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# Journal

OF THE COLORADO DENTAL ASSOCIATION

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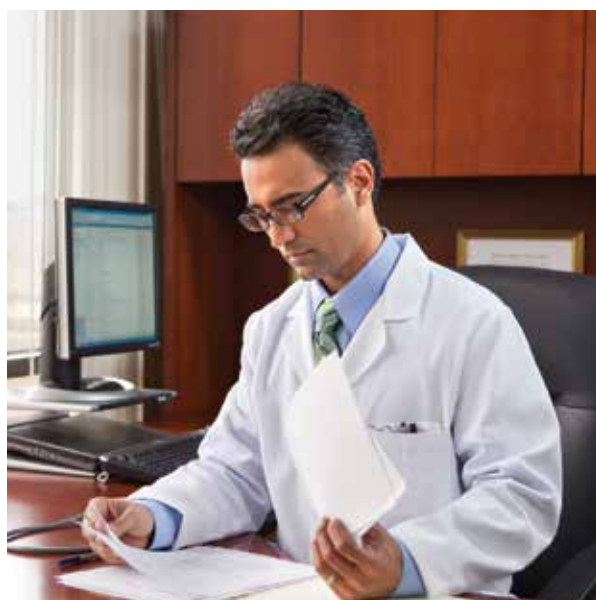
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303-627-5420, fax: 303-627-5423

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# A Steady Diet of “Skinny” Plans?

By Cal Utke, D.D.S., CDA President



**T**he landscape of healthcare and specifically dental benefit plans will be morphing and changing at an unbelievable rate

over the next few years. Some of the recent changes within the dental insurance products, or more accurately dental benefit plans, may leave a bad taste in patients' mouths and nausea in dental providers' stomachs. Even though they come in a multitude of flavors, the basic ingredients remain very constant.

The changes are obviously the result of the horrid condition of our non-recovered economy, but also the looming impacts of the Affordable Care Act. There is a very finite “piece of the pie” that employers, corporations or companies will allocate to health benefits for their employees. Employers are already implementing “skinny plans” to drain resources out of dental wellness and place cost burdens on patients, their employees.


Every dental staff member of every dental office needs to understand this trend and be able to educate their patients about the employers' and insurance company's' role in this movement. It is the dental staff who need to ensure that patients digest the real facts.

A skinny plan is one that will *ONLY* cover preventive services and basic diagnostics. The employer reduces their cost and the dental insurance company eliminates any actuarial risk or exposure. The real issue that will possibly require some Pepto-Bismol for the dental provider is that those patients, without any major or restorative coverage, will still fall under the contracted amounts or maximum plan allowance of that insurance network. The employer essentially gains a cash discount plan for their employees. Is that really insurance? That is hard to swallow!

A slight change in the recipe for the additional skinny plans will be created under the state exchanges that will provide a children's benefit mandated by the Affordable Care Act. These plans are expected to cover an extremely limited CDT code group with prevention, diagnostics and very minimal (one-to-three teeth) restorative coverage per year. The real skinniness comes from the fact that many of the insurance companies are expected to place these embedded plans as a “closed panel” within their lowest fee level reimbursement network group. In other words, the patients will be restricted on choice of their providers, because they have to see a dentist on a list to gain any benefits at all! That is contrary to the intent and efforts by the state ex-

changes to ensure maximum participation and access.

The prevailing question that always seems to be missing from the menu of discussion points is dental insurance carriers and how they establish a relationship with their dentist clients. Can one continually provide services to patients at reimbursement levels that don't cover the basic operational costs of those treatments/services? That is the reality of any provider (private, large group, corporate, public health, FQHC, non-profit, etc.). The compromise of the standard of care will occur, insidiously. Even on a diet, one needs to bring in a minimum number of calories to sustain life and not destroy the muscle (that gets all the work done) or the organism, in general, will shut down.

What if the menu choices started from the provider's perspective since we are the advocate for our patients? Would all the other groups in the equation (insurance, employers, government) stomach their 30%-55% reduction in revenues, yet be required to still maintain a sound and sustainable business model, take care of their employees and still meet requirements and expectations of their constituents, some of which are mandated by law? Are the patients or dentists the only ones who must pick up the dinner tab or should a sense of fairness prevail? 



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# Ethics

By Michael Diorio, D.D.S., CDA Editor



**R**ight now, for many reasons, is a great time to be a dentist. There is an abundance of amazing services we can provide to

our patients. The materials and techniques that we utilize everyday in the office continue to improve. There are esthetic options available that were not around when a lot of us, “seasoned veterans,” started our practices.

The public’s trust of dentists is at an all-time high. In the Gallup poll from November 2012, 62% of those surveyed rated dentists’ honesty and ethical standards either high or very high. That places us fifth on the list. Nurses were first with 85% and physicians were third with 70%. This rating ties the highest that dentists have received since the inception of the poll in 1981. Dentistry also had a 62% rating in December 2006.

All professions have individuals of the highest ethical standards, and all professions have those who, shall we say, are lacking. Ethics are a topic of every profession. A lapse in ethical thinking and behavior, however, can take a professional’s good image around a corner at high speed to the verge of plummeting off a long steep embankment. So why am I sounding the alarm when all seems well, especially from the public’s perception?

My concerns come from general observations, discussions with peers and conversations with current and former patients. Ethically challenged providers have always and will always be around in any practice model. As single, unrelated “weeds,” they have not significantly compromised the integrity of our lush green dental lawn. They also seem to be somewhat self-limiting and have minimal impact on the overall landscape. “Weeds” with a common root system have a greater potential to take over our lawn.

The delivery of care model for general dentistry is always in flux, adapting to changes from both internal and external forces. A current trend is an increase in the number of dentists who are employees in a practice rather than owners. Another trend is the market share that corporate group practices have acquired.

Dentistry is a business and needs to run as one. The business of dentistry is different though, in that we are treating people and must always place ethics and compassionate care over financial gain. Appropriate and ethical treatment recommendations, and high quality work can bolster our patient’s view of dentistry. Conversely, less than appropriate treatment recommendations and inferior quality of care can greatly diminish the trust we have gained.

No matter how each of us practices, we must all follow a Code of Ethics. Consider the following incidents that have peaked my interest in professional integrity:

A long standing patient in my office left because she chose a more affordable dental plan that we chose not to participate in. She selected an office from the plan list. After visiting the dentist, she became concerned when the restorative options offered to her were either “plastic” (resin) fillings that she was told “might last a year” or (more costly) porcelain fillings that “would last 20 years.”

Another long standing patient left my office for geographical reasons.

An advertisement for Janet Steward Consulting. On the left is a photo of Janet Steward, a woman with short brown hair wearing a bright green jacket. To her right is the company logo, which includes a stylized 'JS' and the text 'Janet Steward CONSULTING'. Below the logo is contact information: '2768 Canby Way • Fort Collins, CO 80525 • 970-207-0776', 'Janet@janetstewardconsulting.com', and 'janetstewardconsulting.com'. A gold seal with 'CDA' is in the top right corner. At the bottom, it says 'Developing Leaders. Transforming Practices. Helping dentists grow their practices.'





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We, as a profession, have worked hard to gain the public's respect. Ranking in the top five is something to be very proud of. The dark side of this trust is the potential for abuse, to take advantage of the trust that we have earned and use it for financial gain. It takes time and effort to gain trust. Violating that trust and losing the respect of our patients could take a generation to restore.

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Tonya Lanthier, RDH/ Founder

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What is to be done then? I see this as a great opportunity for organized dentistry to step forward and speak up for the patients and our profession. We need to look at educating the public about what is fair, ethical and appropriate. Inform them that it's ok to seek a second opinion and not feel pressured into making an immediate commitment to an extensive treatment plan. Used car sales people

were near the bottom of the Gallup poll and we should not be utilizing their hard sell tactics. Unfortunately, dentistry and how it is practiced is now on the radar of congress. Everyone is better off if we look out for our own profession. We must develop a plan to dispel any misinformation or outright lies that are being told to our patients. 🗣️

# Medicaid | The Perspective of the Provider



*Dr. Bob Benke treats a patient at the Colorado Mission of Mercy clinic.*

**D**r. Bob Benke is like many dentists in Colorado. He's seasoned in his profession and rooted in his community, having invested some 30 years in his Greeley practice. As a small-business owner, he knows he must keep an eye on his bottom line to ensure his practice stays viable. That said, he's also conscientious about the community's less fortunate residents, and he finds ways to reach out and help them.

