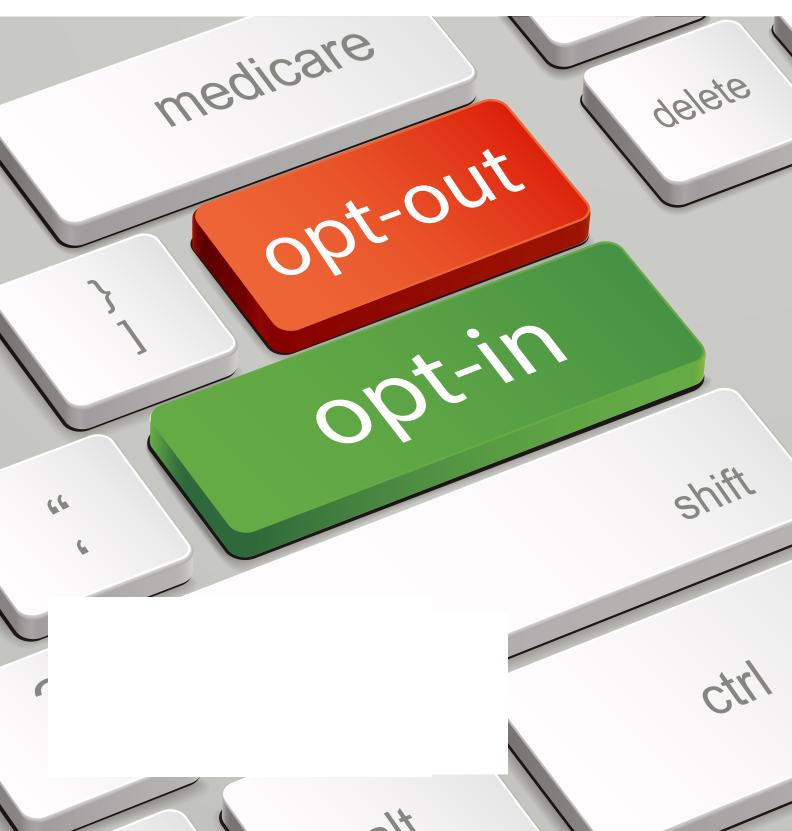
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Enhanced Payment Program Offers Incentives to Dentists

By Brett Kessler, D.D.S., CDA President



he creation of a new Medicaid dental benefit for adult Coloradans has been a momentous undertaking. This historic

advance has posed both a challenge and an opportunity for the members of our profession statewide, and many have stepped up to the plate. Colorado dentists have responded with patience and perseverance these past six months as our state ushered in a groundbreaking program to offer some of Colorado's most vulnerable adults access to dental care for the first time.

Given the sheer scale of this watershed project, the launch of the new Medicaid program inevitably encountered some delays and hit some speed bumps as implementation got underway. The Colorado Dental Association worked directly with the state Medicaid program; the Medicaid Program Administrator, Denta-Quest; and association members to address program challenges - such as credentialing barriers, claims errors and reimbursement delays.

Routine complications at startup are unavoidable for any big, new endeavor, and the good news on this front is that only a few months into this new effort, substantial progress has been made in tying up any loose ends in this transition to expanded Medicaid coverage.

At the same time, the CDA's "Take 5" challenge to its members is mov-

It's Time to Take 5

To start the enrollment process, please download and complete the credentialing application at http://bit.ly/MedicaidApp

10 Tips for Successful Enrollment:

- 1. Call DentaQuest's recruiters at 855-873-1283 to discuss your participation in Medicaid.
- 2. Fill out the application. There are two different applications you must complete.
- 3. Call Medicaid's credentialing team at 800-237-0757 for help filling out the application.
- 4. Make a copy of your application to reference if you have questions or need to make changes.
- 5. Complete and return both provider applications.

- 6. Note the date when you submit your application and be sure to call 800-237-0757 after 14 days to check your status.
- 7. Check the status of your application if you have not received an update after 45 days. Inactive applications may need to be resubmitted.
- 8. Expect an acceptance letter from Medicaid once your application is approved (usually within two weeks for a complete application).
- 9. Contact your regional DentaQuest representative once you receive your acceptance letter.
- 10. Contact Gail Reeder with Colorado Medicaid at 303-866-5187 for technical questions about enrollment or application status.

To learn more about Take 5, contact the Colorado Dental Association at: 303-740-6900 or cdaonline.org/Take5.



ing into full gear, and this is a campaign that we are particularly excited about. We have asked CDA members to take at least five new Medicaid patients into their caseloads - whether children, adults or families. It stands to make a huge difference for families long hobbled by limited or no dental access - and the declining oral health that goes with it. So, this vital step in expanding access to dental care

for our most at-risk citizens demonstrates the dental profession's continuing commitment to helping a segment of our population where the need is so great.

Our heartfelt thanks go out to all of the Colorado dentists who have responded to Take 5 by enrolling in the Medicaid program to accommodate the new level of expanded demand. Kudos is in order, as well,

Resources for Take 5 Providers

Working with Medicaid can be rewarding for your practice and patients. Please use the following contacts and Websites to find answers to your Medicaid questions.

DentaQuest Provider Relations Team:

Contact 855-225-1731 for Provider Relations/Services

For in-depth questions, contact DentaQuest's Colorado regional representatives:

- Denver, South Metro and Southeastern Colorado
 Karen Savoie: 303-680-2153
- West and North Metro and Northeastern Colorado
 Lisa Larkin-Allen: 720-645-2998
- Western Slope up to the Front Range
 Christie Robson: 970-464-2240
- Supervisor Laura Jacob: 303-794-3226

More DentaQuest Resources:

- Visit dentaquest.com/Colorado and click "Dentist Page"
- Claims Appeal Information can be found in Section 2.04 of the ORM on DentaQuest's Webpage for Colorado dentists
- Refer Patients with questions to 855-225-1729

Medicaid Resources:

- For helpful provider resources, visit www.colorado.gov/hcpf/providerservices
- Contact 800-237-0757 for questions about provider enrollment
- Contact Gail Reeder with Colorado Medicaid at 303-866-5187 with technical questions

for those dentists across our state, in rural and metropolitan areas alike, who were serving our Medicaid population long before our campaign to expand provider enrollment.

Yet other dentists are still contemplating Medicaid enrollment and may have some apprehension based on a lack of experience with this important type of dental coverage. To be sure, enrolling as a Medicaid provider may be challenging at times, but it is essential to reaching an underserved population.

There never has been a better time to jump in and lend a helping hand. There are some great incentives right now to get involved with Take 5 and Colorado Medicaid. The state legislature authorized an Enhanced Payment Program, which plans to reward dentists with an extra payment of \$1,000 for seeing their first five new Medicaid patients. An additional \$1,000 will be awarded to dentists who see another 50 patients, and another \$1,000 will be provided to dentists who see 50 more new Medicaid patients.

To take advantage of this Enhanced Payment Program, which can help cover the cost of the time invested in Medicaid enrollment, it is important that first-time dentists complete their Medicaid credentialing and start seeing patients immediately, as these incentive dollars are available only for a limited time. It is expected that the deadline to see the patients required to qualify for the Enhanced Payment Program will be mid-spring 2015. The enhanced payments are expected to be made to providers in summer 2015. Additional details about the Enhanced Payment Program will be shared by Colorado Medicaid in coming weeks.

To start the provider enrollment process, dentists simply can download and complete the credentialing application online at http://bit.ly/MedicaidApp. DentaQuest, the Medicaid Dental Program administrator, has recruiters available to discuss dentists' participation in Medicaid at 855–873–1283. Enrollment questions can also be directed to the Medicaid credentialing team at 800–237–0757. Additional resources and information to help you with the provider enrollment process can be found in the sidebars of this article.

Again, we thank our state's many dentists for their willingness to consider participating in the Colorado Medicaid program. This is a great opportunity to help forge a new relationship between our profession and our state's most vulnerable and underserved residents – and to help build a new, and even prouder legacy for the dental profession in Colorado.



Unexpected

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



ow did this happen? I am no longer a new dentist. Ok, well, technically I have not fit the criteria for several years. I guess I'm

now officially a "mid-life provider," and yes I came up with that term! What do I have to show for my time in the profession so far? Now seems like a great time to pull off the trail and look back at some of the territory I have traversed before I crest the last big hill on my sojourn, and start the downhill ride to the finish.

Twenty plus years of private practice has provided me with numerous bumps and bruises from some of the choices I have made. This span of time has also allowed me to collect a myriad of experiences, interpersonal interactions and observations from the patients I have treated. The resounding majorities of these have been events and circumstances that never in my wildest dreams would I have anticipated in my career. I am specifically referring to the human side of dentistry, or more respectively, life. It is truly incredible what our patients can share with us, providing we take the time to get to know them and put down the hand piece every now and then, opening our ears and our hearts.

I have been privy to a significant number of unpredictable stories and events. They have come from the

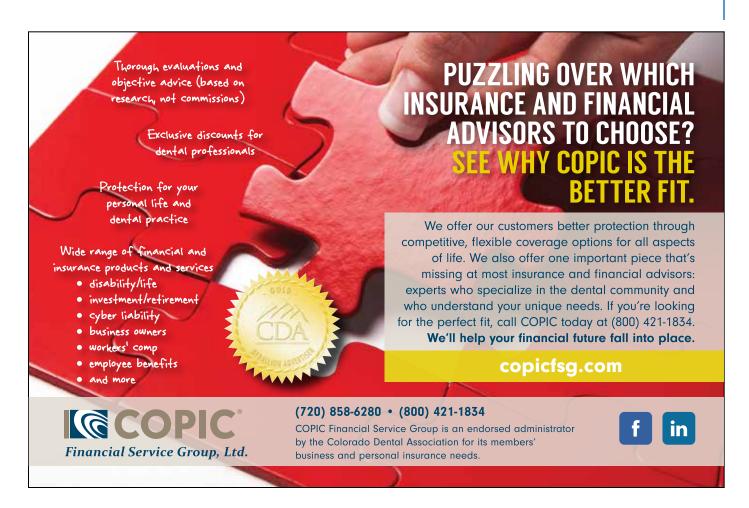
relationships I have built over time with families and individuals. Some have been incredibly wonderful, inspiring and heartwarming. Others have crossed over into the darker side of our existence and involved some of the more horrific things that humans can do to one another. I would like to share some of the events that have left an indelible mark on my memory, much like a tattoo that may fade over time, but will always be

Never did I imagine that I would now have three former patients serving life or near life sentences for murder. Looking back at them as patients, nothing really stood out. There were no signs or symptoms that they would be capable of such an act. I have also had patients who were present during the shootings at Columbine and Arapahoe high schools. Listening to their stories of the event was surreal. I was able to care for a few of the victims of the Aurora theatre shooting and observe some of their recovery - both physically and emotionally. The topic of "discussions with victims of a mass shooting" was a subject that was never taught at my dental school.

