodontics and Sleep Disordered Breathing

b. Most seem to like to Airtel Plaza Hotel venue for CE meetings

3. Most members are not only rather well informed about the mid-level provider issues facing dentistry, but 81+% of

*Continued on page 19*

## From the Desk of the Executive Director

It had been a busy summer and a busy lead into the Fall, but who's complaining? Your dental society has accomplished much in the last few months, with more still on our plate.

Since the last issue of Dental Dimensions, your board of directors, the staff and I have:

- Formed and gotten a local Political Action Committee (Val-D-PAC) off the ground (joining the other dozen or so dental societies with their own local PACs);
- Incorporated a new 501 (C)(3) non-profit organization as the San Fernando Valley Dental Society Foundation (joining the other dozen or so local dental societies with their own foundations);
- Received on behalf of the membership, the 'Distinguished Agency Award' from the Valley Care Community Consortium;
- Coordinated attendance at a Dodger game for all five LA County dental societies;
- Conducted two more 'Schlep and Shred' events for the members;
- Joined in the planning sessions of an Antelope Valley mini-Ram event scheduled for March, 2011;
- Prepared for and hosted the annual All-Component Caucus (for all 32 CA dental societies) ahead of the CDA House of Delegates meeting in November;
- Participated in various community oral health activities;

And, we have begun planning for our second annual holiday party coming up on December 9, 2010.

As we approach the end of the year, please allow me to remind you of something I mentioned in my last column: The dental society needs your help in recruiting non-member dentists to join organized dentistry. With almost 900 non-member dentists within our component's boundaries, surely our 1254 members know who they are. Please ask them to join, please ask them to get involved. As the prospect of some form of mid-level provider is on the horizon, the profession of dentistry must be represented as strongly as possible. There is strength in numbers, so we need to get as strong as possible. In the process, you can earn a \$100 credit for every non-member you help recruit, up to a total of \$500 which you can use to offset your own dues for 2011.

Thanks for your help and if the central office can help you with any recruiting-type materials, please call me directly at 818.884.7395.

*Andy Ozols*  
Executive Director



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# Val-D-PAC

## Val-D-PAC, The New SFVDS Political Action Committee

# Val-D-PAC

By: Gerald Gelfand, D.M.D., Chair

It's an old adage in political circles that, "all politics is local". And so it goes that the SFVDS has established a Political Action Committee, Val-D-PAC, to function on the local level.

It's an unfortunate truth that our professional lives are significantly influenced by legislators, regulators and other bureaucrats. It wasn't always so, but as health care has evolved, legislators have expanded their horizons into areas about which their knowledge and background is generally limited. Health care providers became their victims. Over-regulation and onerous, non scientific based legislation, has damaged the way we practice and ultimately hurt the people we serve, our patients. This is a trend that won't reverse itself so it's incumbent upon us to be increasingly vigilant as we protect our profession and keep it independent and strong.

ADPAC (ADA) and Cal-D-PAC (CDA) do an outstanding job in protecting dentistry on a national and state level, respectively. However, we forget sometimes the effect that local, city, and county ordinances and regulations have on us. To that end, Val-D-PAC was born for several reasons. First, it is there so that we may support local politicians who share our vision for dentistry as an integral part of overall health care and understand the damage of unintended consequences of

reckless regulations. Second, it's there so that we may identify local leaders who may someday find themselves as state or national leaders. Establishing these relationships early on a local level can only serve us well as these leaders ascend to higher offices.

We're not setting precedent here as there are a number of larger CDA components which already have PACs. We know that everyone wants a little bit of your money and understand that times are tough, but it's exactly when times are tough that political advocacy on your behalf becomes so much more important. Numerous surveys of our membership over the years have indicated that political advocacy is a top one or two priority. The time has come to back it up. We want to make it achievable for everyone so any contribution is accepted and no amount is too small. (Of course we always welcome larger contributions). This is really important and if all of our 1,000 or so members do the right thing and contribute every year, we could really do some good locally on behalf of dentistry. We cannot continue to do this important job, which you want done, if you don't pay for it and we can't afford to fail.

So, c'mon, all of you can contribute at least a small amount every year. The time has never been more critical than now as health care reform figures out how it will impact dentistry. It can be just a few bucks a year and that's a pretty cheap price for protection. Help us get more involved locally so that we can help you!

### Val-D-PAC

YES. I would like to support the efforts of the San Fernando Valley Dental Society Political Action Committee.

Enclosed is my contribution of:

\$250  \$100  \$50  \$25  Other \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Contributions are not tax deductible for federal income tax purposes. Donors may contribute a maximum of \$6500 per calendar year. Current law requires us to collect and report the name, street address, occupation and employer of all contributors who aggregate \$100 or more in a calendar year. FPPC ID# 1332552.

Please make checks payable to Val-D-PAC, 22110 Clarendon Street, Ste 101, Woodland Hills, CA 91367

# General Meetings - Preview

NOVEMBER 17, 2010

5PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

**About the Program:** The art and science of endodontics is undergoing many exciting changes and advances in biology, technology, biomaterials and equipment. Coupled with good diagnostic skills, clinicians today can better preserve the natural dentition and achieve more successful and predictable treatment results. This presentation will provide knowledge and tools to better evaluate endodontic cases and assess endodontic treatment outcome in order to perform evidence-based endodontic therapy with more predictable results and greater patient acceptance.

Speaker: Ilan Rotstein, DDS,  
Achieving Success in Endodontics:  
The End is Determined by the Beginning



## General Meeting Review

September 23, 2010

Speaker: Ms. Sue Ann Van Dermyden, ESQ

Coming Live to You: A Jam-Packed Evening of  
Employment Law – Tips for Your Practice.

