Dr. Allen Peyser 1930-2016

Suffolk County Dental Society President - 1988
Raskin Award Recipient - 1999

Article on page 9
WE’RE ON A MISSION

For over 20 years, the NYSDA-MLMIC Program has put the interests of our policyholders first in everything we do. We charge premiums that are without a profit motive or high operating expenses, and are based solely on the experience of dentists. When our financial results turn out better than expected, we declare dividends to share the favorable results with our policyholder owners. And if one of our policyholders gets a claim, we vigorously defend the standard of care, closing the vast majority of cases without a loss payment.

Today, MLMIC is the leading dental liability insurer in New York State and the only dental liability insurer exclusively endorsed by the NYSDA. MLMIC remains a mutual insurer, owned by the policyholders we serve. And we continue in our mission to provide the highest quality liability insurance at the lowest possible cost consistent with long term viability.

To find out more about the NYSDA-MLMIC Program, please visit MLMIC.com or call (888) 392-0638.
Suffolk County Dental Society

150 Motor Parkway, Suite 105, Hauppauge, NY 11788
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The Suffolk Dental Bulletin is the official publication of the Suffolk County Dental Society. It is published four times a year: Spring (March), Summer (June), Fall (September), Winter (December), by RPC Advertising Co., Inc. 11 Radburn Drive, Hauppauge, NY 11788.

Periodical Postage rates at Central Islip Post Office. Subscription rates in the U.S. included in member dues and $75 per year for non-members.

POSTMASTER: Send address changes to:
Suffolk County Dental Society
150 Motor Parkway, Suite 105
Hauppauge, NY 11788

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Members, American Association of Dental Editors

Please submit material for publication on a disk accompanied by double-spaced written copy six weeks prior to the month of publication.

Requests for advertising rates should be directed to the Suffolk County Dental Society, (631) 232-1400.

SCDS CALENDAR 2016

June
Fri 3rd - Sun 5th NYSDA House of Delegates Meeting, Brooklyn
Wed 15th Golf Outing – Mill Pond Golf Course, Medford

July - August

September
Monday 5th Exec. Council/Board of Directors (7 pm)
Monday 19th Scrubs and Stilettos (9 am – 12 noon)
Sunday 25th Grape Escape - Laurel Lake Vineyards
Wednesday 28th General Membership Meeting (6 pm - 10 pm)
Dr. John Fantasia

October
Sunday 2nd Rosh Hashanah begins at sundown
Wednesday 5th Seminar Series #3 (9 am - 4 pm)
Dr. Matthew Palermo
Friday 7th Infection Control (9 am - 1 pm)
Dr. Peter Mychajliw
Monday 10th Columbus Day
Tuesday 11th Yom Kippur begins at sundown
Monday 17th Exec. Council/Board of Directors (7 pm)
Thur. 20th - Tues 25th ADA Meeting – Denver, CO

November
Wednesday 2nd Risk Management (9 am - 12 noon)
Friday 11th Veterans Day
Wednesday 16th General Membership Meeting (6 pm - 10 pm)
Dr. Stephen Sokoloff & Dr. Francis Kestler
Thursday 24th Thanksgiving

December
Monday 5th Exec. Council/Board of Directors (7 pm)
Wednesday 7th Seminar Series #4 (9 am - 4 pm)
Cathy Jameson, PhD
Sunday 24th Hanukkah begins at sundown; Christmas Eve
Friday 25th Christmas Day
Thursday 31st New Year’s Eve

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Mill Pond Golf Course is a beautiful links style course reminiscent of classic Scottish courses. Designed by course architect William "Buddy" Johnson, Mill Pond opened in 1999 and is recognized by the Audubon International for Environmental Excellence.

**COST:** $200 per golfer. **Fully inclusive! No additional fees!**

**INCLUDES:** Luncheon, Awards Banquet, 10 raffle tickets per player, many prizes, give-aways, and trophies

**PROGRAM FOR THE DAY:**

11:00 am: Registration and Lunch  
12:30 pm: Shotgun Tee-off ~ playing scramble format / best ball of four  
5:30 pm (approx.): Awards Banquet

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- **$1,000 Golf Sponsor:** Large logo sign on 9th hole. Includes two golfers.
- **$500 Silver Sponsor:** Large logo sign on the 18th hole. Includes one golfer.
- **$250 Tee sponsor:** Sign on course.
- **$100 Special Tee Sponsor:** Sign up as a foursome and receive a tee sign for just $100.

