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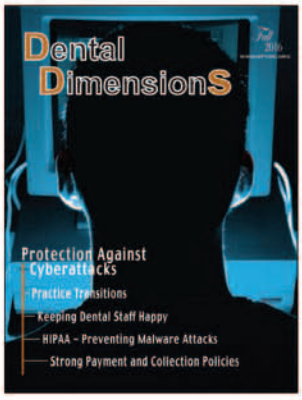
Call for Submissions

Do you have an unusual case study or an interesting article you would like to have published? Dental Dimensions is looking for articles from our members so we can share our collective knowledge. Articles should be 500-1000 words with references where applicable and photos if possible. Send your submissions to:
shukandds@gmail.com
or contact the dental society office at 818-576-0116



On The Cover.....

A simple image to remind us all of the increasing dangers of cyberattacks, both to our office operations and patient privacy.

From the Desk of the Editor

Shukan Kanuga DDS, MSD.
Board Certified
Pediatric Dentist

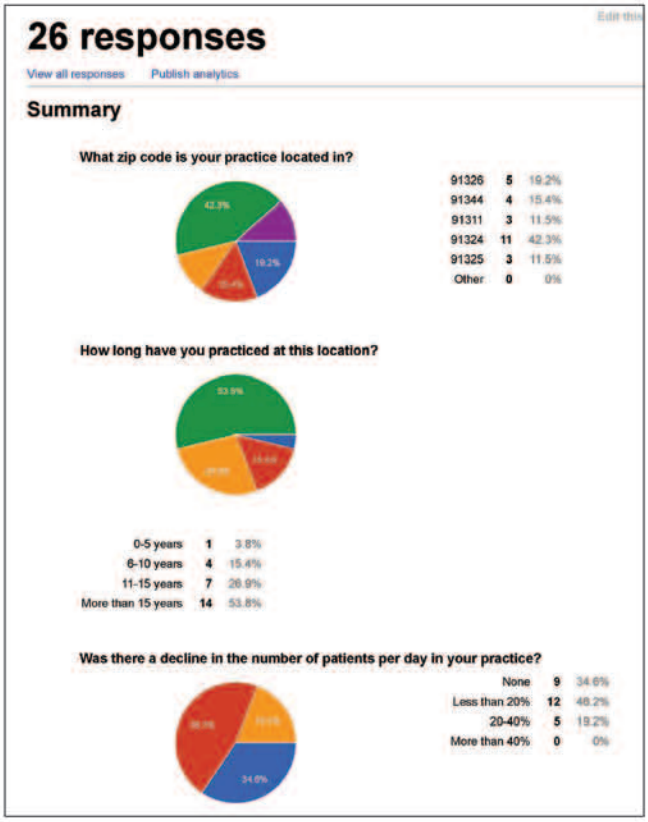
Natural or man-made disasters have a multi-pronged effect on the people in the neighborhoods in which they occur. The effects can range from minor day-to-day inconveniences to major health effects on the residents. The Aliso Canyon Gas Leak, which was detected in Oct 2015, lasted for 112 days. CA governor Jerry Brown declared a state of emergency on 1/6/16 for the Porter Ranch neighborhood of Los Angeles. (https://www.gov.ca.gov/news.php?id=19264). There were reports about businesses in the area being adversely affected with reduced revenues and loss of customers due to the relocation of thousands of families out of the area. Some of these businesses included, but were not limited to preschools, pharmacies, nail salons, flooring companies etc. (http://www.latimes.com/science/la-me-porter-ranch-economy-20160120-story.html).

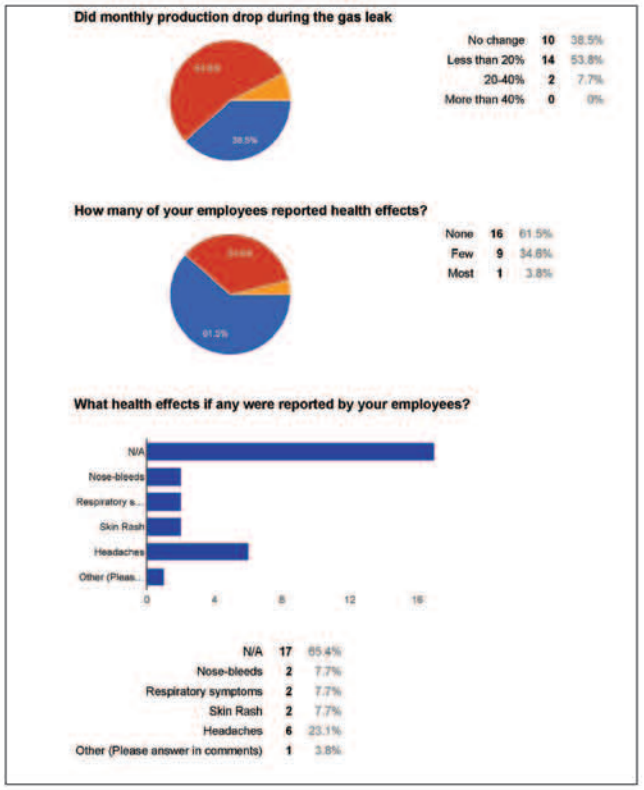
The dental literature is lacking on studies about the effect of disasters to the dental community. While the August, 2004 CDA Journal featured several articles on the role of dentists in a major public health disaster including bio-terrorism, a study with a similar objective as this could not be identified in the English literature. The purpose of my study was to evaluate the effects of Aliso Canyon Gas Leak on the dental practices in the affected neighborhoods.

70 member dentists of the SFVDS were identified as owning practices in the five zip codes that were affected by the gas leak. These neighborhoods included Porter Ranch, Northridge, Chatsworth and Granada Hills. An 11-question survey was compiled on Google Forms and sent out to the members by email and fax. 26 responses (37% response rate) were received, of which 12 were email responses and 14 were fax responses. The majority (10/26, 38.5%) of the responders owned practices in the Northridge 91324 zip code. Most (14/26, 53.8%) responders had been practicing at their current location for more than 15 years. 12 practice owners (46.2%) noted a decline of less than 20% of patients per day during the gas leak and 9 practices (34.6%) reported no impact on the number of patients. 14 (53.8) practitioners reported a less than 20% drop in production during the gas leak. While 16 practices (61.5%) reported no health effects on their employees, 9 practices (34.6%) reported health effects in a few of their employees. Health effects reported were: nosebleeds, respiratory symptoms, skin rash, headaches (6/26, 23%) and dizziness. While a majority of dentists (24, 88.5%) reported that their employees did not take time off due to the gas leak, one practice had employees take less than 5 days off and one more than 15 days off due to the leak. Only one (3.8%) practice was closed for three days due to the gas leak. Two dentists (7.7%) reported health effects that prevented them from practicing. 11 (about 41%) dentists did not believe that the Aliso Canyon Gas Leak was detrimental to their practices, while eight dentists (30%) felt that the gas leak was detrimental to their practices.

While our sample size was limited with few responses, the results of this survey clearly show that the dental practices in the neighborhoods around the Porter Ranch gas leak were significantly affected.

Wishing you the best.
Shukan





Continued on page 5

From the Desk of the President

Anita Rathee, D.D.S., M.P.H.

We started the fall quarter with a bustle of activity at the SFVDS, with our outstanding CE programs, numerous membership events and our Annual Foundation Gala honoring Dr. Art Dugoni.

In November we will be running our third annual Veteran's Smile Day program. We will also be preparing for and attending the California Dental Association, House of Delegates. This will be an interesting session of the House as it will be the first one under the new governance structure in which the Board of Trustees had been given the authority to make decisions over many areas previously under the purview of the House of Delegates, in particular budgetary.