Several years back, I had a patient who was a single dad who needed to take multiple busses to his appointments, often with his young boys in tow. I will always remember the look of surprise and gratitude on his face when I offered to give him and his sons a ride home one snowy cold evening so they wouldn't have to repeat their long cold trip. I also vividly remember the heart wrenching story this same dad shared with me a few years later. He told me how he held one of his sons gently in his arms on I-25 as he died, after being ejected from a vehicle in a rollover accident. Once again, nothing in dental school, much less life, prepared me for that moment.

I also care for a mom and dad who lost their only child to prison for the unintentional death of their only grandchild. While this tragic story played out, there were appointments with the mom that had to be cut short due to her uncontrolled sobbing. Time has been kind and has helped diminish her pain. Now when she comes in, she shares stories of her visits with her son and what he is up to, often with a smile.

Fortunately, not all of my stories are about doom and death. As I transcend from death to life events, this next encounter is literally about a transition from death to life. A long-standing patient was involved in a horrendous head-on collision on I-70 that actually took his life for a period of time. It took him well over a year to be able to return to our office for his regular care. I still remember greeting him in the reception area for the first time since his accident, sitting down with him and listening to his story. He briefly shared some of the events of the accident and his recovery. The majority of our 20-minute conversation involved a very detailed point-of-



view description of how he actually died, and then hovered above the accident scene, looking down on the extrication of his mangled body from his vehicle. He talked of bright lights, majestic riders on white horses and a myriad of other afterlife events he experienced while his physical body was kept alive. Just thinking about it brings on goose bumps. I am happy to report that he has made a full recovery to health and life, and our conversations now are about much more mundane topics like his kids and grandkids.

Now that our trek has crossed over to stories of life, the next experiences I have to share are equally as emotional, but from the brighter side of life. The first is a quest by a retired woman looking for a dentist closer to her home. This woman actually turned out to be my mom's maid of honor. After mom and dad's wedding they lost track of each other. Mom

had mentioned her occasionally so her name was familiar, but I never had the opportunity to meet her. It was wonderful to reconnect them and renew a friendship from many years past.

My time as a consulting dentist at Craig Hospital continues to bring me numerous impressionable moments enough to write a book about. The Craig experience that stood out the most involved a dad and his ventilator-dependent quadriplegic son, who was unable to talk because of the vent. His son was transferred to Craig from another rehab hospital, hoping to be weaned from the vent. I was requested to do a general oral exam, standard operating procedure for a vent patient. Through my visits, I had the opportunity get to know this father and son a bit. I stopped by one Friday afternoon to say hi to them and asked the dad what was new. Tears welled up in his eyes as he

told me that he was able to hear his son's voice today for the first time since his injury.

Over the years I have been able to care for a few pro athletes and numerous people in the music industry. Across the board they have all been humble, caring and regular down-toearth people. I had the opportunity to discuss the use of spit tobacco in pro football with a current NFL player who has since retired. It turns out his passion against tobacco was as great as mine. He told me about a letter he wrote during high school to President Ronald Reagan, asking him why tobacco was legal. He never received a reply but it was still a very impressive action for a high school student to take. I posed the same question to a retired professional soccer player about the use of spit tobacco in his

UNEXPECTED continues on page 10

UNEXPECTED continued from page 9

sport. He told me that the use of any type of tobacco or PED's (performance enhancing drugs) is almost non-existent in soccer.

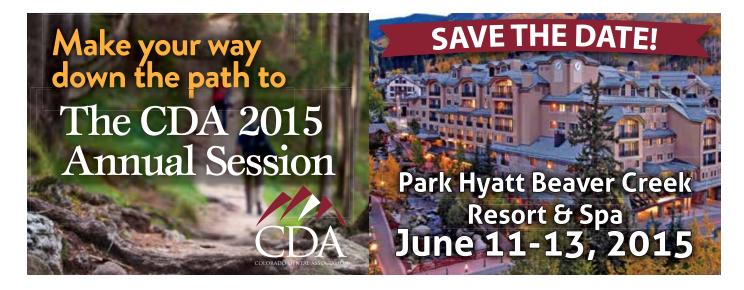
One of my most enduring visual memories was of a couple in their 80's who were newlyweds. They were standing outside of my office after an appointment, waiting for the retirement facilities vehicle to pick them up for their ride home. He was behind her and had his arms securely wrapped around his new bride to keep her warm on that cold winter day; a portrait of true love!

Last and definitely not least is probably my favorite story. This came from a gentleman who started with me early on in my career. To say he was a character would be a serious understatement. His life was never boring by his own choosing and was a wealth of entertaining stories. Every appointment was an adventure. One particular visit, he chose to share with me how he had befriended an up and coming movie producer named Steven Spielberg. He then

shared how he was responsible for a very memorable line in the movie E.T. and how the line almost caused the movie to have an R rating. The scene was early on in the movie with the family sitting around the kitchen table talking about E.T.The little brother, Elliot, was annoyed with his older brother and ended up calling him "penis breath." Huey (not his real name) never gave me a reason to doubt or question his stories. I know it's a bit of a tease, and I really wish I could share the actual story behind the story but I can't. However, if I was ever able to get confirmation from Mr. Spielberg...

Being a dentist can be an amazing and wonderful career. We can shape it in any way we desire, much like a mound of clay. Often we tend to look at the relationship with our patients as a one-way street, comprised of what we are able to do for them. We can take them out of pain, return or improve their smiles or simply help them be able to eat a healthy meal. It is in our general nature to be givers. So what do we get back from the relationship? What's in it for us?

The monetary return is the obvious response but there are many others. We have the ability and opportunity to create and innovate, problem solve and get the emotional satisfaction of helping others. The greatest gifts of our career, however, are the patients we treat. Dentistry provides us the setting to interact with a very diverse group of people on a regular and sometimes frequent basis. We get to see them through the best of times and through the worst of times. The road we share with them is absolutely a two-way street. What can our patients give back to us? Maybe we just learn about a new café or an amazing wine they have discovered. Or maybe they tell us about a new location to camp or fish. However, if we are fortunate and have tilled the relationship soil properly, and broken down some of the walls of our enamel tower, we have the opportunity to learn some amazing lessons on life. Their stories and events can truly be the unexpected treasures in our lives. That, my friends, is priceless! 🕥



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Medicare | Opt-in or Enrollment | Opt-out

entists who treat Medicare patients must either enroll in the Medicare program or opt-out by June 2015. Please note that this requirement applies to the federal MediCARE plans (generally senior and disabled patients) as opposed to the state-based MediCAID plans (for low-income patients).

Even though most common dental procedures are not covered under Medicare, dentists are still required to opt-in or opt-out of the Medicare program as a consequence of federal healthcare reform. By opting-in or opting-out of Medicare, you will help ensure that tests, procedures, devices and drugs ordered for Medicare patients will be reimbursed, as well as prevent denial of reimbursement for other providers you may refer patients to.

The Medicare opt-in/opt-out requirement was intended to allow the federal government to verify the credentials of all providers - in theory reducing fraud and abuse. However, the requirement is logistically burdensome for certain provider groups, such as dentists, whose services are generally not reimbursed through the Medicare program. The American Dental Association (ADA) continues to work with the federal government to pursue an exemption from the opt-in/opt-out requirement. We will keep you posted on the ADA's progress toward this exemption. The exemption will be difficult to obtain (and if granted, may occur within short range of the program's compli-

ance deadline). With this in mind, we have outlined the current compliance options so dental offices can begin the education process ahead of the June 2015 deadline. It will be important for each dentist to carefully consider both the benefits and drawbacks of the various program options outlined below.

Opting-In as a Medicaid Provider

If you are already enrolled as a Medicare provider, you will not need to take any further action at this time. (Be sure you are a Medicare provider not a Medicaid provider – as these are two separate systems.)

For new Medicare providers, there are two enrollment options.

1. If you wish to provide and be reimbursed for dental services under Medicare, you may enroll as a treating provider with Medicare. Medicare does not cover most routine dental services, but may pay for some diagnostics as well as some dental services for hospital inpatients (see the sidebar for additional insight on covered Medicare procedures). Some of the most common covered dental procedures under Medicare are biopsy procedures and sleep apnea devices (though sleep apnea must first be diagnosed by a physician and there are billing nuances to getting this device reimbursed).

You can enroll online at *j.mp*/ MedicareEnroll using the PECOS system or use paper form CMS 855i, which can be downloaded

What dental services are covered under Medicare?

Medicare does not cover most routine dental services (and in fact specifically excludes most dental care). Most dental services that are covered by Medicare are covered as a prerequisite to a covered medical procedure for hospital inpatients. Some examples of dental services that may be covered include:

- Brush biopsy for oral cancer screening
- Inpatient oral exams prior to renal transplant surgery (but any required treatment is not reimbursable)
- Extractions when necessary to prepare the jaw for radiation treatment of cancer
- Procedures that are an integral part of a covered medical procedure (such as reconstruction of the jaw following injury)
- Procedures that are within the scope of practice for both a physician and a dentist may be provided by a dentist

at j.mp/CMS855i. The Medicare enrollment form is long, but not all sections are relevant to dental providers. Be sure to attach all required documents, sign the certification and mail it to: Novitas Solutions, Provider Enrollment Services, P.O. Box 3095, Mechanicsburg, PA 17055-1813.

2. Dentists also have the option of enrolling in Medicare as an "Ordering and Referring Provider." Enrolling as an "Ordering and Referring Provider" is a newer enrollment option that may help bridge the middle ground between enrolling with Medicare as a treating provider and fully opting-out of Medicare. This enrollment option may be a good fit for dentists who do not provide services under Medicare. Under this option, dentists may not bill or collect payment from Medicare or the patient on any services covered by Medicare. As an "Ordering and Referring Provider," dentists may refer patients to other providers as well as order tests, procedures, devices and drugs, - and Medicare will cover the costs of these services for the patient. You will not be paid by Medicare for any services you provide, but other providers you refer to won't be penalized and your patients won't be denied access to important medications. Dentists enrolled as "Ordering and Referring Providers" may continue to provide dental services not covered by Medicare to patients at the fee agreed to by the dentist and patient. If a dentist enrolls as an "Ordering and Referring Provider" and finds a need to provide a covered service to a patient, he/she has the following options: 1. enroll as a full Medicare provider prior to rendering care and bill Medicare as appropriate, 2. opt-out of Medicare and enter a formal agreement with the patient to provide the care outside of Medicare reimbursement (see the opt-out information below), or 3. treat the patient without billing the patient or Medicare.