**Questions? Please call the Suffolk County Dental Society, 631-232-1400**

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**REGISTRATION FORM**

**Golfer:** Name: …………………………………………………………………………………………… Tel. #: ………………………………

Address: ……………………………………………………………………………………………………………………………………………………………

Credit card #:………………………………………….. Exp. Date ………….. CCV…………………………

If possible, please place me in a foursome with (list names):

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Being Busy Doesn't Mean Being Profitable

The past few months have been quite an experience: attending installation dinners (my apologies to the component presidents whose ceremony I was not able to attend), a political fund raiser, Stony Brook’s white coat ceremony, and various other meetings. The truly memorable ones caused me to slow down, reminisce, and contemplate where the practice of dentistry has travelled over the past 21 years.

First off, the white coat ceremony. What a fantastic idea to honor the students for completing sufficient pre-clinical requirements to begin treating patients! This was a milestone in all of our careers. Do you remember your first clinical encounters (or adventures)? Remember the excitement, the trepidation, the terror? Remember the hour long prophy, 2-1/2 hour quadrant scaling and root planning, and your first incision (“Come on doctor, more than ONE cell layer at a time”..... He did use the word doctor!!!), etc.

The next memorable experience was an informal question and answer session, sponsored by ASDA, entitled "A day in the life of .........". It was attended by myself, our Executive Director, Dr. Markowitz, and members of our executive committee. It provided a forum where the Stony Brook dental students could ask questions and receive real life answers pertaining to the actual practice of dentistry and life after dental school. One question, in particular stood out. "What can we do to be more profitable?" Before I could blurt out a smart answer like "become an auto mechanic" ($1441 for front shock absorbers and a 3% convenience fee for keying in a credit card number .... really!!!), the stop gap between my brain and mouth finally came online.

It made me think about the difference between being busy and being profitable. I began think about dentistry foregoing doctor-patient relationships for third party contracts. I began to wonder when we decided that a 15, 20, 30, or 35% reduction in our fees (our profit) was a suitable exchange for the promise of a carrier directing throngs of patients to our doorsteps....wonder when our elected governmental officials will acknowledge the adverse effects of third party carriers have had on providing care, most notably denying benefits for necessary treatment and the increase in fees which impacts the uninsured disproportionately. Which brings me to the access to care issue.

I will acknowledge that there are areas in the US which lack adequate numbers of doctors, or areas in which the working class has no benefits and cannot afford care. Unfortunately, many areas suffer from a "misappropriation of discretionary income" issue. Let’s face it. People want new cars (sales are up 3.5% as per AAA), high speed internet, cell phones with huge data plans, Netflix, etc. The list is endless, sad to say. But, spending on dental treatment has remained stagnant despite a recovering economy. The best our government can come up with is to continue adult dental Medicaid (which comprises about 1% of the total Medicaid budget) or $250,000 to sponsor events where doctors provide free dental care. These efforts are doomed to failure. Our members are working longer hours and extending their careers because they cannot afford to retire. Students are graduating with significant student loan debt that will hinder their careers. Both are finding it more difficult to participate in these events. They just can’t afford to. Many are showing signs of depression and burnout. We deserve better. Dentistry deserves better. Our patients deserve better.

If you feel as I do, please get involved and cajole, blackmail, whatever it takes to get the younger dentists involved. At the very least, donate to EDPAC.

DISCLAIMER: The views and opinions presented here are solely my own. No tequila or cigars were harmed in their formulation.
Recently, I participated in the NYSDA President-Elect’s Conference hosted by Dr. Rick Andolina, NYSDA President-Elect, at the Albany headquarters. It was well attended by other component President-Elects which gave me the opportunity to network and get ideas for my year as President in 2017.