Attorney Sue Ann Van Dermyden delivered an information-packed and often funny lecture that helped attendees understand how employment law affects their practices and their relationships with their employees. Attendees learned about the latest employment laws to be enacted and how to deal with the most common employment related problems in their offices. Attendees also had the opportunity to ask specific questions relevant to their particular practices.



October 20, 2010 (Dual Track)

Track 1 Speaker: Dr. David Wells  
Ergonomics for the Dentist

This workshop was fun and quite different from any other CE class offered by the SFVDS. Attendees were helped to understand how to best physically manage their craft and still feel good at the end of the day. Emphasized were good posture, stretching and exercise as keys to feeling good again. Dr. Wells demonstrated and encouraged attendees to perform the stretches and exercises during the lecture, assuring them that following his advice would bring them back to better health and keep them in balance.



Track 2 Speaker: Mr. Art Wiederman, CPA, CFP  
Improving Patient Services through Financial and Tax Planning

Accountant Art Wiederman shared his 26 years of experience in tax and financial planning with our group. He discussed his golden rules of financial planning, and reviewed how to put together a simple financial plan, discussed retirement and tax planning, how much you need in life and disability insurance and ended the session with “The Ten Biggest Financial Mistakes Dentists Make”.





# SFVDS Receives Distinguished Agency Award

By: Andy Ozols, Executive Director

On August 19, 2010, the San Fernando Valley Dental Society received the Distinguished Agency Award from the Valley Care Community Consortium (VCCC) for its work with oral health needs in both the San Fernando and Santa Clarita Valleys.

Among the programs this award recognized was the volunteer efforts of our members at: the Remote Area Medical Clinic event at the LA Sports Arena; Participation in a variety of community health fairs; Participation in high school career fairs; Our assistance of

both materials and supplies, and volunteers to MEND, and the Kids' Community Dental Clinic in Burbank; Our participation in the VCCC's Oral Health Committee, including the development of oral health education materials for parents, school nurses and students, and help with their needs assessment report; and our efforts (though unsuccessful) to establish a working relationship with LAUSD; and last but not least, expanding the reach of our Give Kids a Smile program to include the Volunteers of America Head Start programs, the Mission Hills Community Hospital/UCLA Dental Clinic, the Kids Community Dental Clinic in Burbank, and of course, MEND.



Posing for a photo after the awards ceremony are: (l-r) Mark Amundsen, DDS, President of SFVDS, Mr. Jose Salazar of the Tarzana Treatment Center and current Vice-President of the Valley Care Community Consortium, SFVDS Executive Director, Andy Ozols, and Ms. Lori Wheeler of Supervisor Zev Yaroslavsky's office.

## Head to Toes

By: Bella Penate, Administrative Assistant, SFVDS

August 27, 2010 saw the expansion of MEND's annual 'Teeth to Toes' event, into a 'Head to Toes' event. Simply stated, MEND finally found a few optometrists to pitch in and provide vision screenings for the 3rd graders of Vaughn Next Century Charter School – hence the change of words from "Teeth" to "Head".



Member, Valerie Kanter, DMD at MEND

The participating kids received backpacks, pens, pencils, crayons, clothes and shoes, medical and oral health check-ups, eye exams and goodie bags with educational materials about healthy eating, oral health care and the value of studying hard and getting good grades.

The SFVDS provided four volunteer dentists for the event, who screened and provided fluoride varnish and restorative services to the children in MEND's 8-operator dental clinic. Members involved were Drs. Punita Oswal, Bill Weissman, Valerie Kanter and Elbert Tom.



# Memo's to Members

## *Amalgam Separators*

In September, the United States Environmental Protection Agency (EPA) announced its intention to issue a proposed rule next year to mandate amalgam separators. EPA's announcement stated, "EPA expects to propose a rule next year and finalize it in 2012. Dental offices will be able to use existing technology to meet the proposed requirements. Amalgam separators can separate out 95 percent of the mercury normally discharged to the local waste treatment plant."

No details regarding the rule (such as a phase-in period or exemptions) are known. The 2010 ADA House is expected to take up amalgam separator policy in advance of EPA rulemaking, and will be seeking additional information from the agency that will be reported to SFVDS members as it becomes available.

## *Governor signs CDA-sponsored legislation that prohibits fee caps*

AB 2275 (Hayashi), that prohibits dental plans from capping fees dentists may charge for non-covered services has been signed into law. The law, goes into effect January 1, 2011

The bill allows dentists to reasonably cover their costs of providing non-covered services and requires dental plans to provide a disclosure statement to their enrollees' explaining the law.

## *House Approves Dental Emergency Responder Bill*

Some good news out of Washington - the House approved legislation Sept. 28, 2010, intended to "enhance the roles of dentists and allied dental personnel in the nation's disaster response framework." The ADA continues to lobby the Senate to pass similar legislation.

## *Social Networking in the Workplace*

As of June, 2010, LinkedIn had more than 50 million users and Facebook had more than 400 million users worldwide. The fastest growing demographic of Facebook users is age 35 and older - those aren't high school kids, they're your employees! Despite the dramatic increase in the use of social networking websites, the Wall Street Journal revealed that only 26% of employees say their employers have a policy regarding social networking.

Employers can and should use a company policy to remind employees that online sites are in the public domain. Employees should be reminded that off-duty actions can result in discharge from employment. Employers can use the following policies to implement privacy controls:

- \* Require compliance with existing policies;
- \* Prohibit defamation and fraud;
- \* Prohibit references to customers;
- \* Ban use of protected logos or trademarks; and
- \* Require employees to use disclaimers.
- \* Don't become "friends" with employees online;
  - \* Don't reveal anything you wouldn't say or post in public;
- \* Don't engage in fraud friend requests on Facebook;
- \* Don't forget to use privacy controls to manage the flow of information; and
- \* Don't forget that Web content can be false.

# Memo's to Members

## *Dental office romances: Worth the risk?*

When it comes to mixing business with pleasure, dentists who get romantically involved with patients or staffers do so at great peril: They not only risk losing money and their reputations but their license as well.

