

Fall 2010
Volume XXI Issue 4

Filling You In...

The Official Publication of the San Gabriel Valley Dental Society



PRESIDENT'S MESSAGE



Michael Tanaka, D.D.S.

“There is growing awareness that the “underserved” in California are not being treated by our current delivery system.”

Recently, Dr. Andy Soderstrom, CDA president-elect was a special guest at our SGVDS Board of Directors meeting. He addressed a number of CDA concerns. One in particular was the relationship between the Access to Dental Care and Work Force Activities Issues in California.

He reported that there is growing awareness that the “underserved” in California are not being treated by our current delivery system. He shared that other state associations are examining alternative delivery models. For example Alaska and Minnesota have adopted the dental health aide therapist (DHAT) classification to treat their “underserved”. What will the State of California do?

The entire tripartite of organized dentistry is examining this topic. On July 23rd, the CDA officers hosted an all member teleconference

presentation which addressed access and work force solutions. If you would like to hear a recording of this one hour long discussion go to: CDA.org, then forward to next page, then click “What’s New,” then click “Engage in the discussion.” The August 2nd *ADA News* issue featured a cover story entitled, “Workforce conference stimulates discussion”. This conference was a forum for all of our dental leaders of America. And, on November 12-14th our SGVDS delegates will be addressing the Access to Dental Care and Work Force Activities Issues in California at CDA House of Delegates.

There are two other dates that are important to mention, and that are probably more fun to attend.

On November 6th, SGVDS will be hosting its first Shred-a-Thon. Save the Date and keep your ears open for more details.

And on December 4th, we will be installing Dr. Ashish Vashi as the 102nd SGVDS President. He is a general practitioner in South Pasadena and has been the Director for Zone I, and the Chairman for the New Dentist Committee. He is currently our President-elect, and chairman of our Shred-a-Thon project.

In closing, this fall publication of *FYI* represents my fourth and final President’s Message to the SGVDS membership. At this time, I would like to publicly announce that it has been my privilege to be your president for the year 2010. It has been my good fortune to have had tremendous assistance from our committee chairs, Board of Directors, CDA Trustees, Executive Director and staff. Thanks to them and you - our valued members, we have done our best to serve you and our community. ▲

Why CDA Is Studying Workforce Proposals

It is a controversial topic in dentistry right now, and CDA is taking a close look at it.

Workforce activity is emerging in approximately 22 states — including California — as a way to overcome the barriers to oral health care that impact an estimated 82 million Americans.

Workforce activities across the country include:

* California – The Children’s Partnership of California and Children Now are working to create a new dental professional to meet the needs of underserved children.

* Alaska – Dental health aide therapists deliver oral health services on tribal lands.

* Minnesota – Two new models are now law: The dental therapist and advanced dental therapist are currently training.

Continued on page 3

Why CDA Is Studying Workforce Proposals

* Connecticut – The dental health aide therapist model will be tested in public health and institutional settings.

* Washington– The dental hygienist-therapist and advanced dental hygiene therapist models are expected to compete for approval in the 2011 state legislature.

* Vermont, Ohio, New Mexico, Kansas and Washington – The W.K. Kellogg Foundation is building coalitions to create a new dental team provider who can render basic restorative care.

* ADA – Community dental health coordinators are training to work in communities where residents have limited access to care.

* Josiah Macy Jr. Foundation – This foundation worked with the W.K. Kellogg Foundation to grant funds to the American Association of Public Health Dentistry to establish dental therapy curriculum.

* Institute of Medicine – Two projects are ongoing to assess the oral health care system in the United States and potential workforce strategies to address needs.

* The Pew Center on the States – It is launching a national campaign to raise awareness and expand the number of professionals to provide dental care to low-income children. Work is under way in California and Maine.

With 11 different workforce models in development stages in other states, CDA must be prepared to respond to workforce activities in a responsible way.

CDA's Policy Development Council has two volunteer workgroups that are researching evidence-based ways to address access challenges. The Access Workgroup is analyzing strategies such as Denti-Cal reform and school-based/school-linked programs, among others, with the purpose of developing practical and cost-effective recommendations to improve access.

CDA's Workforce Task Force is studying dental workforce models that exist internationally as well as those currently under consideration in the United States. The studies include capacity and efficiency of California's dental delivery system, economic impact of workforce models, development and sustainability costs, and safety of dental providers.

The work of both committees will be reported to the Policy Development Council. Upon completion of the work, a report will be presented to the CDA House of Delegates.

These studies will provide CDA with the evidence base the association needs to be the expert in discussions with policy makers and stakeholders, and will allow dentists to respond appropriately when legislative activity surfaces in the future.

For all of the research CDA is doing in this area and the political landscape across the country, go to cda.org/access. Please send your comments to access@cda.org ▲

CONTENTS

| | |
|-------------------------------------|----|
| President's Message | 2 |
| Workforce Proposals | 3 |
| Dental Management | 4 |
| Tax Corner | 6 |
| Americans with Disabilities | 7 |
| Ethics Committee at Work | 8 |
| Message from the Executive Director | 10 |
| Dental Health Scholarships | 12 |
| Give Kids A Smile Awards | 13 |
| September Meet and Greet | 14 |
| Reception for Dr. Russ Webb | 15 |
| Salute to Dr. George Gamboa | 16 |
| TDIC's Thirty Year Anniversary | 16 |
| Calendar | 17 |
| Member Network | 19 |
| New Members —Updates | 20 |
| Qualified Plan Assets | 21 |
| Important News Bits | 22 |
| It's Time to Shred | 23 |
| Panel Meeting | 23 |
| November 16, 2010 CE | BC |
| January 18, 2011 CE | BC |



MISSION STATEMENT

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promotion and support of our
member dentists in their pursuit
of providing excellent dental care
to the public.*

Dental Management For Patients Undergoing Cancer Therapy

by Dean N. Ahmad, DDS, FICOI, DABP

The involvement of a dental team experienced with oral oncology may reduce the risk of oral complications. The evaluation should occur as early as possible prior to treatment. The examination allows the dentist to determine status of the oral cavity prior to cancer therapy, and to initiate necessary interventions that may reduce oral complications during and after that therapy. Ideally, this examination should be performed at least one month prior to cancer treatment to permit adequate healing from any required invasive oral procedures. A program of oral hygiene should be initiated with emphasis on maximizing patient compliance on a continuing basis.

Initial Evaluation

Medical history review should include the type of cancer, treatment protocol, medications, allergies, and immunosuppression status.

Dental history review includes information such as habits, trauma, symptomatic teeth, previous care, preventive practices, etc.

Oral/dental assessment should include thorough head, neck, and intraoral examinations, oral hygiene assessment/instruction, and radiographic evaluation.

Preventive Strategies

Oral hygiene: Intensive oral care is of paramount importance because it reduces the risk of developing moderate/severe mucositis without causing an increase in septicemia and infections in the oral cavity. Patients should use a soft nylon brush two to three times daily. Fluoridated toothpaste can be used, but if the patient does not tolerate it during periods of mucositis, it can be discontinued and water or saline solution can be substituted. If moderate to severe mucositis develops and the patient cannot tolerate a regular toothbrush or an end-tufted brush, foam brushes or extra-soft brushes soaked in aqueous chlorhexidine can be used, although they do not provide efficient cleaning. The use of a regular brush should be resumed as soon as the mucositis improves. Electric or ultrasonic brushes are acceptable if the patient is capable of using them without causing trauma and irritation. If patients are skilled at flossing without traumatizing the tissues, it is reasonable to continue flossing throughout treatment. Toothpicks and water irrigation devices should be avoided when the patient is pancytopenic.

