

THE Grapevine BULLETIN



Volume 60, Issue 5

2011 Meetings

Dr. Scott Jett, February 15, 2011 at TorNino's Banquet Facility presenting "Implants and Restorative Options for the Severely Deteriorating Dentition. (3) C.E.U.'s

Dr. Chad Anderson, March 15 STAFF NIGHT "Color Science & Shade Matching", TorNinos. 3 C.E.U.'s

Raymond Bertolotti—April 1, 2011, "Utilizing Adhesion in Prosthodontic Applications" Radisson Hotel and Conference Center. 7 C.E.U.'s

Dr. Greg Nalchajian, May 17, Orthodontics—TorNinos. 3 C.E.U.'s

CDA Scientific Sessions May 12, 13, 14, 15 and 16

Dr. Okeson, September 16, 2011 "Occlusion, Joint Stability and Temporomandibular Disorders-Clovis Veteran's Memorial 7 C.E.U.'s

Dr. Gerald Danielson, October 18 "Endodontics" TorNinos. 3 C.E.U.'s

Dr. Robert Julian "GPR Residency Program" TorNinos. 3 C.E.U.'s



President's Report

By Clarence Chau, DDS

At the CDA House of Delegates last November, I was delighted to see everything move very quickly and efficiently. We were able to finish well before the allotted time. The venue at the beautiful Beverly Hilton Hotel was very enjoyable .

Access to care remains to be a big issue. CDA has organized a task force to study this problem and expects a report at our 2011 House of Delegates.

I expect, the issue of access to care will be here forever. Obviously, there are a lot of barriers to the solution, reimbursement being the biggest one; it has to be an attractive package to the dentist for the program to work. The threat of creating mid level therapists may force the dentists to take on the care issue unwillingly just to avoid seeing the creation of the mid-level therapist. I really hope that a better solution to the both problems will be found.

Looking back at the year of 2010, there has not been a lot of changes with the economy, which has remained slow showing no sign of recovery. Of course this trend will continue to affect dentistry. There have been a few good happenings such as your dental society providing a year of improved CE classes with very distinguished speakers. However, the other side of this is that the overall participation at our 3 CCDCs has not been very satisfactory.

We also have had several sessions of fun such as the wine tasting at Palms Restaurant; a shred-a-thon accompanied by hot-dogs and adult beverages; and an evening of relaxation and learning at the CSUF Planetarium (courtesy of Dr. Tom Downing).

I want to thank you for placing your trust in me to lead the dental society as your president. It has been a pleasure to work with our board of directors and Val and Dawn during 2010.

I wish all of you and your family a very happy and prosperous New Year. I hope you had a moment or two to think about the meaning of our holiday season. May you be blessed in 2011.

The Mission of the Fresno-Madera Dental Society is to Serve the Professional Needs of its Members and Assist Them in Enhancing the Oral Health of The Community

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Substance Abuse help is available and held in strict confidence. Call Dr. Richard Hardt at (559) 359-5631.

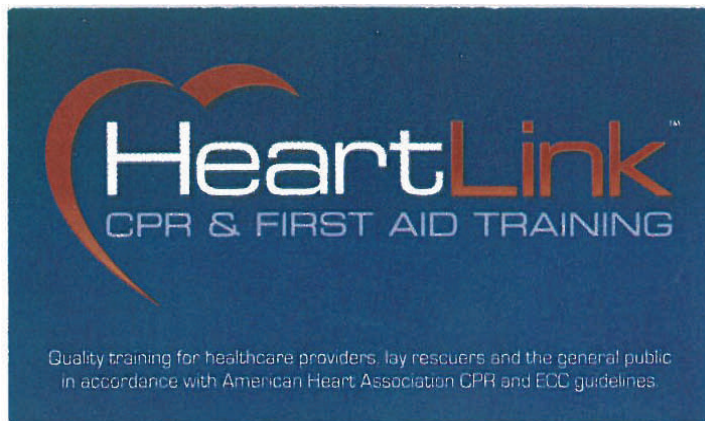
ON THE Lighter SIDE

This is an accident report, which was printed in the newsletter of the British equivalent of the Workers' Compensation Board. This is the brick-layer's report:

Dear Sir:

I am writing in response to your request for additional information in block #3 of the accident report form. I put "Poor Planning" as the cause of my accident. You asked for a fuller explanation and I trust the following details will be sufficient. I am a bricklayer by trade. On the day of the accident, I was working alone on the roof of a new, six-story building. When I completed my work, I found I had some bricks left over which, when weighed later were found to be slightly in excess of 500 lbs. Rather than carry the bricks down by hand, I decided to lower them in a barrel by using a pulley which was attached to the side of the building at the sixth floor. Securing a rope at ground level, I went up to the roof, swung the barrel out and loaded the bricks into it. Then I went down and untied the rope, holding it tightly to ensure a slow descent of the bricks.

You will note in block #11 of the accident report form that my weight is 135 lbs. Due to my surprise at being jerked off the ground so suddenly, I lost my presence of mind and forgot to let go of the rope. Needless to say, I proceeded at a rapid rate up the side of the building. In the vicinity of the third floor, I met the barrel, which was now



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ksherman@heartlinkcpr.net

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proceeding downward at an equally impressive speed. This explains the fractured skull, minor abrasions and broken collarbone, as listed in Section 3 of the accident report form. Slowed only slightly, I continued my rapid ascent, not stopping until the fingers of my rights hand were two knuckles deep into the pulley. Fortunately by this time, I had regained my presence of mind and was able to hold tightly to the rope, in spite of the excruciating pain I was now beginning to experience. At approximately the same time however, the barrel of bricks hit the ground and the bottom fell out of the barrel. Now devoid of the weight of the bricks, that barrel weighed approximately 50 lbs. I again refer you to my weight.

As you might imagine, I began a rapid descent down the side of the building. In the vicinity of the third floor, again, I met the barrel coming up. This accounts for the two fractured ankles, broken tooth and severe lacerations of my legs and lower body. Here my luck began to change slightly. The encounter with the barrel seemed to slow me enough to lessen my injuries when I fell into the pile of bricks, and fortunately only three vertebrae were cracked. I am sorry to report, however, as I lay there on the pile of bricks, in pain, unable to move, I again lost my composure and presence of mind and let go of the rope and I lay there watching the empty barrel begin its journey back onto me. This explains the two broken legs. I hope this is a satisfactory explanation.

Povarello House/Holy Cross Dental Clinic Benefits from FMDS Shredding Event.



On October 14 the Fresno-Madera Dental Society held a shred-a-thon to which members and non-members alike were invited. It was suggested that participants make write a \$20 check made payable to the Poverello House and use that donation as a tax write-off. The event netted \$300.00 from attendees, and by a unanimous vote of the FMDS Board of Directors, that amount was matched for a grand total of \$600.00. On Thursday, November 18 a check in that amount was presented to Sister Mary Clennon (pictured left) by FMDS President, Dr. Clarence Chau.

The history of the Poverello House, Holy Cross Dental Clinic began in April, 1989, adding a vital dimension to the medical services already in place. In just one month 62 clients received dental services, a clear indication of the need.

In any given year, the Holy Cross Dental Clinic has had the good fortune to have 10-14 volunteer dentists. Volunteers participating this year include Doctors:

- ♦ Monica Ali
- ♦ Frank Benneyan
- ♦ Mark Davis
- ♦ Charles Diddy
- ♦ Ted Falk
- ♦ Scott Fimbres

- ♦ Katina Go
- ♦ Doug Halloran
- ♦ Richard Jennings
- ♦ Michael Madrigal
- ♦ Gregory O'Connor
- ♦ Daryl Ruby

Thank you everyone for providing much needed services. You can call Holy Cross Dental Clinic at 441-4108 for more information, or log onto <http://www.poverellohouse.org/holycross.html> to gain an insight into the services provided. If you are retired, St. Agnes provides you with liability coverage and of course if you are in private practice, your existing liability insurance will cover your volunteer efforts.