One of those ways is by treating patients covered by Medicaid. They represent only a small percentage of the 1,300 to 1,400 patients Dr. Benke sees in a year, but they are a regular part of his caseload nonetheless. A special focus for him has been children in foster care, who he calls "a great group of kids." Many of these children are Medicaid-eligible.



## TAKE 5



"I see this as part of my service to the community," said Dr. Benke, who spent his first few years as a dentist working on a South Dakota Indian reservation. "I've never had a large Medicaid practice, but it's there for patients who need it."

That's why Benke welcomes a potentially game-changing initiative led by the Colorado Dental Association to encourage the state's dentists to expand their ties to the Medicaid population.

The association's "Take 5" pledge is a campaign that recruits and recognizes dentists who commit to provide dental care for Coloradans covered by Medicaid. The program asks dentists to accept a minimum of five Medicaid patients or families

throughout the year. Participants receive training and support to work with the state's Medicaid program and integrate Medicaid patients into their practices.

"The endeavor is intended to give new momentum to the association's long-standing commitment to reaching underserved populations," said Dr. Cal Utke, CDA president.

"Access to a dentist is critical to our state's overall public health," Dr. Utke said. "When struggling families can't regularly see a dentist, they not



*Dr. Andre Gillespie treats a patient in his Aurora practice.*

only suffer as their health deteriorates, but the entire community eventually pays for it."

He said ripple effects range from missed work to overburdened hospital emergency rooms – an expensive last resort for patients whose ailments could have been treated most efficiently and effectively by a dentist.



The Take 5 initiative coincides with another breakthrough in expanding access to dental care – a policy signed into law earlier this year by Gov. John Hickenlooper that, for the first time, extends limited dental coverage under Medicaid to adults. The effort is anticipated to launch in mid-2014.

Some Colorado dentists who already go the extra mile in serving Medicaid patients say an effort like Take 5 isn't just the right thing to do – it's also the smart and proactive thing to do for the future of the dental profession.

For rural southeastern Colorado dentist Dr. Carol Morrow, a Medicaid dental benefit for adults can't come soon enough. She intends to accept the new adult Medicaid beneficiaries just as she now sees children covered by Medicaid.

The many financially strapped households in her community of Walsh, as well as surrounding areas, truly have no alternatives. Dr. Morrow and her semi-retired dentist father, Dr. Bob Morrow, are the only dentists in all of Baca County.

"If I don't take them, they have to drive a substantial distance to find a Medicaid clinic," she said. "Some people think there's a sense of entitlement in this population, but for the most part, these are working families trying to make it work."

Dr. Andre Gillespie, who sees many children covered by Medicaid in his Aurora practice, says serving Medicaid patients demonstrates that Colorado's dentists are willing to step up to the plate for the state's most vulnerable families. That fact alone, he says, matters now more than ever in response to those who advocate for letting alternative practitioners perform complex dental procedures for at-risk populations – lowering the standard of care.



*Dr. Carol Morrow provides sealants to a Medicaid patient in her Walsh practice.*

"Everyone deserves access to quality dental care," said Dr. Gillespie, a Denver native who spent some of his youth in the neighborhoods he now

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*For the first time,  
limited dental coverage  
will be available to adults  
under Medicaid, starting  
mid-2014.*

---

serves, which makes the commitment personal.

"As a kid, I was on Medicaid," Dr. Gillespie continued. "That's something I now want to give back."

Dr. Gillespie is a graduate of Denver's East High School and the University of Colorado's School of Dental Medicine. Some of the families he grew up with are now among his patients. He sees some 4,500 patients each year and estimates that 60%-65% are covered by Medicaid.

Dr. Morrow acknowledged the challenges of taking Medicaid recipients, notably the extra paperwork and often-inadequate reimbursement rates for dental procedures.

Both she and Dr. Gillespie also stressed that a lot of the conventional wisdom about Medicaid patients

doesn't hold true. The children in each of their current Medicaid caseloads often come from hard-working families that simply are struggling to make ends meet and need a hand.

Dr. Morrow emphasized the potential impact on public policy when dentists step forward as a profession to serve the Medicaid population.


"If we don't show that we care, then there will be pressure to bring in other kinds of providers, and that's just not good for our patients," said Dr. Morrow, who also now serves as the secretary of the CDA.

Take 5's pledge to treat at least five Medicaid patients or households per year is a modest commitment. Dr. Benke, Dr. Morrow and Dr. Gillespie all agree that its financial impact on the typical dental practice is likely to be negligible given that most dentists already do this type of work gratis for select patients, and that the initiative holds great promise for expanding access to care.

"Any small bit will make a huge difference if everyone does it, and this is a great place to start," Dr. Morrow said. She continued to explain that many dentists are altruistic and want to help but also are concerned about keeping their practices financially sound and stable. She believes that Take 5 strikes the right balance.

Dr. Benke agreed, noting that Take 5 essentially asks dentists to help an at-risk population in need but seeks a manageable level of participation.

"This program is not going to impact our bottom line," he said, adding that dentists who are seeing Medicaid patients for the first time "will find it rewarding."

"We are in a helping profession," Dr. Benke concluded. "And part of that is part of who we all are. This is an easy way to do a little bit more without putting a burden on anyone." 



# Getting to the Root of Anthropology

By Richard Schilling, D.D.S.

To begin, I must inform the reader that this is not a scientific paper. I am totally responsible for any inaccuracies that you may find due to my limited knowledge of archeology and anthropology. I am submitting documentation from my own observations, and for the purpose of opening a dialog regarding the tracking of the prehistoric migration of humankind into the Western Hemisphere from Asia.

I have practiced dentistry for over 50 years. I have been a dental volunteer for the past 20 years, working on five continents. My story begins in 1995 at the Pine Ridge Indian Hospital in South Dakota where I served with the medical relief organization, Remote Area Medical Corps. During my stay,



Right mandibular first molar.

I found that a number of mandibular first molar teeth extracted from the Sioux Indians demonstrated a distinct third root originating on the buccal surface between the bifurcation of the mesial and distal roots. I thought this was strange, but at the time my only concern was that I must carefully inspect any extracted mandibular first molars to be certain that I had not overlooked a retained, broken third root.



Lateral view of extracted molars. Source: rootcanalanatomy.blogspot.com

In 1996 and 1997, I provided dental care to the indigenous people of remote villages in the Siberian Arctic. The Eskimo people in the villages are of the Yupik ancestry and hunt whale and walrus for a living. Another segment of the society is descendant of Mongols, and today migrates with reindeer herds. My work was supported by World Medical Mission, Inc. and consisted of both restorative and surgical care. What I found there startled me – many of the indigenous people had the same three-rooted lower first molars that I first noticed in South Dakota. I was beginning to become very interested in the anthropological similarity.

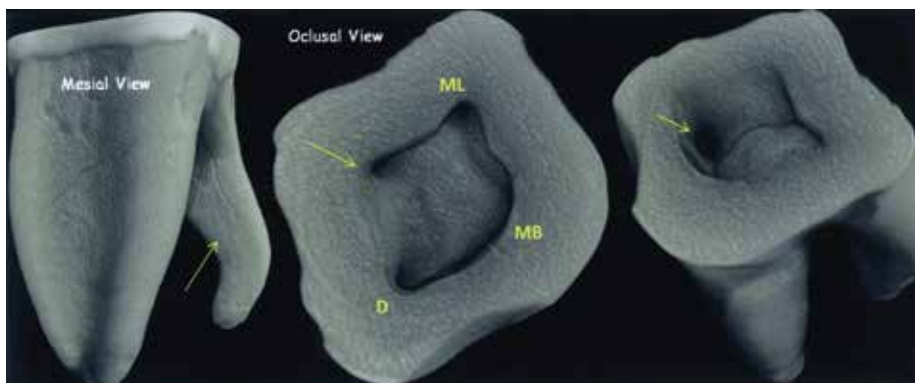
Most recently in February 2013, I was in Bolivia aboard the Ruth Bell River Boat providing medical and dental care to the people of the upper regions of the Amazon water-

shed, traveling upstream on the Rio Mamore and Rio Isaboro tributaries of the great river. As we progressed farther, I found Bolivian villagers exhibiting dental anomalies of the early migratory people. It was at the terminal end of the voyage that I extracted the lower first molar for a young man in a remote jungle village and was again amazed to observe a three-rooted tooth.

In each of these three groups, I observed the distinct, fully-formed third root. This tooth anatomy is distinctly different from the anomaly that is occasionally observed of mesial molar roots, which have bifurcated into two smaller roots.

