



FRESNO-MADERA

EST. 1915
DENTAL SOCIETY

NEWSLETTER

Volume 60, Issue 4



Fresno-Madera Dental Society Editor, Dr. Sabrina Nassar and Dr. Ari Tsikoudakis have announced their engagement.

Dr. Sabrina Nassar is a general practitioner in Madera. She shares her office with her sister, Crystal Nassar



Dr. Ari Tsikoudakis specializes in prosthodontics and maxillofacial prosthodontics. He currently practices in Colorado.

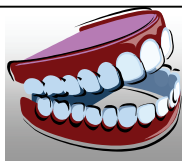
It is believed (and hoped) that the couple will establish a home here in the Valley after their wedding. We send them our best wishes, and congratulations.

In this Issue:

| | |
|--------------------------------|----|
| News of Interest. | 2 |
| Crowns for Kids | 4 |
| A Paraproskikian Sentence. . . | 5 |
| Photos "5 Restaurant". | 6 |
| ADA Issues Alert | 8 |
| Save the Date CCDC | 10 |
| ADA Advocacy Update. | 11 |
| San Joaquin Valley College | |
| Extern Program. | 13 |
| CDA Cares Program | 13 |
| Data Breach Law Update . . . | 14 |
| A Commentary on PPO Plans | 14 |
| Because You Asked | 15 |

SAVE THE DATE!!!

S.O.S. and GIVE KIDS A SMILE — PLANNED TO TAKE PLACE ON SATURDAY, FEBRUARY 25, 2012. DENTISTS, HYGIENISTS AND ASSISTANTS ARE NEEDED. PLEASE REMEMBER TO VOLUNTEER!!



Laugh Lines

For 30 years every day old Moishe ate at "Abe's Kosher Delicatessen". Old Moishe was an honored guest and had his own reserved stool at the counter. He was loved by everyone and was generous to all the servers and staff. Abe, the owner loved Moishe too. One day Moishe didn't show at his regular time. Abe was worried a bit as he realized Old Moishe was a widower and lived alone but then got busy and forgot about Moishe's absence. The next day, no Moishe. Now Abe was worried. He phoned Moishe's number and got no answer. He even called a few local hospitals and even called Moishe's daughter in Israel to no avail. Abe couldn't sleep that night wondering what had happened. Next day again no Moishe! Now Abe was really concerned and just as he was about to call the cops and 911 he glanced out the window and saw Moishe going into "Goldberg's Deli" across the street.

Abe took off out the door and raced across the street narrowly missing getting hit by a bus and confronted Moishe just as he was sitting down. Abe screamed, "Where the hell have you been! I lost sleep and spent good money phoning around about you and what are you doing here at Goldberg's. You know he's my worst enemy! Explain to me Moishe!!"

Moishe looked at Abe and said calmly, "Settle down Abraham, settle down, you'll be having a heart attack. I'll be telling you what happened okay." "I went to the dentist 3 days ago and had one of those root canals. Oy the pain! The dentist gave me some pills and said 'Moishe, for a few days eat on the other side.'"

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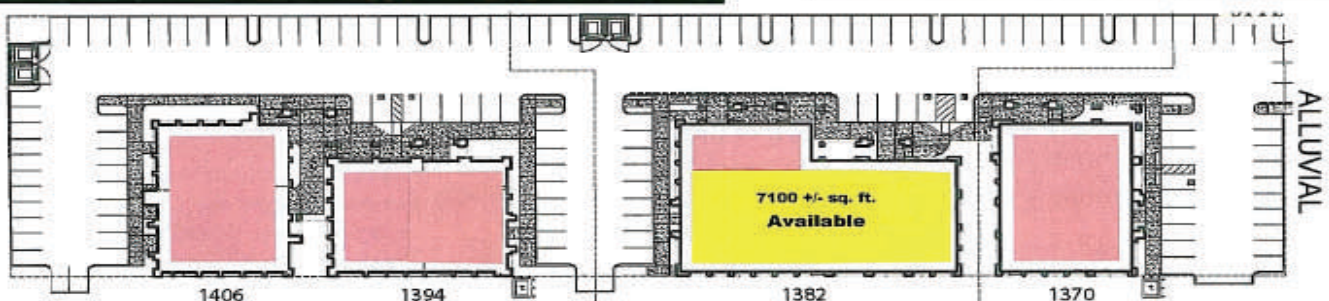
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In Recognition of Dr. Emilio Garcia and the Crowns for Kids Program