At the conference we met with NYSDA Executive Director, Dr. Mark Feldman, as well as other members of his staff. Mr. Lance Plunkett, NYSDA General Counsel, spoke and informed us of different legal services that NYSDA offers to our members at no cost. Among those services are a Legal Service Panel that will evaluate and advise on: Contracts, Malpractice, OPD, and associate issues; a Commercial Litigation Panel, Legal Protection Plan and Electronic Protection. NYSDA also offers a HIPAA Security Manual free of charge to our members. There is also a Blog on legal issues that Mr. Plunkett publishes daily on the NYSDA web site.

The Executive Director of the New York State Dental Foundation, Ms. Laura Leon, reported on the tremendous year we had thanks to the generous support of friends and donors like you. The Foundation is creating a registry for Volunteer Hours. You will record any hours you have spent volunteering and receive a certificate when you accumulate certain milestones. It will be a way of recognizing those members that donate their free time to help others in need and it will also provide our lobbyists information to present to our legislators which will ultimately benefit our members.

On our second day, we met with Dr. Andolina, who in addition to NYSDA President-Elect, is also the Vice Chair of ADPAC. He explained that Advocacy is important to us in dentistry because NYSDA represents the collective voice of over 13,000 dentists and the ADA represents the collective voice of over 158,000 dentists through EDPAC and ADPAC.

It was pointed out that 31% of dentists in America are not registered to vote. This is important because right now we have three dentists in Congress with two others running for a Congressional seat. We need to get out there and use the “Tooth Vote” so the dental community can have better representation.

The ADA recently purchased a House on Capitol Hill which is one of only 15 houses on “The Hill.” This house will be used for dental meetings, coalition meetings, and political fundraisers.

Another benefit on the ADA web site is “ADA Engage.” It is the Legislative Action Center which is used as the ADA’s main advocacy tool. The ADA uses it to send out action alerts, inform dentists on critical public policy issues and puts members in contact with their legislators. "Engage" allows your voice to be heard in Washington.

ADPAC pays for this service that is currently used by 38 states.

Lastly, we heard from Mike Graham, who is the ADA Vice President of Government Affairs. His office oversees issues at the federal level, both legislative and regulatory in nature. These issues involve small business, tax situations, health care, education, insurance, trade and financial services. He provided us with a list of the 2015 Lobbying Accomplishments which can be found on page 22.
The Prodigal Professional

We have recently completed the Greater Long Island Dental Meeting, celebrating its 50th year in existence. During the middle of our busy Wednesday, I was returning from judging the table clinics presented from the School of Dental Hygiene at Farmingdale University, and various Post-graduate Specialty and GPR programs from the downstate area. The directors of the meeting assemble each morning in the Melville room and disperse throughout the day to the locations throughout the exhibit floor and classrooms to enable the flow and camaraderie of the meeting. As I entered the room, I saw a group of our directors huddled around a visitor with great interest and enthusiasm. When I saw who it was, I wasn’t surprised. Dr. Richard Tesser stood there in the room looking casual, relaxed, with the smile that a successful retirement leaves on a man’s face. He stopped to say hello to those he had a direct effect by mentoring, advising, and laughing with for as long as we have all known him. His presence inspired this article and, although I am sure he will downplay it, his dedication inspired much more than this.

I have had many experiences throughout my career with faculty, classmates, colleagues, leaders, writers, and executives who have shared one common denominator: we joined the same profession. What we bring to this profession is as varied as the backgrounds we possess on our way in. What we develop in this profession is a sense of proficiency, capability, and mastery of an art form that has as many reflections as the images we can think of. What we leave from this profession is a world better treated, expressed in the individuals who join us in practice and a legacy we wish to impart to all those aspiring to join this noble cause.

Leaving organized Dentistry, at any time, is a choice a minority of our profession makes. To never leave is the hope of those of us who care for your additions. To bring you back is the wall we are constantly climbing in an effort to keep our majorities viable and assertive. A slow leak of percentage has the compounding effect of burdening fewer members with the duty of properly representing your ideals and loosens our effectiveness at carrying their message forward.