To enroll in Medicare as a "Ordering and Referring Provider," complete the abbreviated paper

enrollment application CMS 8550 at *j.mp/CMS8550*. Be sure to attach all required documents, sign the certification and mail it to: Novitas Solutions, Provider Enrollment Services, P.O. Box 3095, Mechanicsburg, PA 17055-1813.

By enrolling as a Medicare provider – either as a rendering provider or an Ordering and Referring Provider, most dentists should expect to update enrollment information every five years, unless critical enrollment information or status changes prior to that time period.

Opting-Out as a Medicare Provider

Another option for dentists is to opt-out from Medicare. By opting-out, you will be excluded from the Medicare program for two years. You may not apply to be a Medicare provider during this timeframe, even if your employment or patient needs change. You will be unable to submit claims to Medicare or collect payments through Medicare (though there are a few exceptions in emergency care situations). The opt-out is comprehensive – dentists cannot opt-out only for certain services or patients.

By opting-out of Medicare, Medicare will cover the costs of drugs, tests, procedures and devices ordered for your Medicare patients, as will other providers you refer to - even though you are not a Medicare participating provider. You will not be paid by Medicare for any services you provide, but other providers you refer to won't be penalized and your patients won't be denied access to important medications. We realize that is confusing, but Medicare just cares that you are formally registered with their system - whether you ultimately opt-in or opt-out. As long as you either opt-in or opt-out, your patients and colleagues will not be adversely impacted.

Sample Case Study:

One of the most recognized dental procedures billed under Medicare is the brush biopsy for oral cancer screening. This is a covered service for a Medicare patient.

Dentist options:

- Opt-In as a Treating Provider: You would bill for the biopsy through Medicare.
- Opt-In as an Ordering/ Referring Provider: You have perhaps the most flexibility under this option. You would be able to refer the patient to another provider for the biopsy (and that provider would be reimbursed without problem). Alternatively, you could apply to become a rendering provider under Medicaid (there is no restriction on changing your status as an Ordering/Referring Provider), opt-out of Medicaid and provide the service to the patient pursuant to a Private Contract, or provide the service to the patient at no charge.
- **Opt-Out:** You may contract with the patient using a Private Contract to provide the biopsy at your usual or agreed upon fee.
- **Do Nothing:** You would be unable to bill Medicare or the patient for the biopsy. If you refer the patient to a Medicare provider for care, that provider would be denied reimbursement based on your referral.

By opting-out of Medicare, you will be required to enter a formal, written agreement (called a Private Contract) with each Medicare patient treated in order to provide a

MEDICARE continues on page 14

MEDICARE continues from page 13

covered Medicare service. This Private Contract must be signed before care is delivered, and there are strict guidelines on what the Private Contract must include. The patient must acknowledge in writing that they are receiving care from a non-enrolled provider and are willing to pay outof-pocket. The patient must formally agree to give up Medicare payment for services by the dentist and agree to pay the dentist without regard to Medicare's fee limitations. Login to ADA.org and visit j.mp/Private-Contract to access a sample Private Contract form that can be used by your dental office. Only one Private Contract is required per patient during the two year period. The dentist should keep a copy of the signed Private Contract as part of the patient record (Private Contracts don't need to be submitted to Medicare). After this Private Contract is signed, you may offer a Medicare covered service to a Medicare patient at your usual or otherwise agreed upon - rate, even if that rate exceeds what Medicare would have reimbursed. With the Private Contract requirement, some patients may have concern about paying out-of-pocket for covered Medicare services or choose to seek services from a participating Medicare provider. Login to ADA.org and visit j.mp/MedicarePatientLetter to access a sample letter that helps explain to patients the reason for dental

office opt-outs, which may help alleviate some patient concerns.

As in all enrollment options, dentists who opt-out from Medicare may continue to provide dental services not covered by Medicare to patients at the fee agreed to by the dentist and patient.

To opt-out from Medicare, visit j.mp/NovitasOptOut, which is a state specific Medicare vendor Website that provides full instructions on the Medicare opt-out process for Colorado. You will need to choose "Part B" when the Website first pulls up, and then accept the end user agreement. (If the form doesn't pull up directly, select "Opt-Out Listing" under the Enrollment category.) A sample opt-out affidavit is provided on the Novitas Website. You may also login to ADA.org and visit j.mp/ ADAOptOutForm to access a sample opt-out affidavit form that can be used by your dental office. If you have technical questions about the opt-out process, you may contact Novitas at 855-252-8782.

If you choose to opt-out from Medicare, the opt-out expires after two years. You must remember to resubmit the opt-out affidavit every two years.

Doing Nothing

If you never see Medicare patients and do not prescribe drugs for Medicare patients, you may elect to do nothing at this time without substantial consequence. This may be an option for certain populations of dentists who truly never see a Medicare patient (such as pediatric dentists), but carefully check your patient mix to ensure that you will not inadvertently affect unusual Medicare classes of patients by your decision.

If you see Medicare patients and do nothing, these patients will be denied their benefit for any prescriptions you write. Also, if you refer a Medicare patient to specialists, pathologists or other medical providers for covered tests (such as diagnostic radiographs) or medical devices, those providers and services will not be reimbursed by Medicare. This can be a major disruptor to your referral network. Further, if you provide an item or service that may be covered by Medicare and have not opted-in or opted-out, you must submit a claim on behalf of the Medicare patient and you are not allowed to charge the beneficiary more than the Medicare limit. A dentist may be subject to fines and permanent exclusion from government benefit programs by failing to submit the required bill or charging the Medicare patient more than the maximum Medicare fee.

Please carefully consider your options for complying with the Medicare enrollment requirement and be sure to take appropriate action by June 2015, keeping in mind that it often takes government programs weeks to process applications. Additional resources can be found at http://success.ada.org/en/practice/medicare/medicare. 🕥

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Compassion in a Brave and Politics New World

By Dave Lurye, D.D.S., CDA Speaker of the House



984 was quite a year. I was fortunate enough to be selected as an exchange student in Norway from July through December in my last year

of dental school. What an adventure. I got to ride my bicycle through Europe for six weeks before starting school, and then I got to live overseas, hitchhiking and using a Eurail pass to see more of Europe (sometimes when I should have been in school, but that's another story).

I had a rude awakening in 1985. While I was gallivanting around in Europe, most of my classmates had been making plans on what they were going to do with their lives once they graduated. Associateships, partnerships, grad school, Air Force, Navy, GPRs, etc. They really planned. Not me. A little short-sighted on my part, as I had no clue as to what I was going to do until the very end of my school career back in Minnesota. Having no plan A, B or C, I inquired into the Indian Health Service about going to work for them. A few months later I was getting a physical, fingerprinted, and waiting anxiously to find out where they would station me.

I got a taste of Public Health Service serving on three reservations. It was a real eye-opener, as I had never been exposed to poverty before, and

many parts of most reservations are chock-full of impoverished people. This isn't situational poverty where one finds themselves suddenly broke and claws their way to get out of that situation. It's called generational poverty, and there is an entire mindset change that Ruby Payne writes about in her book, "A Framework for Understanding Poverty." It's a pretty tough cycle to get out of when it's all vou have ever known.

1988 rolled around. I started a tiny practice in the resort area of Winter Park, where I stayed and grew that practice for 24 years. While there are many well-off people in areas like Winter Park, Colo., there are also lots and lots of "situational poverty" people, mostly by choice, as you will find well-educated people living with three or four friends and waiting tables so they can ski for a season or two. They usually find their way back out of their "situational poverty"

Now, I find myself coming full circle. My then-significant other, now my wife, Patricia, and I moved to Ridgway, Colo. a few years ago. I invested in a small practice where I thought I would semi-retire and "dabble" in dentistry, working two days per week. As time went on, I started seeing more and more patients from towns west of here, toward the Utah border, from places like Nucla, Naturita and Norwood – 40-70 miles from

Ridgway. These patients told me that there was no longer a full-time dentist in their area. The majority of the people coming to see me were living at close to poverty level - many of them for multiple generations. Knowing their situation, I did what a lot of us do, namely discounting my services for these folks or just giving them away. I have tracked over the years how much of that I have done, and have calculated that I have discounted or given away about \$1.2M over the years; I'll bet a lot of you have done so as well. Since there isn't a consistent way to track donated dental care, it is difficult to promote the good that we do publically.



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courtship (no sense rushing into things), I told Pat I would get a "paper route," and work a day per week at the Uncompander Medical Center's dental clinic in Norwood, Colo. After getting credentialed (there is always paperwork), I went down for four weeks before our executive director asked me into her office and inquired as to whether I would be interested in being the dental director there. I told her what I told Pat...I was looking for a "paper route." I didn't want to be the "publisher."

Then I started thinking about all the battles that the Colorado Dental Association has gone through to protect quality dental care. I, and many others I served with at the CDA, have scars up and down our bodies from years of political maneuvering, debate and testifying before House and Senate subcommittee hearings.

That said, I felt sorry for all the folks I was seeing who had very few

options for any care other than going to a Federally Qualified Health Center – FQHC for short. The director and I came to an understanding, partially based on conditions that I could have CU students come down as part of the ACTS program (a hands-on program that allows students to rotate to various clinics in the state to gain experience), and also that I could continue my political life linked to the CDA.

By definition, FQHCs "qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors."

The FQHC that I direct is the only clinic in the state considered a "Frontier Clinic," which by defini-

BRAVE continues on page 18

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BRAVE continues from page 17

tion has a service population density of fewer than six people per square mile. Plenty of sheep...not so many people.

Why am I writing about this? The CDA and the American Dental Association have surveyed members time and again to find out what services are most important to members. Number one, over and over, is ADVOCACY.

Our members, that's you and I, want our dental association to advocate for us and protect our profession so that standards of care stay high. We have told legislators time and again that there isn't a shortage of dentists, just a "distribution" problem, and that we don't need new models of non-dentist care. Well guess what? If YOU and I don't advocate, lobby and do things (like going outside our traditional practice walls) that provide needed care for patients, you won't have to look further than a mirror when asking yourself why either state or federal legislators decided to allow new models of care. At the end of the day, YOU and I are organized dentistry. WE are the CDA. We cannot expect our CDA leadership to wave a magic wand to alleviate this problem. Actions by the general membership, the grass roots, a "groundswell" movement, has to take place.

I am not knocking going overseas to do missionary work as a dentist. Obviously there is an adventure component to it, as some of these missions take participants to the proverbial "end of the earth" to dole out rudimentary care to people who may have never seen a dentist before. It's very admirable.