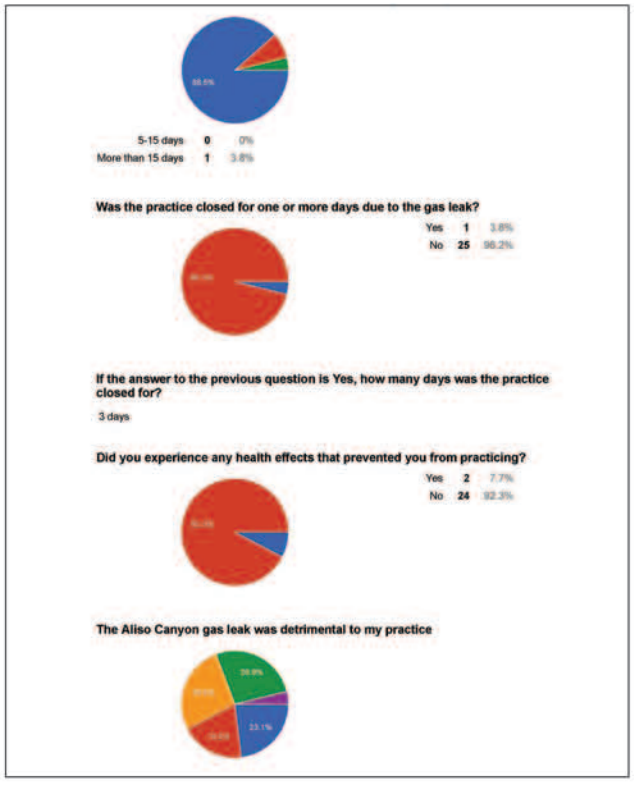
We have many active committees in our component and you may not be aware of all the services we provide. Our Dental Practice Committee deals with the issues related to the practice of dentistry, and specifically private practice dentistry. The committee also oversees and helps members with issues they may have with insurance carriers. This year we've had calls from several frustrated members having issues with getting claims paid and an unusual number of claims going to insurance company professional review. If you are having any such issues or have concerns about other dental practice areas, please contact us.

We appreciate your membership in the SFVDS. By being a member you contribute to organized dentistry's strength and ability to not only fight the onslaught of negative influences, but to steer our profession in a positive direction. If you have ideas or concerns, we'd love to hear from you. The more we hear from you, the general member, the better we can serve your needs.

We are always looking for members to be more involved in the SFVDS. If you have an interest in becoming more involved in the dental society but are not sure how or what you can do, contact us by phone or email. If you or someone you know has an interest and aptitude for social media, we particularly want to hear from you! As social media is becoming an important way for us to communicate with our membership, we are looking to form an active social media committee.

It's hard to believe the year is almost over as we start preparing for the holidays. I want to wish each and every one of you a happy and safe holiday season and best wishes for a prosperous 2017.

Anita Rathee, D.D.S., M.P.H.
President, SFVDS



5-15 days	0	0%
More than 15 days	1	3.8%

Was the practice closed for one or more days due to the gas leak?

Yes	1	3.8%
No	25	96.2%

If the answer to the previous question is Yes, how many days was the practice closed for?

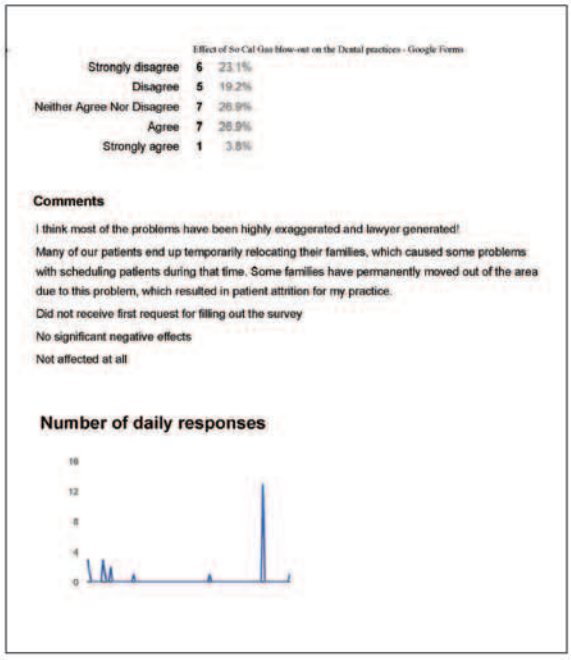
3 days

Did you experience any health effects that prevented you from practicing?

Yes	2	7.7%
No	24	92.3%

The Aliso Canyon gas leak was detrimental to my practice

Continued from page 4



Effect of So Cal Gas blow-out on the Dental practices - Google Forms

Strongly disagree	6	23.1%
Disagree	5	19.2%
Neither Agree Nor Disagree	7	26.9%
Agree	7	26.9%
Strongly agree	1	3.8%

Comments

I think most of the problems have been highly exaggerated and lawyer generated!

Many of our patients end up temporarily relocating their families, which caused some problems with scheduling patients during that time. Some families have permanently moved out of the area due to this problem, which resulted in patient attrition for my practice.

Did not receive first request for filling out the survey

No significant negative effects

Not affected at all

Number of daily responses

Trustee's Report

By: Martin Countney, DDS

My last report reflected on the role of the California Dental Association (CDA) in the tripartite structure of organized dentistry in light of current trends of groups to break away from larger groups. This article will be less thought provoking, divided into two parts. First will be a report on the actions of the Board of Trustees (BOT). The second will be my observations on the future of dentistry. Of course, my observations are not those of the CDA, the San Fernando Valley Dental Society (SFVDS), or the American Dental Association (ADA).

Actions of the BOT from June and August

Peer Review Denti-Cal Cases: The board amended and approved modifications to the Peer Review manual regarding treatment covered by Denti-Cal that will not be evaluated through the peer review program.

Peer Review Refunds With an Outstanding Balance: The board approved revisions to the Peer Review manual to prevent refunds from being deducted from an outstanding balance for dental services provided.

CDA Presents Board, New Dentist Member Selection: The board approved governance language related to selection of the new dentist member to the CDA Presents board of managers.

Procedural and Consistency Amendments to General Operating Principles: The board amended and approved governance language related to the timeline for contested elections, election of officers, selection of the 13th district trustee nominee and the nomination and election of trustee directors of the CDA Holding Company Inc.

2017 Officers' Compensation Review: The board approved that the 2017 annual officers' compensation will remain at the 2016 level.

CDA Consolidated 2015 Audit Results: The board accepted and filed the consolidated 2015 audit of CDA and its subsidiaries as conducted by Crowe Horwath LLP.

Membership Dues Categories and Process Assessment: The board approved that the council on membership be charged, over the next two years, with considering the simplification of the dues structure.

Innovations in Membership Models: The board amended and approved the creation of a task force to evaluate membership models and provide recommendations to the board.

Sugar Sweetened Beverage Tax Initiative Polling: The board approved an expenditure to support the sugar sweetened beverage tax initiative in the Bay Area.

Component Aptify Implementation Adjusted Timeline: The board reviewed an adjusted timeline to support the component Aptify implementation.

In addition, the board, in closed session, received verbal updates on the activities associated with the charter review subcommittee, TDIC/TDIC Insurance Solutions acquisition and the Delta Dental of California litigation. The committee also discussed nominations for ADA house reference committees, 13th district delegation leadership selections and received a verbal update on the student outreach strategy.

Updates to the 2016 Management Objectives of the CDA Executive Director: The executive committee recommended and the board approved revisions to the CDA executive director's 2016 management objectives.

Additional Alternate Delegates for the 2016 ADA House: The board elected additional alternate delegates on the ADA delegation for 2016.

2018 CDA Cares Dates and Locations: The board approved the April 26-29 (Anaheim) and Oct. 25-28 (Modesto) CDA Cares dates and locations in 2018.

Appointment of Auditors: The board approved retaining Crowe Horwath LLP as the independent auditors for the CDA consolidated financial statements and 401 (k) plan financial statements for the year ended December 31, 2016.

Fluoridation Funding-Healdsburg: The board approved funding for CDA engagement in a campaign to defeat an anti-water fluoridation initiative in the city of Healdsburg.

Addition of Outside Directors to ADA Board: The board approved that the thirteenth district delegation to the ADA House of Delegates (ADA house) propose the consideration of the addition of outside directors to the ADA board.

Inclusion of Student Members in Delegations to ADA House: The board approved that the thirteenth district delegation pursue the ability to include student members on district delegations.

