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Published by the  
South Carolina  
Dental Association

Design: Maie Brunson

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## Follow the Rules When Phoning Patients

By Phil Latham

Does your dental practice call or text patients about appointments or appointment reminders? If so, you might need to get written consent and take other steps in order to avoid liability and penalties under federal laws such as the Telephone Consumer Protection Act (TCPA).

These laws are an attempt to address the problem of unwanted telemarketing communications, but may result in situations where traditional methods of contacting patients run afoul of the rules.

The rules are very complicated and depend on a lot of things, like what your message is, whether you are calling a wireless or a landline phone and whether you are using an automated or prerecorded voice or equipment that is capable of autodialing phone numbers. Some of the rules are being challenged in court, and some of them seem to be here to stay.

Dental practices are among the businesses that have already been sued for violating these laws. The TCPA allows an individual to sue up to \$1,500 for every phone call or text that violates the law. Civil penalties of up to \$16,000 per violation can be imposed for violations of the Telephone Sales Rule (TSR), a federal law that applies to phone calls and texts with a marketing or advertising message.

The ADA Center for Professional Success offers great tips on texting and calling patients and information on federal laws that may prohibit such acts. The ADA also offers a sample consent form that can be used with your patients and that form can also be found at [ADA Center for Professional Success](http://ADA.CenterforProfessionalSuccess).

Both the ADA and the SCDA are looking further into these laws and will provide any updated information that may apply.

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## Ethical Moment

By Dr. David Moss, ADA Council on Ethics, Bylaws and Judicial Affairs

---

**Q: A colleague was having a difficult week. He started off well enough on Monday with a bit of a snuffle. By Tuesday, he was taking a steady regimen of cold relief pills to make it through the day. After a fitful night of sleep, he awoke Wednesday with worsening symptoms and a low-grade fever. To add to the situation, his chairside assistant and one of his hygienists had shown up for work with similar symptoms. The staff members were talking amongst themselves, blaming their dentist for making them sick. Even though the dentist and staff members were wishing they could just go home, any time missed by them would certainly strain the practice income. What are the ethical implications of working while ill?**

**A:** The decision to work or not to work while ill is an issue that is common in the workplace at all levels of employment. The dentist, whether self-employed or not, can be in a precarious position when balancing personal health, practice bottom line, and patient welfare. Before looking at the ethical concerns, consider some general trends in the American labor force, overall. In a survey by NSF International on the views of going to work sick, 26% of workers always go to their job, even when ill. An additional 34% waited for the full effect of an illness before they would decide to stay home. Forty-two percent of Americans work while sick to avoid the increased workload they would face on a return from a sick day. Also, 37% said the financial impact of missing work is a deterrent to absence.<sup>1</sup> Indeed, presenteeism, the act of attending work while sick, is becoming more widely discussed as an issue in all avenues of business and is worthy of review as it relates to dental practice.<sup>2</sup>

The American Dental Association Principles of Ethics and Code of Professional Conduct<sup>3</sup> (ADA Code) provides some guidance in resolving the particular ethical concerns that might arise for dentists. Section 2, Nonmaleficence ("do no harm"), applies to the dentist who works while ill. This section specifically states that "professionals have a duty to protect the patient from harm."<sup>3</sup> Consider the older patient whose inherent susceptibility to pulmonary illness is particularly at risk from contact with a dentist trying to treat patients while having a contagious respiratory sickness, such as bronchitis or influenza.<sup>4</sup>

Another aspect of Nonmaleficence has to do with impairment of a dentist who practices presenteeism. While attempting to treat patients while impaired by sickness, a dentist may be more likely to provide care that is not up to their usual standard. It is possible that feverishness may cloud a practitioner's diagnostic judgment, for example. Instances in which the dentist risks providing care while sick may be fraught with pitfalls that need not be ventured. Providing care that is subpar is never appropriate. In such cases, the work may have to be replaced before its normal term of use, thus becoming a potential detriment to the oral health of the patient.