I am not knocking charity events or the Colorado Mission of Mercy/ COMOM. For two days per year, it provides services on a first-come, first-served basis, and is a showcase to the public and to legislators about what dentists are willing to do to help the less fortunate.

The problem is that folks overseas aren't our legislator's constituents, and if legislators want to get re-elected, they need their constituent's votes, and in order to get those votes, they need to show their constituents what they are doing to help them. As for annual charitable clinics, a one- or two-day per year program is not a healthcare system. It's hard to wait out a toothache for another year and then stand in line hoping to get into the next clinic.

We have many FQHCs and community healthcare clinics popping up. There will always be grumblings that some people qualifying for care at FQHCs could actually afford to see a private practitioner. Very true. The same thing goes for charity events and clinics, and almost every other discounted or free program out there. Show me a program and I will show you the freeloaders. I look at patient parking lots and note that the cars in the lots are pretty much the same cars as the doctor's lots. There will always be flaws in the system, and I am pointing these out to the board of directors of my clinic every month. Hopefully small actions in a clinic here or there will affect some change in the long run.

In the meantime, some clinics, especially the remote ones, need extra help. At my FQHC, we are searching for help from dentists. These are paid positions (although volunteer help would always be appreciated if you could afford it). The fact that dentists have not filled these needs in the past is noted and on the radar among the many groups who love to state that if dentists won't go out to places like this to do the work, they will create a new level of provider who will. These groups have lots of influence.

At the end of the day, for the average dentist, advocacy and lobbying for our profession might best be done by publicly demonstrating regular, continued care for those in need. Can you imagine the good press our association and profession would get if we demonstrated that our membership is stepping up every week of the year to fill the needs of some of these far-flung clinics, even if it means regularly traveling quite a distance to do so? When we take care of our patients, we take care of our profession.

Just so you know, I am not advocating for the phasing out of fee-forservice private practice. Far from it. That is the other part of my life, and I have a rather long record of fighting the fight for free enterprise, and have the scars (and a sword) to prove it. But it's a brave new world. The genie is out of the bottle. Pandora's box has been opened. The train has left the station. Pick your metaphor. Things change and we must adapt and we must have compassion.

There are cheaters who use the system. That being said, I know that I am making an impact by the many hugs I get in my clinic from people who are used to being denied care because of finances, or have had care in a setting that you or I wouldn't send a family member or friend to. I run my clinic like I do my private practice. I don't rush, I explain options (even if they can't afford it...I make no assumptions about clients in my private practice OR the clinic). I am making a difference, and am asking our membership to step up and do so as well. Perception is reality, and if the public and legislators think that dentists won't help, it will only be a matter of time until a new model of non-dentist care comes not only to rural areas, but to a neighborhood near you. 🍞



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2015's Top 3 for Attracting New Strategies Patients Online

By Kevin Rach

s we begin 2015, the idea that Websites are important is old, old news. Almost everyone realizes just how important the internet has become for modern business, so dentists without a practice Website are few and far between. But this late into the information age, a Website can't guarantee online success on its own. In order to keep bringing new patients to your door, your Website should be part of a comprehensive and carefully maintained Web presence.

A Web presence, in very simple terms, is your internet footprint: a collection of online marketing strategies designed to increase your practice's visibility and influence to take your online marketing to the next level. Bigger is better, but a successful Web presence requires a good degree of finesse and expertise as well. And if you're looking to keep your waiting room full, be sure that the Web presence you build includes these three vital strategies.

1. Mobile Compatibility

Your Website obviously needs the basics, like the location of your practices, the services you offer, and a way to schedule appointments. But patients also expect performance – not just in speed, but in functionality. Since the mobile internet subscriptions outnumber fixed connections 3:1 in the Americas, having a site that performs well on smart devices like phones and tablets is crucial. You want to provide all your patients with a satisfactory experience, and that experience starts on your Website.

It's especially important to do this because Google gives higher rankings to mobile sites when a search comes from a smart device.

There are two ways to do this – with standalone mobile sites and responsive mobile design. Standalone sites are the traditional method, and they still deliver results. But responsive design is the industry trend. This method of coding hard-wires mobile compatibility into your main Website without the need for a separate mobile site, ensures it will display perfectly on any device. If you're starting to build a Website now, this is the option you'll want to consider most heavily.

2. Reputation Tracking

Online review sites exist for one purpose - telling consumers what they might experience before they buy. That means one of two things for your practice – free marketing, or a large obstacle. So if you don't have a way to keep track of your online reviews, you need to find one. Though it's possible to keep track of your reviews by periodically checking the most popular sites, your practice may want to consider reputation tracking software. Services like these provide automated progress reports of your Website's health, collecting reviews and compiling them all in one place. Some even include analytics that allow you to know what your patients appreciate and what needs work. From there, you can devise a plan to generate more positive reviews, and to start getting that extra marketing

push that comes from a sterling reviews page on Yelp or HealthGrades.

3. Search Engine Optimization (SEO)

Search engines like Google are the modern equivalent of the yellow pages – if you don't appear prominently, your practice won't be seen. The goal, then, is clear: push your practice higher in the search engine rankings.

If you're well-versed in HTML, there are some basic techniques you can put to use on your own, like keywording and metatagging. For everyone else, it's often worthwhile to look into an SEO service. Convenience aside, do-it-yourself SEO is particularly difficult because of the amount of change Google makes to their algorithms on a regular basis. The average number is 500-600 per year, and in 2014 there were at least 13 "major" changes that caused major shake-ups in the SEO industry. If you're willing to monitor those changes and make adjustments on a regular basis, DIY can be a viable but labor-intensive option.

All in all, the bottom line is this: your Website can only do so much on its own. In order to excel in the digital marketplace, it's necessary to think beyond the traditional practice Website. The additional marketing efforts discussed here are quickly becoming industry standards. 🕥

Kevin Rach is the Communications Manager with Officite, the CDA endorsed vendor for Website services. Reach him or his colleagues at 866-203-0494 or visit www.officite.com/ dental.

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Employment Law | A Critical Employment Training | Management Strategy

By Judith Holmes, J.D.

n the two most recent issues of the Journal of the Colorado Dental Association, we discussed the elements of an employment management strategy that will help keep your practice healthy and well run. In this article, we will discuss what may be considered the most important aspect of all: effective, lawful workplace training.

Implementing a comprehensive training program is important for several reasons:

Training is a Wise Investment

The overwhelming majority of employees want to do the right thing and make positive contributions to their work environment. Implementing an effective training strategy gives your employees and your management staff the information and tools they need to perform their duties within the law and in accordance with your policies and procedures.

Investing in staff and management training is cost effective. Having a well-trained office staff results in lower turnover, increased productivity and higher employee morale. Providing appropriate training to your management staff makes them better equipped to handle office administration tasks efficiently and to deal with day-to-day employee issues effectively. This frees you to concentrate on patient care and reduces the time you spend on non-productive personnel issues.

Training is the Law

Many federal and state laws impose training requirements on employers.1 For example, OSHA and HIPAA laws mandate training as part of safety and privacy compliance programs. Key Supreme Court rulings and the **Equal Employment Opportunity** Commission (EEOC) Guidelines make it clear that under the federal discrimination laws, failure to adequately train supervisors regarding sexual harassment prevention creates liability, and training is a critical part of establishing an affirmative defense in harassment litigation. Without that defense, employers are strictly liable for harassment by supervisors. In addition, liability for punitive damages can be avoided if the employer can demonstrate that good faith efforts were made to prevent harassment. Employee training is a vital part of that good faith effort.

Training is the Best Defense

Employers who invest in good staff training programs will be less vulnerable to claims of negligent hiring, negligent supervision and wrongful termination. Managers who understand the laws they need to follow and who understand how to handle employment-related issues appropriately are far less likely to create or contribute to situations that will lead to audits by the Department of Labor or to investigations by the EEOC. Well-trained managers will be able

to help you avoid situations that will lead to charges of discrimination, harassment or retaliation.

What Should Training Programs

In general, you should work with your employment counsel to develop training programs in the following areas:

- · Discrimination, harassment and retaliation prevention. Training should reinforce your policies prohibiting discrimination and harassment based not just on sex, but also on all state and federal protected categories. Training should not ignore the importance of retaliation prevention, since a growing number of EEOC charges include retaliation claims. Diversity issues also should be addressed.
- Office policies and procedures. Do your employees have a copy of the Employee Handbook? Merely having a handbook is not enough. Does your staff understand your leave policies, your conduct policies, and your attendance policies? Do they understand their obligation to report conduct they believe violates your discrimination, harassment and retaliation policies? Do your employees understand that your clinic/practice is a drugfree workplace? These topics are among the many that should be part of your training program.
- Job-related training. Failure to provide adequate training can provide a discharged employee with a basis for a discrimination

¹While training is not mandated by Colorado law, the Colorado Civil Rights Commission "encourages" employers to take all necessary steps to prevent sexual harassment from occurring, including affirmatively raising the subject with employees and "sensitizing" employees to the issue.

or wrongful termination suit. You can reduce your risk of liability by making certain that your employees receive periodic training related to their job duties. Provide training and educational opportunities on a non-discriminatory basis.

- HIPAA/privacy. In addition to HIPAA, you should train your employees to understand your policies regarding the use of the internet and social media sites during working hours, and to understand their responsibility to maintain proprietary information confidential.
- Violence prevention and safety training. Employees should receive periodic OSHA training. In addition, although it is not required, OSHA has guidelines on violence prevention training in the healthcare setting. Incorporating violence prevention in your training is advisable.

Train Your Management Staff

Although all employees should receive training on topics appropriate to your unique practice and office culture, your supervisory staff should receive additional training on subjects related to their management duties. Management training should be separate from training that is provided to non-management staff members.

In addition to state laws, some or all of the following federal employment laws apply to your practice:

- Title VII of the Civil Rights Act of 1964
- Age Discrimination Employment Act
- Americans with Disabilities Act Amendments Act
- Pregnancy Discrimination Act
- Uniformed Services Employment and Reemployment Rights Act
- Family Medical Leave Act



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- Fair Labor and Standards Act
- Fair Credit Reporting Act
- Occupational Safety and Health Administration
- Heath Insurance Portability and Accountability Act
- Immigration Reform and Control Act

Your administrator and others involved in managing employees must have a working knowledge of what laws apply and how to effectively apply them in your practice. For example, your management staff must understand when and how to make a religious accommodation, how to administer lawful pregnancy and other leave requests, how to work with a disabled applicant or employee, how and when to conduct a lawful internal investigation, and when to call in your legal counsel.