Because dentists work so closely with their hygienists and assistants, office romances often blossom. There is always the danger that something could go wrong, so not only is the doctor risking disciplinary action from their state dental board, they could also end up being hit with a sexual harassment lawsuit. Relationships are like contracts: great in the beginning but awful when they break up."

## *New Tool for Alternative Dental Careers*

The ADA has recently launched a new tool on their website for members seeking alternative dental careers. Dentists may want or need to consider alternative employment options over the course of their career for a variety of reasons, including disability, stress/burnout, financial concerns or retirement.

[ada.org/alternativecareers](http://ada.org/alternativecareers) has tools to help. This free, member-only information can help dentists transition to a career that utilizes their dental expertise, or helps them identify and pursue an entirely different path. It includes information about what career options fit their personality and aptitude, finding a career counselor, preparing a resume, transitioning their practice, and more.

## *License by Portfolio*

Governor Arnold Schwarzenegger has signed into law AB 1524 (Hayashi), which will add a new school-based "portfolio" licensure examination option for California dental students. The new portfolio examination law will become effective January 1, 2011

The portfolio licensure exam process, which will replace the current California clinical exam, will allow students to build a portfolio of completed clinical experiences and competency examinations in seven subject areas over the entire course of their final year of dental school. Students will also continue to have the option of taking the Western Regional Examining Board (WREB) exam, or completing a one-year general practice residency program in order to become licensed.

## *FDA Warns Companies about Mouth Rinse Claims*

On September 28, 2010, The Food and Drug Administration (FDA) warned three companies to cease crediting their mouth rinses with preventing periodontal disease. None of the products are ADA Accepted Products. Each of the products in question lists sodium fluoride as the active ingredient, an ingredient the FDA agrees is effective in preventing cavities, but unproven in removing plaque or preventing gum disease.

# National Health Care Reform – a Quick Review

By: CDA Staff

With the passage of a health care reform package by Congress and with the President's signing of the first pieces of the package, national health care reform is now in play. The package is vast and unprecedented in scope, with the primary bill nearly 2,500 pages in length.

While the true impacts of such an enormous endeavor are impossible to forecast with certainty, and with most of the reform package not becoming effective until 2014, CDA offers the following overview in an effort to provide members with a basic sense of the potential changes that will result.

## Impact on Dentists as Health Care Providers

On the whole, the bill does not fundamentally alter the existing private sector based dental delivery system. Health plans (and stand-alone dental plans) participating in the state-operated "exchanges" will be required to provide oral health coverage for children under 21. It requires the Secretary of Health and Human Services to develop an "essential benefits" package which all plans will have to offer at a minimum. To the extent that oral health care is identified as part of the "essential benefits" package, health plans outside the exchange will also have to include oral health coverage for adults as well as children.

Adults will not be required to obtain individual dental insurance through the exchanges, and employers will not be required to offer it. Stand-alone dental plans are able to participate in the exchange, along with medical plans that may offer their own dental plans. Since more than 90% of dental benefits coverage is provided by stand-alone dental plans, there will be significant efforts to ensure that the stand-alone dental market is not disrupted.

## Coverage and Costs

The final bill includes an excise tax on "high-end" health plans provided by employers. A late amendment excluded dental and vision coverage from the calculation of eligibility for the tax. This was an important victory for dentistry, as inclusion in the calculation could have created a disincentive for employers to provide dental coverage if they wished to avoid the new tax.

The bill requires most individuals to purchase health care coverage, and provides various subsidies and tax credits to help individuals with incomes below 400 percent of the federal poverty level to do so. In theory, these tax benefits could free up more income for these individuals to be able to afford dental services.

## Denti-Cal

For dentists who are Denti-Cal providers, the bill will expand eligibility to individuals with incomes up to 133% of the federal poverty level (up from 100% today), and will include childless adults for the first time. While the bill does not improve current reimbursement rates or the administrative burdens within the program, it will create a commission that will look at Medi-Cal reimbursement rates. The bill continues adult dental benefits as an optional state benefit (while calling for a study of the feasibility of making it mandatory). The bill also maintains the existing Children's Health Insurance Program (called Healthy Families in California) until 2015.

## Flexible Spending Accounts

The bill reduces the cap on employee contributions to a flexible spending account from \$3,000 to \$2,500 per year.

## Quality of Care

The bill requires the Secretary of Health and Human Services to develop provider-level outcome measures for hospitals, physicians, and other providers in an effort to improve quality of care. The extent to which dentists will be included in this is unknown at present.

The bill also contains a variety of oral health infrastructure, public health, and workforce measures. Included are expanded sealant and fluoridation efforts, increased funding for dental residency and training programs, student loan repayment programs for providers practicing in underserved areas, pilot projects to evaluate alternative workforce models, and a 5-year oral health prevention and public education campaign overseen by the Centers for Disease Control.

## Impact on Dentists as Employers and Individuals

Dentists who employ fewer than 50 individuals will not be required to offer health insurance to their employees. However, because their employees may now be required to obtain coverage for themselves, it could cause indirect pressure on the employer to either provide insurance or raise wages. Practices with no more than 25 employees and average wages of less than \$50,000, will be eligible for tax credits for purchasing health insurance for their employees. Employers with more than 50 employees who do not offer coverage, or who offer coverage that is unaffordable or below minimum standards, will pay a penalty of either \$750 per employee (if they don't offer coverage at all) or \$3,000 for each employee with unaffordable or below-standards coverage who is eligible for the individual insurance tax credit.

For dentists who currently provide health insurance to their employees, the many insurance market reforms contained in the bill will have an as yet unknown impact on premiums and overall health care costs. The reforms, which will also impact dentists seeking health insurance for themselves, include bans on preexisting condition exclusions, unreasonable rescission of coverage, guaranteed issue and renewability, no lifetime limits, and other provisions.