The transmission of a communicable illness can have a cascade affect in a dental practice. A dentist who practices presenteeism can easily introduce sickness to other staff members. Consequently, Section 4, Justice ("fairness"), can come into play as it directs that "[t]he dentist has a duty to treat people fairly."<sup>3</sup> In addition, this may raise an issue under Section 3, Beneficence ("do good"), which obligates the dentist "to provide a workplace environment that supports respectful and collaborative relationships for all those involved in oral health care."<sup>3</sup> For example, if a dentist puts pressure on staff members to remain at work while ill, it may create the perception that the environment is not supportive. As a practical matter, a dentist can greatly harm the working relationship with staff members if insistent that a sick auxiliary be at work. A perception of unfairness in the workplace can plague the psyche of the dental team who may prefer not to "go the extra mile" for an employer who is seen as unjust. Indeed, the dentist who shows genuine concern for the health and welfare of dental staff members will eventually be more respected by the team. In addition, patients may also sense that they too are more likely to receive fairness in the care that the practice will provide if they are being treated in a collegial environment.

Section 5, Veracity ("truthfulness"), may also be an issue when considering the ethics of presenteeism. Dentists have "a duty to communicate truthfully."<sup>3</sup> A sick practitioner may give in to untruth when the patient inquires innocently, "How are you today, Doctor?" The unconvincing reply of a sick dentist can compel the patient to question other facets of care that may be provided that day. If the relationship between patient and dentist is to evolve positively, basic truthfulness is at the core.

Continued on Page 4

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The Preamble to the ADA Code states that "the education and training of a dentist has resulted in society affording to the profession the privilege and obligation of self-government."<sup>3</sup> To take this at its most basic level, each practitioner who considers working while ill must honestly face the ethical and professional risks of doing so. To uphold the obligation of self-government, sometimes it may make sense to take the day off.

#### References

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*Ethical Moment is prepared by individual members of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs (CEBJA) in cooperation with The Journal of the American Dental Association. Its purpose is to promote awareness of the ADA Principles of Ethics and Code of Professional Conduct. Readers are invited to submit questions to CEBJA at 211 E. Chicago Ave., Chicago, Ill. 60611, e-mail "ethics@ada.org". The views expressed are those of the author and do not necessarily reflect the opinions of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs or official policy of the ADA.*

Address all reprint requests to the American Dental Association Council on Ethics, Bylaws and Judicial Affairs, 211 E. Chicago Ave., Chicago, Ill. 60611.

Dr. Moss practices general dentistry in Florence, SC, and is a member of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs.

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**Anthony Banks**

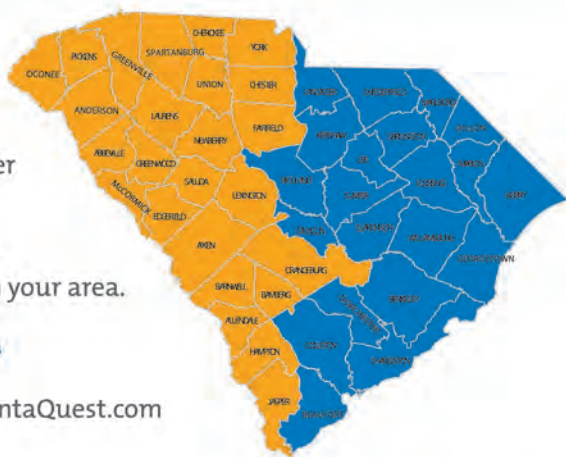
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## Get To Know Your SCDA Staff

By Sue Copeland, Administrative Assistant

I am Sue Copeland. I am not comfortable talking about myself but will do my best to comply with this "Get to Know Your SCDA Staff" series.

I graduated from Columbia College with a Bachelor of Science in Business Administration. I started working for JB White's in 1980 as an associate and worked my way up to department manager. I later became a New York buyer for JB White's parent company, Mercantile, based in Cincinnati. I left retail in 1998 to stay home to rear my children for the next ten years. I started back to work with Lexington/Richland School District 5 in 2008. I began working at the SCDA in 2012. I am currently the Administrative Assistant of the SCDA. I administer the SCDA Radiation Safety Exam and handle all of the mediation cases. I strive to help our dentists and staff, by staying current with information that will impact their practice. It is always a pleasure to talk to our members and to meet you in person at events.