The dollar amount of services rendered during the first quarter of 2010 (based on a fiscal year) was \$38,099.

Some of the services provided (although basically patients are seen for extractions) were root canals and lots of restorative work.

Our combined donation of \$600.00 was graciously received, and greatly appreciated. Thanks to all who offered a donation. This couldn't have happened without your generosity.



Court ruling in dentist online review case

California's 6th District Court of Appeal issued an opinion last week supporting consumers' rights to post reviews of businesses on public forum websites, such as Yelp.com. The court opined that lawsuits arising from these reviews should be dismissed under California's anti-SLAPP (Strategic Lawsuits Against Public Participation) statute.

In January of 2009, California dentist Yvonne Wong sued the parents of a patient, alleging that a negative review they posted on Yelp.com defamed her. The post stated that Dr. Wong failed to identify cavities that needed treatment and that she did not inform the patient's parents of alternatives to the use of amalgam and nitrous oxide. In March of 2009, the Santa Clara County Superior Court overruled a motion to dismiss the suit. The case then went before the California Court of Appeal to determine whether it should be dismissed under the anti-SLAPP law. The 6th District Court of Appeal ordered that all but one of the causes of action against the defendants be dismissed. The court found that because there is "public concern, discussion, and controversy about the use of silver amalgam because it contains mercury," the Yelp posting was protected under the anti-SLAPP statute because it contributed to public discussion regarding amalgam use in dental treatment.

One claim of libel against the parent who actually posted the Yelp review was not dismissed by the Court of Appeal. The court ruled that the libel claim could go forward to be heard in court. Dr. Wong's attorney has indicated that he plans to pursue that option.

Dentists closer to exemption from Red Flags Rule

Reprinted from CDA's Executive Bulletin

Dentists closer to exemption from Red Flags Rule

Dental practices would be exempt from the Federal Trade Commission's Red Flags Rule under legislation that recently passed the U.S. House of Representatives and the U.S. Senate.

The House on Tuesday joined the Senate in voting to remove the Red Flags' requirement that certain health care providers, including dentists, develop a written plan to prevent and detect identity theft.

Under the Red Flags program, that must be implemented by January 1, 2011, the FTC has said that dentists are creditors subject to the regulation depending on their credit arrangements with patients.

The legislation now goes to President Barack Obama, who is expected to sign it by the end of the month.

The ADA has estimated the nationwide savings in implementation and compliance costs associated with this exemption to be \$72 million for dental offices alone.

For the latest information about the Red Flags Rule, go to cda.org.

2010-2011 Dues Options

Reprinted from the December Report from CDA's Director of Membership, Conor McNulty

Quarter Year Dues: Through the end of the year, ADA continues to offer \$0 dues for eligible non-members interested in joining. Please continue to promote this great incentive, combined with ¼ dues available for CDA and the local society.

Renewal Efforts & Incentive: As mentioned previously, renewal efforts are underway for the 2011 billing cycle. Please continue to promote the renewal options and drawing for members who renew online. Information and direct links for online renewal and EDP enrollment are available at www.cda.org/renew

EDP is a great way to stretch your membership dues payment over the entire year through Electronic Dues Payment program, with absolutely no interest charges.



Health Care Reform Insights

December 2010

Benefits, Compensation and HR Consulting

Impact of the Affordable Care Act on Dental and Vision Benefits

As discussed in previous issues of *Health Care Reform Insights*, the Affordable Care Act¹ imposes significant new requirements on group health plans, including "grandfathered" plans (those plans in existence when the law was enacted). Guidance from the agencies implementing the Affordable Care Act confirms that:

- ◆ Plans providing insured dental and vision benefits are not subject to the Affordable Care Act.
- ◆ Plans that are self-insured but subject to a participant election and participant contributions are not subject to the Act.
- ◆ Self-insured dental and vision benefits that are not separately elected and do not have separate participant contributions must comply with the Affordable Care Act.

This issue of *Health Care Reform Insights* addresses how those requirements, including the mandate to continue coverage of children up to age 26 and the ban on lifetime dollar limits, affect dental and vision benefits offered by group health plans.