## Scientific Studies Support Observations

I contacted Professor Marco A. Versiani, D.D.S. M.S., Ph.D., an esteemed Brazilian endodontist, who pointed



Occlusal aspect of pulp chamber floor. Source: rootcanalanatomy.blogspot.com

me to research on dysmorphic root anatomy by Calberson et al.<sup>1</sup> They reported that mandibular molars can have an additional root located lingually (the radix entomolaris or RE) or buccally (the radix paramolaris or RP). The presence of a separate RE in the first mandibular molar is associated with certain ethnic groups. In Mongoloid traits (such as the Chinese, Eskimo and American Indians), reports have noted that the RP occurs with a frequency that ranges from 5% to more than 30%.

### Practical Applications

It is important to make a careful radiographic diagnosis prior to an extraction or endodontic treatment. Traditional radiology produces a two-dimensional image of a three-dimensional object, making detection of supernumerary roots difficult. The cone-beam computed tomography (CBCT), when available, is an important tool for diagnosis of complex anatomies. Cogulu and Evans<sup>2</sup> state that it is still easy to miss an additional root due to its slender dimensions.

### Conclusion

I believe I have seen the “tooth marks” of the ancestral migration of Asian people across the Bering Land Bridge into the land that is now the Americas. About 13,000 years ago, they traversed melting sheets of the Cordilleran ice sheet; and over centuries, they migrated south through western Canada and the U.S. Migration did not stop here, but continued

through Meso-America into the western regions of South America, eventually reaching Monte Verde, on the southern coast of Chile 14,800 years ago.

My observations are of only passing interests to anthropologists. They have already documented this migratory pattern with modern science and DNA testing. However, I have found this anatomical similarity to be fascinating. It has been astounding to me to be able to observe the physiological and dental anatomy that supports the Land Bridge hypothesis. 🏠

*Dr. Richard Schilling is a dentist and artist who left private practice in 1992 to follow his desire to be a missionary dentist. In 2005, he and two visionaries created the Smiles Without Borders Foundation, which establishes portable dental clinics in Latin American schools. He has served in Kenya, Honduras, Russia, Nicaragua, Mexico and Bolivia. Dr. Schilling has lectured to physicians who work in remote areas of the world on the subject, “What to do When There is no Dentist.” He has written three books and has contributed articles on art and dentistry for national magazines. He is a life member of the International College of Dentists and the American Dental Association.*

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## A Look at History

Above the Bering Strait is a submerged landmass called the Bering Land Bridge (BLB) or Beringia. K.K. Hirst<sup>3</sup> indicates that whenever the sea level drops about 164 feet below its present position, the land surfaces. Since the BLB is currently below the surface of the water, it is difficult for archeologists to study it. However, over time they believe the landmass became exposed and then submerged beneath the surface with rising sea levels. Pollen studies seem to indicate that there was a solid land bridge by which immigrants would have traveled to North America between 13,000 and 18,000 years ago.



Ancestral migration of people across the Bering Land Bridge.

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# Avoiding Absolutes | When Selling a Dental Practice

By Susan Spear

There are many important lessons we learn in a lifetime, but one lesson that everyone should consider is that absolute thinking limits the opportunity to explore new solutions to old problems. Dental professionals are bombarded with absolutes everyday so it makes sense that viewing practice transitions in absolute terms is just another way to form closed opinions. These absolutes, however, can limit the opportunities to experience practice transitions that are both positive and rewarding.

**The following are just three examples of absolutes that may not always apply to every situation:**

**Don't plan to work in the practice after closing.** Staying on after a "direct sale" (seller sells all of his/her assets and is paid out for the business) is not possible for the majority of dentists selling, but it is not an absolute. The most common factor that determines the option for the seller is whether or not the practice can afford to have the owner dentist stay (usually part-time) after the sale. If financial limits are not an issue, it can be done successfully. It takes special effort on behalf of both the seller and the buyer to work out the issues of the transition process. The seller must fully understand the changes he/she most likely will experience, invest in the relationship to help ensure its success, and the parties must work together for a positive

outcome. Many dentists successfully stay on with the practice for a period of six months to even a few years after a direct sale. Their commitment is limited to a part-time schedule, working within the financial needs of the practice and having a real exit strategy. There are many benefits to the new owner including learning from the seller's experience and creating a more seamless experience for patients.

**Sell accounts receivable to the buyer at closing.** Selling the accounts receivable is one of the easiest ways to manage the process. This can be the best option for the buyer when the seller has healthy receivables. Although initially the buyer pays for the receivables, he/she is reimbursed through collection of the receivables at a discounted price. The buyer actually makes money on the investment. However, what if the buyer doesn't want to purchase the receivables or if the seller has to take too much of a discount in order to make the sale of those receivables an option? There is a fair and reasonable alternative. One option is to pay the buyer a processing fee (5% of the receivables) to collect those receivables on the seller's behalf. Specifically outline how the collection reimbursement will be handled and determine a timeline for collection of the receivables in the transfer agreements. All receivables owed to the seller are paid to the seller first

before the new owner can collect on those same accounts. This process works and has been implemented by dentists for decades.

**Only agree to a full cash pay-out at the time of sale.** Selling a larger than average practice (collecting over \$1M annually) or selling an office building at the same time of the practice sale, may mean that a buyer cannot get full funding on the acquisition and the seller will have to carry a portion (commonly 10%-15%) in a Promissory Note (known as "seller carry back"). In this case, the seller has a legal binding agreement with the buyer that helps to ensure the seller will be paid. In addition, the lending marketplace changes with the upturns and downturns of the economy and may affect how the sale is structured. If all practices and potential buyers met the lender's criteria, and all underwriters saw each transaction the same way, and the economy always stayed the same, then it would not be necessary to be flexible. However, that is not realistic. A portion of the funding of a practice sale in a "seller carry" can also lower the tax burden by spreading out the compensation over time. Many dentist sellers actually choose to carry some of the purchase price as part of their future financial plan. If the seller is insistent on always cashing out, then this absolute may mean he/she may not be able to sell.

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These are only a few examples of absolute thinking that can prevent a seller from achieving his/her true goals when selling a dental practice. T.S. Eliot once said, "There is no absolute point of view from which real and ideal can be finally separated and labeled." To assume that there is only one way or only one "right" way to accomplish a successful practice sale is acting without knowledge. 

*Susan Spear is a practice transition specialist/broker business intermediary with SAS Transitions Dental Practice Brokers.*

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# Do I Need an Office Manager?

By Judy Marcus and Gene Petersen, D.D.S.

**A**mong dental practices nationwide there exists every level of success, from practices struggling to keep their doors open, to hugely successful practices that produce well above their expected potential.

What makes the difference between a struggling practice and a successful one? What does it really take for a practice to perform as it should? It goes without saying that the practice has to be able to provide quality clinical care – yet some practices have still failed as businesses, even when that factor was not in question.

**From a business viewpoint, a practice must accomplish three functions on a regular basis to reach its potential:**

1. Effective marketing that brings in an adequate volume of new patients to the practice.
2. Proper patient education (case presentation).
3. Competent office management.

The ONE ELEMENT that makes these three functions consistently possible is *hiring and training the right office manager*.

Dentists sometimes ask, “Do I really need an office manager?” Some have concerns about allowing one of the staff to have a position of authority or seniority over the others, worried it will cause discontent among the employees. They believe it is better to give everyone equal status in the practice. Unfortunately, this

*equates to no leadership*. As a business model, this is not workable.

In point of fact, without an effective office manager, the doctor *becomes* the office manager by default. If a practice is to produce to its true potential, however, the doctor doesn’t have time to run the office administratively. He/she needs to be delivering dentistry. If the doctor has time to run the hour-by-hour operations of the practice, the practice is *definitely* not producing what it can and should.