I have been married to my husband, Michael, for 23 years. He is a Citadel graduate and is a self-employed financial planner. He also serves as the chairman of the School Improvement Council of Spring Hill High School; a licensed soccer referee for youth soccer and high school soccer; a former member of the executive committee of the Indian Waters Council of the Boy Scouts of America, as well as, numerous other scouting positions; a former US Army Infantry Officer; and an Eagle Scout. We have four wonderful children: Shelley (20) is a Dutch Fork High School graduate and currently works at Chapin High School. Maggie (18) is a senior at Spring Hill High School, a soccer goalkeeper and the South Carolina Youth Soccer Referee-of-the-Year for 2015. Luke (14) is a freshman at Spring Hill High School, an avid chess player and a Life Scout in the Boy Scouts. Lastly, Jenna (12) is a seventh grader at Chapin Middle School and a soccer player. I am an actively involved member and Sunday school teacher for my church, St. Francis of Assisi Episcopal Church in Chapin. I am a Family Connections support-parent for other parents with children who have Asperger's or High Functioning Autism. I enjoy watching my girls play soccer (I do not do camping with my son, though) and spending time with friends and family.

It is my pleasure to help and serve our members and their staff. I hope to make your day easier when you contact me at the SCDA.



Shelley, Maggie, Luke, Jenna, Sue and Michael

## October Calendar

October 2	Piedmont District Meeting	Greenville, SC	
October 16	Member Benefits Group Board Meeting	SCDA Office	9:00 AM
October 23	SCDA Board Meeting	SCDA Office	9:00 AM



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## 16th District Trustee Update

By Dr. Hal Fair, 16th District Trustee



Dr. Hal Fair

Once again, we had a very productive meeting of the Board of Trustees. We began our work with two days of very productive committee meetings. The work of the standing committees of the Board prior to the full Board Meeting allows for a much more productive and efficient meeting.

On Sunday, Dr. Bernard Meyerson, IBM's Chief Innovation Officer, gave us a fascinating presentation on innovation. Dr. Meyerson talked to us about big data and the need for every organization to use this kind of data in powerful ways. The key to innovation in the future will be the ability to effectively analyze big data. Dr. Meyerson offered us some compelling examples of how big data can be used to generate real, positive results. He challenged the ADA to look for innovative ways that we can use the data that we collect to positively affect our membership.

The remainder of our Sunday morning was spent in collaboration with the New Dentist Committee. The NDC is key to our ability to understand the wants and needs of new dentist's in general. The NDC provided us with a series of insightful case studies that offered this perspective to us in a useful way. Jobs, electronic communications (e.g., ADA.org), student debt, monthly dues processing, job boards, career and business guidance were some of the key themes from our time with the NDC. We then turned our collective focus on how the NDC and Board members can work together to make a difference on our common goals. This was also a focus of our small group dinners on Saturday. Among the ideas generated were: take the idea of a simplified application and dues payment process back to our states; address the licensure portability issue; better communications among the NDC member, trustee and state leadership; support membership by DSO-employed dentists; the "Easy Button"; and make the membership dues value measurable in dollars and cents. The entire Board of Trustees thanks the NDC for this important opportunity to meet and collaborate.

Our main item of business for this meeting was completing the work on the budget for its submission to the House of Delegates. Board Report 2 (the budget) will be posted shortly after the first group of House materials. I am especially pleased that we were able to propose a budget with a zero dues increase again while still investing in our priorities for next year. The deficit in our budget will be funded through our anticipated 2015 surplus and if necessary, ADA reserves, which at 59% remain above our target level of 50% of annual budgeted expenses.

We also began our work on resolutions and reports that will be presented to the House of Delegates. As part of this work, we have taken the first steps to tackling the issue of added sugar consumption by presenting a proposal on this to the House. We forwarded to the House our nominations for our councils, committees and commissions. These and other reports have already been posted on ADA Connect. I would urge all of the delegates and alternate delegates to begin now to start reading the reports and resolutions so that we can be thoroughly considered when our Caucus meets in Hilton Head in October.