Membership in this profession is determined the day you matriculate from your schools of learning, acquire your license, and climb into the saddle that leads your skills to advance the health of the patients you treat. When I see 67% of our fellow Dentists joining the ranks of organized Dentistry, I pause and wonder what could the other 33% be thinking? I have asked many and been offered the answer that value is somehow escaping them. Yet, I see Dr. Tesser return to a room he once shared with dedicated service, and be welcomed by people who love and respect him for the man he is, the profession we shared, and his commitments to his fellow dentists from all walks with a smile, a nod, and a warm handshake, that conveys the common theme - we shared a very tough profession. Let’s make it easier and tackle it together, many hands make little work. I have met many people in my time with the Dental Society that think of each our members as voices equal to theirs and each with a significant place to keep this honored profession in a healthy and viable state. A non-member still remains a member of my profession, yet risks silencing his or her voice to let someone else carry their ideas forward or depends only on themselves to tackle the many forces who compete for our doctor/patient relationship and believe through some miracle it will remain in a static state when the entire universe is changing.

I encourage you to join us. Sometimes for the simple recognition that being part of a great profession doesn’t end when you leave school, but only begins there. If your experience has been less than optimal, tell us. Help us to continue to shape this profession according to your values and ideals and realize that we rarely find value in anything that is given away. What I ask from you is to continue your support to keep this noble profession on a principled path and I thank each of you who’ve shown your support every year by your contributions.

Richie, I thank you from my heart, for being the man who brought my smile that day, simply because you helped me see the need, and express it the best way I know how.
The New Dentist Committee

invites you!* to join us at

Laurel Lake Vineyards

on Sunday, September 25, 2016
12 noon to 3:00 pm
(rain date – October 2nd)

Annual Grape Escape

Dentists from Suffolk County and their families will be socializing at one of the most beautiful vineyards on the North Fork of Long Island. This highly anticipated event is part networking, part relaxation. *Open to all, no matter what your vintage!

Bring your family ~ Singles welcome ~ Guests welcome

Attendance is FREE!

FREE WINE
Cheese, crackers and fruit are also complimentary.

Directions: LIE (I-495) to end. Follow signs to Rte. 58, Orient and Greenport. Laurel Lake is 9.5 miles east on Rt. 58, Main Road, on the left side after Jamesport. Laurel Lake Tel: 631-298-1420
★★Avoid traffic by taking Sound Avenue to Herricks Lane or Aldrich Lane and then cutting down to Rte. 58★★

Reserve your spot now to help us gauge numbers for catering

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Count me in!

Fax form to 631-232-1402, or mail to SCDS, 150 Motor Parkway, Hauppauge, NY 11788
Questions? Call SCDS, (631) 232-1400

Name: ..............................................................................................................................................................

Tel.#: ........................................................................Total # of adults including self ..........................................

(Please print)
A number of issues have found their way to my desk in recent weeks which I would like to disseminate. The first issue concerns the medical malpractice insurance industry in New York. There were two articles printed in April which go into depth describing the financial problems of some of the major insurers within the state and their relationship with some of the political corruption that has been exposed regarding some of the members of the NY State Legislature. For those of you who have your policies with MLMIC, there is no need for concern. MLMIC is reported to be extremely financially stable and not involved in any of the political scandals. For those of you who are insured by other malpractice carriers, I strongly recommend that you read these articles and then contact your malpractice carriers to see if you are potentially at risk.

Secondly, I received a phone call, from one of our younger members who recently bought an existing dental office. He was experiencing problems with his septic system and called a cesspool company to pump him out. The Suffolk County Department of Public Works sent out a letter in 2014 to all owners of dental offices within the county warning the owners that they "reserve the right to refuse acceptance of waste that is not within acceptable permitted sewer discharge limitations". In addition, they wrote that "this office is obligated to notify SC Dept. of Health Services, Office of Pollution Control, when levels of contamination are detected in septic systems, which may then result in further investigation and possible remediation requirements". This new dentist originally received a letter from the SC Dept. of Public Works that "the contents of the cesspool are acceptable for disposal", but that the "cesspool contents must be completely removed every six months in order to maintain acceptability." Unfortunately, the following day he received a different letter from the SC Dept. of Health which had a harsher response. This letter stated that "a liquid sample was obtained which revealed the presence of elevated heavy metals" and that "YOU ARE DIRECTED to evaluate the facility discharge practices by analysis of the contents of the sanitary disposal system." The requirements of this study are rigorous and needed to be performed under the guidance of the Dept. of Health within one month. The letter also stated that if he did not comply he could be fined up to $2,000 per day for each and every violation of the sanitary code. He did have the inspection performed and was notified that the amount of both mercury and silver were above the legal limits. In order to come into compliance, he was informed that this remediation needed to be performed by a "licensed industrial waste hauler." He has received estimates and the cost will possibly exceed $20,000 with an additional fee of $1,100 to the Dept. of Health for their final inspection.