A BIG THANK YOU to Dr. Emilio Garcia, who through his donated cast off crowns and other precious metals to the "Crowns for Kids" program netted \$500 for the Fresno-Madera Dental Society's use in promoting and paying for dental treatment for our community's children. Just imagine how many more dollars could become available to FMDS if all of our members participated in this great program. The Sacramento Dental Society raised over \$10,000 through this program.

We would like to encourage everyone to hop on the band-wagon and become a part of a truly beneficial program. FMDS could use these funds to help with Team Smile, The S.O.S. Program, Give kids a Smile, or to even to donate to FMDS' Children's Fund established with the CDA Foundation. You can also deduct this donation on your Income Tax.

Crowns for Kids provides much needed dental treatment to children, who would otherwise slip through the cracks. Below is more information on this wonderful program, along with contact information. Again THANKS Dr. Garcia for participating.



Help your community.

The metals used in crowns are precious for many reasons, especially when it comes to helping kids smile a little brighter. By donating those metals through Crowns for Kids, you'll help fund essential programs in your community.

It's easy to participate. Simply collect the crowns in the jar provided until you reach the "pick-up" mark, then give us a call. The CDA Foundation will arrange to collect the jar and provide a receipt for your donation. Funds will be pooled with other donations from your local dental society and used to make a difference for children in your community.

Get your collection jar. Call the CDA Foundation at: 800.232.7645 Ext. 5942




Just say YES!!!

A Paraproisdokian Sentence

Here is the definition: "Figure of speech in which the latter part of a sentence or phrase is surprising or unexpected; frequently used in a humorous situation."

"Where there's a will, I want to be in it," is a type of paraproisdokian. .

Never argue with an idiot. He'll drag you down to his level and beat you with experience.

Going to church doesn't make you are a Christian any more  than standing in a garage makes you a car.

If I agreed with you we'd both be wrong.

We never really grow up; we only learn how to act in public.

Knowledge is knowing a tomato is a fruit; Wisdom is not putting it in a fruit salad.



The early bird might get the worm, but the second mouse gets the cheese.

How is it that one careless match can start a forest fire, but it takes a whole box to start a campfire?

Dolphins are so smart that within a few weeks of captivity, stand at the edge of a pool and throw fish to them.

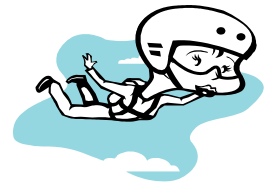


they can train people to

Women will never be equal to men till they can walk down the street with a bald head and a beer gut and still think they're sexy.

A clear conscience is usually the sign of a bad memory.

You don't need a parachute to skydive, but you do need one to skydive again.



You're never too old to learn something stupid.

(LIKE THE MEANING OF A PARAPROSDOKIAN SENTENCE !!!)

Hors d'oeuvres and Wine Tasting at



Five Restaurant — a HUGE Success!!