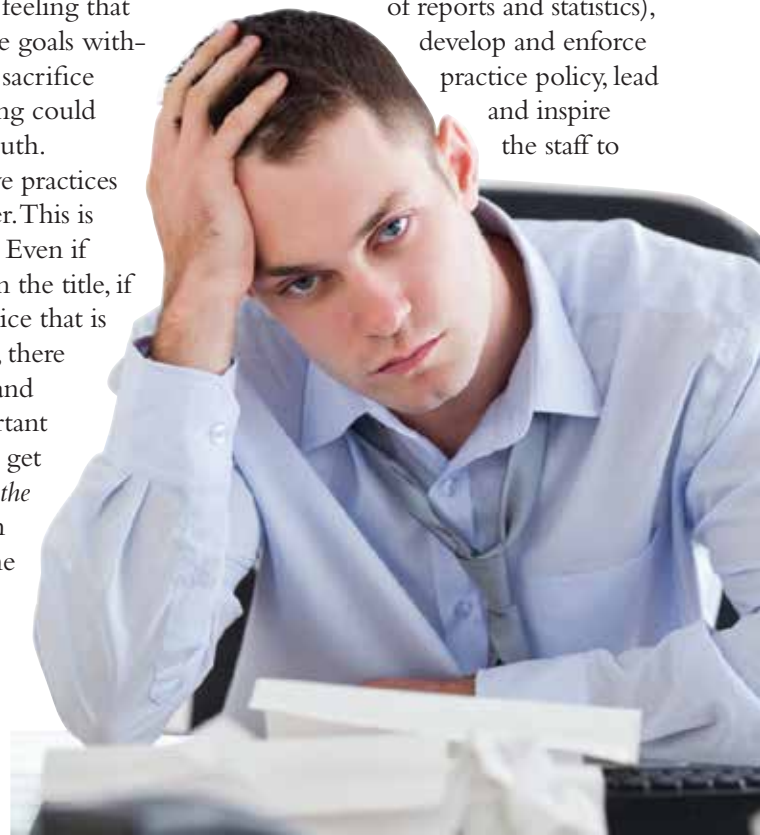
In this scenario, either the practice has too many hours of “down time” (no production occurring) or the doctor ends up spending his/her own personal time, outside of clinical hours, trying to keep up with the administration and direction of the practice. This can lead to burn-out and the frustration of feeling that reaching one’s practice goals without extreme personal sacrifice can’t be done. Nothing could be further from the truth.

The most productive practices have an office manager. This is the model that works. Even if the person is not given the title, if one looks at any practice that is maximally productive, there is someone directing and seeing to it that important non-clinical functions get done – *and it is NOT the doctor*. The doctor(s) in these practices have the life they envisioned when they decided to own practices. They

come to work and do dentistry, and they spend minimal time on hour-by-hour management. They make a good living while working 32–36 hours per week. This is how it should be and how it can be.

Where a practice has found and trained the right office manager, it inevitably grows to the level that is desired by the practice owner. The above three functions can be implemented if there is an office manager to take care of them.

It is important to note, however, this does not absolve the dentist from his/her leadership responsibilities as the practice owner. Indeed, it is up to the practice owner to establish a competent office manager, see that he/she performs sufficiently (through direct observation as well as through the use of reports and statistics), develop and enforce practice policy, lead and inspire the staff to



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achieve the practice's mission, and maintain financial and legal control over the practice. Adequate checks and balances must be implemented so the doctor can see the practice to the desired level of success.

### **What are some of the personal qualities that make a great office manager?**

- First and foremost, an office manager is someone who wants the position and isn't afraid of it.
- An office manager should be someone who is willing to represent the practice owner and act on the owner's behalf in dealing with staff and patients.
- He/she should be someone who will respond to financial incentives that are based on growth of the practice.
- He/she must be willing to hire and fire personnel, and not be hung up on friendships or the desire to

be friends with everyone in the practice.

- An office manager must have good communication skills and be able to grasp the importance of friendly and efficient service to patients. In addition, he/she must be very comfortable with discussing fees and payment with patients.
- It is important that the office manager believes in the value of dentistry and also has confidence in the clinical skills of the provider(s) in the practice.

Many "front desk" personnel possess these attributes and even assistants have gone on to become successful office managers. Training is always essential if someone has not held an office management position before, but it is still important to have a qualified candidate to start with.

Having a qualified and trained office manager is the key to seeing an adequate return on investment.

Once a marketing strategy is in place that produces a sufficient number of calls into the practice, it is the office manager who makes the marketing succeed by seeing to it that these calls result in new patients actually scheduling and arriving in the practice. During appointments, the office manager serves as your practice's ambassador to help patients feel comfortable and educated on future treatment.

Statistically, acquiring a qualified office manager and getting him/her trained can result in huge increases in production and collections, in some cases up to 300%. While it may take some effort to find the right person and fit for your practice, it is well worth the effort. 🍷

---

*Judy Marcus is the president of JR Marcus, Inc., with over 20 years experience consulting dental practices.*

*Gene Petersen, D.D.S., is a retired CDA member dentist who practiced 32 years in Boulder, Colo.*

# Three Leadership Assumptions Dentists Can't Afford to Make

By Leslie Hilton, J.D., M.Sc., M.C.C. and  
Terri Tilliss, R.D.H., Ph.D.

Consider these comments from competent professionals in two different dental offices:

*Dental Hygienist: "Every day is the same... for seven years now I've just shown up and tried to do my best as a dental hygienist. My dentist doesn't seem to care much about what I do unless there's a mistake, and nobody in the office seems to be that happy. I love my patients, but that's all that keeps me there."*

*Dental Assistant: "I don't think I'm going to be able to keep working here much longer. The drama between staff members is getting unbearable. I tried to address it with them, and I mentioned it to my doctor, but nothing ever changes. I left when this same thing happened in my last office. I don't want to leave again."*

Why are these staff members who are excellent practitioners and exemplary employees so frustrated? **Both work in situations with the need for stronger leadership from their dentist employers** to create an appropriate work environment. Without it these dental practices will suffer with:

- Unmotivated employees
- Staff dissent evident to patients
- Expensive turnover
- Negative impact on practice referrals and profitability
- Dentist's dissatisfaction from high stress and work/life imbalance

Situations like these are common but they don't need to be. An overwhelming majority of dentists report staff-related issues as their number one stressor.<sup>1</sup> A study of dental leadership and communication behaviors that had a significant impact on creating a team culture that led to increased overall productivity and improved team member satisfaction.<sup>2</sup>

**There are three common assumptions that prevent dentists from experiencing success and professional satisfaction:**

## **Assumption #1: Practice Management = Leadership**

There are a myriad of management consultants and programs. However, sound practice management without effective leadership results in many of the problems identified above and reduces the return on the investment in practice management. Management and leadership are quite different from one another.

*Management* is about producing order through control. The main focus of management is systems, tools and processes for staffing, training, organizing workflows, service delivery and tracking practice performance. Management is concerned with efficiency and productivity throughout the patient acquisition, treatment and financial management cycle.

*Leadership* is about producing change, innovation and growth, and is focused on people – their development, motivation, engagement, teamwork, innovation and performance.<sup>3</sup> An effective dentist-leader creates an office culture where all stakeholders are engaged in doing their best. Dentists who invest in sophisticated practice management systems, but are not effective leaders, will not realize the full return on their investment because it's *people* who drive the return from systems and training.



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## Assumption #2: Leadership Doesn't Apply to Me

Many dentists in group practices wrongly believe that leadership is only required of the dentist-owner, the designated dentist-manager, or the office manager. Leadership is a way of operating that brings out the best in people and each dentist must be an effective leader regardless of their management responsibilities. Employees look to the dentists in the practice for leadership – the task of leadership cannot be deferred to an office manager.

A dental practice is organized around the skill, judgment and reputation of each dentist. In order to ensure excellence in patient care and practice performance, each dentist must demonstrate appropriate leadership with employees, patients and other team members. Articulating vision and direction, engaging and motivating performance, demonstrating excellent communication, and providing opportunities for learning and success are all leadership qualities of successful and professionally fulfilled dentists. Dentists without leadership and communication skills are at a disadvantage, and experience high degrees of staff-related stress and

turnover. A dentist's leadership style directly affects an office's communication practices and affects the degree of team identity, interdependence and social dynamics among team members.<sup>2</sup>


Communication is a key leadership skill set for dentists, and includes communicating expectations clearly, listening, giving and receiving positive and constructive feedback and recognition, coaching for performance and development, team-building, and conflict management. This dentist-leader will build a teamwork culture where staff and patients are motivated and enthused.

## Assumption #3: Leadership = A Mission Statement

A task of leadership is to articulate a clear practice vision and a direction for achieving that vision. Too many dentists believe, however, that once they've hung a mission statement on the wall, the job of leadership is done. Effective dentists lead the way in making the mission statement a reality and inspire others to live up to the ideals of the shared mission statement. They model the same behaviors of listening, teamwork, positive communication, respecting others' points of view, and optimism they

want their employees and patients to exhibit. They make well-informed decisions, treat everyone with fairness and respect, keep their personal problems out of the office and give everyone the chance to succeed. They model quality, service, and professionalism with patients, employees, and fellow dentists.

## Conclusion

Leadership skills can be learned. Strong dentist-leaders attract and retain the best employees and realize top return on their management investments. They have the competitive edge to create successful practices. 