Background

Plan sponsors with dental or vision benefits have struggled to determine how the Affordable Care Act will affect these benefits. Guidance can be found in regulations published several years ago that define which group health plans are subject to the portability requirements² of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Since HIPAA and the Affordable Care Act generally both apply to "group health plans" as defined under HIPAA, plans that are not subject to the HIPAA portability rules are also not subject to the Affordable Care Act. Certain benefits that are not subject to HIPAA portability rules are

known as "excepted benefits."³

There are several categories of excepted benefits under HIPAA, including benefits such as long-term care, along with "limited-scope dental benefits" and "limited-scope vision benefits."

Group health plan benefits may be considered limited-scope, and, therefore, not subject to HIPAA or the Affordable Care Act, in *either* of the two following situations:

- ◆ They are provided under a separate policy, certificate or contract of insurance (meaning an insured product like dental insurance or vision insurance), *or*
- ◆ They are not otherwise an integral part of a group health plan.

To meet this second test, which is the one that would apply if the dental or vision benefits are provided on a self-insured basis, participants must have the right to elect not to receive the coverage, *and* a participant who elects the coverage must pay an additional premium or make a contribution for that coverage. For purposes of this test, it does not matter whether the dental or vision benefits are provided through the same plan as the underlying medical coverage or through a separate plan. It also does not matter whether the benefits are self-administered or administered by a third-party administrator or administrative-services only arrangement.

In a publication called "Frequently Asked Questions about the Affordable Care Act implementation Part II," the Department of Labor (DOL) clarified that the HIPAA definition of limited scope applies to dental and vision plans and determines whether they must comply with the Affordable Care Act⁴. However, self-insured dental and vision benefits that are not separately elected and paid for must comply with the Affordable Care Act.

Continued on Page 9

¹ The Affordable Care Act is the abbreviated name for the new health care reform law, the Patient Protection and Affordable Care Act (PPACA), Public Law No. 111-48, as modified by the subsequently enacted Health Care and Education Reconciliation Act (HCERA), Public Law No. 111-52.

² HIPAA's portability requirements include limitations on preexisting conditions, special enrollment for acquiring a new dependent or losing other coverage, and certification of creditable coverage.

³ These benefits are also not subject to subsequently enacted laws mandating requirements for health plans (e.g., the Women's Health and Cancer Rights Act and the Mental Health Parity and Addiction Equity Act).

CDA's 2010 House of Delegates

On November 12, 13 and 14 your delegates to the CDA House of Delegates, Drs. Clarence Chau, Michelle Asselin, Gerald Danielson and Stanley Surabian, pictured top right, helped to defeat or ratify many of the resolutions presented by CDA Board of Trustees as well as from individual components.

Although debate on the floor was vigorous, all of the work was completed early, including the passing of approximately 50 resolutions. A full report is available to be downloaded from: http://www.cda.org/about_cda/leadership/house_of_delegates/

This year completed the final year of Dr. Roger Simonian's 6 years (two three year terms) as our State Trustee. Dr. Gerald Danielson was installed pictured bottom right, as FMDS' current Trustee on Sunday November 14 at the House. Our thanks to Dr. Simonian for his due diligence, time and work from 2004-2010 and our congratulations to Dr. Danielson for his election as State Trustee.

After work comes play, and the delegates know how to enjoy themselves. Below our delegates and new Trustee attend a dinner dance honoring the outgoing CDA President. The theme was Tony Bahamas.





DOWNING PLANETARIUM—*Stargazing at its Best*

Thank you to all Dental Society members and their guests who attended the November 16th event at the Downing Planetarium on the FSU campus. It was just two weeks previous that the Planetarium celebrated its 10 year anniversary. I easily remembered

that one of the Planetarium's first group guests was the Fresno Madera Dental Society. Since then The Planetarium has educated and entertained a half a million children and adults in its star theater and hands-on science "museum." The Planetarium continues to be an important asset to Fresno State and to the Fresno community.