Revision of Medicare Dental Coverage Policy: The board approved that the thirteenth district delegation propose a resolution to the ADA house to evaluate and consider the Medicare dental benefit.

Budget Software Solution: The executive committee recommended and the board approved funding to support the budget software implementation.

Thirteenth District Delegation Selection Process: The board approved a modification to the terms of service for delegates and alternate delegates on the delegation to the

Continued on page 9

Legislative Committee Report

By: Jim Mertzel, DDS

I must confess that it is difficult to report on the status of much of the legislation passed by the Legislature this year. I am writing this article in mid-September. The legislature completed the final session of the 2015-2016 year the first week in September and placed the bills approved on the Governors desk. He has until September 30 to approve the measures. It will be your responsibility, if you are interested, to follow up on the outcome of any issue that matters to you,

The two bills of direct concern to dentistry, which were passed by the Legislature and placed on the Governors desk for approval are:

AB 2485 would reform the state's dental student loan repayment program, making it easier for applicants to fulfill their obligation. For example it would allow awardees to fulfill the required 30 hours per week at more than one location; provide fund reimbursement up front upon acceptance into the program and at the beginning of each year in 3 equal amounts; and removes a provision that requires three years of service in a dentally underserved area as a prerequisite for acceptance into the program.

AB 2235 The bill provides specific requirements for a Dental Board review of current state policies on the use of general anesthesia or sedation for minors and additional specificity in the written informed consent that is consistent with standard practice

Medi-Cal / Denti-Cal: Half of all children and one third of all adults in California are now eligible for the state's Medi-Cal and Denti-Cal program. The problem now is how to find enough providers to provide the services needed. Efforts are underway to seek additional federal funding, to make it more efficient for new providers to enroll, and to increase the fees to providers to encourage more providers.

CURES: The Controlled Substance Utilization Review and Evaluation System. Providers are encouraged to register

MLR: Medical loss ratio: Studies are underway and legislation will be submitted to establish a ratio to require dental insurance companies to limit the percentage of dental insurance premiums that can be spent for administrative cost and to insure that the majority of the premium, with a target of 80 % for treatment and 20% for administrative costs.

I hope that some of you are satisfied with the outcome of this year's election and for the rest of you, I encourage you to get involved in the political process, to bring about the results you would like to see in future campaigns.

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General Meeting Review

Kyle Stanley, DDS

September 21 - The Biggest Problems in Implant Dentistry

This presentation revealed a systematic step-by-step approach to resolve significant esthetic problems restoring the esthetic zone up to full-mouth rehabilitations. Dr. Stanley reviewed the biggest problems in implant dentistry and how to avoid them. Topics included: Digital Smile Design; Upper lip planning and augmentation for maximum esthetics; The team approach to guided implant surgery planning with NobelClinician,; Abutment modifications to maximize soft tissue around implants; and, How and when to use pink porcelain. Dr. Stanley also introduced a state of the art approach to restore teeth with actual enamel and dentin!

Bob Lowe, DDS

October 19 - Esthetic Dentistry for the General Practitioner

In this technique filled seminar, Dr. Lowe reviewed the skills needed to refine restorations to a level that helps create consistent quality. New technologies and techniques were discussed, along with how implementation of these technologies can help the "bottom line" of the practice. He discussed the latest dental materials and delivery modalities in treatment planning even the most difficult functional and aesthetically challenging cases.

General Meetings -Preview

Ms. Olga Ibsen, RDH, MS

November 16 - Oral Pathology for the Dental Professional & Differential Diagnosis of Oral Lesions.

With the course, the oral cavity will be divided into the following areas: lips, tongue, floor of the mouth, buccal mucosa, palate and gingiva. First, examples of normal will be reviewed. Then 15-20 conditions for each area will be discussed including variations of normal, reactive lesions, immunologic conditions, infectious diseases, developmental disorders, chromosomal abnormalities, and neoplastic conditions. What are some features used in differentiating one lesion from another? What are the questions you should be asking yourself and the patient? What is the "gold standard" in the diagnostic process? Emphasis will be placed on the diagnostic methods that contribute the most to the final diagnosis.

Student loan repayment programs available

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The application period is now open for the 2016 California State Loan Repayment Program.

SLRP increases the number of dentists, dental hygienists, primary care physicians, physician assistants, nurse practitioners, certified nurse midwives, pharmacists and licensed mental/behavioral health care professionals practicing in federally designated California Health Professional Shortage Areas. SLRP assists with the repayment of qualified educational loans for eligible primary health care professionals in exchange for working in an HPSA. The deadline to apply is Oct. 1. Apply online through CalREACH at calreach.oshpd.ca.gov.

Also, applications for the National Health Service Corps Students to Service Loan Repayment Program will be accepted beginning Aug. 16. Dental students who are in their final year at an accredited school in the U.S., and who are committed to working in underserved communities where access to care is limited, are eligible to apply for the S2S program. Loan repayment assistance of up to $120,000 will be awarded to recipients in return for at least three years of full-time service at an approved NHSC site in a Health Professional Shortage Area of greatest need. The application deadline will be announced in August.

For more information about the SLRP, visit oshpd.ca.gov/HWDD/SLRP.html. For more information about the S2S program, visit nhsc.hrsa.gov/loanrepayment/studentstoserviceprogram.

Trustee's Report

Continued from page 6

ADA house. The CDA house will consider bylaws revisions in November.

Recommendations for Council, Committee, CDA Presents Board of Managers and ADA Thirteenth District Delegation Vacancies: The board nominated candidates for positions on councils, committees, the CDA Presents Board of Managers and ADA delegation for election by the CDA house.

Nominations to Subsidiary Company Boards of Directors: The board nominated candidate members to the subsidiary companies boards of directors to be elected by the CDA Holding Company Inc. (CDAHCI) board.

Recommendations to the CDA Foundation Board of Directors At-Large Positions: The board elected at-large directors to the CDA Foundation (Foundation) board.

Elections and Nominations to Fill Trustee Positions on Committees and Board of Directors: The board elected trustees to fill positions on committees, subsidiary boards, the affiliate board and the CDAHCI board.

Emerging Issues Discussion: Gary Price, Dental Trade Alliance (DTA) president and chief executive officer, led the board in discussion on DTA's research and policy work on oral health connections to medical conditions and the potential opportunities for public-private partnerships.

Strategic Plan Update: The board received updates to the strategic plan.

DBIC, DBC and NORDIC Acquisition Update: The board received a verbal update on activities associated with the DBIC, DBC and NORDIC acquisition.

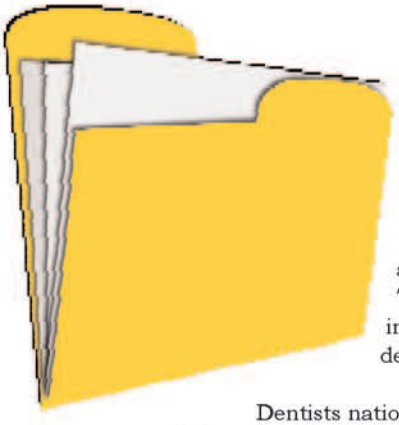
Volunteer Organizational Health Assessment Update: The board received an update on the communication plan and a series of initiatives related to the volunteer organizational health assessment.

CDA officer nominations: The nominating committee selected the following slate for presentation to the 2016 CDA house:

President-Elect..... Dr. Natasha Lee
Vice President..... Dr. Del Brunner
Speaker of the House..... Dr. Craig Yarborough
Secretary..... Dr. Richard Nagy

My thoughts on the future of dentistry

Last week at a CE seminar many of the attendees remarked that they would advise their children not to go into dentistry. How sad! Yet I understand how they can feel that way. For the first 10 years out of dental school at every CDA Scientific Sessions (now called CDA Presents) I would look for products and attend seminars that helped me improve my preps, the longevity of my restoration and the comfort of my patients. The next 10 years might be summed up as high tech tools n toys. Office software, lasers, digital imaging, electric handpieces and in office crown fabricating machines are the leaders in this category. The last 10 years I can't tell a theme, and that is the problem. Where is our profession going? High tech, concierge practice or multi location, multi-state, non dentist owned practice seem like the only options for new dentists these days.