*Leslie Hilton, J.D., M.Sc., M.C.C., is president of SuccessPartner LLC, an executive leadership, team performance and coaching firm.*

*Terri Tilliss, R.D.H., Ph.D., is a professor at the University of Colorado School of Dental Medicine, Department of Orthodontics.*

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**Associate Leading to 25% Buy-In:** SE Wyo. (WY 1127). Annual revenue \$3M, seven ops. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Associateship Leading to Buy-In:** After one year. (CO 1235) Denver, Colo. Cosmetics, full mouth rehabilitation, revenues \$2M, seven ops., four-to-five days/week. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Associate:** Northeast Denver, Colo. office seeking associate dentist. Our state-of-the-art office is completely digital and chartless. We are seeking an associate dentist who has completed a dental residency (military residency a plus). We

need an individual who is able to sell large treatment plans with confidence and will retain many, if not all procedures in office. The right candidate for this position will share our philosophy on preventive dentistry. This is an extremely wonderful opportunity with high-earning potential for the right individual. If this sounds like what you've been looking for, please send your CV to [stephanie@orchardcosmeticdental.com](mailto:stephanie@orchardcosmeticdental.com). We look forward to hearing from you.

**Associate:** Associate needed for a group practice in central Denver, Colo. Established practice drawing 100+ new patients per month. Experience or GPR preferred. Send resume to [colodds@aol.com](mailto:colodds@aol.com).

**Associate:** Cody, Wyo. One of America's most beautiful places, stress-free living and 52 miles from Yellowstone. Patient-centered practice wants quality-centered dentist with Wyoming license or willing to get license. Great pay, incentives. E-mail CV to [wassermanba@msn.com](mailto:wassermanba@msn.com).

**Associate:** Must be humble, coachable, enthusiastic and a team player. Willing to do anything to help the dental practice including hygiene. Closest practice to the slopes. Excellent long-term opportunity. Contact [corcoran.paul9@gmail.com](mailto:corcoran.paul9@gmail.com).

**Associate:** Colorado Springs, Colo. We have three practices that have associate positions available. Please contact Kyle Francis, Professional Transition Strategies, at 719-459-1021.

**Associate:** Oral Health Partners, in Grand Junction, Colo., seeks a full-time pediatric dentist associate and a general

dentist associate for its growing group practice. OHP has a new 9,000 sq. ft. state-of-the-art facility. Currently all dentists have permits to perform moderate conscious sedation and have privileges at St. Mary's Hospital. For more information, contact Mary at 970-241-1313 or [mary@oralhealthpartners.com](mailto:mary@oralhealthpartners.com).

**Associate Transitioning to Partner:** Northern Colorado Springs, Colo. Looking for a dynamic, outgoing, energetic dentist with private practice experience of 10 years or more. Associateship transitioning to partner. Must be able to produce \$80,000 to \$100,000 per month. Needs to be able to place implants, perform oral surgery and IV sedation. Fortune management technology a plus. Our practice is a high-end \$3M+ practice on the north end of Colorado Springs. This is an incredible immediate opportunity. E-mail CV to [dentalgroup2012@gmail.com](mailto:dentalgroup2012@gmail.com).

**Associate:** Gentle Smiles of Colorado will have a three-to-four day associate dentist position available starting in August. This position includes both the south Denver and Golden, Colo. location. To obtain further office information about the practice, please visit [www.gentlesmilesofcolorado.com](http://www.gentlesmilesofcolorado.com). Resumes and CV letters may be faxed to Dr. Wachuta at 303-278-8448.

**Associate:** Associate needed for group practice in Littleton, Colo. New 11 operatory facility. Established practice with 120+ new patients per month. Please e-mail resume to [wendy@southkiplingdentalcare.com](mailto:wendy@southkiplingdentalcare.com).

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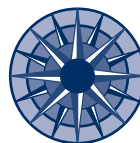
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**Associate:** Pueblo, Colo. Full- or part-time associate with option to purchase at later date. Contact Kyle Francis, Professional Transition Strategies, 719-459-1021.

**Associate:** Pueblo, Colo. Full-time associate with buy-in potential. Active practice, great staff. Call Kyle Francis, Professional Transition Strategies, 719-459-1021.

**Associate:** Alaska Center for Dentistry, PC is seeking a full-time associate dentist for our Wasilla, Alaska location. Enjoy all that Alaska has to offer. This position has opportunity for financial growth and potential to buy into our practice. This is a full-time position with a few double doctor days with the owner. Our staff is hard working and well trained. If you want to be a part of an awesome team please contact Dr. Sage at 907-529-2462. Visit our website: [www.alaskacenterfordentistry.com](http://www.alaskacenterfordentistry.com).

**Associate:** Castle Rock, Colo. Full-time associate with buy-in potential needed in busy general dentistry office. [CastleRockDDS@yahoo.com](mailto:CastleRockDDS@yahoo.com), 720-291-7188.

**Associate:** Associate wanted for Oct. through Nov. for maternity leave. We are a busy two doctor practice in Northglenn, Colo., and both doctors will be out in Nov. Contact us at 303-452-4556.

**Associate:** Associate position available in a general practice treating children. Seeking a full-time enthusiastic, child friendly dentist. You will be working with an established and team oriented staff. Starting at \$120,000/year with great benefits. Please e-mail resume to [ddsdenal13@yahoo.com](mailto:ddsdenal13@yahoo.com).

### DENTISTS:

**Dentist:** Kindergrins Dental in Loveland, Colo. is looking for a part-time general dentist to join our growing team. We provide general dentistry for children ages 0 to 21 in a new, current office facility. Our office has fantastic potential with an increasing patient base. We are looking for a practitioner who is fun, energetic and enjoys the challenge of working with children. Our practice is digital with new equipment. Kindergrins Dental is locally owned and operated, and a

community focused service provider that strives to provide quality, long-lasting dentistry, while building long-term patient relationships. To learn more about this opportunity visit [www.kindergrins.com](http://www.kindergrins.com) or contact David.Harmon@kindergrins.com or 970-282-0441.

**Endodontist:** Excellent full-time or part-time opportunity for an endodontist to work with Pacific Dental Services in our vibrant and growing offices throughout Colorado Springs. Superior compensation potential. Contact Ed at [loona@pacden.com](mailto:loona@pacden.com) for more information.

**Dentist:** Dental Aid is seeking volunteer dental professionals wanting to volunteer time and give back to their community. We are a non-profit dental system serving the uninsured and underserved in Boulder County. Dental Aid has open chair space in our Louisville clinic every Wednesday and in our Boulder clinic every Friday. If you are interested in volunteering one or more days, please contact Dennis Lewis at 303-645-4850 x115 or [dlewis@dentalaid.org](mailto:dlewis@dentalaid.org).

**Dentist:** Part-time dentist needed for small non-profit dental clinic in Steamboat Springs, Colo. E-mail [mucd@optimum.net](mailto:mucd@optimum.net) or call Janet at 970-824-8000 for more information.

**Oral Surgeon:** Perfect Teeth is looking for a full-time oral surgeon to work in our Broomfield, Colo. practice immediately. This is an oral surgeon only practice and the current oral surgeon makes well over \$400,000/year. You will be the only oral surgeon in the practice. We offer great pay and excellent benefits. For more information contact Kevin at 303-285-6030 or [ksauer@perfectteeth.com](mailto:ksauer@perfectteeth.com).

**Dentist:** Twin Peaks Dental is looking for an experienced, full-time general dentist to join our growing team. We provide a full range of general dentistry procedures and specialty procedures for all ages in a state-of-the-art facility. This office has a fantastic potential to do substantial amounts of production with a large patient base. Our staff is looking for a practitioner who is energetic and enjoys

the challenge of a wide range of treatment. Practice is fully digital and equipped with Cerec CAD/CAM 4.0, surgical and restorative implant kits and intraoral cameras. Focus is on quality, long-lasting dentistry while building long-term patient relationships with an emphasis on continued learning. To learn more about working with our motivated team, please contact Allison at 303-774-8300 or [twinpeaksdental@comcast.net](mailto:twinpeaksdental@comcast.net).

**Endodontist:** Fully equipped (with microscope), seven operator, paperless, private practice in Lakewood, Colo. seeking an endodontist. You just do the dentistry; we provide all staffing, billing, equipment and facility. Contact 303-656-9166.

**Endodontist:** Part-time, two-to-three days a week for affiliated Bright Now! dental offices in Colorado. The offices have a fantastic potential to do a substantial amount of production with a large patient base. Help us with our mission to promote "Smiles for Everyone." Please visit our Website at [www.jobs.smilebrands.com/Colorado](http://www.jobs.smilebrands.com/Colorado) or e-mail your resume to [sherrie.dean@smilebrands.com](mailto:sherrie.dean@smilebrands.com). Benefits, 401(k) and malpractice insurance. Equal opportunity employer.