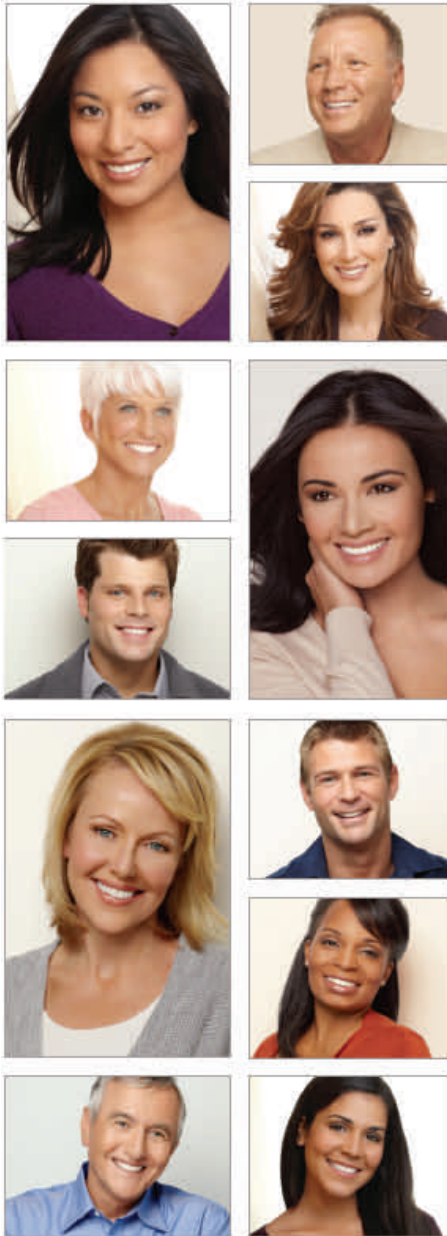


At its August 5 meeting, the Commission on Dental Accreditation (CODA) voted to establish accreditation standards for dental therapy education programs. The University of Minnesota, the first U.S. dental school to initiate such a program, requested that the Commission take this action. CODA's initial estimate is that developing these accreditation standards will take a minimum of two years.

Given the degree of scrutiny and contention surrounding proposals to create so-called "midlevel" dental providers, we have put together a FAQ list which we hope will answer the most likely questions or concerns. The following are offered to clarify CODA's action, the ADA's point of view and address any of your concerns.

- Q.** Will CODA begin accrediting programs that train nondentists to do surgical/irreversible procedures? Will CODA set the scope of practice?
- A.** It is too soon to say at this point. CODA has taken the first step in a multi-year process to develop new standards for dental therapy education programs. As part of that process, the Commission sets the national scope of practice when it develops accreditation standards in a discipline of dentistry. This is particularly true for the dental specialties and the interest areas of general dentistry. CODA will base its accreditation standards on its determination of what is in the public's best interest. For additional information on the accreditation process, please visit the Commission on Dental Accreditation area of ADA.org at <http://www.ada.org/100.aspx>.
- Q.** What Role Do State Dental Boards Have in Defining Scope of Practice?
- A.** State dental boards can and do set the specific scopes of practice for the dentists and allied dental personnel over which the boards have jurisdiction. This is particularly significant when considering CODA's decision to create accreditation standards. State boards of dentistry can certify educational and training programs *without* those programs seeking or receiving CODA accreditation. In fact, advocates who are working to create therapist programs in several states are attempting to pressure those states' legislatures to rewrite their dental practice acts to accomplish this.
- Q.** Then why is CODA accreditation needed?
- A.** The Commission is the only entity that has expertise in accreditation of dental education programs and can set standards on a national basis. There is the potential for fragmentation of the accreditation process if the state dental boards or other accrediting agencies accredit programs. The establishment of standards for dental therapy education is reflective of the Commission's mission, which is to serve the public by establishing, maintaining and applying standards regarding the quality and continuous improvement of dental and dental-related education.
- Q.** How will the dental community know what the Commission is doing?
- A.** CODA is committed to transparency throughout this process. There also will be opportunities for public comment on the accreditation standards as CODA develops them.
- Q.** Does CODA's action signal a weakening of the ADA's position on midlevel providers?
- A.** No. The ADA remains firmly opposed to anyone other than a dentist diagnosing oral disease or performing surgical/irreversible procedures. We are making that clear on a continual basis, through our publications, our national legislative and regulatory advocacy, our support for state dental societies in their advocacy, and our statements to the profession, other stakeholders, the media and the public at large.
- Q.** Why then is an ADA agency apparently sanctioning educational programs that would create midlevel providers?
- A.** First, while CODA is an agency of the ADA, accreditation decisions, standard setting and accreditation policy is solely under the Commission's purview, as outlined in the ADA Bylaws.