ADA
Credentialing Service

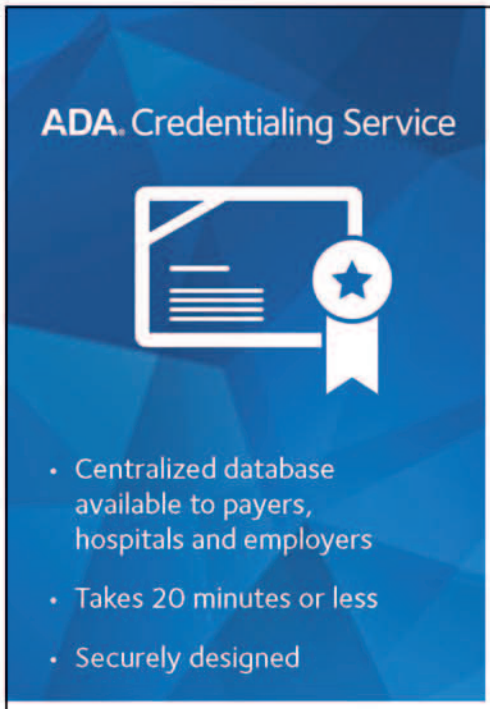
The ADA Credentialing Service is a new member benefit to streamline the credentialing process, allowing you to input, store and update your professional credentials in one centralized location. This service helps eliminate repetitive paperwork for you and your office staff, requiring you to input your credentials only one time. Designed specifically for the dental market, this securely designed portal stores your information and makes it available to payers, hospitals and employers.

Dentists nationwide can enter their credentials in the ADA Credentialing Service for free. By visiting ADA.org/credentialing, dentists can login using their ADA User ID and Password to register their credentials. The securely designed service will house user data, and we plan to make verification of data available in the next phase of the project. Payers, hospitals and employers will be able to access provider credentials for a nominal fee.

The ADA is working with SKYGEN USA to engage their subsidiary Scion Dental, which provides dental payment solutions to government and commercial payers. By completing your credentials in this portal, the ADA can leverage your support to secure the participation of additional payers.

Benefits of ADA Credentialing Service:

- Eases administrative burdens by keeping your information all in one place.
- Input your information only once and it is then available to the payers, hospitals and employers that you select, making the enrollment process faster and easier.
- Your information will be pre-populated from the ADA member database.
- Simply upload and store any supporting documents.
- Easy login with your ADA User ID and password.
- Securely designed environment.



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Faster, Easier Credentialing

The ADA Credentialing Service is a new member benefit that helps streamline the credentialing process. This service allows you to input, store and update your professional credentials in one centralized location, reducing repetitive paperwork for you and your office staff. By entering your credentials only one time, your information will be stored in this securely designed portal and will be available to third-party payers.

The ADA is working with SKYGEN USA to engage their subsidiary Scion Dental, which provides dental payment solutions to government and commercial payers. By completing your credentials in this portal, the ADA can leverage your support to secure the participation of additional payers.

As an ADA member, this service is **free**. Register now!

ADA.org/credentialing

Understanding utilization review and audits by benefit plans

Reprinted with permission from California Dental Association

As part of a contractual commitment the dental benefit plans have with their consumers (employer groups and their employees), the plans are required to have a claims utilization review and audit process. State regulators, such as the Department of Managed Health Care and Department of Insurance, also have requirements for the dental benefit plans to have antifraud policies and procedures in place for all insurers.

CDA is receiving an increasing number of calls about these types of reviews and audits as dental benefit plans continue to perform more of them. Utilization review can affect dentists who treat patients covered by a dental benefit plan; therefore, it is important that dentists understand the complete utilization review process since it can result in an audit of a dentist's patient records. The utilization review process is designed to ensure that dental procedures reported on behalf of plan enrollees, by their dental office, are rendered consistent within the provisions of the benefit plan and the participating provider agreement.

What to expect during the utilization review process

The utilization review process begins with a post-payment review that may result in identification of a potential concern. According to the benefit plans, the concern is generally identified when there is a pattern of over- or under-utilization of services identified through statistical analysis of peer comparison, utilization data and/or dentist practice patterns. It can also occur because an inquiry or complaint was received from a patient or another dentist, and even from discrepancies noted during claims processing. Ultimately, the benefit plan is looking to identify those dentists who could potentially be providing services outside the community standard or the benefit plan's guidelines. The utilization review is also designed to identify fraudulent billing patterns.

Types of issues the plans are looking for:

- Billing for services not rendered.
- Intentional misreporting of procedure, date of services, identity of the dentist or identity of the patient.
- Deliberate performance of unnecessary services.
- Alteration of patient record.
- Reporting a more expensive procedure than was actually rendered (upcoding).

Professional review/audit of patient records

Based upon the results of the analysis, the dental plan may decide it is necessary to review a sample of patient records to evaluate a dentist's reporting pattern. The plan usually selects the patient record list for review based upon the procedures it has identified as a concern. The records may be requested from the dentist or an on-site review may be conducted in the dentist's office. The number of patient records requested for review can vary from five to 25, possibly more. Many dentists find the process of copying records to be cumbersome and time-consuming.

Contracted providers are likely required to comply with these types of requests, according to their provider agreement with the plan. However, if a dentist is not contracted with the plan, the dentist is not contractually obligated to comply with the plan's policies and procedures.

Generally, the dentist is notified by letter, which will include relevant guidelines, a list of requested patient records or information announcing the on-site review of records. Providers should be aware that there is typically a specific timeframe to respond to the request. Normally, the letter will include contact information for a dental plan representative who can discuss and answer questions about the patient record review and even grant an extension of time. Dentists should not be afraid to contact the plan representative to discuss clinical or policy-related questions, as well as to better understand what to expect during the utilization review process.

The dental plan will review the records, which usually involves an administrative person and a licensed dentist for clinical perspective. The entire record, including treatment notes, X-rays and all diagnostic materials, will be reviewed and compared to claims submitted for payment to the dental plan for services rendered by the dentist. This review will determine whether the records adequately document the services reported on the submitted claims to the dental plan.

Reviewing results

Upon completion of the record review, the findings should be provided to the dentist. If any discrepancies are identified, a detailed report is provided. Corrective actions may be required; if the discrepancies found resulted in an overpayment, the plan may calculate and request recoupment from the dentist.

CDA members who have experienced recoupments reported that it has been beneficial to appeal the findings that resulted in recoupment. While this may be time-consuming, the benefit plans have made considerations and some members have seen their recoupments significantly reduced. In addition, CDA has learned that benefit plans will often negotiate the recoupment amount, making it beneficial to have a conversation with the reviewing dentist or administrative contact person and request a lower recoupment amount.

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5th Annual afternoon Tea Party

By Karin Irani, DDS

On September 24, 2016 San Fernando Valley Dental Society hosted its 5th annual Afternoon Tea Party at the Braemar Country Club in Reseda. In past years, this award winning event has gathered female dentists from the Los Angeles area and has provided a comfortable setting for them to share ideas, challenges and support each other. The reputation of this program has enticed colleagues from across the country to join us. This year we hosted our colleagues, Dr. Maria Maranga and Dr. Prabha Krishnan from NewYork State.

The Afternoon Tea Party has evolved over the last five years from a social event to an informative one. Guests are able to meet their colleagues, share work challenges, ask for advice, and go home with many tools to improve their professional and personal lives.

This year, the main speaker, Ms Simone Liu, VP Investments & Wealth Management at Wells Fargo Bank, provided the attendees with great information on financial security and asset protection. Guests were provided with tools to be able to plan and secure financial futures for themselves and their families. We are looking forward to having everyone back next year for more fun, learning and bonding.

Understanding utilization review and audits by benefit plans

Continued from page 11

Prepayment and special claims review

If the dental plan identifies problems of a repetitive nature during record review, a dentist may be placed on a special claims and/or prepayment monitoring. This type of monitoring may require the dentist to submit additional supporting documentation beyond the standard plan policy when submitting claims or requests for predetermination. The monitoring can last for several months, and a dentist may be terminated from the plan if improvement is not seen.
Increasingly, CDA Practice Support has heard from members who have gone through the utilization review process and have reported findings of improper or inadequate documentation in their patient records, ultimately resulting in negative actions toward the dentist.