Diet: Dental practitioners should encourage a non-cariogenic diet and advise caretakers about the high cariogenic potential of dietary supplements rich in carbohydrates and oral medications rich in sucrose.

Fluoride: Preventive measures include the use of fluoridated toothpaste, fluoride supplements if indicated, neutral fluoride gels/

rinses, or applications of fluoride varnish for patients at risk for caries and/or xerostomia. A brush-on technique is the most convenient technique making patients more compliant.

Lip care: Lanolin-based creams and ointments are more effective in moisturizing and protecting against damage than petrolatum-based products.

Trismus prevention/treatment: Patients who receive radiation therapy to the masticatory muscles may develop trismus. Thus, daily stretching oral exercises/physical therapy should start before

Priorities should be infections, extractions, periodontal care (scaling, prophylaxis) and sources of tissue irritation.

radiation is initiated and continue throughout treatment. Therapy also may include prosthetic aids to reduce the severity of fibrosis, trigger-point injections, analgesics, muscle-relaxants, and other pain management strategies.

Reduction of radiation to healthy tissues: In cases of radiation to the head and neck, the use of lead-lined aprons, and shields, as well as beam-sparing procedures, should be discussed with the radiation oncologist.

Education: Patient/caretaker education includes the importance of optimal oral care in order to minimize oral problems/discomfort during and after treatment and the possible acute and long-term effects of the therapy in the craniofacial complex.

Dental Procedures

In general, the patient's blood counts normally start falling five to seven days after the beginning of each cycle, staying low for approximately 14-21 days, before rising again to normal levels for a few days until the next cycle begins. Ideally, all dental care should be completed before cancer therapy is initiated. When that is not feasible, temporary restorations can be placed and non-acute dental treatment can be delayed until the patient's hematological status is stable, usually in the few days between treatment cycles.

Prioritizing procedures: Priorities should be infections, extractions, periodontal care (scaling, prophylaxis) and sources of tissue irritation before the treatment of carious teeth, root canal therapy for permanent teeth, and replacement of faulty restorations. The risk for pulpal infection and pain determine which carious lesions

Continued on page 5

Continued from page 4

Dental Management For Patients Undergoing Cancer Therapy

should be treated first. Incipient to small caries can be treated with fluorides and sealants until definitive care can be accomplished. It is also important to be aware that the signs and symptoms of periodontal disease can be decreased in immunosuppressed patients.

Pulp therapy in primary teeth: Many clinicians choose to provide a more radical treatment in the form of extraction because pulpal/periapical/furcal infections during immunosuppression periods can have a significant impact on cancer treatment and become life-threatening. Teeth that already have been treated pulpally and are clinically and radiographically sound present minimal risk.

Endodontic treatment in permanent teeth: Symptomatic non-vital permanent teeth should receive root canal treatment at least one week before initiation of cancer therapy to allow sufficient time to assess treatment success before the chemotherapy. If that is not possible, extraction is indicated. Extraction is also the treatment of choice for teeth that cannot be treated by definitive endodontic treatment in a single visit. In that case, the extraction should be followed by antibiotic therapy for about one week. Asymptomatic endodontic needs in permanent teeth can be delayed until the hematological status of the patient is stable. It is important that the etiology of periapical lesions associated with previously endodontically treated teeth be determined because they can be caused by a number of factors including pulpal infections, inflammatory reactions, apical scars, cysts and malignant lesions. If a periapical lesion is associated with an endodontically treated tooth and no signs or symptoms of infection are present, there is no need for retreatment or extraction since the radiolucency is likely due to an apical scar.

Orthodontic appliances and space maintainers: Appliances should be removed if the patient has poor oral hygiene and/or the treatment protocol regimen carries a risk for the development of moderate to severe mucositis, except for smooth appliances such as band and loops and fixed lower lingual arches. Removable appliances and retainers that fit well may be worn as long as tolerated by the patient who shows good oral care. If band removal is not possible, vinyl mouth guards or orthodontic wax should be used to decrease tissue trauma.

Periodontal considerations: Partially erupted molars can become a source of infection because of pericoronitis. The overlying gingival tissue should be excised if the dentist believes it is a potential risk and if the hematological status permits.

Extractions: There are no clear recommendations for the use of prophylactic antibiotics for extractions. Particular attention should be given to extraction of permanent teeth in patients who will receive or have received radiation to the face because of the risk of osteoradionecrosis. Surgical procedures must be as atraumatic as possible, with no sharp bony edges remaining and satisfactory closure of the wounds. If there is documented infection associated with the tooth, antibiotics, ideally chosen with the benefit of sensitivity testing, should be administered for about one week.

Loose primary teeth should be left to exfoliate naturally and the patient should be counseled to not play with them in order to avoid bacteremia. If the patient cannot comply with this recommendation, the teeth should be removed if the hematologic parameters allow.

Impacted teeth, root tips, teeth with periodontal pockets >6 mm, teeth exhibiting acute infections, significant bone loss, involvement of the furcation, or mobility, and non-restorable teeth should be removed ideally two weeks (or at least 7 to 10 days) before cancer therapy starts to allow adequate healing.

Some practitioners prefer to extract all third molars that are not fully erupted while others favor a more conservative approach, recommending extraction of third molars at risk for pulpal infection or those associated with significant periodontal infection, including pericoronitis.

If a permanent tooth cannot be extracted for medical reasons (i.e., severe thrombocytopenia), then the crown should be amputated above the gingiva and root canal therapy should be initiated on the remaining root fragment to minimize the risk of disseminating infection through the systemic circulation. The root canal chamber should be sealed with an antimicrobial medicament. Antibiotics should follow for seven to ten days afterwards with the extraction subsequently done when the patient's hematological status is normal.

Dental Care

Only conservative emergency dental care should be provided during immunosuppression, and only after consultation with the medical team in regards to platelet and antibiotic therapy. Patients who are using plant alkaloid chemotherapeutic agents (vincristine, vinblastine) may present deep, constant pain (mostly in the mandible) in the absence of odontogenic pathology. The pain resolves with discontinuation of the drugs and no treatment is necessary.

Periodic evaluation: The patient should be seen at least every six months (sooner if more imperative issues such as xerostomia and

Loose primary teeth should be left to exfoliate naturally.

trismus are present), preferably in times of stable hematological status and always after reviewing the medical history and the need for endocarditis coverage if a central line is still in place. Patients who have experienced chronic or severe mucositis should be followed closely for malignant transformation of their oral mucosa (e.g., oral squamous cell carcinoma).

Orthodontic treatment: Orthodontic care may start or resume after completion of all therapy and after at least a two year disease-free survival when the risk of relapse is decreased and the patient is no longer using immunosuppressive drugs. A thorough assessment of any dental developmental disturbances caused by the cancer therapy must be done before initiating orthodontic treatment. The following strategies should be considered to provide orthodontic care for patients with dental sequelae: (1) use appliances that minimize the risk of root resorption, (2) use lighter forces, (3) terminate treatment earlier than normal, (4) choose the simplest method for the treatment needs and

Continued on page 6

TAX CORNER

California Overtime Rules

California Assembly Bill AB 60 reinstates the daily overtime starting January 2000.