The beginnings of the Planetarium go back to the late 1990s. Fresno State had plans to expand the College of Science and Mathematics into an area of campus that in my undergraduate days at Fresno State was home to pigs. The College also envisioned an "anchor tenant", a visible "center piece", to lead into the expansion. A planetarium was a thought, as one of their professors had once rescued a star projector from a dismantled planetarium in another state and was storing it with the cows in some "barn" on campus. But they needed money.

About that time my father, a retired orthopedist in his 90s, wanted to create a scholarship for students at Fresno State who were interested in a nursing career. But the planetarium idea got his attention. He had visited planetariums around the country and even in Europe and knew what a huge impact they make on audiences. During planning, the planetarium's design changed a few times but in the end the Downing family's gifts totaled three million dollars. The gifts include scholarships to seniors with science majors, a separate endowment that supports operating costs, a remote mountain top telescope and the Planetarium Museum, an exploratorium-like hands-on experience for kids and adults too.

I know I was "preaching to the choir" at our November event when I tried to emphasize the importance turning kids on to science early as our country is falling way behind in producing college graduates with science degrees. The mission of the Downing Planetarium is to change that. And my conversations with teachers, parents and children in my office about their experiences at the Planetarium convince me that the Planetarium has made a huge difference.

Thanks to Dr. Chau for scheduling a Society meeting at the Planetarium. We're going to do it again soon.



Dr. Pieroni in the background, Dr. Robert Starr, Dr. Greg Stevens and Dr. Thomas Downing.



Enough food for second helpings. Soda and wine were also served to accommodate both children and adults.



Dr. Allen Simmons, and Dr. Dennis Nishimine



Decline in Dental Benefits Enrollment Reported

NADP/DDPS 2010 Dental Benefits Enrollment Report Shows 5.7% Dip

Reprinted with permission from Evelyn F. Ireland, CAE, Executive Director
National Association of Dental Plans
Phone 972-458-6998 x101 / Fax 972-458-2258
Email: eireland@nadp.org

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DALLAS --National dental benefits enrollment for 2009 decreased 5.7% compared to 2008 enrollment, according to the NADP/DDPA 2010 Dental Benefits Enrollment Report. This is the first decline in dental enrollment since NADP began reporting dental benefits enrollment data in 1994.

At year-end 2009 approximately 166 million Americans were covered by some form of dental benefit through group or individual plans. This is about 10 million fewer than year-end 2008 and represents 54 percent of the population of the United States. By contrast, enrollment from 2006 through 2008 grew in line with population growth holding steady at 57 percent of the U.S. population.

"While total enrollment significantly declined in 2009, the number of employer groups offering dental benefits remained consistent compared to the previous year based on data submitted for the Report and other industry studies by LIMRA and NADP," remarked NADP Executive Director Evelyn F. Ireland, CAE.

"The reduction in subscribers in some employer groups in 2009 most likely reflects family financial constraints and layoffs as Delta Dental's data indicates that dental benefits remain an important part of employer benefits programs despite a challenging economy," added Kim Volk, President & CEO of DDPA.

Other reports, including NADP's 2008 Purchaser Study, confirm that when employers are faced with tough economic choices in their health benefit packages, they ask employees to fund a greater portion of the premium to keep dental benefits intact.

Other key findings include:

The trend toward dental PPO (DPPO) products continues among commercial products with 69 percent of all commercial dental benefits reported as DPPO. Indemnity and dental HMO (DHMO) products continue to decline in market share while Discount products maintained market share.

- Dental benefit premiums and fees are paid at least in part by most enrollees. While discount plans report 99 percent of all enrollees paying at least part of the fee, insured products range from 85 percent of DPPO enrollees paying a portion of premium to 61% of Dental indemnity enrollees paying for a portion of premium.
- Only 1 percent of the population with dental insurance products, i.e. DHMO, DPPO or Dental Indemnity, has its benefits through individual policies. Roughly 9 percent of dental Discount products are sold as individual policies.

This report also contains specific information on Dental HMO, Dental PPO, Dental Indemnity, and Discount Dental enrollment at the national and state levels. The Report is based on data from 88 companies and is available in the NADP Mall (www.nadp.org).