**Dentist:** Full-time for this busy Loveland, Colo. Bright Now! dental affiliated office. Requires one year experience, must be skilled with molar endo treatment, dentures, partials and surgical extractions. These offices have fantastic potential to do a substantial amount of production with a large patient base. Help us with our mission to promote "Smiles for Everyone." Please visit our Website at [www.jobs.smilebrands.com/Colorado](http://www.jobs.smilebrands.com/Colorado) or e-mail your resume to [sherrie.dean@smilebrands.com](mailto:sherrie.dean@smilebrands.com). A comprehensive benefits package is offered to full-time employees, which includes medical, vision, life insurance, 401(k), malpractice insurance and in-house CE opportunities. Equal opportunity employer.

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**Dentist:** Privately owned practice in southern Colo. seeking a licensed dentist to join our growing team. We have two state-of-the-art facilities and currently employ three associate dentists. We are a team-orientated office with an emphasis on patient care. We provide family dentistry and a full range of general dentistry procedures. Compensation is based on production. E-mail your resume to [housedmd@gmail.com](mailto:housedmd@gmail.com).

**Orthodontist:** Part-time position available working for an exceptional non-profit organization, [www.dentalaid.org](http://www.dentalaid.org) in Boulder, Colo. Opportunity to work with a group of pediatric and general dentists providing care to the uninsured and underserved. Compensation is per diem based on experience and qualifications. Please contact Dr. Steven Markowitz, director of orthodontics at Dental Aid, at [drjaws@qwest.net](mailto:drjaws@qwest.net).

**Orthodontist:** Commerce City, Colo. Bilingual Spanish/English a plus. All digital x-rays including pan/ceph. Call Todd, 303-809-0674.

**Dentists/Specialists:** Denver to Colorado Springs. Perfect Teeth is looking for GPs and specialists to work in our Denver and CO Springs locations. We are growing and looking for experienced dentists to join our group. Not including specialty centers, the average office is built for one GP/RDH. 60% of our affiliated dentists have 15+ years experience, and many have been practice owners. We offer a guaranteed monthly income or percent of production and excellent benefits. We do not accept Medicaid. Speak with dentists in our group and you'll hear about the great work/life balance. For more information, visit [www.perfectteeth.com](http://www.perfectteeth.com), contact Kevin at 303-285-6030 or e-mail [ksauer@perfectteeth.com](mailto:ksauer@perfectteeth.com).

**Dentist:** General dentist full-time, Highlands Ranch, Colo. Bright Now! dental affiliated office. Requires two years experience, must be skilled with molar endo treatment, dentures, partials, oral surgery and surgical extractions. Must be experienced and comfortable working as the only dentist in the office. Schedule is Monday thru Friday and two Saturdays a month. Help us with our mission to promote "Smiles for Everyone." Please visit our Website at [www.smilebrands.com/careers](http://www.smilebrands.com/careers) or e-mail your resume to [sherrie.dean@smilebrands.com](mailto:sherrie.dean@smilebrands.com). A comprehensive benefits package is offered to full-time employees, which includes medical, vision, life insurance, 401(k), malpractice insurance and in-house CE opportunities. Equal opportunity employer.

**Dentist:** Pacific Dental Services and its supported owner dentists have exciting associateship opportunities in Boulder, Denver metro, Highlands Ranch, Loveland and Colorado

Spring, Colo. Practices are uniquely named (i.e. Cherry Creek Modern Dentistry) and owned by general dentists who make all clinical decisions in a traditional, private-practice setting while PDS provides the business support services. Associates see 12 to 13 patients a day in a PPO/FFS setting (no Medicaid). Practices are state-of-the-art, fully digital, and equipped with Cerec CAD/CAM 4.0, lasers, and intra-oral cameras. Focus on quality, long-lasting dentistry with a career path to ownership and emphasis on continued learning. Exciting comp. package with full benefits, CE, malpractice insurance and partnership/ownership opportunities. To learn more, please visit [www.jobs.pacificdentalservices.com](http://www.jobs.pacificdentalservices.com) or e-mail [rooneya@pacden.com](mailto:rooneya@pacden.com) for more information.

**Dentists:** Dental One Partners is opening new offices in Colorado. Each practice is unique in that it has an individual name like Preston Hollow Dental Care or Waterside Dental Care. Our patient base consists of approximately 70% PPO and 30% fee-for-service. We do not do HMO or Medicaid. Our facilities are warm and inviting with state-of-the-art equipment. The practices have intraoral cameras and digital radiography. We offer competitive compensation packages with benefits. We also offer equity buy-in opportunities. To learn more about working with one of Dental One Partners practices, please contact Andrew Risolvato at 972-755-0838 or [andrew.risolvato@dentalonepartners.com](mailto:andrew.risolvato@dentalonepartners.com).

**Periodontist:** Associate needed for one-to-two days per week to partner with a second periodontist in Colorado Springs. Current periodontist is booked out three months and averaging \$5,000/day. Flexible on scheduling. Please call A.J. at 412-337-5254 or [aj.peak@gmail.com](mailto:aj.peak@gmail.com).

**Endodontist:** Associate needed for part-time or full-time to handle the referral volume from multiple group practices within the Colorado Springs, Colo. region. Ownership opportunities exist. Pay is very competitive and flexible schedule is available. Please call A.J. at 412-337-5254 or [aj.peak@gmail.com](mailto:aj.peak@gmail.com).

**Dentist:** Colorado Springs, Colo. Seeking a full-time dentist with one+ years of experience to join state-of-the-art general and specialty practice. Large existing patient base, averaging 150+ new patients per month. Competitive pay, benefits and equity buy-in opportunities. A.J. Peak, 412-337-5254, [aj.peak@gmail.com](mailto:aj.peak@gmail.com).

**Dentist:** Full-/part-time dental position for GP or pediatric dentist at an award-winning private pediatric dental office. A caring person who has a commitment to excellence is needed. Practice located in Oklahoma City. Please send CV to [childrensdentalposition@yahoo.com](mailto:childrensdentalposition@yahoo.com), attn: Joel.

**Associate Leading to Buy-In:** Our busy Fort Collins, Colo. practice seeks an exceptional new general dentist who will begin as an associate and then buy-in to the practice. We focus on team work and excellence in all we do. We have a constant concern for our patients, whose trust and loyalty we strive to earn by delivering the best possible experience for them. Are you enthusiastic, caring and professional? Then please send your resume, the names of three business references, and a cover letter explaining why you are the right fit for this opportunity to [drmcidill@alpinedentalhealth.com](mailto:drmcidill@alpinedentalhealth.com). All inquiries kept confidential.

#### HYGIENISTS/ASSISTANTS

**Assistant:** Our ideal candidate will have some experience but also be able to learn our doctor's way of treating patients. We need a team player but also someone who is a strong individual who understands the difference between feedback and personal criticism. Someone who looks outside the box for new ideas but doesn't forget the basic details of the position. Our dental assistants are the core of our practice; without them, we wouldn't have had the growth we have had over the past few years. We have a very high standard for our team; we all work very hard; we are all 100% committed to our dental practice. So if you are looking for a career, not an "8-5 job," we would love to meet you. Please e-mail a cover letter indicating why you believe you would be an ideal candidate for our dental assistant position along with your resume, professional references and salary requirements to [info@belmarparkdental.com](mailto:info@belmarparkdental.com).

**Hygienist:** Hygienist needed for growing non-profit dental clinic in Steamboat Springs, Colo. Respond to [nucd@optimum.net](mailto:nucd@optimum.net).

**EDDA:** Looking for an experienced EDDA to join busy SE Denver, Colo. practice. Full-time with great pay and benefits. Please call Dr. Pfalzgraf at 303-757-8446 to schedule a working interview.

#### OFFICE STAFF

**Office Manager:** New, state-of-the-art private office in Aurora, Colo. seeks experienced individual for office manager position. We desire someone who is caring, positive and very organized. Great people skills and no problems talking money a must. Amazing salary potential for skilled individual. Fax resume to 303-690-2097.

**Receptionist:** General dental office seeking front desk person. PracticeWorks knowledge a must! This is a great opportunity for someone who is experienced, reliable, professional, and a team player. Looking for someone who wants to grow long term with our office. Hourly compensation plus great bonuses! Please call now 303-946-5154.