## Other Details

The bill increases the Medicare Part A (hospital) insurance tax by .5 percent for individuals earning more than \$200,000 (or \$250,000 for joint filers) beginning in 2013, while also making unearned (i.e. investment) income subject to the tax for those individuals. It also creates a 40% excise tax, beginning in 2018, on the issuers of health insurance policies with a cost exceeding \$10,200 for single coverage and \$27,500 for family coverage.

The bill also establishes a new 2.9% excise tax on "medical devices," beginning in 2013.

Additional information is available on the federal government website, <http://www.healthcare.gov>.

# WHAT TO DO WHEN A PATIENT ASKS FOR A REFUND

By: Michelle Corbo, CDA Practice Support Center



After completing treatment on a rather difficult patient, the patient calls to complain about the services. The patient states that they are going to another dentist to have the treatment redone and demands a full refund. Rather than deal with this difficult situation, the dentist refunds the money and gladly sends them to another dentist. Several months later, the dentist receives a notification from the patient's insurance carrier that the patient has filed a complaint. After reviewing documentation and radiographs, the insurance company agrees the treatment needs to be redone and requests the dentist refund the money back to the insurance company so the benefit will be available again to the patient. How does this happen?

Before refunding any money to a patient, determine how the treatment was paid. Did an insurance carrier pay for all of the treatment or a portion? How much did the patient pay towards the treatment? Once the financial history is reconciled, it is the dental office's responsibility to refund money to the appropriate parties. If an insurance company paid, then their portion must be refunded to them. A phone call to the carrier's customer service department or quality review department should provide you with the protocol for refunding the insurance company's portion of the fee. Generally, when a dental insurance carrier receives a refund from a dentist, the benefit is made available again to the patient.

Many patients may request the full refund be sent to them instead of the insurance company. However, since the treatment was paid by the insurance company, the refund must be sent to the appropriate party. Once patients understand the plan renews benefits, they consider the advantage it affords them and see the wisdom in returning the insurance portion directly to the insurance company.

Prior to refunding the patient for services rendered, determine if all efforts have been made to address the patient's complaint. Make certain you understand what the patient is asking for and determine if the patient made the payment or if an insurance plan did. Clear communication between the dentist and the patient is essential. Do not forget to document objectively and factually, any discussions you have with the patient specific to treatment concerns. It is suggested to contact your liability insurance to address any quality of care concerns.

## **Before issuing a refund:**

- Make certain you understand the patient's request
- Determine where payment for the treatment came from
- Check with the plan to determine their refund protocol
- Document the discussion with the patient
- Contact liability insurance if it is a quality of care issue
- Document the refund
- Have the patient sign the refund documentation
- Copy the patient on any correspondence regarding the refund
- Confirm the plan adjustment is made on the next EOB



*Continued on page 14*

## Use the following form when refunding money to an insurance carrier

### Documentation of Refund to the Dental Plan

Treatment: \_\_\_\_\_  
 Date of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Nature of Complaint: \_\_\_\_\_  
 Dates of discussion with the patient: \_\_\_\_\_  
 Mutually agreed resolution: \_\_\_\_\_  
 Fee charged: \$ \_\_\_\_\_  
 Patient payment: \$ \_\_\_\_\_  
 Insurance payment: \$ \_\_\_\_\_  
 Refund amount: \$ \_\_\_\_\_

Refund amount to the patient: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Refund amount to the carrier: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Refund transferred to another Dentist: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Outstanding balance of patient: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Refund credited balance: \$ \_\_\_\_\_ Date: \_\_\_\_\_

What % of the full treatment does this incomplete portion represent? \_\_\_\_\_  
 1/3 of fees: \_\_\_\_\_  
 1/2 of fees: \_\_\_\_\_  
 2/3 of fees: \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

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# My Patient Filed Bankruptcy. Now What?

By: Yásica Corum Risk Management Analyst, TDIC

Will I receive any payment on the balance? Can I dismiss the patient?

Am I required to complete treatment? Can I call the patient to discuss the matter? Those are a few questions that you may have if a patient files bankruptcy. Circumstances differ depending on the treatment plan, stage of treatment and type of bankruptcy filed. Approach each situation on a case-by-case basis. Establishing and following a bankruptcy protocol can save your practice time and possibly money as well as the potential threat of a lawsuit if the matter is not handled appropriately.

According to the American Bankruptcy Institute, more than 1.4 million consumers filed for bankruptcy in 2009, up 38 percent from 2008. With so many people filing bankruptcy, you have a much higher chance of receiving a notice from the bankruptcy court.

If you receive a notice from the bankruptcy court:

Review the patient's chart and note any outstanding treatment. You have an ethical responsibility to avoid harm or injury to your patient. Complete any mid-treatment cases such as cementing crowns before withdrawing from care. In orthodontia cases, offering to remove the appliances, confirm the bite is stable and then provide a retainer at no cost may be an acceptable option. Contact and receive pre-approval from the bankruptcy trustee before continuing or initiating any treatment other than emergent care.

Stop all collection efforts. Bankruptcy laws prohibit contacting the consumer to demand payment. Any pending court

actions against the person who filed the bankruptcy are stayed without a specific order of the bankruptcy court. Interest can no longer accrue. Violation of this rule could result in fines and/or court sanctions. There may be ways to recover a portion of the balance and for that, you would need to contact the bankruptcy court.

**File a Claim.** Depending upon the nature of the bankruptcy, you may receive a notice or invitation to file a claim as a creditor for money owed you for services already provided. While bankruptcy in most cases means you will not likely be paid, failing to file a timely claim will preclude getting any payment, even a fraction of the money owed.

**Protect the patient's privacy.** Avoid asking questions related to the bankruptcy while he or she is in the office to complete treatment. Caution staff to be respectful and to discuss information related to treatment purposes only.