The general overtime provisions are as follows:

1. One and one-half times the employee's regular rate of pay for all hours worked in excess of eight hours up to and including 12 hours in any workday, and for the first eight hours worked on the seventh consecutive day of work in a workweek; and
2. Double the employee's regular rate of pay for all hours worked in excess of 12 hours in any workday and for all hours worked in excess of eight on the seventh consecutive day of work in a workweek.

The California Labor Commissioner is charged to enforce the overtime regulations. Employers can be assessed penalties by the Division of Labor Standards Enforcement in the amount of \$50 per unpaid worker for each pay period the worker was not paid correctly.

There are exemptions to the rules (please refer to (www.dir.ca.gov/dlse)) such as:

1. Executive, administrative and professional employees.
2. Employees in the computer software field.
3. Employees directly employed by the State or any political subdivision thereof, including any city, county or special district.
4. Outside salespersons.
5. Any individual who is the parent, spouse, child, or legally adopted child of the employer.
6. Student nurses in a school accredited by the California Board of Registered Nursing or by the Board of Vocational Nurse and Psychiatric Technician Examiners.
7. Crew members employed on a commercial fishing boat.
8. Professional actors.
9. Personal attendants.

Cuong Le, EA, CPA, CSA is a practitioner located in Santa Monica providing tax, financial advisory and due diligence to healthcare professionals (especially dentists), a select number of nonprofit organizations and the entertainment community. He has served on the board of a number of nonprofit organizations. ▲

Continued from page 5

Dental Management For Patients Undergoing Cancer Therapy

(5) do not treat the lower jaw. However, specific guidelines for orthodontic management, including optimal force and pace, remain undefined.

Oral surgical procedures such as an extraction or excisional biopsy may require pre-operative and post-operative hyperbaric oxygen to avoid osteomyelitis if the patient has had previous cranial radiation therapy to the involved maxillary or mandibular area.

Management of Oral Conditions Related to Cancer Therapies

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There are also exceptions to the rules such as:

1. All employees subject to a validly adopted alternative workweek schedule.

An alternative workweek schedule requires an employee to work more than eight hours in a 24-hour period. The regular rate of pay will not be affected based on an alternative workweek schedule of four 10-hour days or three 12-hour days.

2. Employees in the healthcare industry who are subject to a validly adopted alternative workweek schedule. Healthcare industry is defined as hospitals, skilled nursing facilities, intermediate care and residential care facilities, convalescent care institutions, home health agencies, clinics operating 24-hour per day and clinics performing surgery, urgent care, radiology, anesthesiology, pathology, neurology or dialysis.
3. Resident managers of homes for the aged having less than eight beds.
4. Employees directly responsible for children under 18 receiving 24-hour residential care.
5. Ambulance drivers and attendants.

Mucositis: Mucositis care remains focused on palliation of symptoms and efforts to reduce the influence of secondary factors on mucositis. Most studies do not demonstrate a prophylactic impact of chlorhexidine on mucositis.

Oral mucosal infections: The signs of inflammation and infection may be greatly diminished during neutropenic periods. Thus, the clinical appearance of infections may differ significantly from the normal. Close monitoring of the oral cavity allows for timely diagnosis and treatment of fungal, viral and bacterial infections. Prophylaxis with nystatin for fungal infections is not effective. Oral cultures and/or biopsies of all suspicious lesions should be done

Continued on page 7

Americans with Disabilities Act

How it affects your practice

by **Yasica Corum and Carla Christensen**

Risk Management Staff, TDIC

Established in 1990, the Americans with Disabilities Act (ADA) is a federal civil rights statute that protects the rights of people with disabilities. The ADA affects hiring practices and access to public accommodations such as businesses, transportation, and non-profit service providers. Nearly all types of private businesses that serve the public are subject to ADA compliance requirements, regardless of size. In recent months, the TDIC Risk Management Advice Line has experienced an increase in calls regarding public accommodation for dental practices.

According to ADA guidelines, if you own, operate, rent, or lease to a business that services the public, you have an obligation to ensure that any existing or newly constructed facility is ADA compliant. The property owner and tenant (owner of the business) are both responsible for ensuring ADA compliance. Be sure to review any lease agreement for ADA compliance responsibilities prior to signing it. As with all lease agreements, you should consider hiring an attorney to review the lease prior to signing it.

The Department of Justice issues the ADA Standards for Accessible Design, which is located at www.ada.gov. These regulations dictate access requirements from how wide your office doors should swing open to how many inches above the floor to place a counter. Some states are enacting legislation to promote and increase compliance with ADA requirements and to reduce ADA lawsuits. For example, California passed SB 1608 in 2008 to provide business owners with an inspection resource, including posting inspection results

on a state website, and provision of a window placard “to show good faith on the part of the business.” A benefit of this service allows defendants in an ADA claim to request a 90-day stay of the lawsuit and participate in an Early Evaluation Conference.

The ADA can also affect hiring practices. According to the U.S. Equal Employment Opportunity Commission (EEOC), disability discrimination occurs when an employer, or his or her entity, treats a qualified individual with a disability, whether applicant or employee, unfavorably because he or she has a disability. The law prohibits disability discrimination as defined by the EEOC in any aspect of employment, including, but not limited to, hiring, firing, pay, job assignments, promotions, or layoffs. It is illegal to harass an applicant or employee because he or she has a disability, had a disability in the past or is believed to have a physical or mental impairment that is not transitory or minor. The law requires an employer to provide reasonable accommodations to an employee or job applicant with a disability unless doing so would cause significant difficulty or expense for the employer or pose a significant safety issue (e.g. vision impaired pilot or bus driver). For more information on what the law requires, contact an employment attorney or visit www.eeoc.gov.

Compliance with federal ADA regulations and state laws promoting compliance is a serious responsibility. Premises Liability under TDIC’s Professional and Business Liability coverage allows TDIC to provide defense if an allegation involving ADA violations is brought against a policyholder. ADA fines, penalties, and improvement costs are not covered. For more information or advice on compliance, call the TDIC Advice Line at 800.733.0634. ▲

Continued from page 6

Dental Management For Patients Undergoing Cancer Therapy

and prophylactic medications should be initiated until more specific therapy can be prescribed.

Oral bleeding: Oral bleeding occurs due to thrombocytopenia, disturbance of coagulation factors, and damaged vascular integrity. Treatment should consist of local approaches (pressure packs, anti-fibrinolytic rinses, gelatin sponges, etc) and systemic measures (platelet transfusions).

Dental sensitivity/pain: Tooth sensitivity could be related to decreased secretion of saliva during radiation therapy and the lowered salivary pH.

Xerostomia: Sugar-free chewing gum, candy, sucking tablets, special dentifrices for oral dryness, saliva substitutes, frequent sipping of water, bland oral rinses, and/or oral moisturizers are recommended. Fluoride rinses and gels are recommended highly for caries prevention.

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Your Component Ethics Committee at Work

Ever wonder who you can call if you find yourself facing an ethical dilemma and you're just not sure of the right thing to do? Are you getting ready to place an ad in your local newspaper but you're not certain if there are any state laws that you need to be aware of before doing so? Have you been asked to volunteer at a health fair at your child's elementary school and you're wondering if you can use it as an opportunity to market your practice?