Tips for accurate dental record

- Note the site of service.
- Documentation for each service performed should include the reason, any relevant history, physical examination findings, assessment, clinical impressions, diagnosis, treatment plan, date and treating dentist.
- Documentation should support appropriateness of billing.
- Dental record should be complete and legible.

Record-keeping is an essential part of a dental practice, and while a practice may never have a review like this, providers should make sure records always support the treatment rendered. It is always recommended to bill for what is done, not what the benefit plan will pay for, and to ensure treatment records are an accurate reflection of sevices billed.

Dentists who need assistance with a utilization review or chart audit can contact CDA Practice Support at 800.232.7645.

Patient Record-Audit Checklist

- Comply only if you are contracted with the benefit plan
- Provide completed quality copies of the chart
- Provide good-quality diagnostic radiographs
- Be sure to keep a diagnostic copy of radiographs for your records (benefit plans do not return radiographs)
- If audit results in recoupment, utilize your appeal rights
- Request peer-to-peer conversation with the reviewing dental consultant
- Negotiate the recoupment amount

HIPAA-required risk analysis can prevent malware attacks

Reprinted with permission from California Dental Association

CDA has fielded calls recently from dental practices wishing to learn more about the risk analysis required of all entities covered by the Health Insurance Portability and Accountability Act. Coincidentally, in response to the rapid rise of ransomware attacks, the U.S. Department of Health and Human Services' Office of Civil Rights in July issued new guidance to help health care providers prevent, detect and respond to malware attacks. Conducting a risk analysis is identified as a key step.

Malware (malicious software) is an intrusive software designed to damage or disable computer systems, and includes such forms as computer viruses, adware, spyware and ransomware — which prevents a computer user from accessing data, then demands payment of a ransom to regain access.

The guidance emphasizes that, under the HIPAA Security Rule, health care providers are required to comply with security measures to help prevent infection by ransomware and other types of malware. Among other actions, the provider should:

Implement a security management process, which includes conducting a risk analysis to identify threats and vulnerabilities to electronic-protected health information and implement security measures to mitigate or remediate those identified risks.

The risk analysis should be "accurate and thorough." Furthermore, the guidance notes that HIPAA-covered providers are expected to use risk analysis not only to satisfy the specifications of the security rule, but to implement security measures to reduce "to a reasonable and appropriate level" the identified risks and vulnerabilities throughout an organization's entire enterprise. The guidance cites Firmware 3 updates as an example; providers using the program should "identify and address the risks [to electronic-protected health information] of using network devices running on obsolete firmware, especially when firmware updates are available to remediate known security vulnerabilities."

The OCR can impose (and has imposed) financial penalties on a health care provider for not appropriately managing the risk to protected patient information, such as failing to install software patches.

Dental practices have several do-it-yourself options for conducting a risk analysis:

Use the ADA's "Complete HIPAA Compliance Kit," available for purchase at the ADA store. The kit includes tools to help practices "design and implement a comprehensive HIPAA compliance program using a step-by-step approach." Chapters cover risk analysis, security awareness, response and reporting, and contingency plans among other topics.

Use the "Security Risk Assessment Tool," developed by the Office of the National Coordinator for Health Information Technology in collaboration with the HHS Office of the General Counsel and OCR. This tool guides health care providers in small to medium-sized offices through each HIPAA requirement by presenting questions about the practice's activities; yes or no answers determine whether the practice needs to take corrective action on a specific item. The free application also produces a report that practices can provide to auditors. The app will run on Windows OS (desktop and laptop) and on Apple iOS for iPad. It may be downloaded at healthIT.gov or from the Apple iTunes store.

Hire a third party or utilize existing IT service providers. Some dentists may want to utilize an IT consultant to examine how electronic information is stored and transmitted at their practice and to identify risks and threats. The risk analysis would entail several elements, including data collection; identification and documentation of potential threats and vulnerabilities; assessment of current security measures; and determination of the likelihood and potential impact of threat occurrence and the level of risk.

Another resource, "Guidance on Risk Analysis Requirements Under the HIPAA Security Rule," is available on the HHS website.

For more information on patient privacy and HIPAA requirements, read the "HIPAA Security Rule: A Summary" and other resources at cda.org/privacy-HIPAA.

Steps TO PROTECT YOUR PRACTICE from CYBERATTACKS

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Organizations of all types and sizes are vulnerable to cyberattacks. The fraudsters that perpetrate these crimes do not discriminate, and they are becoming increasingly organized and sophisticated. Technical solutions such as anti-virus and malware detection software are imperative, but they do not catch everything. New threats emerge daily, so it is important to be aware of some common threats that have been troubling organizations recently.

The general rule of thumb is simple: If the email seems suspicious, delete the email. Do not click on any links or open any attachments. Spam email is often obvious, but some of these hacking efforts can be quite clever and difficult to spot.

A few of the more prevalent and recent schemes are discussed below.

1) The threat: Business email compromise.

How it works: Hackers gather publicly available information about an organization and use it to target employees by sending them an email from an address that looks like the email address of a co-worker (usually an executive). The fake email requests that the recipient transfer company funds to the hacker's fraudulent account. Another very common scheme is doing the same thing, but targeting an organization's human resources department and asking staff to send employee W-2 forms to the spoofed email address. The W-2s (which include social security numbers) instead go to the hacker's email address.

What to look for: Pay close attention to the email's "from" address. Often, hackers will use an email that is similar, but not identical, to another staffer's email address. For example, if a co-worker's email address is joe.executive@dentalpractice.com, hackers may send a spoofed email that is j0e.executive@dentalpractice.com.

What to do: If the email is obviously illegitimate, delete it immediately and do not click links or open attachments. If users are unsure whether it is legitimate, simply call and ask the person if they sent it. Practices should have an authentication and validation process in place before any payments or transmissions of sensitive data can be initiated.

2) The threat: Click-bait/URL misdirection.

How it works: A user browsing the web logs into a database or follows a link to an unknown site. The site installs something or injects a file onto the user's system, which opens the door to viruses.

What to look for: Unfamiliar links or databases.

What to do: Be vigilant while browsing the web. Only visit trusted sites and log into databases needed to perform job duties.

3) The threat: Ransomware attacks.

How it works: Hackers send spam that will include a URL link or have a document attached. When the recipient clicks the link or opens the attachment, a virus is introduced to the organization's network. These viruses, known as ransomware, encrypt network files so they are inaccessible to the user. The virus then instructs the recipient to pay a certain amount of money to unlock the files.

What to look for: Emails, as described above, that are similar but not identical to a known address. Also watch for emails that are from unknown senders and emails that contain unusual links or attachments.

What to do: Do not open suspicious emails. Delete them immediately. If the email came from a recognized address, but doesn't look quite right, confirm verbally with the sender that it is legitimate. If the link or document is opened and does contain ransomware, do not delete the email. Recipients should shut down the computer as soon as possible to remove it from the network and call their IT vendor.

4) The threat: Social engineering.

How it works: Using publicly available information, fraudsters will call staff members and ask them questions in order to get enough information to allow them to infiltrate that organization's IT infrastructure. Often, these hackers will pretend to be representatives of a vendor or service provider, and ask questions about the organization's network, usernames/passwords, internet provider addresses, network maintenance schedules, etc.

What to look for: Calls from people claiming to be vendors or service providers or those asking seemingly random questions that do not pertain to the job.

What to do: If a call seems strange and the caller is asking questions that are very specific or unusual, politely end the call. If the caller claims to be from a vendor that the organization uses, but is asking unusual questions or is otherwise out of the ordinary, employees should tell the caller that they will call back, then call the vendor directly with the vendor's usual contact information.

Remaining vigilant goes a long way in helping to protect the practice and keep patient information confidential.

For more information, visit cda.org and look under "privacy/HIPAA."

Setting strong payment & collections policies

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The goal for most practice owners is to send out as few billing statements as possible. This goal correlates with setting strong payment and collections policies and making sure staff is adhering to those rules, according to CDA Practice Advisor Sarah Gargani.