If you decide to dismiss the patient, do so after the treatment that was begun is completed. That does not mean completing an entire treatment plan if there were teeth or areas not yet treated. Offer 30 days emergency care and two viable referrals, such as, the local dental society or patient's insurance provider. Failure to send the dismissal letter means that he or she remains an active patient of record. In the event of an emergency, you will need to see the patient for an evaluation and possible treatment. For more advice on what to do if your patient files for bankruptcy, call the TDIC Advice Line at 800.733.0634.

## UPDATE YOUR PROFILE

Did you know that the new SFVDS website allows each member to update their own profile? Each Member's Profile can be viewed by the public when they click on your name, following their initial search under the 'Find a Dentist' menu item.

To change and /or update your profile, you must enter the 'members only' section (bottom left side on the home page). Enter your username (your ADA number) and use the temporary password 'SFVDS'. Once you are in your profile, you can change your password.

It's that easy!

# THE RIGHT WAY TO OFFER A PATIENT DISCOUNT

Can a dental practice offer a discount to patients? Can a dentist who is not a member of a patient's dental plan network offer discounts to that patient? We hear such questions every so often. Usually, it goes like this: "We'd like to offer a discount on services as a promotion to new patients of the practice. Can we discount the patient's portion by writing off the patient's deductible and/or co-payment?" The answer is yes, and no. It depends on how a dental practice applies the discount.

Dentists need to remember that for plans they're contracted with, that plan may require them to bill patients for, and make an effort to collect, deductibles and co-payments. Because of the contracts dentists have with dental plans to be part of their networks, dentists have surrendered their absolute right to charge what they will for various dental procedures. Of course, a dentist is typically limited by the allowable fee in a provider contract regarding what can be charged for a procedure. Plan contracts also typically stipulate that whatever the plan pays for certain procedures may be "payment in full" for those procedures, and a dentist cannot bill the patient for the balance. Where plans allow balance billing of patients for, typically, more high-cost procedures, dentists are still limited to a balance based upon the plan's recognized allowance, not the dentist's usual, customary and reasonable fee. Dental plan provider contracts usually require participating dentists to collect all deductibles and/or co-payments from patients.

Plans calculate their per-enrollee premiums based on the cost-share assigned to the patient. If all or a portion of the patient's cost-share is not collected, even though the dentist is the one absorbing the discount, a plan's cost-of-coverage calculations are thrown off. One dental plan official told CDA that an effect of forgiving or failing to collect a patient's co-payment responsibility is that dental care may actually become overutilized. It's a basic economic principle that the lower the cost of a service or product, the greater the demand for that service or product. Clearly, a patient is not going to have a tooth filled where no caries are present, but those who

crunch the numbers at the plans maintain that throwing off the cost-share balance between what a patient pays and what a plan pays for treatment makes the plan's calculation for premium level too low to cover a measurable increase in the demand for care.



So, for those patients who are covered by plans with which the dentist is in network, forgiving or failing to collect the patient's co-pay is likely a violation of the contract the dentist has with the plan. But what about a discount for a patient covered by a plan with which the dentist isn't a contracted provider? There's more latitude here, but again it depends on how the discount is extended. Let's assume, for example, that a patient is coming in for a procedure for which the dentist has a UCR fee of \$200. The patient's plan may cover 50 percent of the fee, with the ability of the dentist to recover, or balance bill, the patient for the other 50 percent. So, normally, the plan would pay \$100 of that \$200 claim, and the patient would be responsible for paying the remaining \$100 balance. But what if the dentist, in a desire to grant a discount to the patient, cuts the patient's co-payment responsibility in half?

The claim was for a procedure with a fee of \$200. The plan paid \$100, based on the claimed amount; and the dentist only billed the patient \$50 of the remaining balance. Is there anything wrong with this? Most likely. What's wrong with this scenario is that the cost of the procedure really wasn't \$200 but \$150. The plan, should it determine later that the dentist filed a claim for \$200 on a procedure that only in actuality carried a charge of \$150, might determine that the dentist fraudulently overcharged the plan — claiming a \$200 fee, which was actually only \$150.

What to do? If a dental office receives a new patient and wants to extend a discount for the initial exam,



X-ray or whatever, include the discounted amount in the claim submitted to the plan. Instead of filing a claim for \$200, if the intent is to offer a discount to the patient, send the full sum of the procedure on the claim to the patient's plan: \$150, of which the plan might pay \$75, and the patient might then pay the balance of \$75. The patient gets a discount of \$25, for which he or she will mostly likely be grateful; and obviously the plan has gotten the benefit of the discount as well. And the dentist has avoided billing a plan an amount more than they intend to actually charge for that particular appointment.

So, discounts to patients are allowed, but check your contract (if you're in contract with the patient's dental plan) in terms of whether a patient co-payment is required. And if you are not in the patient's plan's network, reflect your intended discount in the actual claim to the plan.



For further information on this or other dental benefit payment issues, contact the CDA Practice Support Center at 866.232.6362, visit the Web site at [www.cdacompass.com](http://www.cdacompass.com).



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# Antelope Valley Report

By: Kathy McKay

## HI DESERT CHILDREN'S DENTAL CLINIC

Since its incorporation in 1986, the Hi Desert Children's Dental Clinic has served the Antelope Valley by providing free dental care to children ages 5 to 17 from low income families with no dental insurance. In June 2010, the clinic again participated in "Thunder on the Lot" a two day fundraising event sponsored by Kids Charities of the Antelope Valley. For participating, the Hi Desert Children's Dental Clinic was presented with a check for \$8,000! This annual donation allows the clinic to fund and provide the needed dental treatment for children of the Antelope Valley.