What makes this situation even more upsetting is the fact that this office has been using an amalgam separator since he purchased the office and does not discharge any fixer or developer into the septic system because he uses digital radiographs. Unfortunately, it appears that when he purchased this office, his attorney did not recommend having the cesspool evaluated before he bought the property, or place a clause in the contract to hold the prior owner responsible for any environmental damages.

For those of you who are planning on purchasing an office, please make sure to address this issue before you sign the contract. For those of you who are planning on selling a practice, please get this resolved before you pass on your problems to someone else or have this issue complicate or even prevent the sale of your office. For the rest of you who fit somewhere in the middle, I strongly suggest you take steps to minimize your risks. Make sure that your amalgam separators are functioning properly and change the filters frequently. If you are still using chemicals to develop radiographs, do not pour them down the drain, including the rinse water.

This is the end of the bad news. On a more positive note, I hope that everything is working out with e-prescribing. I have heard from some of our members that
Executive Director’s Message continued from page 7
there have been some hiccups along the way, but overall it
sounds as if things are working themselves out for most of
our members. However, for those of you who may still
have some problems or worse yet, have not yet registered to
prescribe electronically, the NYS Dept. of Health has been
issuing one year waivers in certain circumstances. In
addition, I understand that some of the pharmacies have
been lenient in allowing paper prescriptions to be filled.
Please let me know if you still have any problems and I will
try to assist you in whatever way I can.

Our Give Kids a Smile committee has set up a program
online to help support our Give Kids a Smile program
financially. The website, igive.com, returns money to our
GKAS program when you order most items from the
internet. They work with about 2,000 companies to give
back a small portion of the sale price of an item to
the charity of your choice. Please register at –
igive.com/SuffolkCountyDentalSocietyGKAS
and make sure to place your internet orders through them.

Finally, we will be honoring our members who have served
in the armed forces at our November General Membership
meeting. I am requesting that anyone who has served as a
dentist in any branch of the military, please send me you
information, including highest rank attained, branch of the
military, where you were stationed, how long you served,
etc. I look forward to hearing from you so we can thank you
for your service to our country.
Shortly after he graduated from Temple Dental School in 1955, Dr. Allen Peyser enlisted in the Air Force and was told an important fact: Dental surgeons there wanted to work with Temple grads before anyone else.

He explains: "Officers in charge of dental clinics didn't need to check on our progress. They just turned us loose. They knew if you put us in a clinic, you wouldn't have to worry. We were well schooled, and if we had any difficulties, we'd try other techniques. We solved problems."

Because of that training, just a little more than a year after enlisting, Peyser was assigned to run the satellite clinic of a newly built base hospital, taking care of several squadrons. That was at Westover Air Force Base in Massachusetts. While there, he also took courses at J.M. Mey Company on the use of gold in dentistry.

More study followed, this time at Maxwell Air Force Base in Alabama. He graduated from the command course, Wing Base Dental Surgeons, and moved up to chief dental officer at Moran Air Force Base outside Seville in Spain.

From Air Force to Private Practice
In 1958, Peyser left the Air Force and opened a private practice in Lindenhurst on Long Island, NY. Greatly involved in his profession, Peyser became an attending dentist at Nassau County Medical Center, Department of Dentistry; associate professor of clinical medicine at Stony Brook University, New York; executive chair of the New York State Council on Laboratory Relations; and held many positions in dental societies, including general chairman of the Greater Long Island Annual Dental Meeting for Nassau, Suffolk and Queens and president of the Suffolk County Dental Society.

While in practice, he was asked to field-test new dental equipment with S.S. White Dental Manufacturing Company. Incorporating the creative problem solving that Temple Dental had fostered, Peyser recommended design changes. The only problem that surfaced after his suggestions, he remembers with a smile, was when the plumber hooked up a master unit wrong. "Although they were clearly marked, he mixed up the air and water lines, so when you wanted air, you got water, and when you wanted water, you got air."