As part of our work, we also approved a report asking the House to allow the Board to pursue pilot projects that would otherwise be blocked by the bylaws. These pilots would be limited in time, be regularly reported to the House and would allow us to try out new programs quickly. The proposal does

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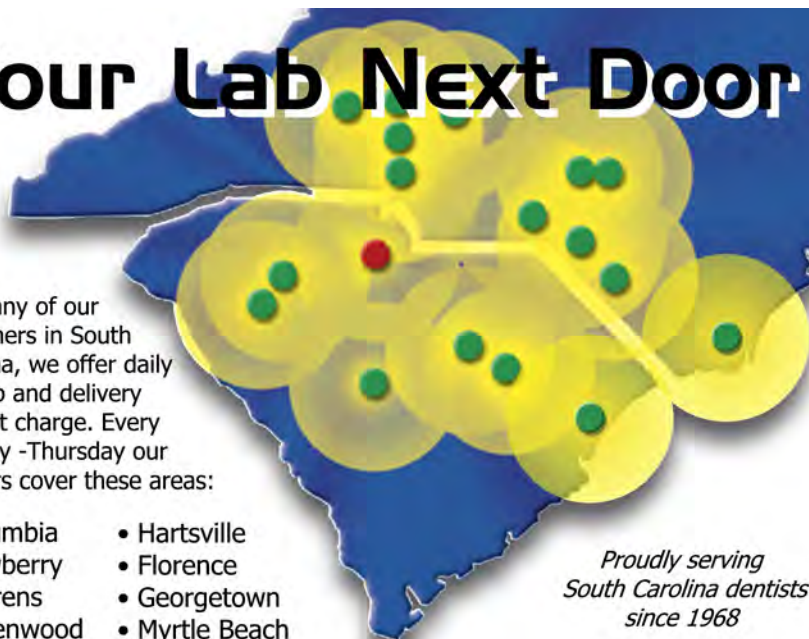
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not authorize structural changes, such as elimination of a council or office. This is an important action to allow us to react to a quickly changing environment in a more efficient and timely way to find out quickly what programs may work and what may not work; thereby saving the association both time and money.

After much work by CAPIR and its workgroup, we approved five science-based statements as part of the Choosing Wisely campaign. We also took the necessary steps to assure effective oversight of this campaign as it continues to move forward.

Our Foundation is an important part of the work of the Association. The Volpe Research Center is the home within the Foundation for basic research. Because of important recent changes there, Mr. Gene Wurth and Dr. Thomas Hart, the new director of the research center, made a presentation to us on the important work being done there and plans for the future. We thank the Foundation and Dr. Hart for the important work being done for the future of the ADA and the profession.

Our efficiency at this meeting allowed us to devote time on our last day addressing key strategic financial questions. We have now provided our executive director with important guidance, asking her to provide the Board with a proposed balanced budget as part of the budget development process in the future. Our work on this will continue.

Lastly for your information, the BOT will meet just prior to our 16th District Caucus meeting. I am sure that we will consider more resolutions that will be presented to the HOD. I am told that the new resolutions should be posted no later than the Friday that our meeting begins. I am sure that our Caucus Chair, Dr. Watson, will expect our delegates and alternates to be prepared to discuss these new resolutions as they come in. We are also looking forward to visits on Saturday night and Sunday morning from the Pres- Elect candidates.

Respectfully,

Hal



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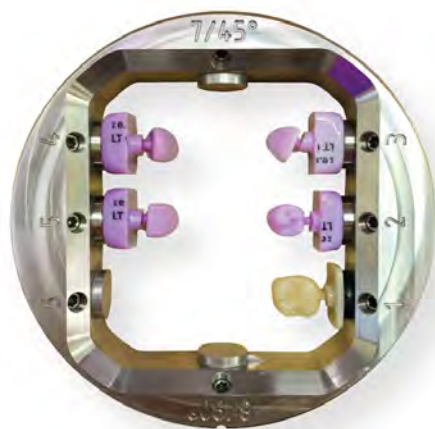
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# President's Message



Dr. Gloria Pipkin

These past 10 months (has it really been that long?) I have imparted a number of thoughts regarding the future of our profession, including emerging issues that are going to present major challenges in the near future. While I think it's vitally important to pay attention to our changing world, I also think it's just as vital to our success as dental practitioners and to the dental health of our patients that we keep at the forefront of our thinking. As children get started in a brand new academic year many of them will be returning to every day health issues, including dentistry, so I thought a little research and discussion about "getting back to basics" was a great way to use this space for October.