In general, managers and anyone with supervisory responsibilities should receive training on:

- Lawful recruiting, interviewing, and hiring techniques and how to apply the applicable federal and state antidiscrimination laws;
- Work authorization requirements and limitations, and the documentation required by both state and federal laws;

- Wage/hour issues and classification criteria² and how to handle unauthorized overtime and other pay-related issues;
- Performance management and how to conduct effective reviews;
- Conflict resolution techniques;
- How to conduct an internal investigation, how to determine when one is needed, and how to spot the situations that require legal counsel;
- Lawful discipline and termination techniques;
- How to deal effectively and lawfully with disabled employees;
- What situations require a reasonable religious or disability accommodation to an employee or applicant;
- Documentation required, including how to document, when to document and how long to retain the documentation.

Effective Training: Best Practices

For most small and medium sized businesses, it is simply not realistic to expect your practice administrator or other managers to take the time to learn the applicable law, and then design and implement the type and quality training that is required. Here are some suggestions:

TRAINING continues on page 24

²See Wage and Hour Traps: 7 Costly Mistakes to Avoid, *Journal of the Colorado Dental Association*, Spring, 2014.

TRAINING continues from page 23

- Consider outsourcing the training. Use a well-qualified, experienced trainer who takes time to understand your practice culture and past employment-related issues so the training program can be customized to maximize the benefit to you and your practice. You may want to combine efforts with other practices to share the cost.
- Make sure the training is done correctly and lawfully. Poor quality training that is not compliant with applicable laws is a waste of time and resources, and can even create liability.
- Live training is more effective. Canned internet programs are generally not designed for the healthcare setting and the information often does not "sink in" as well. Live programs have the benefit of allowing participants to ask questions, and the trainer is present to clear-up any confusion.
- Documentation is very important but must be done carefully in ways that it won't later be used against your practice. Attendance should be tracked, but performance of individuals should not be "tested" or "scored." The contents of each program should be archived in case evidence is later needed to prove that the training was completed and compliant with applicable laws.

Conclusion

An effective training program should be part of your strategic plan. It is a cost-effective way to ensure your practice is a healthy, productive work environment. Avoiding even one costly mistake that leads to a claim or suit can more than justify the cost of several years of the cost of training. It is an investment well worth making. 🕥

This article is for informational purposes and does not constitute legal advice.

Judith H. Holmes, J.D., is a practicing attorney with law firm of Judith Holmes & Associates, LLC. Contact her at 303-781-6858 or Judy@JHolmesLaw.com. Visit her Website at JHolmesLaw.com.



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2015_{Financial Check-Up}

By Julie Fletcher, Certified Financial PlannerTM

s we ease into the beginning of 2015 and the start of New Year's resolutions, it is time to check up on your own "financial health."The following is a list of questions that will help guide you to good financial health in 2015.

Even if you are "maxing out" your retirement plan contributions, is it enough?

The retirement plan contribution limits are set by IRS guidelines and reviewed each year. However, the IRS is not a personal financial advisor and does not know how much you need to be saving to meet your financial goals. Just because you are "maxing out" your plan does not necessarily mean you are saving enough.

Many people choose to contribute to the company 401(k) plan, which will allow you to contribute up to \$18,000 in 2015 (with an additional \$6,000 catch-up for those over age 50). A 401(k) plan allows an employee to contribute a portion of his/her salary on a pre-tax basis to a retirement savings account. Taxes are not paid until money is withdrawn from the account.

Beyond the company retirement plan, another popular choice is contributing to a Traditional or Roth IRA, which will allow you to contribute up to \$5,500 (with an additional \$1,000 catch-up for those over age 50). When you contribute money to a Traditional IRA, you typically are making pre-tax contributions. Taxes

are not paid until money is withdrawn from the account. However, a Roth IRA is opposite. The contributions are made after-tax and the money is withdrawn tax-free from the account (both the contributions AND the growth). Warning: Contributions for both Traditional and Roth IR A's can be limited due to your adjusted gross income. Be sure to consult your tax advisor.

If you are a business owner with no employees, you could consider contributing to a Solo ("Solo" is slang or shorthand for one-participant) Traditional 401(k) with profit-sharing provisions. Total contributions in the participants account are limited in 2015 to \$53,000 (with an additional \$6,000 catch-up for those over age 50).

If retirement plan contributions aren't enough to reach your goals, you could also create a brokerage account to begin after-tax investing for retirement. There are no limitations to contributions and you could receive preferential capitalgain tax treatment. Although a brokerage account can be "ear-marked" for retirement, the account can technically be used for any purpose and does not have early withdrawal penalties. Taxes are paid "as you go" each year as reported on a 1099. Capital gains could potentially be offset by capital losses. Also, investment expenses

(fees/commis-

sions) could be deductible on your tax return.

Are you paying too much in taxes?

Meet with your tax advisor throughout the year to take advantage of tax strategies. Your tax advisor will help ensure you are taking the appropriate deductions for your business as well as your personal return. A few items to review with your tax advisor throughout the year:

- Are you paying more into Federal Insurance Contributions Act (FICA) than necessary? FICA is the payroll tax paid by both employees and employers to fund Social Security and Medicare (in 2015 the maximum amount of earnings subject to FICA is \$118,500).
- Have you properly explored a home refinance option? If you are paying more than 5% in interest

on your mortgage, it could be beneficial to explore ways to reduce your monthly payment dependent

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upon the number of years remaining on the mortgage and how long you plan to remain in the home.

- Would a year-end charitable tax deduction benefit you and/or your business? Your tax advisor will help you determine how a charitable contribution would affect your overall tax liability.
- Is your small business receiving Affordable Care Act (ACA) tax credits for employer-paid health insurance premiums? You can learn more about ACA at the U.S. Department of Health & Human Services Website: www.hhs.gov/heathcare.
- Is there a need for new business equipment? Purchasing equipment for your practice can have tax advantages if structured appropriately (Section 179 of the IRS regulations).

Are your hard-earned business and personal assets protected?

You have worked extremely hard to build your practice and personal net worth. Be sure not to leave any gaps in your insurance coverage that would leave you vulnerable. Potential gaps include premature death, disability, health, liability, business, car and homeowner's insurance. Having the proper insurance in place is essential for your protection. During your insurance coverage review, revisit the ACA and how it will affect your practice's group health insurance in 2015.

Where is your investment advice coming from?

Are your friends, family, or coworkers your main source of investment advice? Are you acting on "hot stock" tips or investing in your friend's investment real estate? Have you thoroughly researched these investment ideas to ensure you are aware of all the pros and cons? Almost every investment has risks. Remember, just because investment advice is "free" does not mean it is appropriate for your personal situation.

Cheers to you and your financial health in 2015!

Julie Fletcher is a Certified Financial PlannerTM at Sharkey, Howes & Javer. Contact her or one of her associates at 303-639-5100 or visit shwj.com.

Classified Ads

Journal of the Colorado Dental Association

VOL. 94, No. 1, Winter 2015 issue.

Opportunities Wanted

Opportunity Wanted: I can do your operating room dentistry in Denver. I have over 25 years experience in the operating room. I am proficient with pediatrics and developmentally delayed adults. I supply all restorative materials, assistant and can help with the history and physical evaluation of patients. It is as easy to schedule as one phone call. I would work as an independent contractor. Please e-mail me at walsen1357@gmail.com.

Opportunity Wanted: Semi-retired dentist looking for part time (30 hours a week) work. Well versed in dental management, operative, veneers, cad., etc. 30 years experience. Can also fill in while you are out of town, sick etc. Resume upon request. *Denisfreiden@gmail.com*, 901–355–8281.

Directors and Associates

Associate: Glenwood Springs, Colo. Experience the rewards of living and practicing in the Colorado mountains. Well-established, premiere fee-for-service general dental practice seeking qualified associate to enter into phased transition leading to partnership/ownership. Please reply in confidence with your objectives, curriculum vitae and written goals to:The Sletten Group, Inc., 7882 S. Argonne St., Centennial, CO 80016. Contact 303-699-0990, 303-699-4863 (fax) or suzanne@lifetransitions.com.

Associate: General dentist associate needed. We are growing and currently have an outstanding associate opportunity for an experienced general dentist (three years). Full- time position open (30–34 hours per week). Position will include

evening and Saturday hours. Production based salary; no Medicaid or HMO; PPO based office. Established practice with a great reputation; digital x-rays, digital Panorex machine, Cerec machine. Require D.D.S. or D.M.D license for the state of Colorado. Non-partnership position. Send resume and cover letter (written in Arial size 12 type) to resumedentalpointe@gmail.com.

Associate: We are seeking a five star part-time associate dentist for our busy office in Highlands Ranch. There could be a possibility of expansion of hours in the future. Please e-mail your resume ASAP to info@twissdental.com.

Associate: Looking for an associate in West Greeley, CO. Some experience preferred. I have a busy private practice seeing 50-60 new patients a month. Completely digital, integrating CAD/CAM in the coming months. Most services completed in-house including implants, endo, and TMJ disorders. We are a Dawson trained office. Mostly fee-for-service, no capitation or Medicaid. Must have a great attitude and willingness to learn! Practice is set to gross ~\$1.1M this year; collections will be over \$1M. Send CV if interested drbuddy@ida-greeley.com.

Associate: Laramie, Wyo. Private practice seeking an exceptional associate for three-to-four days per week to start. Ideal candidate must have two-to-three years experience or completed a GPR. Our state-of-the-art office is completely digital and paperless. We have nine ops. where we offer comprehensive dental treatment in a spa-like environment. Our friendly, highly-trained team is always available to assist you with the daily operations. We treat our patients like family, and continually strive to offer the best dental care. Profes-

sionalism, integrity, and honesty are integral to our daily procedures. Send resume and cover letter to ddstroy08@ yahoo.com. See Website: www.laramiedental.com. All inquiries kept confidential.

Associate: Growing pediatric dental practice in a beautiful Denver suburb is looking for a part-time associate. Team player who is ethical, respectful and a patient-focused pediatric dentist. Competitive salary and benefits. Wonderful team and office. Please e-mail bjeanne74@hotmail.com.

Orthodontist: Associate buy-in. We are expanding the size and scope of our practice and are looking for an orthodontic specialist to join our group. We currently have a GP for children and adults, and want a full-time orthodontist onboard to better serve our patients. We currently have a great staff and will be adding a trained orthodontic front office person once we have an orthodontist on board. We have also held off on choosing our orthodontic software so that the new member of our team has an opportunity to weigh in on the appropriate program. Our timing would be perfect for a graduate of this year's class. Because of our location and patient base, Spanish speaking is a very large plus. Please e-mail a CV and some information about yourself to mmpinc. 2014@gmail.com.