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— Dr. Luis Castillo, Fresno, CA

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Continued from page 8

CODA is recognized by the [United States Department of Education](#) (USDE) to accredit dental and dental-related education programs conducted at the post-secondary level. USDE criteria for recognition require the Commission to have a stringent conflict of interest policy. Second, CODA does not sanction programs. Its functions include formulating and approving accreditation standards by which programs are evaluated; establishing policies and procedures for conducting the accreditation program; and determining and publicizing program accreditation status. In short, CODA's recent action is not an endorsement of dental midlevels. Rather, the Commission viewed the request to set accreditation standards for programs of this type as in keeping with its mission to protect the public.

Q. Won't others view CODA's action as the ADA endorsing or moving toward endorsing midlevel programs?

A. Not if the ADA remains clear in all relevant communications that this is not that case—that the Association remains unequivocally opposed to nondentists diagnosing disease or performing surgical/irreversible procedures. Further, the ADA has adopted an ongoing effort to educate all concerned that creating midlevel practitioners—whether it occurs or not—will not have an appreciable effect on improving the oral health of the millions of Americans who lack access to dental care. Much more important are such factors as oral health education, prevention, and reforming the oral health safety net. One vehicle for communicating these messages is the ADA's ongoing series of papers, "Breaking Down Barriers to Oral Health for All Americans."

Q. What will happen next?

A. CODA Chairman Dr. Donald Joondeph will appoint a task force of dental educators and practitioners with experience in dental education to develop new standards for dental therapy education programs. The task force will report to the Commission on its progress at the August 2012 CODA meeting.

Q. Does this mean the Dental Therapy programs are accredited now?

A. No, it means only that CODA has begun the multi-year process of developing accreditation standards. The *draft* standards will go out to all communities of interest for comment. The comment period usually lasts a year, and includes open hearings at the ADA Annual Session. CODA then reviews all comments, and may revise the proposed standards. If the revisions are significant, the draft standards may go out for comment for an additional year.

Q. Does the ADA plan to study dental workforce models?

A. Yes. The ADA Board of Trustees has authorized a Request for Proposal (RFP) for a comprehensive study of all workforce models which will include economic sustainability and community health outcomes.

CCDC—JANUARY 19 AND 20, 2012

SAVE THE DATE!!!!

T

hursday, January 19, 2012—Clovis Veteran's Memorial Center - Diane Morgan-Arns will offer a 4 unit C.E. course in Infection Control and an OSHA Update for the entire dental team.

Friday will offer a full day course with Dr. Michael Melkers speaking to "Communication, the first Step, Treatment Planning based on the treatment goals the patient communicates to us and Occlusion—bringing the pieces together for treatment success and longevity."

The fundamental concepts will be explored as well as actual case applications as the concepts of communication, treatment planning and occlusion are all blended together creating restorative success.

Courses for the D.A., RDA and Hygienist are also in the planning stages. Be sure to save the date for this two-fold meeting agenda.



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Advocacy Update

Government and Public Affairs

Federal Funds to States Likely to Dwindle, Medicaid at Risk

The Aug. 2 debt ceiling/budget deal signed by President Obama is likely to mean significant cuts to federal health care programs, and it is almost certain to affect dental programs. The bill establishes discretionary spending limits for fiscal years 2012-2021 totaling \$917 billion (the first round of cuts). In addition, the legislation calls for a special bipartisan "supercommittee" of 12 members of Congress that must determine additional savings or added revenues totaling \$1.2 to \$1.5 trillion over that same period (second round of cuts). If the supercommittee fails to act, or if Congress fails to enact its recommendations, automatic across-the-board cuts (called "sequestration") will kick in.

The first round of cuts could immediately affect federal health care programs and agencies, such as the National Institutes of Health and the Centers for Disease Control and Prevention. Federal dental programs will probably be affected. The ADA recognized the need for all programs to take a hit, but will lobby hard against funding cuts that could harm dental programs or put patient care in jeopardy.

The supercommittee's recommendations will probably affect Medicare and Medicaid, although exactly how is unknown. A likely target of the supercommittee is state Medicaid flexibility (benefits and eligibility) and reduced payments. One option under consideration for years is sending block grants to states, effectively giving the states lump sums of money from which to pay for services. The ADA Board of Trustees recently passed a resolution opposing block grants unless the government could ensure that "adequate funding and safeguards are in place to provide comprehensive oral health care to underserved children and adults." An equally troublesome scenario is one in which states would cut or eliminate non-mandatory benefits altogether. Under this scenario, dental programs for adults would be at risk. The ADA and its constituent societies will continue to urge states to keep their dental programs strong.