Low and behold, the first thing that popped up as I started looking into the concept was an educational program, initiated by dental hygienists called "Back to the Basics." Essentially, a "coaching" program for dental practices that emphasizes a team approach to basic patient care and education. The program increases the focus on hygiene care and prevention, thereby minimizing "emergency" and surgical interventions whenever possible. While I certainly am not suggesting or promoting this particular program, the concepts are solid and worth consideration. Some of the concepts the program focuses on include implementing adult & children sealants and fluoride, maximizing the use of dental assistants, a prevention program, how to talk to patients to encourage immediate implementation of procedures (day of appointment), utilization of insurances (both medical and dental) with proper coding, laser training, effective verbiage for perio system implementation, order supplies necessary for success, teaching standard intra oral technique, use of social media for patient education and to encourage regular preventative visits and oral cancer including screening. Testimonials from dental practices that have implemented this program are very positive, and include such things as:

*"By using the principles taught in Back to Basics, our practice has been able to provide better care to our patients. In addition to improving our patients' health, our production continues to increase even during these challenging financial times. Make your own stimulus by going Back to Basics."*

*"Back to the Basics has been a great program for our office. Within the first 6 months we have had an increase in overall production by over \$5,000 per month. Hygiene production has gone up and the staff has gained more confidence in their communication skills with patients. I would highly recommend you give this program a try."*

While this is just one program some dentists have successfully used, it's certainly not the only one. The point is we all need to find our own path to basic dental care. We need to make sure we don't get so wrapped up in the challenges and minutia of the bigger world of reimbursement, technology, new ideas and politics that we forget what keeps our patient's mouths healthy. All that basic stuff we learned in dental school, remember?

In closing, I'd like to share Delta Dental's "Get Back to Basics for Back-to-School Smiles."

## A is for Appointment

A timely visit to the dentist will help detect minor problems in your children's mouth and prevent them from developing into serious conditions. Your child should be seeing the dentist at least once a year.

## B is for Brushing

A basic, thorough dental routine is essential for keeping teeth healthy. When it comes to brushing, keep the "rule of 2s" in mind: 2 times a day for 2 minutes.

## C is for Cutting Down on Junk Food

Eating foods high in sugar and starch form plaque-causing bacteria, which can cause tooth decay. And early tooth decay can lead to serious future problems. Make sure junk food is consumed in moderation.

Now if that's not "BASIC" I don't know what is! As we see kids coming in the next few months, let's make an effort to make sure THEY know the "A,B,C's" of good dental care and cavity prevention.

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## Chair of the Department of Oral Rehabilitation

By Dean Jack Sanders, College of Dental Medicine



It is with great pleasure that I am writing to share with you that the Board of Trustees at its meeting on August 14, 2015, approved the appointment of Dr. Monica Cayouette as the Chair of the Department of Oral Rehabilitation, effective August 1, 2015. Please join me in congratulating and wishing her well in this new role. Dr. Cayouette has served as the Interim Chair since July 1, 2014 and has done an outstanding job. I am confident that she will continue to provide the dynamic leadership that will drive her department and this college forward. The biographical sketch below lists her many accomplishments. Again, congratulations to Dr. Cayouette in this new role.

Dr. Cayouette received her BA from Drury College in Springfield, MO, where she studied Biology and Chemistry. She then attended the Medical University of South Carolina, College of Dental Medicine where she received her DMD. Afterwards, she completed a residency in Prosthodontics at the University of Texas Health Science Center at San Antonio, School of Dentistry and earned a Master's in Prosthodontics from the University of Texas Graduate School of Biomedical Sciences. She is board certified through the American Board of Prosthodontists. Her primary clinical field of interest is dental implantology, including dental attrition and the restoration of dental implants. Her current research focus is implant over-denture pick-up materials.

She is a member of many professional associations such as the American Dental Association, American Dental Education Association, Academy of Osseointegration, American College of Prosthodontics, South Carolina Dental Association, and the Coastal District Dental Society. She is also a Fellow of the American Board of Prosthodontics, the Pierre Fauchard Academy, the American College of Dentists and the International College of Dentists. In 2005, Dr. Cayouette was awarded the New Dentist Award of South Carolina by the South Carolina Dental Association. She has served on many state and national committees and currently sits on the Members Benefits Board of the South Carolina Dental Association.

Dr. Cayouette returned to the College of Dental Medicine in 1999 and has served as Director of the Implant Prosthodontic Division in the Department of Oral Rehabilitation since 2001. She is not only active in both predoctoral and graduate dental education, but also in continuing education. She maintains an active practice limited to prosthodontics and dental implants. Currently, she serves as an Associate Professor and Chairman of the Department of Oral Rehabilitation.