Your component ethics committee is the first point of contact when seeking information and/or assistance regarding ethical questions, guidelines or complaints. Component ethics committee members and staff can serve as an invaluable source of information regarding ethical issues and certain aspects of state law. Not only does this allow inquiries to be addressed at a local level, but it fosters the vital relationship between CDA members and the peers who have been selected to assist and represent them in organized dentistry.

In addition to their role in educating members, the component ethics committee also serves as the primary contact for members, non-

Your component ethics committee is the first point of contact when seeking information and/or assistance regarding ethical questions, guidelines or complaints.

members and patients who wish to file an ethics complaint against a CDA member dentist. The ethics committee can frequently facilitate the resolution of a complaint that has stemmed from a misunderstanding simply by contacting the dentist in question and alerting him/her of the situation and informally working with the two parties to assist them in reaching a satisfactory solution. For example, if a patient contacts the dental society with a complaint that a staff member at his/her dentist's office is refusing to release copies of their records because they have an outstanding balance for treatment, the ethics committee can often resolve the situation simply by contacting the dentist directly and informing him/her of the state laws pertaining to the patient's right to copies of records. Frequently, in this type of situation, a dentist is unaware that their patient has such a complaint and through contact with the ethics committee, can then ensure that the patient's request is addressed and that his/her office staff is adequately educated to respond to such requests in the future.

The type of informal intervention described above not only provides the patient with a prompt and fair resolution, but constitutes a valuable membership benefit that can frequently obviate the need for formal action through the Judicial Council and/or Dental Board of California.

While the Judicial Council is the body of the California Dental Association that is charged with enforcing the CDA *Code of Ethics* and disciplining members who are found to be in violation, the Judicial Council would be unable to fulfill this responsibility without close collaboration with the local ethics committees at each component dental society. For complex complaints, or those that cannot be addressed informally and may warrant disciplinary action, the ethics committee serves as the investigatory body responsible for gathering all applicable information and evidence in the case. Only then is the case forwarded to the CDA's Judicial Council for a determination regarding potential disciplinary action.

While many members may never have occasion to contact their local ethics committee, it's important to know that they are ever present and willing to assist you should the need arise.

For additional information on this or any other ethical issues, or for a hard copy of the CDA Code of Ethics, please contact Brooke Vanderlinde at (916) 554-5948. ▲

It Could Happen to YOU

We need to prepare for the unexpected! Our Society is compiling reference files for all its members so we can best assist you (or your family members) care for your patients in the event you have an unexpected (personal) emergency. Please make the call to our executive director at (626) 285-1174; or send her an email, director@sgvds.org, and let her know which of your colleagues you would want contacted in order to provide short-term, pro bono dental care to your patients.

The Society will help you build your support "team" that you, too, will support, if need be. Preparing in advance can make all the difference in the world. If you would like to discuss this "Mutual Office Coverage," also known as "MOC" with Dr. Michael Tanaka, Committee Chair, please feel free to contact him at (626) 331-3354. Forms to get you started in your emergency coverage arrangements are available at the Society office. Please do not delay!



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Message from the Executive Director



Lee Adishian

*Throughout the years
your leaders at SGVDS have
built a strong, dynamic
continuing education program.*

Got Season Pass?

As I write this it is nearing the end of August, and fall is around the corner. I always thought summer was 'billed' as the season for care free days. The older I get the more certain I am that this is only for children on a break from their regular school schedules! The society office continued to be busy all summer; Martha and I have spent the time gearing up for the fall festivities- programs, events and opportunities made available to our members.

The Programs committee is actively working on putting together the line-up for 2011. Throughout the years your leaders at SGVDS have built a strong, dynamic continuing education program. They continue to build on this legacy each year. I know the programs that SGVDS offers for 2011 won't disappoint!

Here is a sneak preview. In January, SGVDS makes available the required California Law and Infection Control each year to give our members and their staff the opportunity to keep abreast of their licensure requirements. Dean Avishai Sadan of the Herman Ostrow School of Dentistry at USC, will be presenting his topic on 'Comprehensive Esthetic Dentistry Update' in February. In March, Jessica Mosich, PhD will present 'Thinking outside the Chair - Mental Health and Well-Being for the Dental Professional. Don't forget to bring your staff to the March meeting, this is staff appreciation month. And, in April Dr. Nadim Baba, professor at Loma Linda University will present, 'Treatment of Endodontically Restored Teeth'. The remainder of the year is still being finalized as I write this.

We will continue to offer program meetings to our members for \$65 a meeting. Additionally, our Season Pass is \$295 for all 6 meetings, which is a savings of \$95. For \$295 you can attend 6 dinner meetings, receive 18 units of CE credit, visit exhibitors and enjoy the camaraderie of your colleagues. Where could you get a better bargain? I hope you will take advantage of this offer, and join your colleagues at the meetings. You may call the society office at any time, we will be happy to book you your Season Pass.

See you at the meetings, Lee ▲



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2010 Allied Dental Health Scholarships Awarded at September Meeting



Directors and Scholarship Recipients in attendance: (Left to Right Top Row:) Hacienda/La Puente Dental Assisting Director, Gretchen Richardson; Tri-Cities Dental Assisting Director, Pat Mc Caw; PCC Dental Assisting Director, Lori Gagliardi; (Middle Row:) Hacienda/La Puente Dental Assisting student, Breeann Garcia; Scholarship Chairman, Ronald Robin; PCC Dental Hygiene Director, Thomas Neiderer; (Bottom Row:) Citrus College Dental Assisting Instructor, Dora Arredondo; Citrus College Dental Assisting student, Mariechris Ancheta; PCC Dental Technician student, Jason Lee; Tri-Cities Dental Assisting student, Monica Garcia; PCC Dental Hygiene student, Mary Elizabeth Dinh; Everest Dental Assisting student, Llesica Ruiz; Everest Dental Assisting Director, Virginia Cardoza

Each year, San Gabriel Valley Dental Society, California Dental Association and The Dental Foundation of California partner together to award the Allied Dental Health Student Scholarship Awards to dental hygiene, dental assisting and dental laboratory technician students. At our September meeting, the SGVDS Scholarship Committee chaired by Dr. Ron Robin, awarded scholarships to dental auxiliary students who are enrolled in the local state approved programs. These eight students were chosen by our Scholarship Committee for submitting excellent essays demonstrating leadership, outstanding achievements, community service and a desire to pursue a career in the dental field.

Join me in giving these exceptional students a round of applause. SGVDS wishes them success as they complete their education and launch their careers in the dental profession.

A special thank you to the Scholarship Committee for their dedicated time and effort in the selection process:

Dr. Ron Robin, Chairman

Committee Members: Drs. Scott Adishian, Emad Ammar, Suzanne Coulter, John DiGiulio, Stephen Flanders, David Garrett, Ralph Hansen, George Hsieh, Saleh Kholaki, Donna Klauser, Stephen Lojeski, Kit Neacy, Vance Okamoto, Eugene Sekiguchi, R. Jerry Smith, W. Frederick Stephens, Michael Tanaka, Dale Wagner and Peter Young.