The first rounds of cuts could immediately affect federal health care programs and agencies...

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- ♦ As an extern facility, we ask that you provide training for the minimum hours required, provide appropriate supervision, and rate the student's performance by completing an extern evaluation.
- ♦ During the extern rotation, afford the student course-related training opportunities that resemble on-the-job duties of a regular employee whenever possible.

SJVC's Dental Assisting Faculty and Extern Coordinator will provide guidance to the student and the extern facility. Our goal is to make each extern rotation a rewarding experience for all participants.

If you are interested in participating or for more information, please contact:

Loretta Phemister, RDAEF
SJVC Dental Instructor
loretta.phemister@sjvc.edu
559 448-8282

November 10, 2011

Volunteer registration now open!

Registration is now open for the CDA Cares free dental clinic scheduled May 18-19 in Modesto. CDA and the CDA Foundation are sponsoring the event in partnership with the national charitable organization Mission of Mercy.

Dentists, including specialists, hygienists, assistants, students and community members are encouraged to volunteer for CDA Cares, which is expected to provide free services such as cleanings, extractions and fillings for more than 1,500 patients over the two-day event. Oral health education and assistance in finding a dental home will also be provided.

Learn more about CDA Cares and sign-up today!

<https://www.volgistics.com/ex/portal.dll/ap?AP=310030331>

California Enhances Data Breach Notification Law

Gov. Jerry Brown signed Senate Bill 24 on Aug. 31, enhancing California's data breach notification law. The bill, introduced by Sen. Joe Simitian, had been vetoed twice by the Schwarzenegger administration. California's existing data breach notification law (SB 1386) requires companies to alert any California resident of a breach of their personal information.

SB 24 requires breach notification letters to include specific information about the breach, including a description of what happened, the type of information breached, and advice on how affected individuals can protect themselves from identity theft. Companies that experience a breach affecting more than 500 residents must now also submit a copy of the notification letter to the state Attorney General's Office. The new law is effective Jan. 1, 2012.

SB 24 does not amend the definition of "personal information." Personal information is defined as computerized, unencrypted data that includes an individual's first name or first initial and last name in combination with any of the following:

- Social security number;
- Driver's license number or California identification card number;
- Account, credit or debit card number, in combination with any required security code, access code or password that would permit access to an individual's financial account;
- Medical information; or
- Health insurance information.

It's also important that health care providers are aware that the 2009 HITECH Act added a breach notification requirement to the federal Health Insurance Portability and Accountability Act, or HIPAA.

California's SB 24 specifically states that breach notifications that are compliant with the HITECH Act's breach notification rule are deemed to comply with California law as well. In other words, if the privacy of medical or health insurance information is breached and HITECH guidelines for breach notification are followed, it is not necessary for a HIPAA-covered entity to send a separate notification letter that complies with SB 24.

Preferred Patient Organization, or Preferred Provider Organization? A Commentary by Dr. K.O. Crosby

Recently I heard that a major employer in the Valley was going to drop the choices its employees had of indemnity and PPO dental plans to no choice, every one gets the PPO. Last week I spoke to a long time friend for 50 minutes about the situation and then Wednesday took two nearby dentists out to lunch and then Friday went at lunch to visit with a fourth dentist. The discussions gave me a lot to think about so I will share what I learned and perceived to be the pros and cons.

Consequences of signing up for the PPO could be:

1. keeping my patients who were with the same insurance company. *They love me , I feel great but they are paying me less.*
2. getting the referrals from my existing patients who would refer their co-workers (now PPO patients) and hopefully friends and family who are full pay (cash or full insurance) *I get more patients from the ones who love me, some pay less maybe some will pay full fee.*
3. get more PPO patients
 - A. from the conversion of patients with the same insurance company realizing that they could see the same dentist but pay less by choosing a PPO over their original full fee plan. *My existing patients now pay me less.*
 - B. from the conversion of other existing patients

who have a different insurance company currently but are offered a choice of companies in the future and realize that their dentist is now on a PPO plan with a different company then the will certainly switch to the PPO to pay less out of pocket. *More of my existing patients who I hadn't even thought of now pay me less.*

- C. Patients who go to a "bad " dentist now can choose to come to me.