Even after retirement in 2002, Peyser continues to value the professionalism and preparation he received from the Dental School. "Temple opened doors and gave me opportunities. I've wanted to pay back the profession for the education I got. I owe it to dentistry. Temple's been good to me."

Dr. Allen C. Peyser received the Dr. Robert Raskin Meritorious Service Award from Dr. Paul Markowitz, President of Suffolk County Dental Society

(Photos on this page taken before digital cameras!!!)
It is with great sadness that I am writing about the loss of one of my mentors, Dr. Allen C. Peyser. When I was 27 and returned to NY, I joined the 10th District Dental Society. One of the first people I met was Al Peyser. He was there giving me advice and guidance. When we moved to separate from 10th District and form Suffolk County Dental Society, it was Al who said you need to switch and come with us. I am glad I listened. Al said you need to get more involved with the Society, and he put me on the Dental Laboratory & Trade Relations Committee, which he chaired.

It was only a short time later he asked me to help on GLIDM and take photos there. It was Al who taught me to give back to this wonderful profession. Al moved on to being a General Chairman of GLIDM and President of the Suffolk County Dental Society, as well as serving on numerous committees and was presented the Robert Raskin Award for Meritorious Service.

Al was a tough man who stood up for what he believed in, but for those of us who were able to penetrate that thick wall, knew he was a gentle man with a heart of gold.

After his retirement, Al moved to Pennsylvania to be near his daughter after the loss of his beloved Betty. Al would periodically pop into the GLIDM office to ask if we had any problems or needed any help. Al always wore his red sweater and this soon became his trademark! In respect to Al, several of our members wore red sweaters to the April board meeting; I wore mine proudly!

I will miss my mentor dearly! Thank you Al, for always being there for me ... Jeff (Dr. Jeffrey A. Sherman)

LETTER TO THE EDITOR

In Memory of Dr. Allen Peyser

We welcome the following new members, elected in March, April and May, 2016

Sylvia Arsuaga Cruet, DMD
Univ. of Puerto Rico 2013; SUNY SB 2018
Periodontics

Maryanne Carletto, DDS
SUNY SB 1997; NCMC 1998
354 Veterans Memorial Hwy, Commack, NY 11725
General Dentistry

Celestino Dos Santos, DMD
Tufts 1998; NCMC 2001
(Transfer from NCDS)
152 E Main St. Suite F2, Huntington, NY 11743
General Dentistry

Behdad Javdan, DDS
Univ. of CA 2013; SUNY SB 2016
Periodontics

Steven Klein, DDS
(Transfer from NCDS)
SUNY SB 2008; NSUH 2011
647 Commack Rd, Commack, NY 11725
General Dentistry

Ivan Lukachynets, DDS
SUNY SB 2014; SUNY SB 2017
Endodontics

Mogeh Mozaffarian, DMD
Univ. of Penn 2003; Univ. of Penn 2004
General Dentistry

Jihyun Park, DMD
Tufts 2002
469 Hawkins Ave, L Ronkonkoma, NY 11779
General Dentistry

Rabia Yilan, DDS
SUNY SB 2014; SUNY SB 2017
Endodontics

CUSTOM UPHOLSTERY Inc.
3280 Sunrise Hwy Ste 59
Wantagh, NY 11793

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DENTAL FURNITURE ALL
WORK COMPLETED AROUND
OFFICE HOURS

DENTIST'S CHAIRS
OFFICE FURNITURE
WAITING ROOMS
ETC...

(516) 354-5650
FREE ESTIMATES
Call for Nominations

The Suffolk County Dental Society’s Nominating Committee will meet this summer to screen and select candidates for elective office at the local, state and national levels.

To be eligible for any elective office a member must have served on our governing Board of Directors for at least three of the past five years. Other restrictions may apply for state and national positions.

Nominations are invited for the following positions for 2017, to be considered this Summer:

Officers of the SCDS:
- President: Dr. Ivan Vazquez (as president-Elect 2016, automatically advances)
- To be confirmed:
  - President-Elect: Dr. Dimitrios Kilimitzoglou
  - Vice President: Dr. Martin Dominger
  - New Secretary: (one year term- usually advances through the other officer positions)
  - Treasurer: Dr. Jeffrey Seiver (eligible to serve second two year term - 2017-2018)

NYSDA Delegates:
- Two Delegates to NYSDA: (current terms of Drs. Steve Snyder and Jeffrey Seiver expire)
- Up to Six Alternate Delegates: (one year terms)

ADA Delegates:
- One Delegate to the ADA: (current term of Dr. Steven Snyder expires)
- One Alternate Delegate: (one year term)

Nominations for SCDS Directors for 2017 will be invited in the Fall of 2016.

