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Disruptors

They are businesses that shift a mindset of how consumers think, purchase, etc. – thereby challenging established businesses.

Harvard Business School professor and disruption guru Clayton Christensen says that a disruptor displaces an existing market, industry, or technology, and produces something new and more efficient and worthwhile. It is both destructive and creative.

Some examples of disruptors are companies like Apple, Netflix, Amazon, and Uber.

I identify Apple not for the computers that it builds, but for another niche that it took over – music and listening device sales. iPods, iPhones and iTunes have changed how we buy and listen to music. There are hardly any CD stores remaining other than those that sell used discs. When I grew up, I would buy records. The cover art would attract me to give new bands a listen. I judged the band by entire albums that it recorded. Today, we buy songs, not albums. They are instantly downloaded onto our computers. No waiting in lines; no browsing through tedious shelves of records/CDs.

We create playlists with the drag of a mouse. We use auto shuffle and the “genius” feature to create our own personal radio stations. They connect to our cars, our phones, our tablets and all are stored on our computers. CD players are becoming a thing of the past. Music is stored on hard drives, flash drives, iPods, etc.

Netflix took how we rent movies to a new level. For a low monthly fee, we can have unlimited movies shipped to our house – hassle free – or immediately available to view on our computer or smart TV’s through an internet connection. Blockbuster used to charge late fees, “you-didn’t-rewind-the-VHS” fees, etc. I dreaded having to pay this fine. The buying experience was a hassle and expensive. Netflix is easy, customized to my preferences and instant. Are there even any Blockbuster stores left?

Amazon capitalized on the fact that a book is still readable after it had been read, music is still listenable after it had been listened to, and anything should be able to be purchased on the internet easily! They created a personalized buying experience based on your browsing and buying habits. It greatly affected the big chain bookstores like Borders or Barnes & Noble. It also helps you find the lowest price for a commodity and they deliver it right to your door. If it wasn’t exactly what you were looking for, ship it back. Hassle-free!

Lastly, Uber is putting a huge dent in the taxi business. With Uber, you can press a button on your phone app and a nice clean car will be at your location within 15 minutes. Taxis get to you when they get to you and the entire cab experience pretty much stinks!

All of these disruptors have innovated, streamlined and penetrated market share. They have challenged and even ruined wildly successful businesses, while reinventing the delivery of these services. They have changed the consumer’s mindset and changed the paradigm on how these services should be purchased, used and consumed. The consumer experience is exactly the way the consumer prefers. We (the consumers) wouldn’t have it any other way.

Another commonality of these disruptors is that they didn’t just enter the marketplace and were welcomed with opened arms. The status quo or “established” business model was not happy and tried to stop them.

In reality, the status quo was asleep at the wheel. They were lazy and arrogant. They felt they were too big to fail. Those established business models that survived disruption evolved their business models to better serve their consumers.

The question, “Who is John Galt?” comes to mind from Ayn Rand’s book, Atlas...
Shrugged. John Galt represents creativity and innovation. In the book, the status quo was constantly putting up barriers to protect its own interests in how things always have been done.

The status quo must constantly channel its inner John Galt if it wishes to remain relevant to the people it serves.

There are disruptors popping up in every niche of business, and dentistry is definitely not immune.

Large Group Practices, better known as Dental Support Organizations, are delivering dental services cheaper, quicker and more efficient than the typical private practice. A Dental Support Organization takes care of all of the business aspects for the dentist – the billing, HR, marketing, equipment, materials, etc.

They are aggressively growing around the country. They are aggressively hiring new dentists. They are aggressively advertising their services. They have created a niche for themselves and continue to attract patients. Some may say that they haven’t perfected the consistent customer experience yet, but at some point, this too will change.

As in private practice there are good practitioners and those who could use a little nudge to “up their game.” The reality with the Dental Support Organizations is that they are being judged by the lowest common denominator. For every bad patient experience, the entire organization’s reputation takes a hit. If these companies are going to take their disruption to the next level, they need to shore up some of the weaker links in their organizations. Trust me; they are aggressively evolving their internal practices to do just this.

I recently attended a forum on Dental Support Organizations. They are growing 15%-20% per year with over 7,000 dentists employed. It was illustrated that the trend in healthcare is moving toward consolidation. Consolidation breeds efficiency, in theory. If you look around, there are very few privately owned pharmacies; there are very few private physician offices. They have all been engulfed by corporate entities that manage the business side of the practices. Has it improved healthcare? I’ll leave that for the reader to decide.

Many of us in private practice (the status quo) are complaining. Of course, it’s only natural. The realities are, however, if the private practitioners aren’t evolving their games, they will soon be wondering where their patients have gone. Maybe some of us already are!

Graduating dental students are being hired in droves by these practices. I asked a recent graduate who was working for a Dental Support Organization what his favorite part was about working in this environment? He answered that he has mentorship and professional networking instantly available to him. He admitted he gives up some of his autonomy, but implied that no job is 100% perfect. I would agree with that statement in private practice too. There are parts of my day that I don’t look forward to doing (usually administrative) as well.

Most of these dentists are not joining organized dentistry. Why? The most common response: they are made to feel “less than” for working for those companies.

This must stop. We (organized dentistry) are being judged by this fact, just as some may be judging those who work for entities different than private practice. The Colorado Dental Association is charged with advancing oral health in our state. The Dental Support Organizations in Colorado are helping us achieve this. They are just doing it differently than the “status quo.”

We need to be much better at welcoming our colleagues. They are working the best they can with the opportunities that are presented to them. I always remind young dentists to keep the patient’s best interest as their main focus. We must maintain our code of ethics as a profession.

The Association of Dental Support Organizations (www.theadso.org) has emerged to help set standards for its members and is looking to ensure that ethical practices are in place.

Evolution is the survival of the fittest. Those who can adapt and create change will evolve into the new paradigm, and address the needs and desires of the consumers.

The status quo does not exist indefinitely. It will constantly be challenged.