(Left to Right, Front Row) Drs. Michael Tanaka, Chairman Ron Robin, Saleh Kholaki (Back Row) Drs. Ralph Hansen, Jerry Smith, Vance Okamoto, Stephen Flanders, Donna Klauser, Dale Wagner, George Hsieh

2010 Allied Dental Health Scholarships Winners

Dental Assistants

1st – Nam Lee

Lori Gagliardi, Director of Pasadena City College
Dental Assisting Program

1st - Mariechris Ancheta

Claudia Pohl, Director of Citrus College Dental Assisting
Program

2nd – Monica Garcia

Pat McCaw, Director of Tri-Cities Dental Assisting
Program

2nd - Antoine Rowe

Hamlet Gevorkyan, North-West College Dental
Instructor

3rd – Llesica Estrada

Carol Kruger, Director of Everest College Dental
Assisting Program

3rd - Breeann Garcia

Gretchen Richardson, Director of Hacienda/La Puente
Dental Assisting Program

Dental Tech

1st – Jason Lee

Anita Bobich, Director of Pasadena City College Dental
Tech Program

Dental Hygiene

1st – Mary Elizabeth Dinh

Thomas Neiderer, Director of Pasadena City College
Dental Lab Program

2010 Give Kids A Smile Awards

Under the direction of the Zone Directors, over 8,300 children were screened with the GKAS program this year. We salute the efforts of every person who volunteered their time to provide oral health assessments to the children within the San Gabriel Valley.



(Left to Right) Drs. Zone 5 Director Saeda Basta, President-Elect Ashish Vashi, Zone 3 Director Paula Elmi, Zone 1 Director John Khalaf, Zone 2 Director Lynn Mutch, Zone 4 Director Donna Arase, President Michael Tanaka

September Meet and Greet



Over one year ago, at a committee meeting for the 'New Dentist Committee,' it was decided that during the year, SGVDS would organize a social in each of the Zones for the newer members. Our first Meet & Greet held in September of 2009 at Paco's was well attended and exceeded the committee's expectations. During 2009, SGVDS coordinated socials in Arcadia, Pasadena, Alhambra, Covina and San Gabriel. Here we are a year later at Paco's in Arcadia with more photos to share! The Meet & Greets offer a venue for the newer dentist and member to get acquainted with some of the

Board members, meet up with their colleagues, and to hopefully find a connection and place to serve within SGVDS. If you are looking for a place to connect, we welcome you to join the group. The committee continues to explore ideas that will assist the newer dentist with the numerous transitions they are confronted with. On **Sunday, November 7th**, there will be a Panel Meeting for the *newer dentist* held at the Almansor Court. This will be the place to come and get all your questions answered. (See the back inside cover for details.)



Meet & Greet (cont.)



Reception for Russ Webb, DDS

A reception honoring Russ Webb, DDS, a candidate for ADA President-Elect was held at the home of Dr. and Mrs. Atul Suchak on

August 14th. Dr. Webb was CDA President in 2004-2005, and is endorsed by CDA. Elections will be held concurrently with the October ADA House of Delegates in Orlando, Florida.



(Left to right:) Drs. Lance Windsor, Atul Suchak, Russ Webb, Emad Ammar, Irvin Kaw, Stephen Flanders

Spotlight on Members

Salute to Dr. George Gamboa

On July 15th, SGVDS honored the tremendous efforts and volunteer spirit of an outstanding member dentist, George Gamboa at a dinner at The Derby in Arcadia. Dr. Gamboa served on both the SGVDS and the FSGVDS Board until he officially retired from these positions in 2010. Dr. Gamboa is known by his colleagues as an exceptional dentist and wonderful human being. He graduated in 1946 from Pacific Union College (UOP) and in 1953 from the University of Minnesota with his MS in Oral & Maxillofacial Surgery. Throughout his career, he has volunteered in numerous

capacities with a list a mile long. Additionally, Dr. Gamboa served as President of the Board for SGVDS in 1984.

In a thank you note the dental society received from Dr. Gamboa he said, "I am so proud of the dental profession and the work of our society in the health service we provide to the community. Those able to attend the dinner displays the commitment of our colleagues for one whose very active participation in the society was 25-30 years ago." Dr. Gamboa continues to be a source of inspiration for our society, and we salute his dedication.



Photo (Left to right)
Back Row- Drs: Dale Wagner, Ray Yeung, Gene Sekiguchi, Marty Singer, Bruce Schutte, Michael Tanaka, Stephen Lojeski, Vance Okamoto, Emad Ammar
Front Row- Drs: John Gawley, Dale Carpenter, George Gamboa, Donna Arase



TDIC Celebrates Their Thirty Year Anniversary

Did you know that TDIC was established just for you? The founders realized a need for establishing The Dentists Insurance Company in 1980 at a time when high premiums and the chaotic professional liability marketplace had prompted many carriers to leave California. Today, TDIC insures more than 17,000 dentists nationwide in 40 states. TDIC underwrites policies for

professional and business liability, employment practice liability, and building and business personal property. TDIC is a member benefit. Are you taking full advantage of this benefit? Call your local representative today!

(SGVDS representatives—David Jacobsen and Samson Landeros at 800-733-0633)

SGVDS 2010 - 2011 Calendar

OCT. 2010

- Wed., 10/6 CPR Certification, SGVDS office
5:30-9:30pm
- Sat.-Tues. 10/9-12 ADA Annual Session
All day
- Tues., 10/19 CE Program/General Membership Meeting
Almansor Court, Alhambra
4:30-8:45pm
“Cone Beam Technology”
Dr. Kottal and Kodak

NOV. 2010

- Tues., 11/2 Election Day
- Wed., 11/3 CPR Certification, SGVDS office
5:30-9:30pm
- Sat., 11/6 Shred-a-thon, Covina
10:00am
- Sun., 11/7 New Dentists Panel Meeting
Almansor Court, Alhambra
9:00am-1:00pm
- Fri.-Sun., 11/12-14 CDA House of Delegates
Beverly Hills, CA
All day
- Tues., 11/16 CE Program/General Membership Meeting
Almansor Court, Alhambra
4:30-8:45pm
“Head and Neck Pathology”
Dr. Parish Sedghizadeh
- Thur.-Fri., 11/25-26 Thanksgiving Holidays, SGVDS office closed

DEC. 2010

- Wed., 12/1 CPR Certification, SGVDS office
5:30-9:30pm
- Sun., 12/5 **2011 Installation of Officers**
Almansor Court
6:30pm
- Fri.-Sat., 12/24-25 Christmas Holidays
SGVDS office closed

JAN. 2011

- Sat. 1/1 New Years Day Holiday
SGVDS office closed
- Wed., 1/5 CPR Certification, SGVDS office
5:30-9:30pm
- Tues., 1/18 CE Program/General Membership Meeting
Almansor Court, Alhambra
3:30-8:45pm
“CA Law & Infection Control”
Leslie Canham, CDA. RDA
- TBA Leadership Retreat
All day

SGVDS 2010 OFFICERS AND DIRECTORS

President—Michael Tanaka, DDS
President-Elect—Ashish Vashi, DDS
Secretary—Irvin Kaw, DMD
Treasurer—Vance Okamoto, DDS (*Ex Officio/Presidential Appointment*)
Past President—Saleh Kholaki, DDS
Trustee—Scott Adishian, DDS
Trustee—Ron Robin, DDS
Director, Zone I—John Khalaf, DDS
Director, Zone II—Lynn Mutch, DDS
Director, Zone III—Paula Elmi, DMD
Director, Zone IV—Donna Arase, DDS
Director, Zone V—Saeda Basta DDS
Editor—John DiGiulio, DDS, MS (*Ex Officio/Presidential Appt./Continuing*)