"There are two factors to consider: how to increase collections with current or upcoming balances and how to increase collections in follow-up," Gargani said. "There is a systematic approach that you as the dentist can instill at your practice."

Gargani recommends dentists and their staff set up an internal financial policy when it comes to current and upcoming balances.

Increasing collections with current or upcoming balances

The focus should be on deciding how the practice is willing to accept payments (payment in full, split payments, third-party financing, etc.).

"Ensure that the staff is aware of your financial policy and comfortable speaking with patients about their options," Gargani said.

A dental team could accomplish this by practicing together and role-playing. A critical step in obtaining true case acceptance from your patients is learning how to comfortably and confidently secure payment for treatment planned and rendered.

A dental office should also make sure it is checking eligibility regularly, Gargani said. Full breakdowns for new insurance or new patients should be obtained and eligibility should be received for any patient receiving an exam or treatment. This should include:

- Remaining maximum.
- Deductible met.
- Pending claims.
- Waiting periods.
- Missing tooth clauses.

Communication with patients is key. Discuss copays with patients before their appointments, preferably at the time of the diagnosis (after exam) or when the appointment is scheduled. The best avenue for successful collection, according to Gargani, is to collect the copayment upon check-in at time of appointment, but following the appointment may work as well.

"If you are apprehensive that treatment may change, at minimum, reassure the patient how much you will be collecting upon exit," Gargani said. "If payment is missed at the time of the appointment, the best time to recoup that payment is immediately after the appointment."

At the morning huddle, the dental team can discuss copays or balances to be collected so everyone knows that the patient owes.

Write and highlight any balances or copays to be collected on the patient route slip.

The front office can also run practice management reports to compare schedules to ensure that all treatment completed has been billed.

Increasing collections during follow-up

When it comes to increasing collections during follow-up, Gargani recommends dental teams create a follow-up tracking system. This will help determine who "owns" insurance accounts receivable.

"This could be one person or could be split up by provider with multiple owners, but someone should be in charge to maintain tracking," Gargani said. "An electronic spreadsheet or paper tickler file are great options for tracking."

Claims should be tracked and worked consistently. Gargani said dental teams should be diligent in their follow-through.

"Calendar time to work accounts and be consistent. Maybe every Tuesday your office manager works accounts receivable for four hours and targets 30 accounts weekly," Gargani said. "If a representative tells you a claim will be processed in two weeks, you should set your follow-up for two-and-a-half weeks later."

Also, make sure to determine what is needed (narrative, new X-ray, pocket chart, intraoral picture, etc.) to get a claim paid and track all notes for correspondence regarding claims. Sometimes there may be timely filing requirements — typically six to 12 months.

Any unsecure patient balance, a balance that falls out of the written financial policy, should be tracked for follow-up. This includes any balance transfer from insurance to patient responsibility. The practice will need to determine at what point a balance is either written off or sent to collections — how many calls need to be made and/or statements sent?

Practice financial protocols should be reviewed annually. Dentists should consider scheduling an annual staff meeting to review the practice owner's expectations and systems and identify bad habits. Re-train and role-play if necessary to improve communication and confidence when discussing finances with patients.

CDA recommends that dentists conduct research and understand the following laws pertaining to dentists who engage in debt collection activities on their own behalf:

- Federal Fair Debt Collection Practices Act
- California Robbins-Rosenthal Fair Debt Collection Practices Act
- Civil Code Section 1788-1788.3
- Civil Code Section 1788.10-1788.18
- Civil Code Section 1788.20-1788.22
- Civil Code Section 1788.30-1788.33

For more information on how dental practices should handle collection activities, visit cda.org/practicesupport.

Tips for Small to Midsize Practices

By: Jerome French, CPA, CVA

A day in the life of a business owner can often be overwhelming. Not only do you have a full load of patients to see, but you also find yourself performing other vital business functions such as ensuring the business is adequately insured, handling human resources issues as they arise, negotiating a new banking relationship, and keeping up with the company bookkeeping and record keeping. So, your day often doesn't end when the last patient leaves your office! Practice management duties can be even more time consuming than your day job as a dentist.

To aid in your practice management efforts, we have put together a list of the common questions asked by our small to mid-size dentist clients.

These questions are:

1. Am I maximizing my retirement contributions?
2. What tax deductions do business owners most often overlook?
3. I'm struggling to keep my accounting records up to date AND run my business, what are my options?

Maximizing Retirement Contributions

Saving for retirement is critical. Depending on the structure of your business, there are likely a few different options you can choose from to help reach your retirement goals. For example, a self-employed individual can easily set up a Simplified Employee Plan Individual Retirement Account (SEP IRA) and contribute up to 25% of earned income up to $53,000 per year. SEP IRA's are easy to set up and have very few reporting requirements.

There are many options to help you and your employees save for retirement. To get started, find a proactive retirement advisor and make sure to connect them with your tax accountant so they can help you plan ahead and maximize your savings.

Overlooked Tax Deductions

Often the most overlooked deductions we find when onboarding dentists as clients are related to fixed asset purchases. To help avoid missing these deductions, make sure your accountant gets a list of all property and assets you purchase during the year. There are often favorable tax deductions and credits related to asset purchases and you don't want to miss out on accelerating your deductions when it makes sense to do so.

Accounting Solutions

There are many options to consider with regard to your accounting records. If you are struggling to keep current while also trying to run your practice and tend to patients, here are some questions to consider:

1. Can I do more to automate my accounting processes? Chances are the answer is yes. Many software programs as well as online banking have increased the ability to automate accounting processes.

2. Are the savings I am realizing by doing the record keeping myself worth it? Only you can answer this question. Consider what you would be doing with your time otherwise, whether it is spending time with your family or networking with other practitioners and then decide what makes the most sense for you.

3. Do you have an organizational system that fosters efficiency? Being organized and keeping your files easy to follow can significantly reduce the amount of time it takes to keep up with your day to day accounting.

As a final thought, remember that often the most successful people in business are those who surround themselves with a team of other smart, successful people. Make sure you are partnering with the best as you manage your practice.

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Three Ways to Help Keep Your Dental Office Staff Happy

By: Tim McNeeley

Happy staff, happy life? Quite possibly. Although there's no guarantee that a happy staff leads to a happy dentist, you can be sure that a satisfied staff strengthens your practice. When your staff is discontented, that feeling manifests itself in the form of turnover, something you don't want to see with any frequency.

Turnover is bad for your practice for a few reasons. It costs you money to recruit new staff and train them. You may even have to turn down appointments because you don't have enough staff on hand.

Turnover also hurts morale in both your employees and your patients. Employees see their co-workers leaving and wonder whether they too should look for a new job with another practice. Patients see frequent turnover among your staff and wonder why their favorite hygienist or receptionist is no longer around.

You can limit turnover by making your office an enjoyable place to work.

Three Tips to Keep Your Staff Happy

1. Give praise. Study after study has shown that employees—regardless of industry—view praise as the single most rewarding benefit they can receive. In a recent study, 83 percent of all surveyed employees said that individual praise was more rewarding than any form of bonus or gift.

There are a few ways in which you can offer praise. You can do it in a standardized way that's open to all employees. Popular forms of this kind of praise include an Employee of the Month award or contests that are tied directly to some performance metric.

Another good way to praise is in one-on-one conversations. Performance reviews present a perfect opportunity to offer praise. You can also do it when it's not expected. Pull a high-performing employee aside and let them know how they're doing. Tell an improving employee that you notice and appreciate their efforts. These actions may seem small, but they pay big dividends.

2. Help them with retirement. Your employees are worried about retirement. They're concerned that they won't have enough saved and that they'll have to continue working long past their desired retirement date.

You can show your appreciation for their efforts by helping them save for retirement. A 401k plan can be an effective way to do this. It gives your staff the opportunity to save money for their own retirement and it gives you a vehicle to contribute. If your office is small and you think a 401k may be too complex or expensive, you could talk to your financial advisor about alternative retirement plans.

Many employees expect some kind of group benefit plan at their place of employment. If you don't have one, you may have difficulty recruiting quality talent. Your current employees may view their benefits as inferior to those offered at other practices.