Members in good standing are invited to submit nominations to SCDS, 150 Motor Pkwy, Suite 105, Hauppauge, NY 11788. Eligible candidates may nominate themselves by sending a letter of interest along with a copy of their curriculum vitae.

The Nassau and Suffolk County Dental Societies cordially invite our female colleagues to join us for

Scrubs & Stilettos

A Women’s Dental Conference

This innovative half-day of camaraderie, education and interactive round-table discussions on topics of special interest to women dentists was the 2011 winner of the ADA Golden Apple Award and the 2010 winner of the NYSDA Hallmarks of Excellence Award

Location:
Carlyle at The Palace, Plainview
1600 Round Swamp Road, Plainview, NY 11803 - (516) 756-1600 www.carlyleatthepalace.com

WEDNESDAY, SEPTEMBER 21, 2016

Receive 3 CE credit hours!

Time: 8:00 am to 9:00 am breakfast and introductions. 9:00 am to 12:00 Noon - Round Tables

For more information as it becomes available check our websites, www.nassaudental.org and www.suffolkdental.org

To join our mailing list for this program, contact jlittle@nassaudental.org (516-227-1112) or scds@optonline.net (631-232-1400)
Let Suffolk Federal show you how our superior products and service can take your dental practice to the next level!

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What Would You Do?

Dr. Cinsault, a restorative dentist who has a growing practice in a high tech suburb. A large number of families are moving in monthly. The typical age group is 28 to 35 years old. Dr. Cinsault’s excellent patient skills along with a reputation for honesty, quality treatment and competitive fees have made his practice highly successful over last three years.

Nancy Pinotage is a new patient to the office, just relocated to the area, and is excited about her new dental insurance coverage. She is 29 years old, with no significant medical history and has maintained her dentition on a regular basis. She is very anxious about the possible side effects to her overall health caused by the amalgam restorations because of her recent discovery that they are made with mercury.

A colleague at work who has a stable condition of multiple sclerosis, had told her recently that silver fillings have not been found to be a problem, but she may want to have the fillings replaced with white composite fillings to be on the safe side.

Nancy did some online research, and when seeing her primary care physician, Dr. Steen, asked him to write her a note requesting the replacement of her old silver fillings to new white fillings for medical reasons. Dr. Steen told Nancy that he could see no real benefit for the replacement as he himself had multiple silver fillings without a problem. However, he did write a note to Dr. Cinsault to replace the fillings. The note read "Please replace all silver fillings for medical reasons".

At her next dental visit, Nancy presented the note expecting treatment that day. Dr. Cinsault explained that her amalgams were in excellent condition and should pose no issue for many years. He also explained that it was against the dental code of ethics to remove the silver fillings for reasons of preventing disease other than allergy.

Sensing that no treatment was going to be performed, she asked if he would change his beliefs based on Dr. Steen’s note requesting the replacement of the restorations. Lastly, Nancy said if you are not convinced by the medical note, would you change your mind if I said I wanted to change the fillings for esthetic reasons?

Dr. Cinsault is now faced with an ethical dilemma. What would you do if you were the treating dentist? Please email your recommendations.

___ 1. Dr. Cinsault should refuse to replace amalgams if they are in good state of repair.
___ 2. Dr. Cinsault should replace amalgams only after patient signs acknowledgement that the reason for replacement is for esthetic reasons.
___ 3. Dr. Cinsault should dismiss patient from his practice as he refuses to defy the Code of Ethics.
___ 4. Dr. Cinsault should contact primary care physician to discuss this patient.
___ 5. Other alternative please describe.

Responses from last Bulletin’s Ethical Dilemma

First, a patient with Moderate Periodontal Disease, with 25 - 50% bone loss, should be referred to a Board Certified Periodontist to maintain the Standard of Care.