About NADP

The National Association of Dental Plans (NADP) is a non-profit trade association based in Dallas, Texas representing the entire dental benefits industry, including dental HMOs, dental PPOs, discount dental plans and dental indemnity products. NADP's member dental plans provide dental benefits to more than 80 percent of the 166 million Americans with dental benefits. NADP's members include major commercial carriers, regional and single-state companies.

About DDPA

Based in Oak Brook, IL, Delta Dental Plans Association (DDPA) is a national network of 39 independently operated not-for-profit dental service corporations specializing in providing dental benefits in all 50 states, the District of Columbia and Puerto Rico; covering more than 54 million people in over 93,669 groups across the country.

Consequently, plans that provide dental and vision benefits that are insured or that are self-insured but subject to a participant election and participant contribution are not subject to the Affordable Care Act. However, self-insured dental and vision benefits that are not separately elected and paid for must comply with the Affordable Care Act.

Lifetime and Annual Limits

Dental and vision plans often have various types of annual and lifetime dollar limits. The Affordable Care Act bans lifetime dollar limits (and regulates annual dollar benefits) on "essential health benefits," a term that is defined in the law to include "pediatric services, including oral and vision care."⁵ The federal agencies have stated in regulations that until the agencies provide a definition of "essential benefits," a plan sponsor may make a reasonable judgment about what constitutes an essential benefit.⁶

Because pediatric dental and vision benefits are listed as an essential benefit in the statute, it appears that these benefits cannot have a lifetime dollar limit or an annual dollar limit lower than the restricted annual dollar limit (\$750,000 for plan years beginning on or after September 23, 2010; \$1.25 million and \$2 million for plan years beginning on or after September 23, 2011, and 2012, respectively, and must be unlimited for plan years beginning on or after September 23, 2013). Consequently, many plan sponsors with non-excepted dental and vision plans are removing dollar limits on pediatric dental and vision benefits.

Among the factors to consider when implementing this requirement are the following:

- ♦ **What age will the plan use to define "pediatric"?** Options could include 18 or 21 years, or the age of majority in a particular state.
- ♦ **Are orthodontia benefits considered to be essential pediatric dental benefits?** Plan sponsors can make a reasonable judgment on this issue. They may wish to consider whether they currently cover orthodontia, what similar plans provide and what the needs of their population may be. Plan sponsors may also wish to consider whether orthodontia would be paid differently for pediatric care than for adult care.
- ♦ **Are adult dental and vision benefits essential benefits?** These benefits are not listed as essential in the statute, so if they are not essential, lifetime and annual dollar limits could be retained for adult services.
- ♦ **What type of visit or treatment limitations may be appropriate to control costs?** This is a particularly important question with respect to the cost of glasses for pediatric care because they may have previ-

ously been subject to an annual dollar maximum. Under the new law that maximum can no longer apply unless vision services are excepted. Generally, a treatment or visit limit on a particular service (*e.g.*, two cleanings per year, one pair of eyeglasses every two years, an eye exam every year) would be permissible, as long as there is not also a dollar limit on the service. For example, payment of two cleanings per year at the plan's allowable charge would appear to be permissible. However, payment of two cleanings per year at \$50 per cleaning would not, because the resulting \$100 payment amount would be an annual dollar limit.

Age 26 Mandate

Plan sponsors that offer dental and vision benefits will need to comply with the age-26 man-date if the dental/vision plan does not fit within the HIPAA definition of an excepted benefit. This means continuing coverage for children until they reach age 26 and providing certain children — and their parent(s), if not already covered — with a new one-time special enrollment opportunity to enroll in the plan with coverage effective as of the first day of the plan year beginning on or after September 23, 2010.⁷ Coverage may be provided on a tax-free basis to the child until the end of the year in which the child turns 26.