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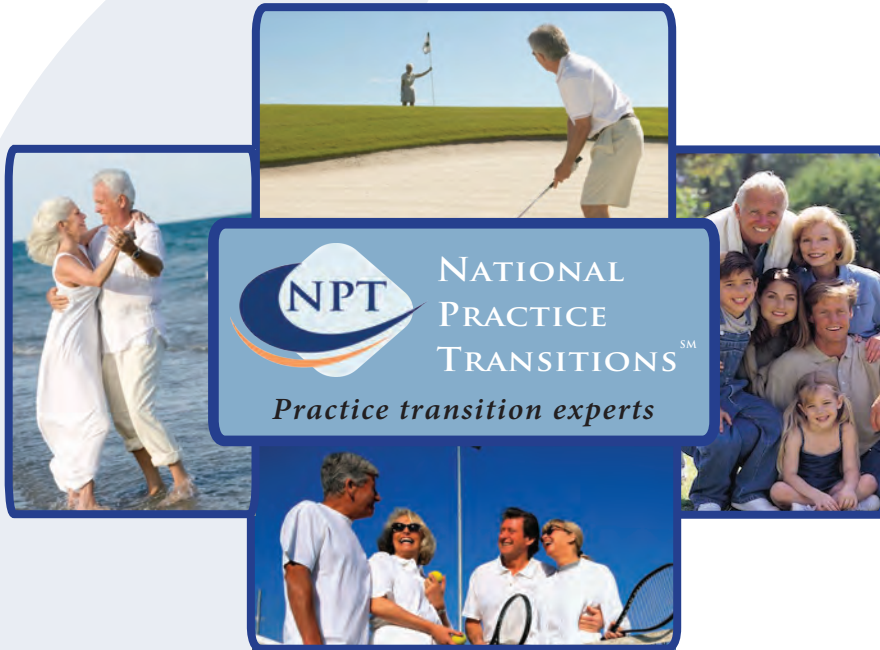
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By Mark Brown



Mr. Mark Brown

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## 2012 ADA Claim Form Required for Submission as of October 1, 2015

By DentaQuest

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### SCDHHS Policy on 2012 ADA Claim Form

Effective Oct. 1, 2015 the 2012 ADA claim form (or its corresponding EDI format) will be required for the submission of dental or oral surgery services billed using the Common Dental Terminology (CDT) procedure codes. All previously used ADA claim forms or their accompanying EDI formats will not be accepted after this date. All dental providers should only use the 2012 ADA claim format from this date forward, even though earlier submissions may have been submitted on older versions of the claim form. For instruction on completing the form please visit the ADA website: <http://www.ada.org/en/publications/cdt/ada-dental-claim-form>

### Claim Completion

As outlined in Sections 4.04 and 4.05 of the Dental Office Reference Manual (ORM), claims submitted must contain the required information in the appropriate fields (cells) to ensure timely processing. The following fields have been added or the data variables for these fields have changed substantially.

### Diagnosis Codes

The updated 2012 ADA Dental Claim Form became available to incorporate key Health Insurance Portability and Accountability Act (HIPAA) changes and includes a new section for diagnostic coding (Field 34). This area for diagnostic codes is intended to capture information that supports the concept of diagnoses in either the ICD-9 or ICD-10 configurations. SCDHHS encourages dental providers to include appropriate diagnosis coding within Field 34; however, use of this field is not a requirement at this time. All diagnoses submitted will be stored by DentaQuest however.

### Place of Service Codes

The 2012 ADA claim form allows for specific indication of place of service in Field 38 using the standardized values for professional claims.

SCDHHS requires that providers filing claim submissions appropriately select valid place of service codes when submitting claim requests as of October 1, 2015. Some of the more relevant place of service codes are as follows:

03 School	23 Emergency Room
11 Office	24 Ambulatory Surgical Center
15 Mobile	50 Federally Qualified Health Center
21 Inpatient Hospital	72 Rural Health Center
22 Outpatient Hospital	99 Other

### Quantity

The 2012 ADA claim form allows for the entry of Quantity in Field 29b, however, for reporting to SCDHHS at this time, Quantity MUST be entered as 1 (one).