**Robert B. Deloian, D.D.S.**  
303-814-9541

**Ty Pechek, D.D.S.**  
719-821-2237

**Kyle Francis, M.B.A.**  
719-459-1021

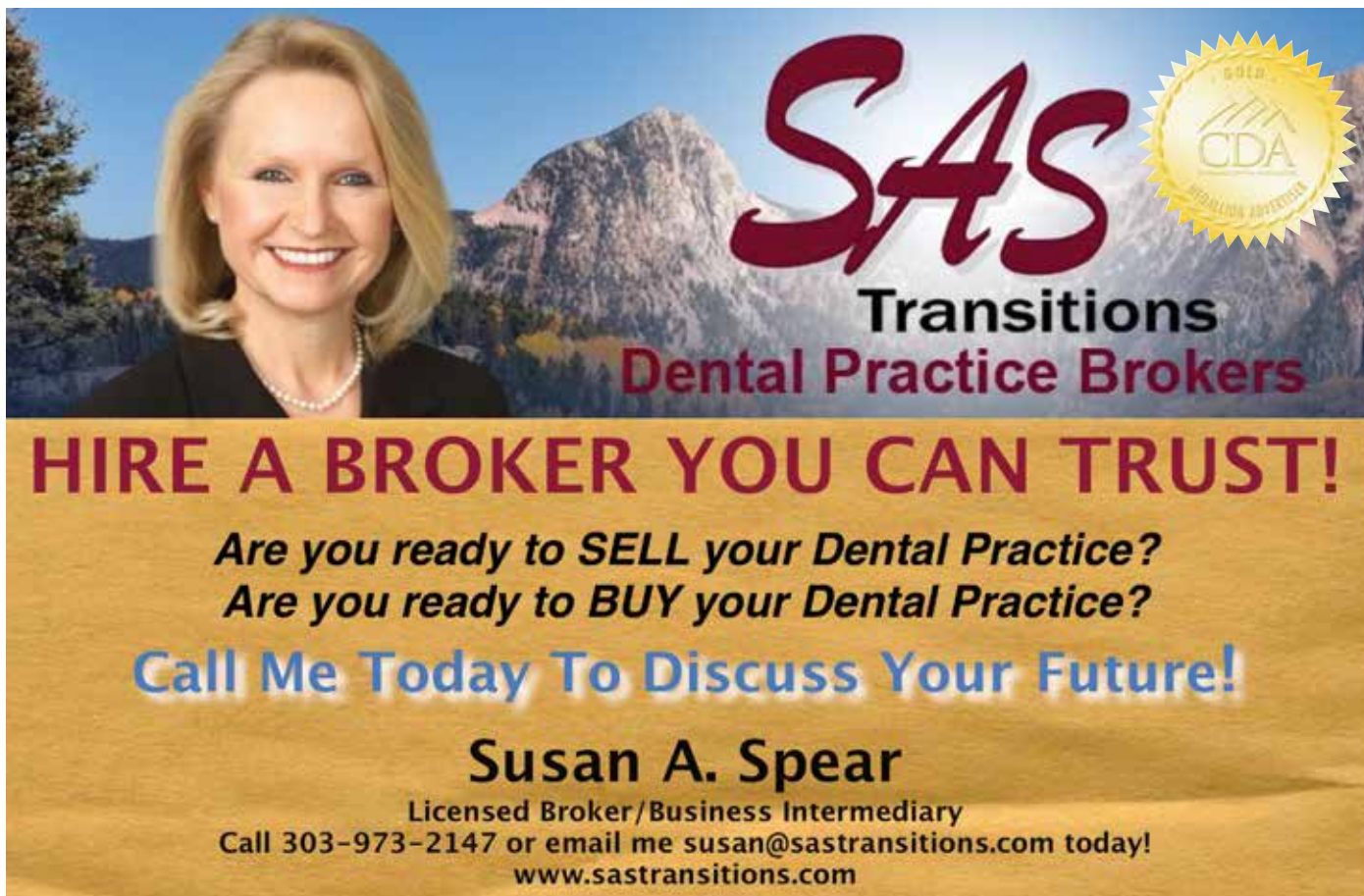



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**Practice:** Southwest Colo. Great satellite office. \$80,000 profit on two days a week! Call Jerry and Tyler Weston at 303-526-0448, [pma0448@yahoo.com](mailto:pma0448@yahoo.com).

**Practice:** Colorado Springs, Colo. Partnership opportunity. 12 ops. Great location. Collecting \$2.2M. Owner financing! Call Jerry and Tyler Weston at 303-526-0448, [pma0448@yahoo.com](mailto:pma0448@yahoo.com).

**Practice:** Colorado Springs, Colo. Five incredible ops. in a prime location. Collecting \$500,000 fee-for-service. Owner financing! Call Jerry and Tyler Weston at 303-526-0448, [pma0448@yahoo.com](mailto:pma0448@yahoo.com).

**Practice:** Commerce City, Colo. Brand new equipment! Five ops. This is the best looking practice in Colorado! Call Jerry and Tyler Weston, 303-525-0448, [pma0448@yahoo.com](mailto:pma0448@yahoo.com).

**Practice:** Woodland Park, Colo. Mountain practice. Very motivated seller. Four ops. collecting \$340,000 on three days. Great potential. Call Jerry and Tyler Weston, 303-526-0448, [pma0448@yahoo.com](mailto:pma0448@yahoo.com).

**Practice:** Ouray, Colo. Beautiful mountain town. Very aesthetic office. Three ops., Adec equipment, computer network with digital x-rays, pano. Contact [stesch@gojade.org](mailto:stesch@gojade.org), 719-588-9096.

**Ortho. Practice:** Arvada, Colo. (CO 1301) Five chair-open bay plus two chairs, 2,069 sq. ft., rent \$3,868/mo., office manager, receptionist, two assistants, dr. retiring. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Central mountains. (CO 1331) Annual revenue \$481,000, three ops., four days/week, great ski town location, dr. retiring. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Aurora, Colo. (CO 1333). Annual revenue \$878,000, six ops., five days/week, two drs., one willing to associate up to two yrs. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** South central mountains. (CO 1326). Price \$27,000. Annual revenues \$83,000, one op., two days/week. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Northwest, Colo. (CO 1321). Annual revenue \$688,000, four ops., four days/week, 1,500 sq. ft. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Richmond, Va. area. (VA 1324). Annual revenue \$1.1M, five ops., one not equipped. Dr. moving out of state. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Cherry Creek area of Denver. (CO 1325). Annual revenue \$639,000, four ops., 1,335 sq. ft., four days/week. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Centennial, Colo. (CO 1317). Annual revenue \$660,000, four ops, 1,800 sq. ft., three-and-a-half days/week. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Fort Collins, Colo. area (CO 1220). Annual revenue \$1.15M, 2,100 sq. ft., four ops., Mon., Tues., Wed. from 8:00 a.m. to 5:00 p.m., Thurs. 8:00 a.m. to 7:00 p.m., Fri. from 8:00 a.m. to 2:00 p.m. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Arvada, Colo. (CO 1123). Annual revenue \$135,000, three ops. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Southcentral Colo. (CO 0935). Annual revenue \$480,000, three ops. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Mountains in west Colo. (CO 1334). Annual revenue \$1.5M, 2,500 sq. ft., five ops. ADS Precise Consultants, 888.909.2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Northern Wyo. (WY 1236). Annual revenue \$800,000, five ops. Dr. retiring. ADS Precise Consultants, 888.909.2545, [www.adsprecise.com](http://www.adsprecise.com).

**OMS Practice:** Western Kan. (KS 1216). Annual revenue \$1.5M, 2,000 sq. ft. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Prosthodontic practice in Front Range, Colo. (CO 1315). Annual revenue \$1.5M, six ops. Four and a half days/week. ADS Precise Consultants, 888.909.2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Denver western suburbs. (CO1224). Annual revenue \$323,000, three ops., four days/week. ADS Precise Consultants, 888.909.2545, [www.adsprecise.com](http://www.adsprecise.com).

**Orthodontic Practice:** Hawaii. (HI 1338). Annual revenues \$500,000, three chairs, 20 hours/week, 1,680 sq. ft. ADS Precise Consultants, 888.909.2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** South Denver area. (CO100) General dentistry practice with cosmetic emphasis for sale in the south Denver area. Timing is great for this transition. The growth in this area has been continually strong and the new development of business, retail and residential housing increases the practice potential. Great range of demographics. Only worked one and a half days/week and producing over \$200,000. Five full ops. ready to be used and priced to sell. Great dr. owner ready to help in the transition and make this a huge success for the right buyer. One year remaining on lease allowing for new owner to maximize numerous options in moving forward. Contact Craig Gibowicz with Henry Schein Professional Practice Transitions at 303-550-0842 or [Craig.Gibowicz@henryschein.com](mailto:Craig.Gibowicz@henryschein.com).