“Who is John Galt?” 🦁

Disclaimer: I am not passing judgment on the disruptors mentioned in this article. I am sharing my observations and thoughts. I may or may not subscribe philosophically with various paradigm shifts occurring in the dental marketplace. Each serves a niche that is attractive to various people. That is why they are growing/gaining the market share and shifting the perceptions of the consumers. When I mention “organized dentistry” I mean the American Dental Association, state dental associations and component dental societies.
Continuing Education

During the 2014 Colorado legislative session, the Dental Sunset Review Bill passed, which incorporated numerous changes to the Dental Practice Act – the laws that govern the dental profession in Colorado. While these changes have been accepted into law, many of them must undergo rulemaking to be properly implemented.

The rulemaking process for the implementation of the 2014 Dental Sunset Review Bill began in late September 2014. As rulemaking progresses, the CDA will provide in-depth information on key topics to help answer commonly asked questions from CDA members.

A common area of interest related to the Sunset Review Bill is the new continuing education (CE) requirement for dentists and dental hygienists. The 2014 Sunset Review Bill required:

- 30 hours of CE for dentists and dental hygienists each two-year license renewal cycle.
- For dentists holding an anesthesia or sedation permit, 17 hours of CE specific to anesthesia or sedation administration during the five-year permit renewal cycle was required. Any CE taken to fulfill the anesthesia requirements can also be counted toward fulfilling the above 30-hour CE requirement.

The amount of CE required by the Sunset Review Bill is consistent with the current CE requirement for CDA members.

Many CDA member questions have arisen about the new CE requirements, including how this requirement will be phased in during the first renewal cycle, documentation and reporting requirements, and whether there will be exemptions for certain license types. The State Board Sunset Review committees have just begun meeting and, at this point, all information provided is preliminary. However, key highlights of potential requirements from committee discussions include:

- Half of the required CE would need to be clinical (15 hours for those in clinical practice). Courses in the dentists’ area of practice (i.e. specialty, concentration) would need to be taken.
- Half of the CE credit hours would need to be taken in person; the other half could be achieved through online courses.
- The Board would not approve courses, but would instead defer to third-party groups for quality certification (such as CERP, PACE, AMA Category I, etc.). Acceptable certifications for dental hygiene courses may need additional discussion and review.
- Inactive licenses would be exempt from CE requirements. Retired licensees who provide charitable care may be required to take at least some CE (but perhaps with a reduced hour requirement).
- The Board would randomly audit 5% of licenses for CE compliance each year. The audits would likely be conducted apart from license renewals, and not in connection to complaints (given a concern that attaining CE documentation could slow down the complaint processing).
- The Board would implement the CE requirement starting with the next license renewal (March 1, 2016) instead of prorating the requirement over this license renewal cycle.

Please note that the State Board Sunset Review committee discussions are still underway, and the above recommendations may be modified moving forward. The State Board’s CE committee met a second time in late September to finalize recommendations, as publicized to CDA members via the CDA Website: cdaonline.org/news/latest-news/2014sunsetrulemaking. In addition, the State Board must conduct formal rulemaking hearings before recommendations will be finalized. The first State Board Sunset Review rulemaking hearing was held on Wednesday, Oct. 29, 2014. Additional rulemaking hearings are anticipated at the Jan. 22, 2015 and April 29, 2015 State Board meetings.
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New Opioid Prescribing Policy for Colorado Dentists

In July 2014, the State Board of Dentistry adopted a new policy aimed at reducing prescription drug abuse by better managing opioid prescribing. In short, the policy states that providers prescribing and/or dispensing opioids should:

• Be informed about evidence-based practices for opioid use in healthcare and risk mitigation;
• Collaborate with the integrated healthcare team to decrease over-prescribing, misuse and abuse of opioids; and
• Follow common guidelines:
  o Before prescribing or dispensing (including use of the Colorado Prescription Drug Monitoring Program (PDMP));
  o When prescribing or dispensing;
  o When prescribing or dispensing for advance dosage, formulation or duration;
  o When implementing patient education (including discussions on appropriate use, storage and disposal of opioids, as well as risks and the potential for diversion); and
  o When discontinuing opioid therapy.

A threshold level of greater than 120 mg of morphine equivalents per day was established as a level where prescribers should put in place additional safeguards, including consultation with pain management specialists and treatment plan enhancements (such as utilizing a treatment agreement with the patient). 90 days was determined as an advised threshold for treatment duration, after which pain and risk assessments should be conducted and specialists should likely be consulted.

Dentists are the second highest prescribers of opioids in the U.S. Statistics show that many dentists who prescribe opioids expect patients to have leftover drugs, which can be a major source for abuse. While nearing the thresholds set in Colorado’s opioid prescribing policy is unusual for most dentists, dentists should familiarize themselves with the policy and consider the policy’s guidance when prescribing opioids, including prescribing at the lowest effective dose and quantity. View the full opioid prescribing policy by visiting http://1.usa.gov/1nXjCj3.

The Colorado Medical Board, the Colorado State Board of Nursing, the Colorado Board of Pharmacy, and the Colorado State Board of Dentistry all collaborated on the policy and adopted it jointly. The State Boards of Optometry and Podiatry subsequently adopted the policy, and the State Board of Veterinary Medicine also endorsed it, accounting for all prescribers of controlled substances in Colorado. 🎓

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Maintaining a healthy office environment for you and your employees requires implementing a comprehensive management plan. In the summer issue of the Journal of the Colorado Dental Association, two elements were addressed in creating an effective plan: using well-written job descriptions and adopting an employee handbook appropriate for your practice. The following are additional elements of an effective employment management strategy.