## SCHOOL SCREENINGS

Again this year, the school screening program is being launched. This year we estimate that some 60+ elementary schools will be visited and we expect that up to 9,000 children will be screened; making this year our best year ever. Poor oral health is the number one reason for absence in our schools, and it keeps children out of school far more often than any other medical problem, such as asthma and scoliosis. In California 50% of eight year olds have visible decay, and 50% of those children are never treated. In the last 10 years, decay among California children has gone up 10%. Dr. Snow and other local dentists, have been reaching out to these children and their families by providing free school dental screenings. The target is fourth grade students, since by this age, most of the children are in transition from mixed to permanent dentition. Our purpose is to provide the schools, students and families with information regarding the status of each student's oral health.



We are always looking for dentists to volunteer for both the clinic and school screenings. For more information call: 661-942-6274



## Schlep and Shred: #3 Antelope Valley #4 Burbank

Saturday, August 7, 2010 saw the third SFVDS Schlep and Shred event take place in the parking lot of the Lancaster office of Dr. Gib Snow.

The event drew 12-15 of our Antelope Valley members, who combined had more than 14,000 pounds of old office charts, financial records and x-rays shredded by the Paper Cuts truck mounted shredder. In addition dozens of old office machines, computers, copiers, TVs and other electronic equipment were collected.

The fourth 'Schlep and Shred' event was hosted by the SFVDS on October 2, 2010 in the parking lot of the offices of member Dr. Vivian Tom in Burbank. This location also drew about a dozen members with more than 12,000 pounds of materials to shred, and a variety of old electronic machines to dispose of.

The SFVDS will repeat the 'Schlep and Shred' events next year, so watch your email for announcements of times and locations – just in case you are finally tired of cluttering your garage with old charts!

# SFVDS Member Survey Highlights

Continued from page 5

the membership agrees with the Board of Director's opposition to establishing mid-level providers in California

4. Members believe the Access to Care problem is multifaceted, but the main reasons for the problem are: lack of money, apathy about oral health care, no immediate pain, fear of the dentist and cultural inhibitors.

5. Most members support the SFVDS creating its own non-profit foundation and would support it with both their time and money – but seem reluctant to dedicate the time necessary to help guide and administer the programs themselves.

6. A large majority of members thinks that forming a local Political Action Committee is a good idea in an effort to influence local issues and candidates. A slightly smaller number is willing to support a PAC with their contributions.

7. Generally speaking, members are very pleased with their recent interactions with the new staff and attitudes at the central office, since the major turnover of 2007.

8. Most members like the idea of SFVDS resurrecting a form of the zone meeting, allowing members within the same areas to get together over breakfast or lunch.

9. Members are generally pleased with the new look and content of Dental Dimensions. Members want to see more coverage of office technology, organized dentistry, SFVDS committee activity, CE meeting summaries and previews, practice management tips, Dental Practice Act updates, Infection control and employment law updates, insurance updates and tips on buying/selling a practice.

10. Most members have not visited the new SFVDS website and have not updated their profiles through the member's only section (see page 15)

11. Most members were unaware that 40% of the dentists in our component jurisdiction are not members and those same members know many of them, yet have not approached them to join SFVDS

12. Members are in favor of the SFVDS buying its own building

*If you are interested in the complete results of our member survey, email the executive director at [exec.sfvds@sbcglobal.net](mailto:exec.sfvds@sbcglobal.net) and you will receive an Excel spreadsheet of the entire survey and its results.*

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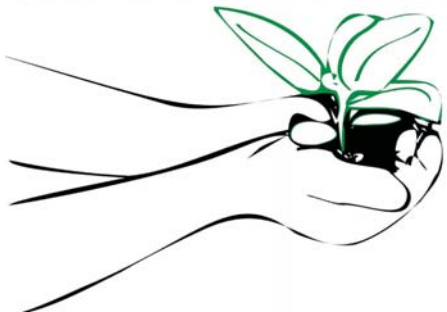
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# Volunteering Overseas

By: Charles Wood, D.D.S.



I read with disquieting sorrow about a dentist, Dr. Thomas Grams, and nine other medical personnel being killed by the Taliban in Afghanistan. These individuals were

volunteers, giving freely their time and talents for the benefit of the needy. Dr. Grams had left his successful dental practice in Durango, Colorado to devote his energy to people without access to dental care, asking nothing in return but the knowledge that he had made a difference in someone's circumstances. I found myself asking, but at what cost?

Having worked in various third world countries nearly every year for the past 34 years on my vacations, my initial reaction was gratefulness that I had never been a victim of such senseless violence. Years before, during the Russian occupation of Afghanistan, I volunteered to help train Afghan medics and treat the huge refugee population on the Pakistan border. It was my second war zone experience, Pol Pot's madness with the Cambodians being my first. The reality of the cost and risks involved in these assignments with the death of Dr. Grams, caused me to reflect on what it means to be committed to the cause of attending to the needs of the less fortunate. One never goes into volunteering in these places thinking they won't return. How we respond to this kind of savage act with our own commitment to providing dental care to the less fortunate only time will tell. What will be the impact of this event?

Taking time out of the office and away from the family to volunteer obviously has its costs. But when you weigh the benefits to you as a person and a practitioner, the upside is beyond measure. Most of us, especially early in our career voiced a desire and motivation to be of help and benefit to our fellow man. Remember that dental school interview response to why we want to be a part of the dental profession? For many of us due to debt, family obligations, office overhead, or a million other justifiable reasons, we get waylaid from our dreams to use our gifts to make a true difference for the poor.

My first experience was back in 1976, when as a new graduate of USC Dental School, I was asked by the pastor of our church if I would be willing to go down to El Salvador to do dental work in the slums and jungle villages of that impoverished nation. I was right in the middle of construction on my new start up dental office complete with another loan from Security Pacific Bank and had begun working as an associate in a busy practice to keep my family afloat, so of course, who could say no. That first introduction to life in the third world, probably as much as any other factor, changed my life. I had never before seen such suffering with accompanying malnutrition and disease before. I also was the most popular guy around. People were lining up for blocks to obtain dental surgery. In those days poor people were not afforded the luxury of local anesthetic so with my use of even topical and local anesthetic, which these folk were not familiar with, I became known as "the man with soft hands"; a name that I hold very dear.