Associate: Eagle County area. General dentist needed for a small town family practice (four days/wk). \$500/day or 30% production. Come work where many vacation! Contact 970-445-8181 or *gregjennifer@yahoo.com*.

Associate Leading to Buy-in: Lakewood. (CO 1335). Annual revenue \$1M, four years experience required. ADS Precise Consultants, 888-909-2545, uww.adsprecise.com.

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needs in a private and confidential manner.

Jerry Weston, MBA - Tyler Weston, Broker (303) 526-0448 - 1-800-632-7155 - dentaltrans.com jerry@dentaltrans.com - tyler@dentaltrans.com

Associate: Windsor. (CO 1435). Annual revenue \$1M, seven ops., 3,261 sq. ft., eight staff, fully equip. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Part-Time Associate: Dentist is needed in family friendly office in Aurora, Colo. Must be able to diagnose and treat patients of all ages. Position is for one-to-two days per week. If interested send CV to delmarassociates@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.

Dentists

Dentists: Gentle Dental is currently looking for general dentists and specialists for the states Oregon and Arizona. Gentle Dental has delivered high quality care with a personal touch for over 30 years. We aim to provide our network of affiliated doctors and staff with a competitive benefits package, which includes: medical, dental, vision, life insurance, 401(k) plan, CE credits, and career opportunities to advance with the company. For more information contact, Monica Ruiz at mizm@interdent.com or 310-765-2463.

Dentists: If your passion is patient care, if your talent is connecting with people, if you love dentistry – you're a perfect fit! With multiple practices across the Front Range, there are always opportunities for talented dental professionals. With unparalleled work/life balance and autonomy, you can enjoy practicing dentistry again. Monthly guarantee, great benefits, great people – and getting better every day. Call today to learn why dentists from all over the country are choosing to join Perfect Teeth. Intrigued? Contact 303-285-6027 or careers@perfectteeth.com.

Oral Surgeon: Oral surgery practice in Denver metro looking for a part-time oral surgeon. Practice is very busy and could support a surgeon full-time. Right now it is open three days weekly and has a full staff ready to assist. Must possess a Colorado dental license to practice oral surgery and

be in good standing with the dental board. Please forward your CV to <code>rokkkln@yahoo.com</code>.

Dentist: We are seeking a general dentist to work in our clinic. Uncompahgre Medical Clinic and Dental Clinic serves a diverse population in beautiful San Miguel County, just down the road from Telluride, Colo. The cities of Montrose and Grand Junction are also within a 1.5-2 hour drive. Uncompahgre Clinic is a Federally Qualified Health Center (FQHC) serving patients from all walks of life. Experience in all phases of general dentistry, with an emphasis on preventive, restorative, exodontia, periodontal services and removable prosthetics is desired. This is an opportunity to have an impact on an underserved area. This is a part-time position, typically one day per week with the opportunity for more days when the dental director is not in the clinic. Please contact us about hours, pay and any available benefits at DCLurye@gmail.com.

Dentist: Comprehensive family dental practice is seeking a self-motivated associate to join our practice. Approximately 25-28 hours per week; some weeknight and Saturday hours. New graduates welcome! Please send CV to <code>gwaadds@gmail.com</code>.

Dentist: Dentist needed either four or five days a week. Immediate opening. Busy, state-of-the-art family practice near Aurora Town Center. Digital, paperless, new equipment. Great pay: minimum \$600/day or 30% production. Great benefits. Looking for energetic, motivated, experienced, friendly individual. Must be able to do all aspects of general dentistry. Send resume to cozydental@gmail.com.

Dentist: Private practice needs fourth doctor for rapidly expanding state-of-the-art practice. \$3.5M in revenues in 2013 with two docs. Projected at \$3.8M in 2014 with third doc starting just three months ago. 130 NP per month. Senior doctor recently disabled. New grads preferred. E-mail wendy@southkiplingdentalcare.com.

Endodontist: We are seeking an endodontist to practice in our busy office in Highlands Ranch one day a week. Must

have experience. Please submit your resume ASAP to info@ twissdental.com.

Dentist: Cornerstar Dental Group and Orthodontics is looking for an experienced, full-time general dentist to join their busy team in Aurora, Colo. The dentists in this beautiful practice treat a PPO/FFS (no Medicaid) patient base with a variety of dental needs. Focus on long-term patient relationships while providing excellent quality dentistry and utilizing the latest technological advances in dentistry. Owned by Dr. Brad O'Neill, the state-of-the-art facility is fully digital and equipped with Cerec® 4.0 (Omnicam coming soon!), intraoral cameras, lasers, and more. Great income potential with partnership potential, full benefits, malpractice insurance, CE, and lab fees covered. To learn more, please e-mail <code>cookt@paden.com</code>. Interviews begin immediately.

Dentist: Dr. Brian Ozenbaugh is looking for an associate dentist to work full-time at Redstone Dental Group and Orthodontics, a beautiful state-of-the-art practice in Highlands Ranch, Colo. This busy office is fully digitalized and equipped with Cerec® CAD/CAM, SIROLasers and integrated specialties. We offer great income potential and benefits including medical, dental, vision, malpractice, disability, CE and matching 401(k). Future ownership opportunities available. If you feel you are qualified, please send your resume/CV to cookt@pacden.com.

Dentist: Loveland Dental Group is looking for an experienced general dentist to join their growing team in Loveland, Colo. The dentists in this beautiful practice see approximately 12-13 patients a day in a PPO/FFS (no Medicaid) environment. Office is modern with Cerec® Omnicam, intra-oral cameras, soft tissue lasers and digital charts/x-rays. Great work environment with an emphasis on quality versus quantity while keeping patients for life. Great income potential with full benefits, malpractice insurance, CE and 100% of lab fees paid. To learn more, please e-mail cookt@pacden.com.

CLASSIFIEDS continues on page 30

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CLASSIFIEDS continued from page 29

Dentist: Dr. Scott Cairns, the owner dentist for Fountain Modern Dentistry and Orthodontics, is looking for an experienced associate dentist to work full-time in his stateof-the-art practice in Fountain, Colo. The office is fully digitalized and equipped with SIROLaser, Cerec® CAD/ CAM, and integrated specialties. Dr. Cairns' full time dentists are given great income potential and benefits including medical, dental, vision, 401(k), paid CE and malpractice. For more information about this opportunity, please e-mail cookt@pacden.com.

Dentist: Greeley Modern Dentistry is looking for an experienced general dentist to join their growing team in Greeley, Colo. The dentists in this beautiful practice see approximately 12-13 patients a day in a PPO/FFS (no Medicaid) environment. Office is modern with Cerec® Omnicam, intra-oral cameras, soft tissue lasers, and digital charts/x-rays. Great work environment with an emphasis on quality versus quantity while keeping patients for life. Great income potential with full benefits, malpractice insurance, CE, and 100% of lab fees paid. If you feel you are qualified, please e-mail cookt@pacden.com.

Dentist: Large dental corporation seeking general dentist in Phoenix Ariz. For more information or to apply, visit: http:// gentledental.catsone.com/careers/.

Dentist: As of Jan. 2015, our friendly small town GP dental clinic in Pagosa Springs, Colo. is looking to hire a dentist for two-to-three days/week. Temp. or permanent with buy-in option. Explore mountains, lakes and relaxed country living. Please contact Lee Eden at 970-903-8716.

Dentists: Quality of life! Do you wish to be a dentist, but don't enjoy being the CEO of everything else in a practice? I have multiple opportunities in Denver and Colorado Springs to work 32-40 hours/week. Contact me or submit your CV with salary requirements to keith@dentalteamfinder.com.

Pediatric Dentist: My Kid's Dentist has an opening for a pediatric dentist to work full-time in our Lone Tree and Castle Rock offices. Excellent income, comprehensive benefits and a great work/life balance, all in an environment in which you dictate the treatment plans. Please contact Ed Loonam at 949-842-7936 or send CV to looname@pacden. com for more information.

Dentist: Kansas City, Kan. Fun dental practice seeking part-time/full-time general dentist who enjoys working primarily with children. We offer competitive pay, an enjoyable fast-paced working environment and a knowledgeable staff. Leave the headaches of running a practice to us while you use your clinical skills doing general dentistry on children. Please e-mail CV to abcdental24@yahoo.com or call Dr. Benjamin Wilson at 970-901-9865.

Dentist: Colorado Springs, Colo. We are currently seeking a general dentist to join our growing team at our stateof-the-art practice in a high visibility location in beautiful Colorado Springs. Averaging 100+ new patients per month. Competitive commission compensation with minimum guarantee, benefits, 401K plan and equity buy-in opportunities. Industry leading customer satisfaction scores (we use Demand Force survey tool). Contact us at 719-239-5634 or brandilee 618 @gmail.com.

Dentist: Eagle County area. General dentist needed for a small town family practice (four days/wk). \$500/day or 30% production. Come work where many vacation! Contact 970-445-8181 or gregjennifer@yahoo.com.

Dentists: Exciting opportunities for dentists to provide underserved children with dental care in Colorado schools. Excellent compensation. No evenings or weekends. Apply at www.smileprograms.com.

Dentist: Looking for a dentist in Fort Collins, Colo. Clinic is adding dental services. Please apply at www.saludclinic.org. Dentist: Pediatric dentist wanted in a high need safety net clinic in Boulder, Colo. Part-time two days per week, currently Monday and Tuesday with the possibility of additional days. Contact Dennis Lewis via e-mail dlewis@dentalaid.org.

Orthodontist: Centennial, Colo. Orthodontist wanted to share existing office space two days a week to start. May lead to more days and partnership. Ideal as a satellite or practice start-up. Call Robert B. Deloian, D.D.S., 303-814-9541.

Oral Surgeon: South Denver and Colorado Springs, Colo. Associate needed for part-time or full-time to handle the referral volume from multiple group practices. Fully equipped for an oral surgeon including IV sedation. Ownership opportunities exist. Pay is very competitive with minimum guarantee or commission based whichever is higher and flexible schedule is available. Please contact Brandi at 720-270-6301 or brandilee@peakdentalservices.com.

Dentist: DentalOne Partners/DentalWorks is seeking general dentists in Denver to ensure the practice's clinical and financial success by providing superior patient care. Must possess a degree from accredited dental school and current dental license. Stellar benefits. Want to learn more? Contact Scott. Williams@dentalonepartners.com or 919-437-8665. EOE.

Orthodontist: Busy children's dental practice (two different locations) in need of an orthodontist. Please call 720-435-1550 for more information.