Implement Lawful Hiring Practices

Hiring mistakes are costly and often result in management nightmares. It’s worth the time to do it right. Here’s a checklist of some important elements of an effective hiring plan:

• Do you put your well-written, up-to-date job descriptions to work? Use them to help you determine what skills are needed for the position and what types of personality traits are important. Use the job descriptions to draft your want ads and job postings. For example, does the position call for an energetic, outgoing person with strong people skills? Or does the position require a detail-oriented, multi-tasker with strong organizational skills? Include the criteria in your posting to avoid wasting time considering applicants ill-suited for the position.

• Do you take the time to do a background check that is appropriate for the job you are filling? A growing number of job applicants exaggerate or lie during the hiring process. Many applicants assume a prospective employer will not check the accuracy of the information they provide, and in fact, those applicants would be correct! Keep in mind that there are limitations on an employer’s ability to use credit checks, credit scores, bankruptcy history, arrest records, and care giving responsibilities when making hiring determinations.

• Do you have a game plan? Once you have decided on the candidate best suited for the job, have you considered whether you need to require physical testing, a working interview, drug testing, or a more extensive background check? Do you extend a written offer letter setting out the terms of the job? What steps do you take to establish and maintain an employment at-will relationship? How will the new employee be compensated? Will the employee have exempt or non-exempt status? If you pay the employee on a salary basis are you confident the job qualifies for that status? Will you require the prospective employee to review your employee handbook and sign an agreement to abide by its terms? All of the questions require a good working knowledge of the applicable laws relating to wage and hour, disability, and drug testing.

• Have you documented your hiring process well? Document your hiring decisions well, to demonstrate that your decisions were based on legitimate business criteria. Make sure you follow both the Colorado and the new federal I-9 requirements. All immigration-related documentation, including I-9 forms and supporting documents should be kept in a separate file, in a secure location. Do not file those documents in the employee’s personnel file.

Manage employee performance with regular reviews

Employees should receive performance feedback on a regular basis so they understand your expectations. In addition, it is important to schedule an annual review, make it a priority, and follow through. The evaluation process and your discussions with your employees help focus the employee on areas where they
need improvement, and help dispel any misperceptions about their performance. Whatever method you use to evaluate your staff, you should keep four general principles in mind:

• **First, treat similarly situated employees the same.** Avoid the tendency to apply more lenient standards to your favorite employee. Although you may adopt separate forms and evaluation criteria for management and non-management staff, be careful to apply the same criteria and standards to all employees in a particular job category.

• **Second, be honest.** Avoid the temptation to overstate an employee’s positive performance and minimize his/her performance deficiencies. This is your opportunity to advise your employees of not only their strengths but also their weaknesses. If you overstate the positive aspects of the employee’s job performance, you will have a difficult time justifying a subsequent performance-related disciplinary action or termination.

• **Third, follow through.** If you have identified performance-related issues during the evaluation process, set realistic goals and expectations, set the time frame the improvements must be made, decide how and when your updated performance review will take place, and then follow through on the plan.

• **Fourth, document carefully.** If later discipline or termination is required, the employee should not be surprised. You should have the documentation you need to demonstrate that you have objectively identified the performance problems, discussed them with the employee, set reasonable goals and expectations, and offered the help that the employee needed to succeed. This all helps you demonstrate the employee was treated fairly and with respect.

**Develop Effective Discipline Procedures**

The key to implementing effective, nondiscriminatory discipline is to have clear policies in place, advising your employees of your expectations. Those policies should be set out in the employee handbook, and each employee should receive a copy. Policies should be reviewed with new hires and discussed periodically at staff meetings.

Avoid strict, complicated “progressive discipline” schemes. You should maintain the flexibility to give verbal warnings (documented in writing and placed in the employee’s personnel file), written warnings, and a final warning, but do not promise you will always apply a specific, rigid set of criteria before an employee is terminated. Every employee is different and every disciplinary situation is different. Just remember to apply the same standards and disciplinary procedures to similarly situated employees, and take the time to document effectively.

**Develop Effective Termination Procedures**

Termination should not be a surprise to the employee. The employee should have received information about your performance standards through training, workshops, the employee handbook and discussions in staff meetings. The employee should have also received warnings about his/her performance or conduct deficiencies through evaluations, performance improvement plans, and written and/or verbal warnings.

Before you conduct the termination meeting it is imperative that you review your documentation, and evaluate the situation as a whole. Has the employee made a recent complaint about HIPAA or OSHA violations in your practice? Has the employee made a complaint about harassment, discrimination, or retaliation? Does the employee have a physical or mental condition or injury that may require a disability evaluation? Is there a potential for this employee to become violent during or after the termination meeting? These are just some of the considerations that should be addressed, preferably with your employment counsel, before you take the final step of terminating the employee.

**Next Journal Issue: The Three Most Important Elements of an Effective Employment Management Strategy**

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

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President Obama signed the Affordable Care Act (ACA or “Obamacare”) on March 23, 2010. Since that day, the confusion has grown and many have differing views on the topic. The law is intended to lower the cost of healthcare and the cost of coverage for all Americans, and provide more rights to insured patients.

There is a lot of information available regarding the effects of the ACA on the healthcare industry as a whole, but what about dentists specifically? About three million children nationwide are expected to gain some form of dental benefits by 2018 as a result of the ACA. Approximately one-third will gain Medicaid dental coverage, and two-thirds will gain private dental coverage through health insurance exchanges and employer-sponsored plans. Ultimately, this will reduce the number of children who lack dental benefits by approximately 55%.

The State of Colorado has determined that the required pediatric dental plan through Connect For Health Colorado be modeled after the Child Health Plan Plus (CHP+) program, currently offered to lower-income families. Delta Dental of Colorado helped develop this plan in 2002 and currently administers this program. The state is increasing the out-of-pocket maximums under Connect for Health Colorado to $700 for an individual child or $1,400 for a family with two or more children. This new benefit plan gives children up to age 19 access to oral health services including:

- Diagnostic and preventive care (initial exams, cleanings, fluoride treatment, sealants and x-rays).
- Basic care such as fillings and simple extractions.
- Major services such as crowns.