### Claim Submission Reminder

If you print claims using practice management software or submit them through a clearinghouse, please ensure all information on the output is in the calibrated areas for the data. We have noticed that at times the claim form is slightly altered when put to paper which may cause our scanners to read it incorrectly, resulting in a delay or difficulty processing of your claims.

We are happy to provide training on rapidly submitting claims through our Provider Web Portal, which is free of charge and accessible to all Healthy Connections Providers. Our Web Portal allows you to efficiently enter member and claims information, run reports, and submit authorizations and claims for overnight receipt. If you would like to discuss this option, please reach out to your Provider Relations Representative, or call us at 888-307-6553.

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# **Change is Coming: How the New EPA Amalgam Regulations will Affect Your Practice**

By Marc M Sussman, President and CEO, DRNA

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In a society where so many of us are accustomed to throwing away that which we no longer need, the upcoming EPA guidelines for recycling amalgam waste and other dental wastes may be a difficult change. While change can be tough, it's also necessary. It's no secret that the EPA has added strict regulations on how dental practices handle dental waste. Simply throwing old fillings or mercury amalgam waste down your chair-side drain or into the "red bag" is no longer an option.

South Carolina isn't among the 12 states that already have mandatory rules for handling amalgam waste. Naturally, there are a few who wonder why this is such an important issue. Even though the EPA is currently working on the regulations, the new rules aren't expected to be finalized until June 2016. Doesn't that mean you have some leeway? Technically yes, but the issue here is managing the onerous risk and making sure your office is prepared for the change.

## **How will the new rules affect my practice?**

Make no mistake; the new EPA rules will affect every dental practice in the country. Once finalized, you will have 90 days to submit compliance information regarding the disposal and recycling of amalgam waste in your practice. You must also have a Dental Industrial User (DIU) classification. Your office will have to install an amalgam separator, and you must recycle that separator at least once annually. Every office must capture and recycle chair-side amalgam waste and evac-u-traps each year as well. Finally, you'll have to certify and document ongoing maintenance of your amalgam separator and the recycling practices in place at your office.

If your office is non-compliant, your classification changes from a Dental Industrial User to a Significant Industrial User (SIU), which is similar to how dry cleaners are regulated. This change in classification is highly problematic for your dental office in terms of the costs and resources you need to comply with the law. It is the EPA's way of stressing the need for every dental office to keep its Dental Industrial User classification. Sounds like a lot, right?

That's why education is key. Making sure you and your staff understand the new regulations – as well as the fines attached for non-compliance – is paramount to transitioning to the new landscape of dental care waste management.

## **The path to compliance**

It's important to recognize that merely purchasing and installing an amalgam separator will not achieve compliance. EPA studied the regulations already in place in the 12 states and determined the legal focus was too heavy on simply having technology in place. For the new regulations, their focus is on the ongoing compliance that comes with the recycling practice. This makes it a total waste management issue. Given the strict federal compliance standards and the potential liabilities, it is up to you to educate your office on how to do this in a positive manner.

Here's a plan to make sure your office is compliant:

- Assign one person at your office to be responsible for compliance with the new EPA rule. This staff member should have the proper education to fully understand what is required for your office to be classified as a Dental Industrial User.
- Provide the local Publicly Owned Treatment Works a plan for the proper collection and recycling of amalgam wastes for your office by August 2016.
- Establish a checklist for your office so all staff members are aware of the steps necessary to be in compliance with the new law. Compliance means you have the approved technology installed, and you have an annual recycling program in place for that equipment.
- Create a guidebook to document ongoing compliance in case your office is randomly inspected, and ensure all the recycling documentation is accessible to send to the local authorities as needed.
- Have products and services in place to collect, recycle, and dispose of chair-side amalgam waste.

The change is coming, but your office can be prepared. It is important that your staff is aware of the risk associated with non-compliance, and understands how to mitigate those risks. Navigating the changes associated with the new EPA regulations may be tricky and burdensome, but if you educate yourself and your staff, the path to compliance is clear.