Endodontist: Fully equipped, seven operatory, paperless, private practice in Lakewood, Colo. seeking endodontist. We provide all staffing, facility, billing and share marketing cost. We provide microscope and some specialty equipment. 303-656-9166.

Orthodontist: Southern Denver and Colorado Springs, Colo. One or two associates needed for part-time or fulltime to handle the referral volume from multiple group general and specialty practices (all referrals are in-house resulting in minimal effort required on your end to generate referrals). All digital x-rays including Pan./Ceph. Ownership opportunities exist. Pay is very competitive with minimum guarantee or commission based whichever is higher

and flexible schedule is available. Please contact Brandi at 720-270-6301 or brandilee@peakdentalservices.com.

Dentists: Fort Collins, Colo. Dental office seeking an associate dentist and a part-time orthodontist. Experience required, no buy-in option available. E-mail *clearcreekdental@gmail.com*.

Dentist: Denver, Colorado. Seeking a general dentist to join our new practice in a high visibility location. We are averaging 100+ new patients per month. Competitive commission compensation with generous minimum guarantee, medical benefits, 401k plan with employer matching, paid malpractice for full-time dentists, and equity buy-in opportunities. Please contact Brandi at 720-270-6301 or brandilee@peakdentalservices.com.

Dentists: Part- and full-time dentists needed to support patients served by our 501(c)3 charity "Visiting Ancillary Services." We pay competitive associate rates and mileage for any travel. We are the dominant provider for nursing homes, of which we serve over 60 facilities. We also serve assisted living and support our in-office Medicaid clinic. Please visit our website at www.vasnpo.org or call 303-650-5800 for more information.

Pediatric Dentist: South metro pediatric dental practice has an immediate need for a full- or part-time associate to join large and growing practice. Fabulous opportunity for the right individual. Four day work week. All the reasons you wanted to be a pediatric dentist come together at our practice. Please e-mail CV to peddentistresume@gmail.com.

Periodontist: South Denver, Colo. Associate needed for one-to-two days per week to partner with a two other periodontists. Current periodontists are averaging \$5,000/day. Flexible on scheduling. Please contact Brandi at 720-270-6301 or brandilee@peakdentalservices.com.

Dentist: Full-time dentist needed at Salud Family Health Centers in Fort Morgan, Colo. Performs professional dental care in the diagnosis and treatment of patients and assists the director in developing and implementing the dental program. D.D.S. or D.M.D. Possession of a valid current license to practice dentistry in the state of Colo. Bilingual (English/Spanish) preferred. Sensitivity to low income and ethnic minority community a must. Salary range: \$100,000 - \$120,000 based on experience. To apply please submit an online application at www.saludclinic.org or e-mail resume to mhughes@saludclinic.org.

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

Endodontist: South Denver, Colo. Associate needed for part-time or full-time to handle the referral volume from multiple group practices. Ownership opportunities exist. Pay is very competitive with minimum guarantee or commission based whichever is higher and flexible schedule is available. Please contact Brandi at 720-270-6301 or brandilee@peakdentalservices.com.

Dentist: Seeking a clinical dentist responsible for providing service within the scope of general dentistry to patients of Pueblo Community College Dental Assisting clinic. This ongoing hourly position will supervise clinical staff to ensure compliance with Colorado and national dental practice acts. Qualifications: must be a graduate of an accredited dental school and licensed to practice dentistry in the state of Colorado. Contact Janet Trujillo at Janet. Trujillo@pueblocc.edu. Or Karen Ramos at Karen.Ramos@pueblocc.edu.

Hygienists/Assistants/Office Staff

Hygienist: Looking for a dental hygienist in Commerce City, Colo. Bilingual preferred. Please apply at www. saludclinic.oro.

EDDA: We are looking for a bright, personable and motivated individual to positively contribute to our team. This is a fantastic opportunity to join an innovative team of professionals who use cutting edge technology. We are searching for a rock star Expanded Duties Dental Assistant proficient in all aspects of assisting and expanded duties. Must be a team

player and excellent communicator, who can think outside the box! This person can focus on our vision while providing an unprecedented level of care to our patients. Let us know how you set yourself apart and apply today! Contact 719-229-4462 or shilaswink@aol.com.

Practices for Sale

Practice: Established practice downtown Colo. Spgs. Six digital ops., 2,389 active patients. Production: \$705,000. Net income: \$226,000. kfrancis@professionaltransition.com or 719-459-1021.

Practice: Up and coming practice in Colo. Spgs. Four digital ops., 1,300 active patients. Production: \$783,000. Net income: 185,000. *kfrancis@professionaltransition.com* or 719-459-1021.

Practice: Summit County. Well-established general dentistry practice with five operatories. Great location. Live and practice in one of the best ski towns in the country. Gross rev. \$665,395. Asking \$459,000. Contact Henry Schein Professional Practice Transitions Representative: Craig Gibowicz at 303–550-0842 or craig.gibowicz@henryschein.com.#CO103

Practice: Highlands Ranch, Colo. General dental practice for sale, established 25+ years, collecting \$365,000 in the last 12 months working 26 hours per week. Medical/dental office complex with a great location. 1,800 sq. ft. with three ops., consult room, large lab. Contact 303-791-2570 or *HRanchDental@concast.net*.

Practice: Busy three op. dental practice for sale in Alamosa, Colo. Great location for satellite office. Appraised for \$435,000. Collections \$600,000+ annual. Seller very motivated and willing to negotiate!! Contact Josh for more information, *jereksondds@gmail.com*.

CLASSIFIEDS continues on page 32



CLASSIFIEDS continued from page 31

Practice: Pinetop, Ariz. The office is a well established with six ops. Each operatory has a lap top computer associated with electronic x-rays and charting. There is a quality microscope used for endodontic procedures; a panorex used as needed; a high quality mercury separator; plumbed for nitrous oxide; each operatory has tract patient lighting. Production for the year to date is about \$300,000. For sale at \$80,000, complete. Wish to retire. All reasonable offers will be considered. For more information contact 928-205-8357 or mountaindental1@hotmail.com.

Practice: SE, Wyo. Established general dental office. Four ops. Digital. Low overhead. May consider associate buyout. E-mail wydentist@yahoo.com.

Practice: Glenwood Springs, Colo. Experience all of the rewards of living and practicing in a Colorado mountain community. Wonderful team and patients in a well established, premiere fee-for-service general dental practice. Owner is seeking qualified associate to enter into phased transition leading to partnership/ownership. Please reply in confidence with your objectives, curriculum vitae and written goals to The Sletten Group, Inc., 7882 South Argonne Street, Centennial, Colo., 80016, or fax to 303-699-4863, or e-mail to suzanne@lifetransitions.com.

Thinking of Transitioning? Jerry and Tyler Weston will meet with you personally to discuss the transition of your dental practice. We will explore your options considering preparation, valuation, representation and timing of the sale at no cost to you. Call Jerry and Tyler Weston, 303-526-0448, Weston Dental Transitions. For a full prospectus and photos of our listings, please visit www.dental-trans.com.

Thank you Colorado! 2014 was one of our best years in our 30-year history! We look forward to partnering with you on the sale or purchase of your practice in 2015! Call Jerry and Tyler Weston at 303-526-0448, pma0448@yahoo.com, www.dental-trans.com.

Practice: NEW-Colorado Springs. Great four op. practice. Located on N. Academy. Collecting \$700,000 on three days a week. Call Jerry and Tyler Weston at 303-526-0448, pma0448@yahoo.com, www.dental-trans.com.

Pedo Practice: Colorado Springs. Great family location. Five ops. Collecting \$650,000. Doctor retiring. Call Jerry and Tyler Weston at 303-526-0448, pma0448@yahoo.com, www. dental-trans.com.

Practice: Aurora. Set for life! No competition! Four ops., collecting \$700,000, digital. Great profit! Call Jerry and Tyler Weston at 303-526-0448, pma0448@yahoo.com, www.

Practice: N. Denver. Busy, busy practice. Collecting \$1.2M. Six well appointed ops. Digital. Call Jerry and Tyler Weston at 303-526-0448, pma0448@yahoo.com, www.dental-trans.com.

Practice: Durango area. You can make \$260,000+ next year!!! This practice is priced to sell immediately!!! Once in a lifetime opportunity. Digital. Four ops., collecting \$650,000. Call Jerry and Tyler Weston at 303-526-0448, pma0448@ yahoo.com, www.dental-trans.com.

Practice: Aurora. Beautiful new practice, \$450,000 in equipment and improvements. Six ops. All digital. Must see! Call Jerry and Tyler Weston at 303-526-0448, pma0448@ yahoo.com, www.dental-trans.com.

Practice: Lakewood. Three ops. Collecting \$270,000. Asking price, \$150,000. Call Jerry and Tyler Weston at 303-526-0448, pma0448@yahoo.com, www.dental-trans.com.

Practice: Colorado Springs. Well-established practice. Collecting \$260,000 with great profit margin. Call Jerry and Tyler Weston at 303-526-0448, pma0448@yahoo.com, www. dental-trans.com.

Practice: Arvada. Four ops. Collecting \$200,000. Great satellite or starter practice. Call Jerry and Tyler Weston at 303-526-0448, pma0448@yahoo.com, www.dental-trans.com.

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

Practices: Practice listings along the Front Range in Aurora, Denver, Westminster, Thornton, Boulder, Lakewood, Arvada, Littleton, Colorado Springs, and Fort Collins. Additional opportunities available in mountain towns throughout the state. We also have opportunities in New Mexico, Utah, Idaho, Wyoming and Hawaii. For a summary of each current practice opportunity, go to www.ctc-associates.com or call Larry Chatterley and Susannah Hazelrigg at 303-795-8800.

Ortho Practice: New, beautiful, high-tech, spacious orthodontic practice for sale in Colorado Springs. This practice offers private consultation room, large imaging room, five operatories, digital imaging and paperless charts, with plenty of room to expand. Contact Marie Chatterley with CTC Associates at 303-249-0611 or marie@ctc-associates.com.

Practice: Northwest Denver Suburb, four ops., reasonable rent, 1,500+ active patients, producing over \$625,000 per year. Asking \$375,000. Contact Dr. Robert B. Deloian, Diversified Dental Strategies, 303-814-9541.

Practice: Monte Vista, Colo. Two general practices located in the same building. Owners will consider selling together or separate. Ideal area for growth, family living and outdoor recreation. Sellers are highly motivated. Contact Dr. Tyson Pechek, Diversified Dental Strategies, 719-821-2237.