CDA Delegates—New Terms (3-year term)
 —Irvin Kaw, DDS
 —Donna Klauser, DDS, DAPB
 —Ashish Vashi, DDS
Continuing Terms
 —Donna Arase, DDS
 —Vivianne Haber, DDS
 —Saleh Kholaki, DDS
 —Steve Lojeski, DDS
 —Michael Tanaka, DDS
Alternate Delegates—1 year term-alphabetical
 —Saeda Basta, DDS
 —Leshin Chen, DDS
 —George Chew, DDS
 —Patricia Donnelly, DDS
 —John Khalaf, DDS
 —Peter Lam, DDS
 —Gary Niu, DDS
 —John Sudick, DDS

2010 STANDING COMMITTEE CHAIRS

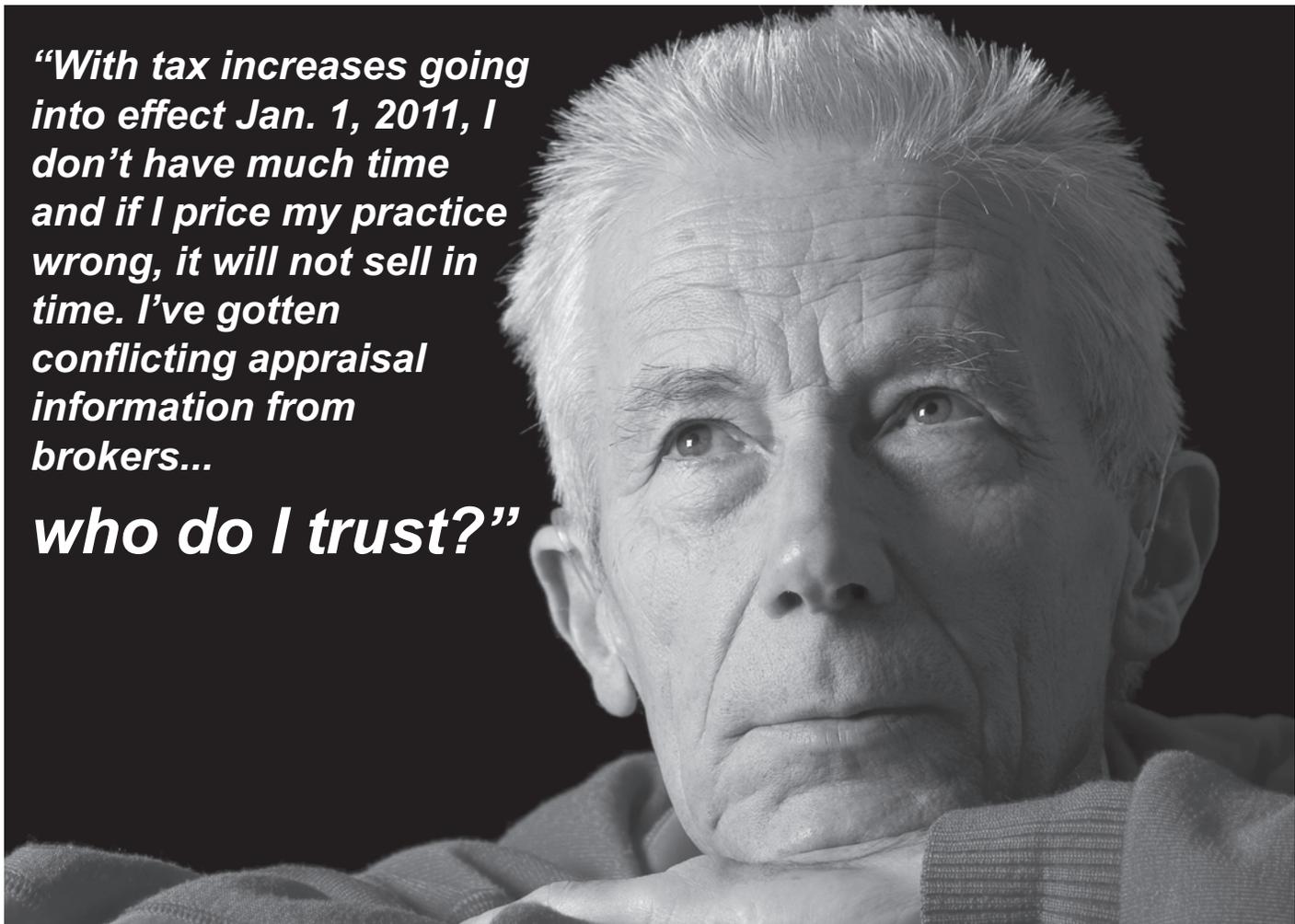
| | |
|----------------------|--------------------------|
| Allied Dental Health | |
| Professionals | Ron Robin, DDS |
| Bylaws | Stephen Flanders, DDS |
| DA/Hygiene Liaison | Saleh Kholaki, DDS |
| Ethics | Donna Klauser, DDS, DAPB |
| Legislation/CalDPac | Ron Robin, DDS |
| Co-Chair | Kit Neacy, DDS |
| Membership | Gary Niu, DMD |
| Mutual Office | |
| Coverage (MOC) | Michael Tanaka, DDS |
| Peer Review | Patricia Donnelly, DDS |
| Programs | Ralph Hansen, DMD |
| Publications | John DiGiulio, DDS |
| Well Being | Robert Shimasaki, DDS |

AD-HOC COMMITTEE CHAIRS

| | |
|-------------------|--|
| Assets Management | (P.Pres, Pres, Pres-Elect & Treasurer) |
| Committee to the | |
| New Dentist | Andy Kau DDS |
| Website/Media | Leshin Chen, DDS |
| Relations | |

“With tax increases going into effect Jan. 1, 2011, I don’t have much time and if I price my practice wrong, it will not sell in time. I’ve gotten conflicting appraisal information from brokers...

who do I trust?”



Banks today seldom loan more than 80 or 85% of one years Gross Collections for a purchase. Couple that with today’s more sophisticated Buyers who will only pay “Fair Market Value”, ie “The Value that an open market will bear for a typical practice, given a willing Buyer, a willing Seller, and adequate time to market” and you see that your concern is valid. Some Brokers will tell the Seller whatever he wants to hear to secure the listing. Often that means overpricing the practice...” They will then work the Seller to reduce the price after awhile, but by then the best Buyers have ruled out the overpriced practice.

At D&M we’ve responded to Sellers concerns & issues for over 16 years with hundreds of successful results. Our concern for the Seller is to ensure his practice can be sold quickly & get funded in today’s financial atmosphere. That requires honest pricing, not pie-in-the-sky pricing that will chase away qualified Buyers. If you want a timely sale with no “Broker Puff”, then contact D&M for a no-obligation, confidential consultation.

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For Lease—1000 sq. ft. medical or dental office space for \$1500/month. Call 626-287-4094.

Beverly Hills Family Dental Practice 4 Sale. 4 operatories, 1100 square feet, ground floor corner, no HMO, all PPO's. dentist@dslextreme.com.

Cerec '07 4 Sale. Latest MCXL Milling unit, Acquisition System, Ivoclar furnace. Sale by original owner. Lightly used. Call 626-552-8844. cerec4sale@gmail.com.