3. Create a bonus plan. Your staff knows that you make significantly more money than them. They're likely fine with that. After all, they also know that you bear all the risk of owning the practice.

However, they also know that they contribute a great deal to your success. When your business is operating at full speed, they like to be recognized for their contributions—and not just with praise.

A bonus plan can foster the feeling that you're all on the same team. It can create a direct link between your employees' performance and their compensation. You can tie the bonuses to the practice's overall performance or you can tie it to specific job functions.

One note on bonuses, though; whatever system you put in place, be sure to make the system easy to understand and transparent. If employees feel that bonuses aren't fair, bitterness and resentment could develop.

It's easy to get caught up in the day-to-day management of your practice. However, always remember that your staff is a crucial part of your practice's success. Invest in their happiness and you're likely to see the benefits.

Tim is CEO of LifeStone Wealth Management, a Dental Only Wealth Management Firm that works with a limited number of dentists for whom he can have a significant impact. Tim is located in Southern California and can be reached at tim@lifestonewm.com or 855-FIN-XRAY (855-346-9729)

Understanding the Significance of Signage – for Dental Tenants

By: Jeff Grandfield and Dale Willerton – The Lease Coach

As we explain in our new book, Negotiating Commercial Leases & Renewals FOR DUMMIES, it's much easier for patients to find your practice if you have a prominent sign with your practice name on it out front. The bigger the sign, the better – and the more attractive the sign, the better too.

Don't just assume, however, that your landlord shares your vision of a large sign identifying your dental practice on or in front of his property. Dental tenants can easily overlook that their landlords may want to restrict all tenant signage on the property. Tenant requests for more or larger signage are often rejected by landlords.

Landlords impose signage criteria and restrictions mainly because whatever they allow one tenant to do signage-wise, the other tenants may also want to do. Most landlords prefer an uncluttered property without extra signage simply because it looks more attractive. If your landlord does allow you to place a sign on the property, creating and maintaining it is your responsibility. This extra work on your part, however, can be beneficial:

• Signage can make your practice easier to find for patients who are specifically looking for you. Obviously, if you're located in an area with a sea of shopping plazas or office buildings, a sign with your name on it makes it much easier for patients to pick you out of the crowd.

• Signage can bring in patient traffic. Prospective patients who don't know you're there may be drawn in by your sign as they walk or drive by.

• Signage will become recognized by local residents who will see you as they commute to and from work daily. These residents are eventually more likely to visit your dental practice because they are familiar with your name.

With that being said, note that your landlord may allow certain types of signage and not others, Typically, the landlord usually requires graphic drawings of your sign for written approval or provides you with a signage criteria package that you must follow as part of your lease agreement. Read this information carefully and understand that your landlord may consent to one type of signage but not another. To give you a better idea of what may or may not be allowed, here are the most common types of signage:

Building signage: This is the signage that almost every dental practice will have and it will generally appear directly above your main entry door. However, do not overlook the possibilities of having signage on multiple sides or even the rear of the commercial property if that will provide you additional exposure to walk-by or drive-by traffic.

Monument signage: A monument sign resembles a tombstone coming out of the ground and, typically, advertises just one or a few select tenants. Monument signs are not that common, but they can make your practice look more substantial if you can get one.

Pylon signage: The tall sign by the roadway that tells passers-by what tenants are in the plaza is called the pylon sign. A property may have several pylon signs, which all display the name of the plaza at the top of the sign. Don't just assume that you will automatically get a panel of the pylon sign. There are often more tenants in a property than sign panels available, so make this a part of your offer to lease or lease renewal. Ideally, try to pick your actual panel (both front and back), because a panel higher up on the pylon sign is usually more visible and read first.

Sandwich board signage and banners: These may be extremely useful for dental tenants offering a limited time special but landlords may say no. If these are of interest to you, negotiate for them in advance. The Lease Coach will often negotiate predetermined times when the tenant can use these signs … landlords may be more comfortable in knowing these signs will not be out all year and thereby not create signage clutter.

Temporary pull-away signage: These are the signs on wheels covered with images or business messages. Most landlords hate these signs and the problems that they create. Don't just assume that you may be able to have pull-away signage for your grand opening (or to welcome new patients or list services offered). Landlords think these signs clutter or obstruct their property and may only allow limited numbers of pull-away signs to be used (and shared) by many tenants throughout the year. Again, negotiate pull-away signage rights up front, because the landlord doesn't have to let you put these signs up if they are not included in the lease agreement.

What a hygienist can do while the dentist is away

Reprinted with permission from California Dental Association

CDA Practice Support has seen an increase in the number of calls about the duties a registered dental hygienist can perform while the owner dentist is out of the office. While the summer months lead to increased vacation time and inevitable gaps in the staff available on-site, dentists should remember the scope of care an RDH can provide without supervision.

Essentially, an RDH may perform "general supervision" duties on patients of record. "Patient of record" refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist. "General supervision" means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

General supervision duties include oral prophylaxis, sealant application and scaling and root planing, except when local anesthetic is necessary to perform a procedure. The administration of local anesthetic is a "direct supervision" duty.

"It is unprofessional conduct for any dentist to perform or allow to be performed any treatment on a patient who is not a patient of record of that dentist," said CDA Regulatory Compliance Analyst Teresa Pichay. This eliminates the option for a new patient to be scheduled with the hygienist while the dentist is away.

Dentists should also be reminded that the administration of nitrous oxide by a registered dental hygienist requires the presence of an active licensed dentist in the facility where the administration is taking place. The dentist should remain in the facility until the patient is ready to be dismissed.

"Hygienists serve an important role during recall visits, collecting information from the patient and listening to concerns the patient may have, which assists dentists during the examination portion of the dental visit. Though hygienists routinely discuss findings and recommendations with the dentist, even when the dentist is present, an RDH may not diagnose and prescribe treatment," Pichay said.

The scope of practice, duties and settings for an RDH is included in the orange and gray poster set distributed by CDA and the local dental societies. Refer to Business and Professions Code section 1908(b), which states, in part: "The practice of dental hygiene does not include any of the following procedures: (1) Diagnosis and comprehensive treatment planning; . . ."

For more information, contact CDA Practice Support at 916.554.5990.

Prepare a Three (3) year transition plan. One that includes building the practice to its greatest potential.

By: Cliff Hauser

Practice Transitions Step 1

You have worked a few decades and have helped many individuals accomplish their dental health plan. The thoughts now turn to retirement. The practice is not what it was a few years back and that means it's sale value will vary greatly.

Simply stated "a smooth transition is the desire of every retiring dentist" and, to deliver a smooth financially productive running office in tact. The new ownership will simply stake over on day one and continue doing what you have been doing for years. Lets prepare the practice by designing a new brochure and sending it out to the entire roster of active patients for the past 3-5 years. This process will alert your patients that the practice is in a growth mode.

When practicing for a number of years it is often that patients will ask "when are you thinking of retiring Dr do good" When this question arises, you need to be ready with a good answer. The idea that you cant work efficiently for ever is sound. Patients should be indoctrinated with information that is consistent and assuring to them. "The practice will always be here for their needs" Assure them that you will be bringing on a new dentist, with new techniques, new equipment and new methods, to enhance patient experiences.

Explain to them that you will be cutting back to three days a week during this transition period to allow the new dentist the opportunity needed to become familiar with patient dental history. Encourage your patients to bring in their family and friends and assure them of your desire to continue to grow and provide services to the practice's dental family. It is not necessary to explain the process will take a number of years. As long as they see you at the practice, they will continue to come and bring friends and family.

Option one: You will need a three year business plan. This plan will include bringing on an associate, developing a detailed curriculum, mentoring and H.R. classes, to assure that the associate receives the proper business management instruction while taking over the practice. A major item often neglected is the Associate Agreement which takes into consideration wages, a time line, responsibilities, how much the practice will cost and the associates role in bringing the practice to the desired level.

Option 2 This option works for most dentists because there is no anticipation or planning. One day they just decided that it is time to sell. Depending upon the amount of time and effort you have put into the practice during the past couple of years..... a buyer will make an offer.