A fair number of adults across the country will gain some level of dental benefits from the ACA, but only 4.5 million of these adults, about one-third of the total, are expected to gain extensive dental benefits through Medicaid. An additional 800,000 are expected to gain private dental benefits through health insurance exchanges. Assuming the increased population utilizes Medicaid dental services in the same pattern as today’s Medicaid beneficiaries, the expansion is estimated to generate an additional 7.5 million adult dental visits.

Accountable Care Organizations (ACO) – groups of doctors, hospitals, and other healthcare providers, who come together voluntarily to give coordinated high quality care to their Medicare patients – could help bridge the gap between oral and general healthcare, improve coordination of dental care and help reduce overall healthcare costs, including oral care. Generally, dental care is not part of the core services provided within existing ACOs – but this might not be the case going forward. Since dental care for children is an essential health benefit under the ACA, there are some immediate opportunities to better coordinate dental and medical care with the pediatric population.

There is strong evidence that reforming Medicaid and increasing reimbursement rates to market levels would increase access to dental care. With that being said, the ACA still does not do enough to address or resolve administrative inefficiencies or low dental provider reimbursement levels seen at the state level.

The Revenue Act of 1978 created Health Care Flexible Spending Accounts (FSAs) as a way for consumers to reduce their out-of-pocket healthcare costs. FSAs are voluntary, employer-sponsored plans that allow employees to devote pre-tax dollars to an account, which they may spend on qualified medical expenses.
without incurring taxes. The caveat is that any unused money still in the account at the end of the plan year is forfeited to the employer. The reason for this “use it or lose it” provision is to prevent consumers from using FSAs as tax shelters.

Before the ACA, examples of qualified medical expenses included: co-payments, dental care, hospital fees, prescription drugs, over the counter drugs, psychiatric care, and office visits. Additionally, before the ACA, there was no legal limit on contributions to FSAs; any limits were placed by individual employers. All of this may change. The ACA contains two provisions that potentially limit the attractiveness of FSAs to employees. The first provision eliminates over-the-counter (OTC) drugs from the list of FSA qualified medical expenses unless consumers have prescriptions for them. The second provision caps the amount of money an employee can contribute to an FSA at $2,500.

In contrast, Health Savings Accounts (HSA) are relatively unscathed by healthcare reform. An HSA is a healthcare account that requires the individual to have medical coverage under a high deductible health plan. While an FSA is restricted to employee contributions, an HSA allows contributions to be made by the employer as well. The threat that HSA-qualified health plans could not meet the actuarial value requirements of Obamacare have not materialized. Accordingly, HSAs remain not only viable, but a very effective way of helping employers curtail the growth in the costs of their benefit plans. HSA-qualified health plans generally mean lower premiums, and employers can realize significant tax savings by implementing an HSA program. Employers that provide employees with the tools and education to encourage full participation in the consumer-directed healthcare experience, are realizing the benefits by increasing employee satisfaction while reducing health benefit costs.

**What About Taxes?**

Dental devices are taxed by the Medical Device Tax, which is an Internal Revenue Code that imposes an excise tax on the sale of certain medical devices by the manufacturer or importer of the device. The Medical Device Tax is anticipated to financially support the ACA. Some have expressed concern of a “trickle-down effect” making its way to the provider and patient as the manufacturers increase prices to offset the tax. Keep in mind that dentists will not be responsible for collecting, reporting, or paying the new 2.3% tax. Also, the tax on “devices” specific to dentistry.

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**ACA continues on page 16**
will, in many cases, be applied to the materials from which dental devices are manufactured, rather than to the customized items supplied by a dental laboratory, whether or not a device is ultimately adjusted and adapted by the dentist for a patient. “Device” is used as a term-of-art since many “devices” would be more commonly described as “products,” “materials,” or “substances.” Another thing to note is dentists should be alert in reviewing manufacturer and vendor price lists and invoices to make sure that the 2.3% tax is not being applied as a general cost increase with respect to all items, but is only being applied in cases where the law so requires. It may be prudent to contact your vendor to ask the question.

What about you, as an employer?
The ACA does not require small businesses with 50 or fewer employees to provide health insurance. More than 99% of dental practices fall under this small business classification.

Small business employers who pay at least 50 percent of the premium for employee coverage may qualify for a small business tax credit. To qualify, the employer must have fewer than 25 full-time equivalent employees whose average annual wage does not exceed $50,000 per employee. The tax credits, which disappear after 2016, will be available on a sliding scale to assist the purchase of health insurance.

Obviously, this is just a few of the highlights on how your practice may or may not be affected, but I’m certain that you will notice the effects as we get further engrossed in the new age of healthcare. So, in its inaugural year of implementation, has the ACA affected you? I’m guessing the answer is “yes.” If it hasn’t yet, it will.

Stephen Weatherby is a Certified Financial Planner™ at Sharkey, Howes & Javer. Contact him at 303-639-5100 or visit www.shwj.com.

Resources:
“Affordable Care Act strengthens dental Medicaid and pediatric programs.” ASDA News, August 2012.
“Dental advocacy efforts adapt to a new political reality.” ASDA News, January 2013
“Accountable Care Organizations Present Key Opportunities for the Dental Profession.” April 2013, Marko Vujicic, Ph.D.; Kamyar Nasseh, Ph.D.
Patient Protection and Affordable Care Act (Enrolled Bill [Final as Passed Both House and Senate] – ENR) [H.R.3590.ENR].

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Statewide Ban on Fluoride Averted

“Shall there be an amendment to the Colorado Constitution concerning a prohibition against artificially introducing fluoride into public water systems...?”

That was the opening line of Initiative 125, a referendum submitted for the 2014 Colorado statewide ballot, which fortunately will not be considered by Colorado voters next month on Election Day.

The measure’s text was simple. If passed, it would set forth three actions:

• Ban fluoridation in treated drinking water in every community no matter size or location across the entire state;

• Require civil and criminal penalties for the addition of artificial fluoride; and

• Exempt fluoride products like toothpaste and mouthwash.