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**Practice:** Western slope/mountains. (CO101) Great established practice in a beautiful Colorado mountain town. Three ops., digital sensors, Practice Works software. Retiring owner will stay in town to help with the transition and will be available. Listed at \$378,000 with gross production of \$640,000 and with strong cash flow. Opportunity to buy the building or lease. This location pulls from other mountain areas for great growth potential. Contact Craig Gibowicz at Henry Schein Professional Practice Transitions at 303-550-0842 or [Craig.Gibowicz@henryschein.com](mailto:Craig.Gibowicz@henryschein.com).

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**Practice:** Denver, Colo. High growth area! Seller is retiring. Great staff! Collecting \$300,000+ with low overhead! Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

**Practice:** Southwestern Colo. mountain town. High-tech digital practice! Collecting \$850,000+, five operatories, consultation room and more! Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

**Endodontic Practice:** Southern Colorado. Top endodontist is retiring! Five treatment ops.! Excellent location! Referrals, referrals, referrals! Great staff! Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

**Practice:** Mountain town Colo. Practice and real estate! Digital, pano., and lots of extras! Don't miss this opportunity to capture the market! Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

**Practice:** Northeastern Colo. Buy or associate-to-own! Own right out of dental school! Income from day one! Great family lifestyle! Owner is retiring. Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

**Practice and Associate Transition:** South corridor of Denver, Colo. All the bells and whistles! Not just a job! Seeking buyer! Must have two or more years experience. Associate to buy-out. Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

**Practices:** Listing 2013! Northern Colo. with real estate, west Denver metro, south Denver, and specialty practices. Go to [www.sastransitions.com](http://www.sastransitions.com) for new listings! Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers.

**Practice:** Boulder/Broomfield, Colo. Excellent satellite or start-up practice. 300 active patients with 25 new patients per month. Producing \$145,000/year on one day a week. Great potential for growth. Contact Robert B. Deloian, D.D.S., Professional Transition Strategies, 303-814-9541.

**Practice:** Southeast Denver. Producing \$450,000, 2,850 active patients, not doing endo, perio, ortho. or implants. Great room for growth. Also great location to merge another existing practice. Owner motivated. Call Dr. Robert B. Deloian, Professional Transition Strategies, at 303-814-9541.

**Practice:** Southeast Colorado general dentistry. Very busy recently renovated practice with great potential for growth. Current production \$1M plus per year. Excellent opportu-

nity. Contact Kyle Francis, Professional Transition Strategies, 719-459-1021.

**Practice:** Littleton, Colo. Great location near Littleton Hospital. Fee-for-service practice, 1,900 sq. ft., five ops., spectacular views, dedicated long-term staff willing to stay. Contact Kyle Francis, Professional Transition Strategies at 719-459-1021.

**Practice:** 40-year-old quality comprehensive, restorative, patient-centered practice in southeast Colorado. Practice, building and equipment for sale. Welcome full- or part-time associate. 719-336-7719, [chaskelleydds@hotmail.com](mailto:chaskelleydds@hotmail.com).

**Practice:** Silverthorne, Colo. Beautiful mountain town with skiing, biking, hiking, fishing. Gross average \$350,000 per year working four days per week. Low overhead. Great opportunity. Contact [tkhill772@gmail.com](mailto:tkhill772@gmail.com).

**Practice:** High quality general practice. Must have three years of experience. Excellent location to practice and live, and great opportunity for a first time purchase or someone who wants a team approach to private practice such as office coverage and reviewing cases but leadership is required. The office has a part-time fixed prosthodontist on staff and an experienced general dentist. Ideal person would see this practice as their home to establish and build their career. Privately owned, not a corporation. Trial period is available. After initial down payment is made, owner will carry the balance of the buy-in. Please forward resume and list of CE to [dentistryopportunityco@gmail.com](mailto:dentistryopportunityco@gmail.com).

**Practice:** Denver, Colo. (15104) Reduced price \$165,000. Huge potential, great for GP or periodontist. Great high-volume/high-exposure area, only worked part-time so upside of growth is tremendous. Contact Craig Gibowicz at Henry Schein Professional Practice Transitions at 303-550-0842.

**Transition Services:** For more information on how to sell your practice or bring in an associate, or for information on buying a practice or associating before a buy-in or buy-



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out please contact Larry Chatterley and Susannah Hazelrigg with CTC Associates at 303-795-8800 or visit our Website for practice transition information and current practice opportunities at [www.ctc-associates.com](http://www.ctc-associates.com).

**Practices:** Practice listings along the Front Range in Denver, Boulder, Longmont, Fort Collins, Centennial, Aurora, Littleton, Colorado Springs, Lamar, Clear Creek County, west Jefferson County (foothills), and south Weld County. For more information on current practice opportunities, including an overview of each practice, please visit our Website at [www.ctc-associates.com](http://www.ctc-associates.com) or call Larry Chatterley and Susannah Hazelrigg with CTC Associates at 303-795-8800.

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**Selling Your Dental Practice or Looking to Purchase a Practice?** Henry Schein Professional Practice Transitions can help with the process from appraisal to closing. Please contact licensed practice broker Craig Gibowicz at 303-550-0842 or [Craig.Gibowicz@henryschein.com](mailto:Craig.Gibowicz@henryschein.com) for more info.

**Practice:** Sale/lease. Excellent opportunity to rebuild long-established south Denver practice in highly visible location. Must see before investing thousands in new start-up. Owner retiring due to health. E-mail [denverdentaldoc@gmail.com](mailto:denverdentaldoc@gmail.com).

#### SPACE AVAILABLE

**Space Sharing:** Space to share with specialty office in high profile dental/medical building in Highlands Ranch/Littleton. Contact [danceattack73@hotmail.com](mailto:danceattack73@hotmail.com).

**Space Sharing:** Dentist wanted for office share or Associateship in high-tech, fully furnished dental office in Broomfield, Colo. Fax resume to 303-466-2786.

**Space Sharing:** Female dentist with 10+ yrs. dental experience is looking for a dental office to share one-to-two days/week to provide dentistry for children in Highlands Ranch, Colo. area. E-mail [kidsdentist1@gmail.com](mailto:kidsdentist1@gmail.com) or call 720-440-2535.

**Space Sharing:** Opportunity in existing orthodontic office with two locations in Colorado Springs. Ideal for pedodontist who needs satellite or new start-up. Contact 719-596-1363 or [daniel1662@mindspring.com](mailto:daniel1662@mindspring.com).

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**Office Space:** Dental office for lease in Arvada Colo. 1,363 sq. ft., plumbing in place for two chairs, reception area, office, \$8 NNN. Great visibility and end unit. Contact Brandi, RE1313, LLC, at 303-295-1313.

**Office Space:** Prime Boulder, Colo. location. Best first floor suite. Four operatories, lab, x-ray, reception, admin and well-known dental building. 1,653 sq. ft. Call Janine 303-931-2020 or [janine@cpccolorado.com](mailto:janine@cpccolorado.com).

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**For Sale:** Watermark ARES home sleep testing unit. Used only three times. \$5,000 new. Will sell for \$3,750. Contact [jmr.dds@att.net](mailto:jmr.dds@att.net).

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**Service:** Concerned Colorado Dentists (CCD) is a subcommittee of the Colorado Dental Association. We are in existence to help colleagues, staff and/or families who think they may have a problem with substance abuse. If you think you or someone you know may have a problem, please call Dr. Michael Ford at 303-810-4475 (day or night). All inquiries are kept confidential.

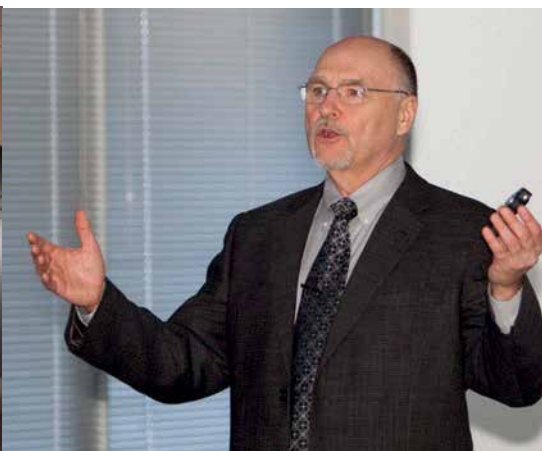
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