Practice: Pueblo West, Colo. Fastest growing community in Pueblo area. Practice averaging 40 new patients per month. Satellite practice included. 2,000 active patients, beautiful office. Seven treatment rooms. Fair market value \$400,000. Owner must sell and will consider reasonable offer. Contact Dr. Tyson Pechek, Diversified Dental Strategies,

Practice: Westcliff, Colo. Established general practice, excellent as a second location, satellite, or new office location. Modern office with three treatment rooms. Fair Market Value \$162,000 listed for \$148,000. Contact Dr. Tyson Pechek, Diversified Dental Strategies, at 719-821-2237.

Practice: Boulder/Broomfield, Colo. Excellent satellite or start up practice. Over 350 active patients with 25 new patients per month. Collecting \$147,000 on 3 days a month. Less than 50% overhead. Great potential for growth. Contact Robert B. Deloian DDS, Diversified Dental Strategies,

Practice: South East Colorado general dentistry. Very busy recently renovated practice with great potential for growth. Current production \$1M plus per year. Excellent opportunity. Contact Kyle Francis, Professional Transition Strategies, 719-459-1021

Practice: SAS Transitions Dental Practice Brokers! Selling across Colorado and the U.S.! General and all specialties! Check us out: www.sastransitions.com. Comprehensive, confidential, caring! Your value added service broker! References! Susan Spear, 303-973-2147, susan@sastransitions.com.

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Start-up Practice: Denver. Available now! Nice suite, low rent, good residential location. \$100,000 with negotiable terms buys this starter practice. Susan, 303-973-2147 or susan@sastransitions.com. SAS Dental Practice Brokers, www. sastransitions.com.

Practice: Eastern Plains, Colo. (CO 1423) Ann. Revs. \$942,000, three ops., 2,000 sq. ft., four staff. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Aurora, Colo. (CO 1443). Dental bldg./equip. only. Price \$800,000, five ops. (three equip.), 2,600 sq. ft. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Lakewood, Colo. (CO 1439). Annual revs: \$470,000. Five ops. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Perio Practice: Denver Metro. (CO 1438). Annual revenue \$850,000. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: North Denver. (CO 1136). Annual revenue \$1.3M, eight ops. Two bldg. Practice: 2,800 sq. ft. bldg. one, 4,700 sq. ft. bldg two. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

OMS Practice: Boulder. (CO 1437). Annual revenue \$380,000, four ops., 1,698 sq. ft., two staff. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: S. Wyoming. (WY 1434). Annual revenue \$805,000, six ops., 3,800 sq. ft. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Boulder, Colo. (CO 1422). Available 2015, annual revenues \$359,000, three ops., 8 a.m. to 5 p.m. Mon. thru Thurs. Dr. retiring. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Western slope, Colo. (CO 1432). Annual revenues \$650,000, three ops., three staff, four days/week, dr. retiring. ADS Precise Consultants, 888-909-2545, www. adsprecise.com.

Practice Leading to Buy-In: Lakewood, Colo. (CO 1335). Annual revenues \$1M, seven ops., remodelled, four years experience required. 50% buy-in. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: South central, Colo. (CO 1430). Annual revenues \$384,000, two ops. +one hygiene room, 1,200 sq. ft., relocating. ADS Precise Consultants, 888-909-2545, www.

Practice: South metro Denver, Colo. (CO 1427). Annual revenues \$790,000, two ops. plus two plumbed. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Boulder, Colo. (CO 1428). 50% buy-in, annual revenues \$1.3M, six ops., four days/week. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Boulder, Colo. (CO 1313). Annual revenues \$720,000, three ops., dr. retiring. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Aurora, Colo. (CO 1333). Annual revenues \$888,000, six ops., five days/week, two dr.s, one will stay until 8/2015. ADS Precise Consultants, 888-909-2545, www.

OMS Practice: West mountains near Vail/Aspen, Colo. (CO 1350). Annual revenues \$755,000, three ops., 1,260 sq. ft., doctor retiring. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: S. central, Colo. (CO1421). Annual revenue \$500,000, three ops., seller available to work back. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Denver Metro. (CO 1404). Annual revenues \$830,000, six ops., 2,556 sq. ft., doctor retiring. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Southern Front Range, Colo. (CO 1322). Annual revenues \$230,000. Three ops., dr. retiring. Building for sale. ADS Precise Consultants, 888–909–2545, www. adsprecise.com.

Orthodontic Practice: North metro Denver. (CO 1301). Five chair open bay +two chairs, annual revenues \$512,000, dr. retiring. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Parker, Colo. (CO 1226). Price \$48,000, annual revenues \$106,000, one op. +one not equipped, 750 sq. ft. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Aurora, Colo. (CO 1349). Annual revenues \$505,000, five ops. ADS Precise Consultants, 888-909-2545, *ununadsprecise.com*.

Practice: NE Colo. (CO 1327). Price \$390,000. Annual revenues \$599,000, three ops., Mon.-Thurs. 8:30 a.m. to 5 p.m., Fri. 8 a.m. to noon (no patients), space to expand, doctor retiring. ADS Precise Consultants, 888-909-2545, www. adsprecise.com.

TMJ/Sleep/Pain Management Practice: Front Range, Colo. (CO 1406) Annual revenues \$630,000, three ops., 1,800 sq. ft., dr. retiring. ADS Precise Consultants, 888-909-2545, uvuv.adsprecise.com.

Practice: South central mountains. (CO 1326). Price \$30,000. Annual revenues \$95,000, one op., two days/week. ADS Precise Consultants, 888-909-2545, unun.adsprecise.com.

Practice: Northwest, Colo. (CO 1321). Price \$279,000. Annual revenue \$688,000, four ops., four days/week, 1,500 sq. ft. ADS Precise Consultants, 888-909-2545, www. adsprecise.com.

Practice: Arvada, Colo. (CO 1123). Annual revenue \$135,000, three ops. ADS Precise Consultants, 888-909-2545, *unwadsprecise.com*.

Practice: Summit County, Colo. (CO 1403). Annual revenues \$722,000, net income \$364,000, two ops., room to add one. Mon.—Thurs. 8:00 a.m. to 5:00 p.m., condo for sale, dr. relocating. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

Practice: Northern Wyo. (WY 1236). Annual revenue \$759,000, five ops, 3,150 sq. ft., state-of-the-art building, dr. retiring. ADS Precise Consultants, 888-909-2545, www. adsprecise.com.

Practice: Denver western suburbs. (CO 1224). Annual revenue \$323,000, three ops., four days/week. 2,700 sq. ft. building for sale. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.

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Office Space for Specialist: Quaint office located in central Golden, Colo. available. Environmentally conscious practice with potential for green office upgrade. Contact *redc.america@comcast.net* for more details.

Space Sharing: Space sharing opportunity available in new, high-tech office in Greeley near 61st Ave. and 20th St. Two operatories available with space to build out two more, digital x-rays, large sterilization room, private dr. office, and break room. Available Oct. 1, 2014. If interested, please contact canalfinder@hotmail.com.

Space Sharing: Beautiful dental office overlooking the High Line canal. One-to-four chairs available, one-to-five days a week. Great for a specialist looking for a satellite office or a new GP needing a flexible lease. Please call 303-885-3161 or e-mail ronesdental@comcast.net.

Space Sharing: Space sharing opportunity in newer high-tech office near Quincy and Parker overlooking Cherry Creek reservoir. Open to arrangements with specialist or GP. Digital x-rays. Five ops. Phone 303-693-7330.

Space Sharing: Space share in GP office in Aurora, Colo. Six treatment rooms, fully-equipped with latest ergonomic concept, administration support, fully digital office, pleasant professional location. Call 303-369-1069.

Office Space: 2,875 sq. ft. dental office condo for sale. Second floor medical building. Five ops., two dr. offices. 7960

S. University Blvd., Centennial, CO. Please contact Dr. Peter Amundson, 303-521-2876 or peter@TheGreatSmile.com.

Office Space: Orthodontist seeking a pediatric dentist to sublease office space in Centennial/south Aurora. Waiting room, treatment room, exclusive access to one of two sterilization areas, digital x-ray, and sound-proofed records room. Street entrance, with private parking. If interested, e-mail contact information to CentennialSoAuroraOffice@gmail.com.

Office Space: Turn-key ortho/pedo office in Fort Collins available for purchase or rent. Fully equipped 3,400 sq. ft. office, seven chairs, open bay and private ops, TC room, large reception area, administrative room, remodeled fully equipped sterilization area, wet and dry labs, pano, ceph, dark room, basement storage, great central location, ample parking, private dr. office and more. Reply to d_jorgensen@comtast.net for details and photos.

Office Space: 2,500 sq. ft. in west Denver dental specialists building. 41st and Kipling St. Pediatric dentist or prosthodontist. Please call 303-232-3443 with questions.

Office Space: Second generation dental space available with premier visibility and access from south Broadway, near Littleton hospital. 48,000 cars per day will see your sign! Call Patricia at 303-830-1444 x301.

For Sale Equipment/Items

For Sale: Miscellaneous small equipment and supplies including surgery instruments and accessories, a mobile cart, ultrasonic cleaner, articulator, and much more. Asking \$600, which is approximately 10% of new costs. Denver area. Please reply to Ron at 303-278-9120.

For Sale: We have four technology lighting center ceiling mount units, \$2,000 each. We have three Gendex 765DC x-ray units, \$2,500 each. Call 720-344-4375 or e-mail heather@twissdental.com ASAP if interested.

For Sale: Biolase Diode iLaser Portable, two years old, per-

fect condition w/50 tips, two battery, three glasses charger. New \$3,750; asking \$1,500. Five Pelton Crane ceiling mount Halogen op lights, four working one parts, \$100 ea; all \$350. Contact vdadds@comaast.net or 303-932-6018.

For Sale: DEXIS intra-oral camera. Brand new in the box, never opened, never used. Retail price is \$3,300. Will sell for \$2,800. Buyer must have/needs to buy the software. Located in Denver. Contact rsri@usa.net.

For Sale: Film based Gendex Orthoralix 9000 pano. Great working condition, ready for pickup in Boulder. \$3,500. Please contact abbouddds@gmail.com.

For Sale: Air techniques A/T2000+ film processor. Good condition, includes developer and fixer, also cleaning solution, cleaning film and trays for cleaning rollers. \$500 OBO. Contact 719-596-3098 or *Lordahl@hotmail.com*.

For Sale: Two Pelton "Chairman" dental chairs with traverse movement, two ADEC delivery units model 2900, one Pelton & Crane LF I track light, Pelton & Crane LF II ceiling mount light.

Two Pelton assistant stools. All located in Denver, Colo. Please e-mail rsri@usa.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. Brett Kessler at 303–321-4445 (day or night). All inquiries are kept confidential.

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