It did not allow a community to opt out of Initiative 125’s prohibition on fluoridation. Basically, the measure was a one-size fits all public and dental health nightmare.

Initiative 125 was one of more than 30 different questions submitted by citizens under the state’s initiative and referendum process – this process allows Coloradans to ask voters to either amend the Colorado Constitution or state law. Initiatives submitted this year for consideration ranged from this measure to oil and gas regulations to food labeling.

The state’s initiative process lays out several steps and hurdles to both encourage and discourage participation by citizens in direct democracy. Proponents must first clear legal review and a three-member state commission before seeking the 86,000 valid petition signatures from Colorado voters that are required to ensure a measure appears on the ballot. In Initiative 125’s case, the proponents were steadily working through the process when the Colorado Dental Association jumped into the fray.

The CDA and other oral health stakeholders quickly established a committee to oppose the measure and recruited other stakeholders, including DentaQuest, Delta Dental of Colorado, the Colorado Dental Hygienists’ Association and Oral Health Colorado. The committee made the basic preparations to launch a state-wide campaign and then engaged a pollster to survey Colorado voters generally about fluoride and then more specifically on the ballot initiative. Through the poll, the committee gathered important data on the public’s perception of fluoridation.

First and foremost, the poll demonstrated weak support for Initiative 125 across all demographics and regions of Colorado, and showed how the campaign could defeat the measure should it move to a statewide vote. It established the most effective messages to educate Coloradans about fluoridation:

• The American Dental Association, Colorado Dental Association, American Academy of Pediatrics and more than 125 other national and international organizations recognized the public health benefits of water fluoridation;

• For more than 65 years, the best scientific evidence consistently demonstrates that community water fluoridation is safe and effective; and

• Fluoridation is the single most effective public health measure to prevent tooth decay.

Simply put, water fluoridation is Safe, Effective and Trusted. The poll also indicated the most trusted and effective spokespersons for a potential campaign against Initiative 125. The most trusted messengers about the topic of fluoridation are, hands down, Colorado’s dentists. Respondents said they wanted to hear from their own dentists about this issue, followed by their family physicians and then hygienists.

Initiative 125’s proponents ultimately did not circulate petitions and, as of Aug. 8, 2014, the last day to submit the 86,000 valid signatures, it was effectively dead for 2014. Although the measure would need to be resubmitted in subsequent election years, Initiative 125 did clear several legal and process hurdles that will make resubmission simpler for the proponents in the future.

Recently, at the local level in Colorado, water fluoridation issues have not subsided. Communities including Loveland and Meeker are re-evaluating their positions on fluoride. And the CDA is actively engaged on the Western Slope, where a local water authority has ceased adding fluoride.
to the drinking water provided to Montrose, Delta, Olathe and surrounding communities. The CDA is helping Montrose-area dentists engage with the water authority and the community to ultimately reverse this decision.

Despite Coloradans’ acceptance of water fluoridation’s clear health benefits, the CDA and its members will continue to fight efforts that are opposed to community water fluoridation at both the state and local levels. Throughout these efforts – and in your everyday practices – please remember that dentists are the most trusted voice on fluoridation and dental health issues. Remind your patients that fluoridated water is safe, effective and trusted.

If you learn of anti-fluoridation activity in your community, please contact Molly Pereira at the CDA at 303-996-2844 or molly@cdaonline.org. The CDA has resources to help you.

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The healthcare field is full of challenges for dentists and their practices. In addition to focusing on providing quality care to patients, dentists must be ready for a myriad of legal and business issues that arise in the course of their practices and careers. Below are three “danger zones” and things that can be done to protect the dentist and his/her practice against problems, sanctions and lawsuits.

1. File and maintain proper Corporate/LLC/Business Filings with the Colorado Secretary of State and maintain proper Corporate/LLC/Business Books.

The Colorado Dental Practice Act has very specific requirements for dental practice corporations and LLCs. Dental practices that wish to take advantage of the tax benefits associated with corporations or LLCs are required to file with the Colorado Secretary of State as professional corporations or professional LLCs. This is not simply a requirement of the name, but rather the requirements of specific statutory provisions relating to language in the Articles of Incorporation or Articles of Organization. Failure to include this required language makes the professional corporation or LLC non-compliant, which can result in problems with the State Board of Dentistry.

The requirements don’t end with the filing of a corporation or LLC. It is important for the dentist to treat his/her business as a real business and separate the business from his/her individual identity. Separate bank accounts are only the start. Preparing and filing proper paperwork, such as bylaws or an operating agreement and various corporate/LLC resolutions, which are kept in the corporate or LLC “Book” are ways to demonstrate the business is a true and separate entity from the individual dentist. Failure to separate the business from the individual can result in the courts treating the business and the owners as one and the same, thus allowing creditors to go after the owners personally for the debts of the corporation/LLC. This is what is referred to as “piercing the corporate veil.”

Properly filing the corporation or LLC documents and treating the business as a separate legal entity from the individual owner, or owners, is one way a dentist can protect himself/herself. Experienced legal counsel can help meet these requirements and protect the dentist and the practice.

2. Careful, thoughtful and thorough responses to any State Board of Dentistry Complaint, Investigation or Inquiry.

No dentist wants to receive a letter from the State Board informing them that they are under investigation or that there is a complaint pending against them. Dentists experience a range of emotions when they receive that letter, ranging from denial and disbelief, to fear and anxiety, to anger and contempt. It is extremely important to take the proper approach when responding to a complaint. Believe it or not, some dentists write responses that are filled with anger and contempt toward the person making the complaint or even toward the Board for questioning their care.
Often, this results in the exact opposite of the intended effect. Other dentists fail to take the matter seriously, and take the approach that they just have to answer a few questions and it will all go away. Neither of these options put the dentist in the best possible light in their response to the Board. Dentists can protect themselves by responding to the complaint in a calm, reasoned and thorough fashion. When it comes to a dentist’s license, there is no such thing as being too careful in the response to a complaint, inquiry or investigation by the State Board. Dentists can protect themselves by responding to the complaint in a calm, reasoned and thorough fashion. When it comes to a complaint, inquiry or investigation by the State Board, dentists should always respond in a thorough and detailed manner.