For more information on how to prepare patients for your transition, call me 626.583.8484

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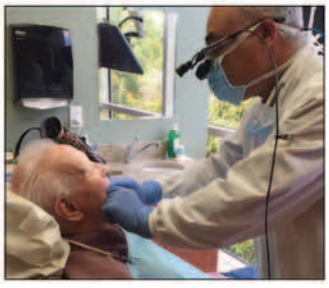
Give Kids a Smile

Kahn Le, DDS
Anetter Masters, DDS
Roya Shoffet, DDS
Henide Arias, DDS
Kevin Gropp, DDS
Sarkis Aznavour, DDS
Randi Oyama, DDS
Hyungrim Oh, DDS
Basel Herbly, DDS – Non-Member
Ingrid Scoble, DDS



Smiles from the Heart

The San Fernando Valley Dental Society Foundation and the patients that have been served by its Smiles From the Heart program, wish to express their warm and heartfelt thanks to those members who have voluntarily worked to alleviate their pain and restore their dental functionality and smiles.

Mehran Abbassian, DDS - Valencia
Nooshi Akavian, DDS - Tarzana
Jorge Alvarez, DDS - Tarzana
Henide Arias, DDS - Reseda
Sarkis Aznavour, DDS
Rex Baumgartner, DDS - Newhall
Mahrouz Cohen, DDS - Encino
Martin Courtney, DDS - Northridge
Nita Dixit, DDS - Studio City
Mahfouz Gereis, DDS - Panorama City
Gary Herman, DDS - Valley Village
Birva Joshi Jones, DDS - West Hills
Andre Kanarki, DDS - Palmdale
Shukan Kanuga, DDS - West Hills
Kavian Kia, DDS - Encino
Bob Kogen, DDS - Newhal
Chi Leung, DDS - Glendale
Serge Lokot, DDS - Encino
Randy Lozada, DDS - Palmdale
George Maranon, DDS - Encino
Afshin Mazdey, DDS - Northridge
Jim Mertzel, DDS - Sunland
Jorge Montes, DDS - N. Hollywood
Philomena Oboh, DDS - Reseda
Sarah Phillips, DDS - Santa Clarita
Anita Rathee, DDS - West Hills
Teresa Romero, DDS - N. Hollywood
Phillip Sacks, DDS - Woodland Hills
Michael Seastrom, DDS - Tarzana
Michael Simmons, DMD - Tarzana
Gib Snow, DDS - Palmdale
Mark Stein, DDS - Encino

Our programs are looking for additional volunteers to help those in need. The Foundation pays all required lab fees and volunteers provide the expertise in their own offices. Call Wendy at the central office, 818.576.0116, to sign up and help a patient who has no means to pay for desperately needed dental treatment.

Antelope Valley Report

By: Kathy McKay

ANTELOPE VALLEY CONTINUING EDUCATION SEMINAR

NOVEMBER 17, 2016

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CPR CERTIFICATION

Classes will be scheduled as needed.

$35 per person Dental Discounted Price w/$5 Donation to the SFVDS Foundation.
Minimum of 9 people per class (can be combined with other offices).
For more information or to make a reservation contact Eric Sarkissian @ 661.273.1750

Glendale-Foothills Report

By: Chi Leung, DDS

After a relatively silent summer, we held a CPR licensing course. On Wednesday, September 14th, 12 doctors attended and successfully attained recertification. We will be holding another session in early November; watch your email inboxes for details.

Welcome New Members

Erica Kim, DDS
General
UCLA, 2016

Anoosh Zadfar, DDS
General
USC, 2016

Morvarid Aletomeh, DDS
Pediatric
UCLA, 2013

Marigold Rose Reyes, DDS
2151 E Palmdale Blvd
Palmdale, CA 93550
661.942.2391
General
University of the East, Philippines, 2015

Meenakshi Dogra, DDS
General
Univ. of Western Ohio, 2012

Wanda Moreta, DDS
Pediatric
University of Puerto Rico, 1990

Poria Edalat, DDS
General
USC, 2016

Mehran Roointan, DDS
General
USC, 2016

Davit Harutyunyan, DDS
22554 Ventura Blvd.
Woodland Hills, CA 91364
424.335.8446
General
Western Univ. of Health Sciences, 2016

Ricardo Andres Rivera, DDS
General
Univ. De La Salle, Mexico, 2015

Michael Acasio, DMD
5809 Kanan Rd.
Agoura Hills, CA 91301
805.816.1553
General
Tufts University, 2015

Marty Lipsey, DDS
General
North-West College, 1979

Sepehr Hariri, DDS
Pediatric Dentist
UCSF, 2010

Robert Hale, DDS
6325 Topanga Ave Ste. 435
Woodland Hills, CA 91367
210.516.5018
Oral Surgeon
Emory University, 1981

Karine Marcom, DDS
303 S. Glenoaks Blvd. Ste. 12
Burbank, CA 91502
946.715.8860
General
USC, 2016

Kathryn Cheng, DDS
18531 Roscoe Blvd.
Northridge, CA 91324
805.985.2400
Pediatric
NY College of Dentistry, 2014

Vivian Lee, DDS
General
Univ. of Washington, 2016

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Jen Sun 206-948-2468
40winksanes@gmail.com

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Lan Su, DMD, PhD, Diplomate, American Board of Oral & Maxillofacial Pathology
31332 Via Colinas, Suite 109 Westlake Village, CA 91362 Telephone: 818-865-1039 www.oralpathmed.com

San Fernando Valley Dental Society
9205 Alabama Ave., Suite B
Chatsworth, CA 91311

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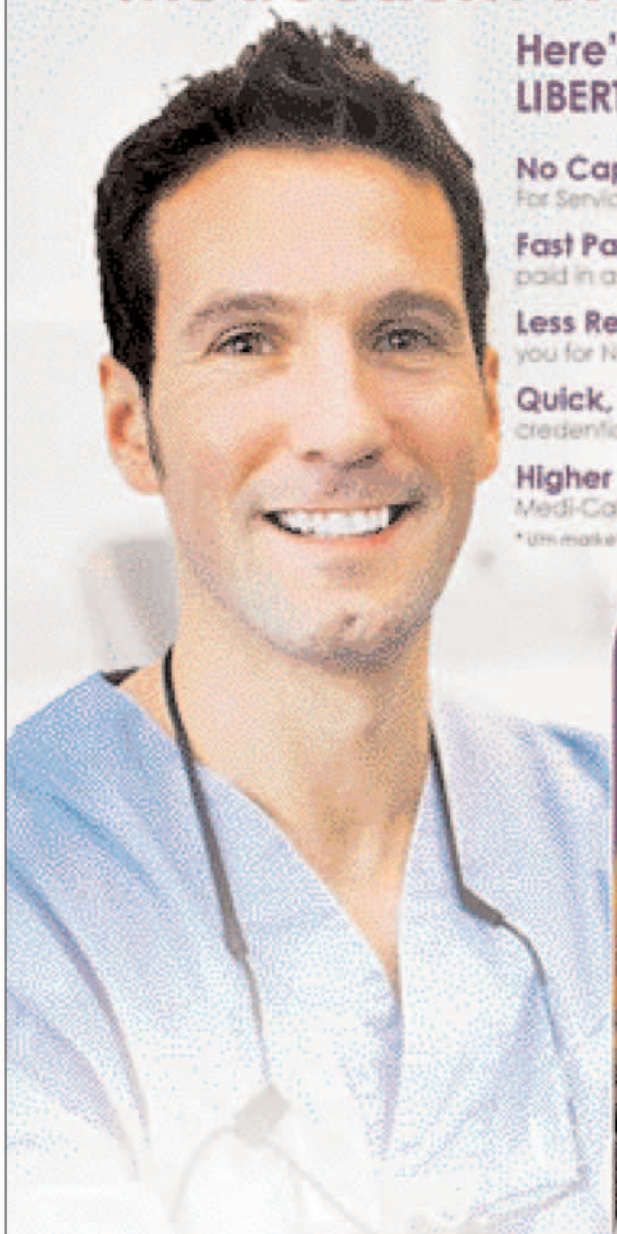

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