Dent-X 810 Basic x-ray processor free. Call 626-793-4185 or Fax 626-793-8904.

Professional Office for Lease in San Gabriel on Las Tunas Drive. (Cross streets: Del Mar and New). 1060 sq. ft. ideal for Dental Specialist. Building currently has three separate dental offices. (626) 319-5713.

Suite for Lease: Ideal for endo, perio or oral surgery. Next to an established busy pedo/ortho office at 701 S. San Gabriel Blvd. SG. Convenient location from FWY10, 60 & 210. (626) 688-0321 or (626) 309-0066.

Practice Update—Do you have an associate position, space to share or a practice for sale? Let SGVDS staff know and they can assist you and your practice. — Let us know if you are looking for a full or part-time associate and what days per week. Also, if you have a space to share if a dentist wishes to set up his/her practice within your office. Advise us how they can contact you, either by phone or email. Call Lee at the Society office at 626-285-1174 or email director@sgvds.org.

For Rent or Sharing—G.P. or Specialist—Newly constructed dental office, excellent location and beautiful building at 2630 San Gabriel Blvd. in Rosemead. (626) 675-5005. ▲

Frequently Called Numbers:

American Dental Association
(800) 621-8099 (Members only)
(312) 440-2500
www.ada.org

California Dental Association
(800) 736-8702 (Operator)
(800) 736-7071 (Voicemail)
(866) 232-6362 (Member Contact Center)
www.cda.org

Cal/OSHA Consultation
(800) 963-9424

California Poison Control System
The Poison Action Line
(800) 876-4766;
www.calpoison.org

(DEA)U.S. Drug Enforcement Administration
(213) 621-6700
www.dea.gov

Dental Board of California (New Contact information as of 3/2/2008)
2005 Evergreen St., Suite 1550
Sacramento, CA 95815
(877) 729-7789 (916) 263-2300
Lic Renewals: ext 2304
Complaints (877) 729-7789, www.dbc.ca.gov/
FNP (Fictitious Name Permits): David ext 2332

EPA – Environmental Protection Agency
(800) 618-8942

Federal Trade Commission/Western Region
(777) 382-4357

(TDIC) (The) Dentists Insurance Company
<http://www.thedentists.com/?prolificView=3>
Sales Reps for SGVDS:
Commercial (Prof. Liability):
Samson Landeros: (877) 393-9384
Personal Life & Health: David Jacobsen:
(866) 691-0309

X-ray License Certification Classes
Hacienda/La Puente: (626) 934-2890
X-ray certification + coronal polishing and RDA prep courses
Hacienda/La Puente: (626) 934-2890

Editor: John DiGiulio, DDS, MS

Managing Editor: Lee Adishian, RDH
Executive Director

Design and Production:
Casa Graphics, Inc., Burbank, CA
Printing: Sundance Press, Tucson, AZ

The opinions expressed in this newsletter are those of the author(s) and are not regarded as expressing the view of the San Gabriel Valley Dental Society unless such statements or opinions have been otherwise decided upon by special resolution of the Board of Directors. All editorial contributions are subject to space and/or content editing at the Editor's discretion. Acceptance of advertising in no way constitutes professional approval or endorsement.

NEW MEMBERS—UPDATES & MORE

NEW MEMBERS

Ching-Hsiu Chiu, D.D.S.

Periodontist- USC 2010; 2007
Interviewing

Zhixin Guan, D.D.S.

GP- UCSF 2007
1406 N. Azusa Ave., Covina 91722
(626) 858-9940

Kwang Seob Kim, D.D.S.

Pros/Implants – UIC, LLU 2002; 2003
GP-Chonnam Nat'l U Korea 1987
18250 E. Colima Rd. # 201; Rowland
Hgts. 91748
(626) 964-2875

Viviane Lee, D.D.S.

Orthodontist- USC June 2010; 2007
612 W. Duarte Rd. Ste. 502; Arcadia
91007
(626) 789-6631

Julio Moreno, D.D.S.

GP- UCLA 2009
111 E. Live Oak Ave.; Arcadia 91006
(626) 445-1181

Daniel No, D.D.S.

GP- USC 2010
1995 S. Atlantic Blvd.
Monterey Park 91754
(323) 264-2500

Ted Sheng, D.D.S.

GP- USC 2010
2630 San Gabriel Blvd. Ste. 202;
Rosemead 91770
(626) 280-8818

Aimee Taraporewalla, D.D.S.

GP- USC 2006
241 S. Glendora Ave.; Glendora 91741
(626) 852-3750

Elaine Wang, D.D.S.

GP- NYU 2009
Interviewing

REINSTATED MEMBERS

Joffery Legaspi, D.M.D.

GP- De Ocampo Mem College 1979
3136 W. Main Street; Alhambra 91801
(626) 289-2028
Dropped 2009
Reinstated 2010

TRANSFERRED MEMBERS

Virginia Agustin, D.M.D.

GP- CEU 1991
Transfer from LADS
525 N. Azusa Ave. Ste. 112
La Puente 91744
(626) 336-4453

Linus Chong, D.D.S.

Periodontist- Temple U 2008; UOP 2003
Transfer from TCDS
Interviewing

Min Li, D.D.S.

GP- International 2005
Transfer from Illinois (out of state)
Interviewing

Whelan Lok, D.D.S.

GP- USC 2003
Transfer from OCDS
411 E. Huntington Dr., Ste. 120
Arcadia 91006
(626) 254-0707

Gregory Mar, D.M.D.

GP- Boston U 2007
Transfer from OCDS
923 S. San Gabriel Blvd.
San Gabriel 91776

Jaime Pardo, D.D.S.

GP- Colegio Odonto Colobiano 1981
Transfer from LADS
16026 Arrow Hwy.
Irwindale 91706
(626) 856-3459

Jason Spears, D.D.S.

GP – USC 2009
Transfer from LADS
800 Fairmont Ave., Ste. 203
Pasadena 91105
(626) 792-1344

UPDATES - ADDRESS CHANGES

Joseph Geleris, D.D.S.

132 N. Vermont Ave., Glendora
(626) 963-7519

Elaine Lu, D.D.S.

121 W. Colorado Blvd.
Monrovia
(626) 256-3368

Azucena Taon, D.D.S.

216 E. Route 66,
Glendora
(626) 335-0134

Karyan Joanna Tong, D.D.S.

2100 W. Beverly Blvd.
Montebello
(323) 724-9536

SAN GABRIEL VALLEY DENTAL ASSISTANTS SOCIETY

www.sgvdas.org
Elena Gaeta, DA, President
email: sgvdas14@hotmail.com
626-840-2098

SAN GABRIEL VALLEY DENTAL HYGIENIST SOCIETY

www.cdha.org/sgvdhs
Liz Lopez, R.D.H., President
email: lizlopezrdh@yahoo.com
626-285-7412
Employment & Referral:
RDHPolishers@aol.com
Mobile Dental Hygiene Services:
debbiehartmanrdhap@yahoo.com



Adelle R. Tan

Rolling Over and Converting Qualified Plan Assets

The Why's and When's

by Adelle R. Tan

First, why should I roll over IRAs to Qualified Plans (like 401(k)'s) etc.? One good reason would be creditor protection. A section of the law can protect qualified plan assets from the claims of private creditors. Other than court orders for family/child support known as Qualified Domestic Relations Orders (QDROs) and tax levies imposed by the IRS, it's very difficult for creditors to access qualified accounts. For IRAs, general creditor protections vary by each state and are usually are not as good as the protections in qualified plans.