3. Documentation, documentation, documentation! Make timely, accurate and thorough patient chart notes.

As with any healthcare professional, dentists are required to make appropriate notes in patient charts. The more information provided, the better other providers, or even the State Board, will be able to understand the care delivered. Sometimes healthcare professionals fail to make patient chart notes for what appear to be small things, such as phone calls, text messages, or e-mails. In addition, some healthcare professionals, burdened with charting for numerous patients throughout the day, make short notes that lack detail. Unfortunately, missing chart notes, or lack of detail in chart notes can increase the likelihood of discipline by the State Board or lawsuits against the dentist. It seems that invariably, when there is a complication or an unhappy patient, these short notes or uncharted communications with patients are the very things that, had they been properly charted, would have vindicated the dentist and his/her care. Dentists can better protect themselves by making detailed chart notes on every patient contact or matter. Electronic records have made some aspects of charting easier, however, even when using electronic charting, there is no substitute for a detailed chart note when someone else is scrutinizing the dentist’s work.

Philip Bluestein, Esq., is a practicing attorney with the Bluestein Law Firm. Contact him at 720-420-1777 or pmblue@bluesteinlaw.com. Additional information is available at www.bluesteinlaw.com.
Opportunities Wanted

Opportunity Wanted: Charismatic, mature and competent dental student graduating in May of 2015 seeking an associateship (perhaps more). My desire is to live in a small community and serve those around me. Long history of volunteering, excellent customer service and business management. Will not consider offers in the Denver area or corporate practices. Professional and educational references available upon request. Contact 918-533-0510 or christinson981@yahoo.com.

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 vulken1357@gmail.com.

Opportunity Wanted: Employee-associate seeking two days per week. A possibility to add more days in the near future, with eventual full-time potential. Quality-minded, personable and experienced. Skilled in all facets of general dentistry. Let me talk to you about how I can help your practice! E-mail inquiries to singingdentist42@gmail.com.

Opportunity Wanted: Board certified periodontist looking for an opportunity to work in Colorado. Interested in starting part-time and building the practice. Surgical experience includes CT guided implant placement, treatment of gum disease and gingival recession. CV available upon request. Please contact Rufius22@aol.com or 419-340-8455.

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.

Opportunity Wanted: Retired orthodontist in Denver metro area seeking part-time work, can also cover vacations and health issue situations. I can be reached at darthsdog@aol.com.

Directors and Associates


Associate Leading to Buy-In: Our Boulder, Colo. practice seeks an exceptional GP to begin as an associate and then buy-in to the practice. We focus on teamwork and excellence in all we do. We have a constant concern for our patients, whose trust and loyalty we strive to earn by delivering the best possible experience for them. Are you enthusiastic, caring, and professional? Then please send your resume, the names of three business references, and a cover letter explaining why you are the right fit for this opportunity to drmueller@alpinecddentalhealth.com. All inquiries kept confidential.

Associate: Boulder/Lafayette, Colo. State-of-the-art office seeking dentist to work part-time. This is a unique opportunity to develop your own patient base in a non-corporate office. Buy-in option long-term. E-mail Payton.halliner@sagedentalcare.com.

Associate: Fun and fast-paced family office looking for an associate to join our private practice two-to-three days/week with potential to move to full-time. We treat patients of all ages and perform all procedures. Huge income potential is there for the right dentist. Located in south Denver, convenient to everything! Please send CV to southdenverdentist@hotmail.com.


Associate: Currently accepting applications for a comprehensive aesthetic dental associate for a growing practice with a solid patient base, in Longmont, Colo. The practice is currently open three and a half days a week and producing $380,000+ per year. To start, this position will be needed two days a week and will increase to five days a week by the end of the year. Comprehensive patient care experience preferred, we are willing to train the right candidate and potential future ownership can be discussed. Compensation will be based on production and collection with an initial...
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Dentist: Dentist needed Colorado Springs, Colo. Two locations available, both private practices, salary plus bonus, buy-in opportunity if wanted. Easily make $800/day or more. Contact gandk452@yahoo.com.

Dentist: Seeking a general dentist in Denver, Colo. Minimum of four years of experience required. Please send your resume to allisom@triskeledental.com and follow-up at 303-278-3357.

Dentist: Part-time dentist desired in downtown Littleton private practice. Two days per week plus vacation coverage. Super staff! Please e-mail resume to lepersharyam@questapex.net or fax at 303-794-4784.

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 guaranteed commission based whichever is higher and flexible schedule is available. Please contact BRANDI at 720-270-6301 or brandilee@peakdentalservices.com.

Orthodontist: Part-time position (two-to-three days per week) is available at Kids & Family Dentistry. To apply please e-mail your CV to kidsandfamilydentistry@gmail.com or fax 303-327-4091.

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.


Dentist: Colorado Springs, Colo. Seeking a full-time dentist with one+ years of experience to join state-of-the-art general and specialty practice in high visibility location. Average 100+ new patients per month. Competitive commission compensation with minimum guarantee, benefits, and equity buy-in opportunities. Please contact 719-239-2396 or coloradodentalassistant@gmail.com.

Orthodontist: Excellent opportunity for an orthodontist to work full-time throughout our northern Denver area offices. Superior income potential, a comfortable work environment and state-of-the-art facilities. Contact Ed at 949-842-7936 or bonname@padden.com.

Orthodontist: Excellent opportunity for an orthodontist to work full-time throughout our Colorado Springs offices. Superior income potential, a comfortable work environment and state-of-the-art facilities. Contact Ed at 949-842-7936 or bonname@padden.com.