When considering how dental and vision coverage is affected by the Affordable Care Act, plan sponsors need to do the following:

- ♦ Determine whether the plan's dental and/or vision benefits fit within the existing definition of an "excepted benefit."
- ♦ Consider plan design changes needed to comply with the applicable Affordable Care Act provisions, if the dental and/or vision benefit is not an "excepted benefit."
- ♦ Change to an insured dental or vision benefit, if that makes sense for the plan. Some plan sponsors may wish to consider this option in order to preserve the current plan design.
- ♦ Meet with the plan's dental and vision claims administrators to assure that the Affordable Care Act is being implemented correctly and consistently, including any of the decisions on plan design changes noted above.
- ♦ Amend dental and vision plan documents, including summary plan descriptions.
- ♦ Communicate plan changes to participants. Make sure that special enrollment language in the plan's enrollment materials takes the dental/vision plan into account and tells participants whether adult children can enroll in dental/vision as well as medical.

⁷ For more information about the age-26 mandate, see Segal's November 2010 *Health Care Reform Insights*, "Agencies Continue to Clarify Rules on Coverage for Children": [HTTP://www.segalco.com/publications/HCR/nov2010DepCov.pdf](http://www.segalco.com/publications/HCR/nov2010DepCov.pdf)

Plan sponsors should rely on their attorneys for authoritative advice on the interpretation and application of the sweeping national health care reform law. Segal can be retained to work with plan sponsors and their attorneys on compliance issues. In addition, Segal can help plan sponsors to evaluate their current plan design and draft participant communications. Segal will keep clients informed as additional regulations are issued.


SEGAL—To receive issues of *Health Care Reform Insights* and other Segal Company publications as soon as they are available online, register your e-mail address via Segals Web site: www.segalco.com/register/

All Segal information about health care reform is accessible from the following Web page: www.segalco.com/health-care-reform/

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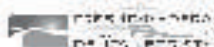
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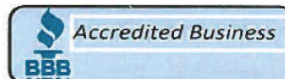
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EX: #1 Savings Account 1%
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CLASSIFIED ADS

For Sale: MRL—Portapulse-3 SN-2781 Defibrillator connects to CritiCare (407-E) New \$1,950 — Asking \$1500 OBO. Plan Mecca 2002 Proline Exam chair. SN-SED215590 Powder Blue/White. Fully Automatic. New \$6,177 — Asking \$4300. For any or all, Call (559) 447-0544.

General Dentist looking for a FT/PT position. Has over 5 years of experience in California. Expertise in Endodontics, cosmetic dentistry with lumineers, crowns, bridges, dentures. Pediatric dentistry. Contact (909) 844-7976 or e-mail salaunik@yahoo.com.

General Dentist looking: for a position full time/part time. Enjoys doing endo – has experience with Cerec and implants. Willing to work in either Fresno or Madera. Call (949) 584-1448 or e-mail: ray5100@yahoo.com.

Office for lease/purchase: 1500 E. Shaw-New shell construction, ready to do tenant-finish criteria. Nothing down/lease option/purchase. 2000 sq. ft. Excellent location, signage on Shaw Avenue, good drive by exposure. 351-8694.

Prestigious northeast dental/medical office space for sale or lease that you can design to meet your office needs. Beautiful new office buildings near Cedar and Alluvial (2280-4506 sq. ft.) available with generous parking of 6 spaces per 1000 sq. ft. A great opportunity with ample allowances and a fabulous investment for your future! Call 559-259-3077.

For Lease: New commercial building in shell condition. Tenant improvements available, 2,310+/-sq. ft. 1305 E. Divisadero Street, Fresno. Rent negotiable. Call (559) 433-1530.

Dental Offices For Lease- 1) 2550 S.F. 6 operatories; all wood floors, equipped and ready to go; excellent location at Palm/Bullard. (2) 2330 S.F., 6 operatories; all or part can subdivide 1330 S.F. (3 ops) and 1000 S.F. (3 ops) Call Angi at (559) 438-4648.

For Sale: Panoramic/cephalometric machine model – Laser 1000. Excellent working condition. Asking \$8,500.00. If interested, please call (559) 897-5042.