Second, why should I roll over Qualified Plans into regular IRAs? Some plans may force distributions at retirement or some other time, which is not true with IRAs. Also, you may want the ability to choose and diversify investment vehicles and access the assets at any time. IRAs offer that level of control.

Interestingly, the following 10% Premature Distribution Penalty Tax exceptions only apply to IRAs and not to qualified plans:

- Medical Expenses in excess of 7.5% of your Adjusted Gross income.
- Health insurance premiums for unemployed individuals.
- Qualified Higher Education Expenses.
- Qualified First Time Homebuyer Distributions.

Finally, why should I convert Qualified Plans and

regular IRAs into Roth IRAs? There may be many good reasons here. If you want to pass assets tax free to succeeding generations; if you are concerned with higher tax rates even after retirement; if you want to delay required distributions after age 70 ½, and/or you want to keep taxable income down from Roth distributions to offset other taxes. If so, a conversion to a Roth IRA may be for you. Remember that at the time of conversion you pay tax on the amount converted, but later distributions are totally free of income tax.

And, for conversions occurring only in 2010, you pay no tax on your 2010 tax return. Instead, you pay half the tax due on your 2011 tax return and the rest on your 2012 return. For example, if I convert \$100,000 from a regular IRA to a Roth IRA, I pay no income tax on my 2010 federal tax return. Instead, I pay tax on half the amount (\$50,000) on my 2011 return and the other half (\$50,000) on my 2012 return. Conversions occurring in all other years require that all the tax be paid in that year.

Right now there are many good planning ideas to consider. I can help you choose the approach that best suits your retirement and planning needs!

Adelle R. Tan

Phone: (714) 553-8928

CA Insurance License # 0Eg2203

Adelle R. Tan is a Registered Representative and Investment Adviser Representative of Equity Services, Inc. Securities and investment advisory services are offered solely by Equity Services, Inc., Member FINRA/SIPC. 655 N. Central Ave Glendale, CA 91203. (818) 551-6600. The views and information contained herein have been prepared independently of the presenting Representative, are presented for informational purposes only, and should not be construed as investment advice..

The views and information contained herein have been prepared independently of the presenting Representative and are presented for informational purposes only.

Important News Bits

What to Do When a Patient Asks for a Refund

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 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

(This source is provided by the CDA Practice Support Center) ▲



Chances are your protection is coming up short.

Until you retire, your most important asset is your ability to earn income. Yet the average employee disability program covers only about 60% of your salary. At Northwestern Mutual, we offer disability insurance that can help close the gap, leaving you and your income protected if you're sick or hurt and unable to work.



Maribel Zisch
Disability Income Specialist
CA# OF55285
The Beer Financial Group
(818) 610 - 7051

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Keep Us Updated!

New email address?

Moving?

Opening another office?

Offering new services?

Share the information with the Society.

We can only refer you if we know where you are; and we rely on having your current information on file to keep you informed of valuable member events. Give us a call at 626-285-1174. The more accurate information we have, the better we can serve you.

IT'S TIME TO SHRED



The San Gabriel Valley Dental Society Presents

A Shred-A-Thon

Saturday, November 6, 2010

10:00 AM - 1:00 PM

Location:

470 W. Badillo Street

Covina, CA 91723

Enter from the Hollenbeck Ave. driveway and follow the signs

Cost: \$3.00/box payable at the site

For a listing of record retention guidelines go to www.cdacompass.com
or call CDA practice support center at: (866) 232-6362

Panel Meeting

"The Anti-CE Meeting with *free CE*"

New to your career in dentistry?

Come get all your questions answered!

Practice management questions, General procedural guidelines, Staffing issues

Best practices and more. . .

Sunday, November 7, 2010

9-1:00 PM

Breakfast & Lunch Provided

Almanson Court

700 S. Almanson Street

Alhambra

2 CE

Schedule

9:00-10:00 AM Registration, Continental breakfast and Exhibitor Tables

10:00-11:30 AM Panel Discussion

11:30-12:00 PM Exhibitor Tables

12:00-1:00PM Lunch & Break-out sessions

RSVP to Lee at director@sgvds.org or 626.285.1174

San Gabriel Valley Dental Society

A component of the California and American Dental Associations

312 E. Las Tunas Drive
San Gabriel, CA 91776
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director@sgvds.org
www.sgvds.org

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Tuesday, Nov. 16, 2010 (3 CE units)

“Head and Neck Pathology”

**Parish P. Sedghizadeh
DDS, MS**

4:30-8:45pm

Dinner Included

Almanson Court, Alhambra



ABOUT THE LECTURE:

This course will cover two main topics with respect to head and neck pathology:

- Clinical diagnosis of dermatologic lesion of the face
- Radiographic pathology of the head and neck

Upon completion of this course, the participant should be able to identify and diagnose common skin lesions, be familiar with differential diagnoses for hard tissue or radiographic pathology affecting craniofacial bones, recognize primary and metastatic cancers, identify conditions affecting the jaw bone, diagnose cysts, tumors and infections of the jaw bone and understand the medico-legal implications of when to refer for pathology affecting the head and neck.

ABOUT THE SPEAKER:

Dr. Sedghizadeh is an Assistant Clinical Professor and Director of the USC Center for Biofilms at the Herman Ostrow School of Dentistry. He received his DDS degree from USC. After his doctorate degree, he pursued specialty training in Oral and Maxillofacial Pathology at Ohio State University, where he also attained a MS degree in oral biology. Dr. Sedghizadeh is a Diplomate of the American Board of Oral and Maxillofacial Pathology, and he conducts research, publishes, consults, teaches and sees patients in this capacity. He conducts continuing education, and his current research interests focus on the study, characterization and treatment of microbial biofilm infections of the head and neck.

Tuesday, Jan. 18, 2011 (4 CE units)

“CA Law” and “Infection Control”

**Leslie Canham
CDA, RDA**

3:30-8:45pm

Dinner Included

Almanson Court, Alhambra



ABOUT THE LECTURE:

California Dental Practice Act

This seminar will cover the California Dental Practice Act, Rules & Regulations, and Duties & Settings issued by the California Board of Dental Examiners. This class meets the requirements for a 2 hour course of study of Dental Practice Act required for license renewal.

Infection Control – How to meet the California Standards

This seminar focuses on the California minimum infection control standards Section 1005 as required for dental license renewal. The participant will be able to determine if their current infection control procedures meet CA regulations infection control and will be provided resources for infection control training and information.

ABOUT THE SPEAKER:

Leslie Canham, CDA, RDA is a Speaker and Consultant specializing in Infection Control, OSHA Compliance, Dental Practice Act and HIPAA regulations. Leslie has over 36 years of experience in dentistry and is the founder of Leslie Seminars. In addition to speaking nationwide, Leslie conducts in-office training, “mock” OSHA inspections, and consulting on infection control and safety. Leslie is the moderator of the Infection Control Forum on Dentaltown.com, and is an active member of the Organization for Safety and Asepsis Procedures, the Academy of Dental Management Consultants, the Speaking Consulting Network, the National Speakers Association, and the California Dental Association. Leslie is authorized by the Dept. of Labor as OSHA Outreach Trainer in General Industry Standards.