Endodontist: Fully equipped, seven operatory, paperless, private practice in Lakewood, Colo. seeking endodontist. We provide all staffing, accounts, billing and sharing market cost. We provide macroscope and some specialty equipment. 303-656-9196.

Orthodontist: Southern Denver and Colorado Springs, Colo. One or two associates needed for part-time or full-time 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 guaranteed commission based whichever is higher and flexible schedule is available. Please contact BRANDI at 720-270-6301 or brandilee@peakdentalservices.com.

Dentist: Perfect Teeth is looking for full-time dentists to join our team in Denver, Colorado Springs and Northern Colo. Enjoy a work/life balance and autonomy not seen in most groups in Colo. We offer a minimum monthly guarantee, great benefits and no Medicaid. Offices are built and equipped for one GP and one RDH. Call to see why Perfect Teeth is different. Call Carl Budke at 303-285-6027 or e-mail cbudke@perfectteeth.com.

Dentists: Fort Collins, Colo. Dental office seeking an associate dentist and a part-time orthodontist. Experience required, buy-in opportunity available. E-mail clearrecedental@gmail.com.

Dentist: Southern Denver, Colo. Seeking a full-time dentist with one+ years of experience to join state-of-the-art general and specialty practice in high visibility location. Average 100+ new patients per month. Competitive commission compensation with minimum guarantee, benefits, 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 501c3 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 this practice. Please e-mail CV to peddentistresumes@gmail.com.

Pediatric/General Dentist: Pueblo, Colo. Seeking pediatric or general dentist full- or part-time to provide children dental service in Southern Colo. Excellent opportunity. Please send CV or call with any questions. Contact mike@thekidsd.com or 719-369-8484.

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. Minimal patient volume. (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.

Dentist: Full-time dentist needed at Salud Family Health Centers in Longmont, 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 jdiante@saludclinic.org.

Dentist: Full-time position available in Craig, Colo. Enjoy outdoor recreation, skiing, hunting, fishing in the beautiful Yampa Valley. Candidate must be comfortable and proficient with molar endo. and oral surgery. Excellent compensation and benefit package. Contact mchick@optimum.net.

Orthodontist: Commerce City, Colo. Bilingual Spanish/English a plus. All digital x-rays including Pan./Ceph. Call Todd, 303-809-0673. Email toxmwblohm@wispertel.net.

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 Tranquillo at Janet.Tranquillo@pcc.edu. Or Karen Ramos at Karen.Ramos@queshoc.edu.

Hygienists/Assistants/Office Staff

Hygienist: Awesome established dental office in north Boulder is expanding! We have a very busy new patient base and are in need of an additional hygienist (starting part-time, moving to quickly to full-time in the near future). We are very focused on patient comfort, quality, and care, and need the right personality to compliment this philosophy. We are looking for someone who is a rock star, who has a great relationship with patients, can think for themselves, gets along really well with others, and wants to work in a very fun atmosphere. Please send me your resume! bouldendentalarts@gmail.com. Cheers.

Hygienist: Hygienist needed for growing non-profit dental clinic in Steamboat Springs, Colo. Please contact mchick@optimum.net.

Practices for Sale

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.

Practice: Haxtun, Colo. General dentist practice with building. 500 active patients. Three ops., two x-rays. Total 6,500 sq. ft. 1,440 sq. ft. dental office, 2,060 sq. ft. office, 3,000 sq. ft. in four rental units. Very motivated seller! E-mail mbuehl@svspetel.net.


Practice: Chico, Calif. Dental practice for sale. This office is completely state-of-the-art and is ideally suited for a husband/wife, two person team or a high producing individual. In operation for nearly 40 years with one owner, this office has annual collections exceeding $1,500,000 with an owner’s net income well in excess of $500,000 annually. For more information and to request a practice summary send an e-mail to molvere@aol.com or call 650-347-5346.

Practice: Denver metro area dental practice for sale. Est. 19 yrs. +, emphasis on implants, 2013 gross $770,000. Asking $645,000. 100% financing available. Call PROMED, 888-277-6633 or e-mail info@promed-financial.com [Ref#D430].

Selling your practice in Fort Collins? Why pay a broker to sell it? Save 10%, just get it valued and sell direct to us, no expensive brokers! Cash available now, quick decision guaranteed. dentalpracticebuyer500@gmail.com.

Practice: Westminster, Colo. New state-of-the-art general dental practice for sale. All digital, all chartless, new equipment, growing area. Contact inoveconsulting@gmail.com.


Practice: Pinetop, Ariz. The office is well established with six ops. Each operator has a laptop computer associated with electronic x-rays and charting. There is a quality macroscope used for endodontic procedures; a panotex used as needed; a high quality mercury separator; plumbed for nitrous oxide; each operator 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 mountauintental1@hotmail.com.
Practice: Well established Boulder, Colo. practice for sale. Fee-for-service, three ops., $780,000 collections with 55% overhead working 32 hours/week. Average 15 new patients/month. Modern, up-to-date equipment including a surgical scope and seven computer terminals. Highly motivated seller. Contact bdwhd@yahoocom.

Practice: Bloomfield, N. Mex. Mountain Dental is seeking dental candidates for a practice opportunity in Bloomfield. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits and unlimited opportunity for professional development. Our comprehensive support team takes care of the administrative details, providing you the freedom to lead your team while focusing on your patients and skills. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity in Bloomfield, please contact Derek Lindholm at 715-577-4551 or e-mail dlindholm@midwest-dental.com. Visit our website at: www.mountain dental.com.

Practice: Palm Desert, Calif. practice for sale. Established 17 year multi-specialty. Perfect for prosthodontist with implants. Relocating to Texas, selling price only $495,000. 2014 yield to date collections already $450,000. Great location and patient demographics, five ops., digital panos., x-rays, private office. If interested e-mail golfinthedesert@gmail.com.