General Dental Practices for Sale: Excellent opportunities available in Solano, San Joaquin and Sacramento Counties. Contact Practice Transition Partners (888) 789-1085, www.practicetransitions.com for information regarding these and other practices.

Seeking PT/FT work. Recent dental school graduate looking for work as a general dentist in Fresno/Clovis/Madera areas. Familiar with Cerec. Competent in all aspects of restorative dentistry & endo. Enjoy working perio, pedo and exodontias. Call Brian Royle (209) 298-2500.

Interested in Purchasing: Looking to purchase a quality general dental practice in the North/North East Fresno area. Please send e-mail to rkbath@gmail.com

For Sale: 4 fully equipped operatories in over 3,000 sq. ft. building; plenty of room for expansion; several rooms already plumbed; reception area, 3 restrooms, private office, staff room. Fairly new equipment, Panceph, CO2 laser, etc. Fee for service, PPO. Rent below market. Owner will consider financing with low down payment. Close to freeway and shopping. Please contact Stuart Adelson at (559) 273-2647 or email at sjvproperties@gmail.com

Dental Office Space for Lease: Up to 2,880 sf, located in Kerman, in a new retail center, near HWY 180/HWY 145. Email: KermanLease@yahoo.com

Western Dental Seeking Multiple Associates: Western Dental is seeking associates in Clovis, Fresno and the surrounding areas. Contact Scott at 714-571-3180.

Fresno Office for sublease/share: nice 3 ops, loaded, located in a nice area in a professional complex. Available 2 to 3 days/week for your use. Ideal for a specialist or GP to start your own office/practice, or for doctors wanting to locate to a new area. Option to buy in the existing practice after 3 years at a very reasonable price. For more information please call 209-861-0687.

Associate Needed in Farmersville: Dentist needed for 4 days a week in Farmersville. Please call Dr. Agahi @ (559) 280-7148 or Fax C.V. to (559) 592-6217.

General & Orthodontic Practices for Sale: Excellent opportunities available in Solano and Sacramento Counties. Contact Practice Transition Partners at (888) 789-1085, www.practicetransitions.com for information regarding these and other practices.

Dental Office – Approximately 2,200 S.F. at 1040 E. Herndon in pristine condition with six exam rooms. Lighted signage facing Herndon Avenue. Only \$1.00 (one) dollar per square foot, ++ Call owner (559) 284-2625 or (559) 443-7668.

AFP Imaging Xray Film Processor for Sale. It is a 2005 Mini Medical Series Processor in excellent condition. Owner going digital. \$1,400 or best offer. (559) 227-5575.



February 14, 2011

Fresno/Madera Dental Society members:

Fresno Healthy Communities Access Partners (HCAP) is reaching out to the dental provider community in the hopes to obtain support for 100 children, ages 6-18, recently disenrolled from our Healthy Kids program.

Healthy Kids first launched in January of 2006, and has provided comprehensive health coverage, which included medical, dental, and vision services for over 1500 children from low-income families in Fresno County. Unfortunately, funding to support this program has ended, but the need for services for these children has not. We have 98 remaining children in 72 families that still have medical coverage, but not dental coverage. These children have had dental coverage from Delta Dental over the past several years through our efforts.

We are approaching you to raise awareness of the needs of kids in our own community, and to ask for charity care to a few kids that may need services. Just think, if every dentist in Fresno offered to help a few kids a month, their oral health care could continue.

We see commercials everyday asking for donations to help underprivileged children all over the world. This is a chance for our community to come together and care for the children in our own back yards.

If you are interested in becoming a partner willing to help underserved children in Fresno County with their ongoing dental needs, we would love to hear from you. You may contact our office at (559) 320-0240 or me directly at (559) 320-0242. Any assistance is welcomed.

Our most sincere appreciation for your time and consideration of this request.

Norma Forbes
Executive Director
Fresno HCAP
Nforbes.hcap@phfe.org

Fresno Healthy Communities Access Partners 2043 E. Divisadero Street

(559) 320-0240 (V) (559) 320-0263 (F)

The San Joaquin Valley Area Health Education Center

Fresno CA 93701