It was during that first trip that I gained an appreciation for the impact that one individual can make on a community. Access to dental care for the poor in slums and rural areas is generally nonexistent. My treatment consisted of basic extractions, oral hygiene instruction and some medical treatment for respiratory infections, intestinal worms, that sort of thing. When the local authorities found out about my work, (an article had appeared in the press), they felt compelled to send new medical physicians into the slums to work alongside me. Access to both dental and medical treatment within that population was literally life saving. In several venues, I've had the opportunity to teach the art of dentistry to some of the indigenous people that have the aptitude. I've trained a lovely Guatemalan lady to provide dental hygiene in the slums and a Haitian gentleman with great hands and a sixth grade education out in a jungle village to extract teeth. When electricity is available I have been able to provide restorative dentistry.

After that introduction to mission clinics I was hooked. I would never have guessed that dentistry would take me to Guatemala, Belize, Costa Rica, Mexico, Nicaragua, Haiti, Thailand and Pakistan. Each clinic experience could fill a book about the adventures, the people and challenges in every locale. Aside from the gratitude of the patients for the treatment rendered, I have always come home with a new sense of perspective on life and I am humbled living and working under these conditions.

My motivation for writing an article of my volunteer experiences is not to toot my own horn, but to encourage you, as my peers, to consider using your own talents and gifts to make a difference in patients that are on the extreme edge of life's opportunities. We, in the dental profession, have been blessed with a gift. But along with that gift comes a responsibility to use it wisely, not only for our own benefit but for the greater good. Fortunately most of us are not called to be put in harm's way like Dr. Grams but there are numerous projects, both religious and secular, to devote your energies to. So go ahead, tell your secretary to block out two weeks this year and give it a try. You won't regret it.



#### Editors Note:

Charles Wood, D.D.S. has been in private practice in Santa Monica since 1976.

Graduate of the USC Dental School.

He is a Clinical Instructor at the Herman Ostrow School of Dentistry of USC.

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## *SFVDS Takes Part in Volunteer U.S. Army Dental Advisory Board*

*By: Zina Poletz, Weber Shandwick (for the U.S. Army)*

Practicing dentists may not be aware of the range of professional opportunities with the U.S. Army Reserve Dental Corps. To increase awareness and build dialogue with the dental and medical communities in Southern California, this past spring, the Army invited area faculty, association executives and other leading medical and dental influencers to attend a kick-off, volunteer advisory board meeting.

Andy Ozols, Executive Director of the San Fernando Valley Dental Society, attended the meeting as a representative of the organization. "The U.S. Army has many interesting career opportunities for dentists. As the SFVDS representative on this board, I can ensure that our members who want to know more have access to complete information about the Army."

U.S. Army Reserve Officers are afforded opportunities to expand their leadership and expertise, while earning extra regular income, stipends and bonuses. Reserve dentists provide care to departing and returning soldiers, conduct humanitarian missions overseas and participate in trainings twice a year. They may also take part in paid continuing education and specialized courses, and are eligible for bonuses, health insurance benefits and loan repayment.

Rosiemarie Cruz, DDS, a 1987 graduate of the UCLA School of Dentistry, established her private practice in Long Beach more than 20 years ago. In 2009, she received an e-mail from the Army, which brought back memories of her long-ago desire to join the military and the call to service that had stayed with her over the years. After careful consideration, Dr. Cruz was commissioned as a Major in the Army Reserve Dental Corps on Sept. 11, 2009.

"This was my chance to do something completely out of the box, and at the same time take pride in service to my country," said Major Cruz. "The opportunities for learning and travel, and possibly taking my career in a new direction

someday, are endless. The Army has opened doors for leadership and learning experiences that I couldn't get anywhere else. It's all very exciting to me." Reserve dentists commit to service one weekend per month, and deploy with their units on humanitarian missions in the U.S. and around the world for two weeks each year. With a waiver, dentists may join the Army Reserve up to age 60. The Army Reserve offers dentists financial rewards, a chance to serve our country and an opportunity to learn new professional and leadership skills, within a fairly flexible scheduling environment.

Even so, Major Bruce Britson, head of the local recruiting company, says that some dentists are hesitant about how a service commitment might disrupt their current lifestyle or



*Listening intently to Sergeant First Class Patricia Cosey, are SFVDS Executive Director, Andy Ozols (2nd from right) and Dr. James Koelbl, Dean, Western University College of Dental Medicine, at the first meeting of the US Army Medical and Dental Advisory Board.*

practice. To address these worries, he says, "the Army limits mobilization for Reserve doctors to 90 days, and deployment to just once every five years."

"I plan to hire a dentist to run my practice for three days a week when I deploy," said Major Cruz. "I'm also open with my patients about being in the Army and they have been very supportive."

Participation in the U.S. Army Dental Corps can start as early as dental school and

continue at various levels through retirement. Dental students can apply for the Army's Health Professions Scholarship Program (HPSP), which pays the full cost of tuition, school-related fees and books, as well as a stipend of more than \$2,000 per month during the school year. In addition, scholarship recipients are eligible for a one-time \$20,000 signing bonus. Students graduate virtually debt-free and begin their careers as officers in Army dentistry.

The U.S. Army Dental and Medical Advisory Board in Los Angeles is reaching out to the California dental community to raise awareness of opportunities to practice in the U.S. Army Dental Corps at any career stage. For more information about the Los Angeles Advisory Board or career opportunities in the U.S. Army Reserve Dental Corps, contact Major Bruce J. Britson at 877-732-4233.