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**Columbia General Practice #8843**-Gross collections-\$559K; sale price \$449K. 3 operatories; 1300 sqft. office space. For more information contact Dr. Jim Howard at 919-337-1162 or [jim@adssouth.com](mailto:jim@adssouth.com)

**Southwest SC #8930** -Gross collections-\$936K; 3 operatories; 4 days. SW Greenville Area #9016 - Gross Collections-\$640K; 5 operatories; 4 days. For more information contact Dr. Earl Douglas at 770-664-1982 or [earl@adssouth.com](mailto:earl@adssouth.com)

**Upstate South Carolina** - Well established OMS practice. Practice has an I-Cat and 8 fully equipped ops. Real Estate also available. Free standing building in prime location with over 3,400 sq. ft.! Facility could accommodate 2 F/T specialists. Owner doctor retiring. Contact Henry Schein Professional Practice Transitions rep: Russ Baker, 704-776-2533 or [russ.baker@henryschein.com](mailto:russ.baker@henryschein.com). #SC101

Dental Practice for Sale in **Upstate, SC**. Rare opportunity to own a growing practice in a very desirable location. Dr is moving. Practice is collecting over \$325,000 on part time schedule with very low overhead. Please contact us at [info@southeasttransitions.com](mailto:info@southeasttransitions.com) or 678-482-7305 for information. Listing ID SC-1044. [www.southeasttransitions.com](http://www.southeasttransitions.com)

Practice for sale- well established dental **practice in Columbia** (Irmo/Chapin area), SC averaging over \$747k collections, 4 state of the art ops, (2 more fully plumbed for expansion) call 866-519-1195.

**Dental practice for sale in North Augusta, SC** Excellent 7 operator practice with real estate available. Collecting over \$550K. Seller retiring, but will stay on for a smooth transition. Please call 678-482-7305 or email [info@southeasttransitions.com](mailto:info@southeasttransitions.com) for details using listing agreement SC1041. [www.southeasttransitions.com](http://www.southeasttransitions.com)

**Dental practice for sale in Coastal, SC** Excellent location, FFS, high end practice with 5 operatories in an all, digital facility. Working only a part time schedule collecting an average of \$450,000. Real Estate is also available to purchase. This is an opportunity to practice the dentistry you've dreamed of in paradise. Please call 678-482-7305 or email [info@southeasttransitions.com](mailto:info@southeasttransitions.com) for details using listing ID # SC1047. [www.southeasttransitions.com](http://www.southeasttransitions.com)

Great location in a growing area - **just south of Charlotte, NC**. Don't miss out on this beautiful, 4,000 square foot stand alone facility. 7 ops, all digital, collecting close to \$500K on a part-time schedule. Dr. to retire but will stay on for transition. Real estate available as well. Contact us at 678-482-7305 or [info@southeasttransitions.com](mailto:info@southeasttransitions.com) for more information. Listing ID SC-1046.

**For Sale York County, SC**- 6 trx rooms, 2,300 sq. ft., gross receipts \$661,000. Asking \$500,000 email [mary@thedentalbusiness.com](mailto:mary@thedentalbusiness.com)

#### **Equipment For Sale**

**For Sale:** Dental equipment chairs, units, lights, cabinetry, x-ray, vacuum, compressor, sterilizers and handpieces. Any and all things dental call 843-697-7567.

**2012 Cadent iTero HDU-U Dental Intraoral Scanner** used but in good condition. \$7,500 or best offer. Please call Dr. Michael Shirer at 803-761-3268 for more information.

Great opportunity to get into **Cerec CAD/CAM technology**. For sale 1 Sirona Cerec Blue Cam acquisition unit, 1 Sirona Cerec MCXL Milling Unit and an Ivoclar Progamat CS Furnace. Includes some supplies. Call 843-986-0177 and ask for Perry. All in excellent condition \$34,000.00

- Classified advertising is \$35 on a per issue basis. There is no charge for Help Wanted/Job Wanted (Job Bank) ads for members. The public can place ads for \$35 on a per issue basis. Ads are posted to the SCDA website during the month(s) of publication at no additional charge. Please use **no more than 50 words**.
- All ad copies and cancellations must be received no later than the 10th of the month prior to publication, which will occur on the first of the month, with remittances accompanying the ads.
- Contact: Maie Brunson, 120 Stonemark Lane, Columbia, SC 29210; call 800-327-2598; fax 803-750-1644; email [brunsonm@scda.org](mailto:brunsonm@scda.org).



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