New patients love me but they pay me less.

4. Busier office
5. work harder and/or hire more employees
6. more expenses
7. less income and profit
8. Addiction to PPO
 - A. if the PPO becomes a significant fraction of the office patients then it will be hard to stop accepting PPO patients. My friend said the PPO was 50% of his practice, so I guess when the PPO says they are cutting their fees 10% as recently seen in other states he can't say no. I wonder if PPO's are the crack cocaine of dentistry.
 - B. Subject to any changes in PPO such as fees, procedures covered or rule changes.
9. Providing the same procedures for different fees to different classes of people.

A Commentary by Dr. Kenneth Crosby, Cont'd from previous page

My former full fee patients wonder why I "gouged them" all those years now that they see I'm willing to provide the same care for less. My remaining full fee patients think I am presently gouging them since their friends in the PPO are getting the same treatment for less.

Every one from first grader to senior citizen has a well developed sense of fairness. The PPO patient realizes that they are not in a PREFERRED PATIENT ORGANIZATION. They feel like they are a second class citizen since they think the full fee patient is subsidizing their lower fee treatment AND the full fee patient feels like he is subsidizing the folks with cheapskate employers.

10. We now get to learn, probably the hard way, all the new rules and regulations and exceptions about the PPO and explain them over and over again to the new PPO patients.
11. My existing full fee patients and potential new full fee patients get turned off by delayed times to get appointments and the cattle yard the waiting room becomes. *The patients I would prefer get crowded out by the PPO patients.*
12. More stress *I don't know how to handle the new business model. More work, less time, more employees, less money and temptation to compromise treatment and ethics. I don't want to die young in my office like the guy a block south did. I think he took PPO's.*

Possible consequences of not taking the PPO

1. I lose lots of patients.
2. Less busy
3. work less hard *I ain't getting any younger, maybe it would be good to live longer*
4. less income
5. less expenses

6. less profit *probably*
 7. more and sooner openings for Preferred Patients (full fee) new or reactivated ones
 8. not tempted to treat people differently based on how much they pay me
 9. All patients pay the same fee for the same service. *Everyone feels equal.*
 10. patients not feeling like they are treated or charged unfairly
 11. no one feeling like they are subsidizing the care for lower fee patients.
 12. We don't have to educate ourselves and explain to patients why their PPO is different than what they had before.
 13. A chance that I will gain new patients from practices that became "cattle yard clinics". Maybe a few discerning people will notice what their old office has become and why and will seek out a fee for service practice. *Who knows, it could happen. I have to make sure my office really is different and better.*
 14. Less stress *I keep doing what I have been doing for 27 years. Less work, more time, less employees, less take home income (probably) and less temptation to compromise treatment or ethics.*
 15. Fear of the unknown, fear patients stuck with PPO will be angry, fear of less patients, fear about less income
 16. I get to choose who I am going to rely on for my future, my family and my staff.
- Is the insurance company my friend? Have they always got my best interest at heart? Or, can I count on the one who brought me a wonderful wife, two great sons, a good profession, terrific patients and nice colleagues.

MY OPINION: I think that dentists need to weigh the pros/cons of accepting any insurance plan, and each needs to do so on an INDIVIDUAL basis, based on the specific business goals of their practice.

BECAUSE YOU ASKED: Questions are coming in regarding live scan fingerprinting regulations.

All information has been posted on our website at www.fmds.com

Search the front page for Fingerprinting Information. Locations of Live Scans are also included for your convenience. If you have any questions, please call the dental society at 438-7284.

ADDITIONALLY—REGARDING DELTA'S PPO: If you haven't received a copy of Delta's PPO Reimbursement Schedule, please call: Angela Simeone at Delta Dental and she will send you a reimbursement schedule. Her phone number is: (916) 933-9865. Her e-mail is asimeone@delta.org

Because the reimbursement rates are considered confidential and differ from zip code to zip code, I was unable to secure a copy to distribute.

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