# Second Annual All-Component Baseball Caucus

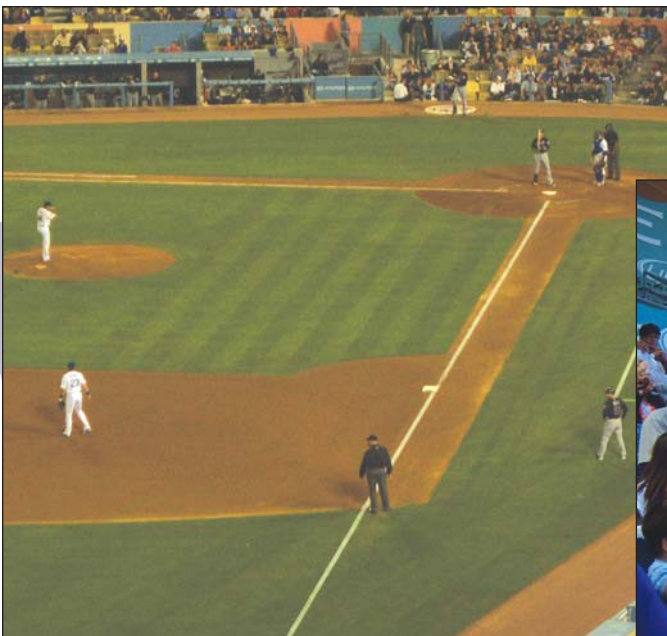
By: Andy Ozols, Executive Director

For the second year in a row, the five Los Angeles County Dental Societies (SFVDS, LA, West LA, Harbor and San Gabriel Valley) got together on Friday, July 23, 2010 for a night game between the LA Dodgers the NY Mets.

While the Dodgers lost that game, our members and the five dental societies participating were clear winners. More than 500 dentists, their families and office staff schmoozed

with one another, feasted on an all-you-can-eat barbecue buffet, received a free T-shirt and whooped and hollered their support for the Dodgers.

A good time was had by all (except the Dodgers in their loss), with most attendees asking for a repeat baseball event in 2011. Assuming that the divorce problems of the Dodger's owners doesn't raise the ticket prices too much, the five LA county dental societies plan to do just that.



# Welcome New Members

Luis Javier Vigliarolo, DDS  
16661 Ventura Blvd. #606  
Encino, CA 91346  
818-995-8601  
General  
Argentina

Valerie Kanter, DMD  
4910 Van Nuys Blvd. Suite 100  
Sherman Oaks, CA 91403  
818-783-5234  
General  
University of Florida, 2008

James H. Lim, DDS  
7301 Sepulveda Blvd. Suite 4  
Van Nuys, CA 91405  
818-997-0315  
General  
USC, 1983

Sami Hersel, DDS  
1510 W. Verdugo Ave Ste. F  
Burbank, CA 91506  
818-558-5630  
General  
UOP, 2003

Nina Gray, DDS  
14415 Chase St.  
Panorama City, CA 91402  
818-830-9050  
General  
Tufts University, 2001

Susan Protzel, DDS\*  
General  
UOP, 1978

Jeffrey Daniel Peifer, DMD  
44285 Lowtree  
Lancaster, CA 93534  
General  
Arizona School of Dentistry and  
Oral Health, 2010

Alon Dori, DDS\*  
General  
USC, 2009

Pedram Fakheri, DDS  
9722 Laurel Canyon Blvd.  
Pacoima, CA 91311  
818-8971234  
General  
University of Medicine and  
Dentistry of New Jersey, 2008

Leyla Arjang, DDS\*  
General  
UCLA, 2006

Dino Gharibian, DDS  
755 W. Rancho Vista Blvd.  
Palmdale, CA 93551  
661-265-7800  
General  
USC, 2010

\* No office address provided yet.

## CLASSIFIED ADS

*If you want to take a vacation or if you have to be out due to any emergency, then let a dentist with 28 years experience come in, manage your office, check hygiene, diagnose (your way) and if you want, do dentistry for you while you are gone so your time away is not a waste. I'm a member of the ADA, CDA, SFVDS and the AACD. Multiple times awarded the 'best dentist' in the Santa Clarita Valley. CA licensed, \$1,000,000/\$3,000,000 TDIC. Call 1-661-904-7421 and leave a message - we can then set up an interview. Do not let that once in a lifetime trip go by just because leaving your office unguarded cost too much money.*

DATED MATERIAL

# Trigeminal Neuralgia Treatment with GAMMA KNIFE RADIOSURGERY



## TRIGEMINAL NEURALGIA Facts:

- Characterized by brief attacks of severe electric shock-like pain (with rapid onset and abrupt end) on the face
- Pain is usually on one side of the face, about 10 percent of patients have pain on both sides
- Stimuli may trigger an attack (touch, cold, eating, brushing hair, etc.)
- More frequent in women and people over 50
- If medications are unable to control the pain or if they cause intolerable side effects, interventional treatment may be indicated
- Such intervention may include microvascular decompression, rhizotomy, or Gamma Knife Radiosurgery
- Gamma Knife Radiosurgery is the least invasive method for treating this condition and results in comparable outcomes

## GAMMA KNIFE Facts:

- Northridge Hospital has the only Gamma Knife in the San Fernando Valley
- Our physicians have treated more than 550 patients
- Radiation conforms to the shape of the lesion or tumor while sparing the surrounding tissue



## Trigeminal Neuralgia Support Group at Northridge Hospital

*In partnership with the Trigeminal Neuralgia Association*

Patients can obtain information, encouragement and treatment options by calling  
**(818) 885-8500, ext. 2565**



Gamma Knife  
Center

**(818) 885-5432**



Northridge Hospital Medical Center

A member of CHW

[www.NorthridgeHospital.org](http://www.NorthridgeHospital.org)