Practice: SE. Wyo. Established general dental office. Four ops. Digital. Low overhead. May consider associate buy-out. 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., 80116, or fax to 303-699-4863, or e-mail to susanne@film transitions.com.


Periodontal Practice: Colorado available now! $1.4M collections, 28 hours a week! Fee-for-service. Laser, digital, bells and whistles! Owner retiring but will help with the transition. Susan, 303-973-2147 or susan@sastransitions.com. SAS Dental Practice Brokers, www.sastransitions.com.


Practice: Western Colorado, available now! Play, hike, bike and ski! Fee-for-service, pristine office! $700,000 collections, 28 hours a week! Susan, 303-973-2147 or susan@sastransitions.com. SAS Dental Practice Brokers, www.sastransitions.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., one hygienist, one assistant, four days/week. Dr. retiring. 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.,
CLASSIFIEDS continued from page 25


Practice: Aurora, Colo. (CO 1333). Annual revenues $888,000, six ops., five days/week, two drs., one will work until 8/2015. 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: NE Colo. (CO 1327). 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, dr. retiring. ADS Precise Consultants, 888-909-2545, www.adsprecise.com.


Practice: Summit County, Colo. (CO 1403). Annual revenues $722,000, net income $364,000, two ops., room to add two. 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.


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.

Practice: Durango area. You can make $200,000+ 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: Colorado Springs. Well-established practice located in a busy section of town. Collecting $260,000 with

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Centennial, Colorado

AFTCO is pleased to have represented all parties in this transition.
CLASSIFIEDS continued from page 27

Office Space: 1,991 sq. ft. in Evergreen Professional Bldg. Plumbing and electrical for four stations, kitchen, private office and front reception area. Contact Jan at 970-453-2992 or butlerjan08@comcast.net.

Office Space: Pueblo West dental office condo. Prime location sharing complex with CPA, optometrists, orthodontist and pediatrician (all owners). Built in 2008 as a dental office, 3,000 sq. ft. plus 1,000 sq. ft. storage. Dental cabinets, plumbing, electrical and N2O-O2 in place for six ops. Lots of windows. Move in ready. Just need equipment. Available now! For sale or lease. Please contact Byron R. Beaud, DMD at 719-371-5524 or btbpaue@yahoo.com.

Office Space: Dental office for lease. Suite has 2,515 sq. ft. and is located in busy shopping center on S. Havana and Jewell (Havana Square) with great exposure. Ideal for dental practice, nicely appointed and decorated. All plumbing and electrical hook-ups in place for exam rooms. Please contact Jim Fred, 303-832-5522, for further details.

Office Space: For lease or for sale, 1,200 sq. ft. in Ft. Collins, Colo. Three ops., lab, private office, reception, shared lobby, and excellent parking. Currently available. Call Jodi at 970-223-7567 or e-mail drake2627@drakepark.net.

Office Space: Second generation dental space available with premier visibility and access from south Broadway, near Joe Fried, 303-832-5522, for further details.

For Sale: SmartLite Max LED curing light by Dentply. Brand new; never been out of the box. Full retail $1,300. Will sell for $700 or best offer. Also have new light guides for Optilux 501. Contact if interested: tbliff@gmail.com, 970-691-5393.

For Sale: Used hand pieces for sale all in excellent condition. Three Midwest straight dow speed hand pieces, one E-Type straight hand piece with contangle, one star SW 430 high speed push button, two Vectra Kavo type high speed push button and one Lares small head high speed push button. Asking $75-$100 per unit. Please call Dr. Frank Gold, DDS at 303-771-3145.

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 trrr@usa.net.


Collection Law Firm: Vinci Law Office specializes in collection of past due accounts receivables. Our firm is a leader in collection and debt services and practices. Call VLO at 303-872-1897 to discuss how we can meet your collection needs.

EDDA Course: EDDA I and II combined course. Five-week class, 12 hours per week on weekends in Denver. Classes start every three months. Tuition is $1,295. Call the Colorado School of Dental Assisting for details at 800-383-3408. www.schoolofdentalassisting.com.

Looking To Hire a Trained Dental Assistant? We have dental assistants graduating every three months in the Denver, Broomfield, Fort Collins and Grand Junction areas. To hire or to host a 32-hour externship, please call the Colorado School of Dental Assisting at 800-383-3408. www.schoolofdentalassisting.com.

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.

Delivery: Crystal Courier Service has been delivering smiles for 60 years. From Ft. Collins to Pueblo, we do direct delivery to your labs, as well as interoffice, rush, daily, and on-call jobs. Call 303-534-2306 for more information.

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All malpractice policies are not created the same

There are a lot of differences between being a Member of the Trust and just another policy number at a large, commercial carrier. Both give you a policy the Practice Law requires, but that’s where the similarity ends. Consider...

Who do I talk to when I have a patient event, claim or question?

The Trust: Local dentists who understand your practice, your business and your needs.

Them: Claims call center (likely in another state).

Besides a policy, what do I get when I buy coverage?

The Trust: Personal risk mitigation training, educational programs and an on-call team that “speak dentist.”

Them: Online support.

Do I have personal input and access to the company?

The Trust: Yes. You are represented by dentists from your CDA Component Society giving you direct, personal access to the Trust.

Them: Yes, via their national board.

Do I have to give my “Consent to Settle” a case?

The Trust: All settlements are based on the best interests of the dentist, patient and Trust Members.

Them: Read the fine print; ask about their “Hammer Clause.”

How much surplus has been returned to dentists in Colorado?

The Trust: Over $1.2M has been distributed back to Colorado dentists as a “return of surplus” (after all, it’s your Trust, your money).

Them: $0

How many years has the company been serving Colorado dentists?


Them: It’s hard to say... they tend to come and go.

Protect your practice. Call the Trust today.

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www.tdplt.com

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Since 1988, we have been the Colorado go-to source for restoring implant cases, both fixed and removable. Call Eugene Marak or Steve Mott for assistance with case planning, or for a cost estimate on your next implant case.

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