Second, with a patient such as “Mr. Furmint”, the remaining three hygiene appointments should be scheduled with the doctor, assuming the doc is a male. If Mr. F. asks why, I would tell him the truth that his comments are making the female staff members uncomfortable, and therefore he will be seen only by myself.

If the doc is a female, and Mr. F. acts in the same fashion, document, document, document, then make an appropriate referral to a male dentist.

John Diana, DDS

I had a similar situation in my office quite a few years ago. The male patient was getting “handsy” with my assistant who complained to me. I firmly told him that he was being totally inappropriate and this had to stop or I would throw him out of the office. Needless to say he stopped, and the issue never occurred subsequently, even at future visits which were entirely amicable.

Ken Stoler, DDS
Infection Control Concepts for the Dental Professions 2016

Presented by Peter Mychajliw, DDS

Dental care involves exposure to blood and airborne pathogens such as HIV, TB, HBV, etc. The unique nature of most dental procedures, instrumentation and patient care settings also requires the specific strategy directed to the prevention of transmission of pathogens among dental healthcare personnel and their patients.

Universally applied infection control practices reduce the risk of disease transmission from doctor/staff to patient, patient to doctor/staff, and patient-to-patient. These strategies/practices are recommended in addition to following OSHA guidelines. EPA/CDC/DOH/ADA recommendations will also be discussed.

*** OSHA has revised its Hazard Communication Standard with phasing in compliance by all providers starting December 1, 2013 through June 1, 2016. What you need to do/know to be in compliance. The NYS Amalgam Recycling Law and Waterline (CFU) management as it applies to Infection Control will also be discussed.

**Presentation Goals:**
*Provide information about dental infection control principles and practices*  
*Emphasize the importance of written policies, procedures, ongoing education and training of dental health care personnel*

**Learning Objectives:**
After attending this presentation, participants should be able to:
*Describe modes of disease transmission and the chain of infection*  
*Identify strategies that can prevent occupational exposures to blood and body fluids*  
*Identify methods to monitor practices and evaluate dental infection control programs.*

Dr. Peter Mychajliw received his DDS degree from the New York University College of Dentistry with multiple clinical honors in 1987. He then completed a two year hospital based General Practice (Chief) Residency (LIJ Med Ctr). He subsequently entered private practice and also has served as a General Practice Residency Program Director (LIJ Med Ctr). Dr. Mychajliw has served on several medical center committees including Infection Control and Quality Management, and as Infection Control Officer in institutional settings. Dr. Mychajliw has lectured broadly in the areas of dental implants, hospital/medically complex dental rehabilitation, dental materials, inter-professional collaboration, and infection control/OSHA requirements for the dental professions since 1990. Dr Mychajliw is a New York State Department of Health licensed Infection Control Trainer.

**The New York State Legislature requires all licensed health care professionals to complete training in infection control every four years. This course, which is approved by the NY State Education Department, satisfies the requirement for mandatory infection control training. 4 m.c.e. credits will be issued!**

**DATE:** FRIDAY, OCTOBER 7, 2016   9 am - 1 pm (4 mce credits)**
**PLACE:** SCDS, 150 Motor Parkway, Media Center lower level, Hauppauge, NY11788  
**COST:** ADA members $125; Dental Staff $100; non-ADA dentists $250

Please see CERP and PACE information on page 19 of this *Bulletin*

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Please see CERP and PACE information on page 19 of this *Bulletin*
COURSE SS16 - #03                  7 m.c.e. credits
Date: Wed., October 5, 2016
(This course is sponsored by Straumann)
Speaker: Matthew Palermo, DMD

RESTORING EDENTULOUS PATIENTS WITH HYBRID SOLUTIONS

Course Objectives:
- Review relevant case selection, loading protocols, and bone grafting needs for complex full-arch cases
- Understand the ITI consensus Vol. IV statements on advanced and complex therapies in the mandible and maxilla
- Highlight the interdisciplinary approach to planning and treatment for implant patients, with emphasis on the team approach
- Discuss immediate implant placement and loading to improve functional outcomes and meet patient requirements

Dr. Matthew Palermo has maintained a full-time faculty appointment at Temple University Kornberg School of Dentistry since 2009. He is the Acting Chairperson of the Department of Restorative Dentistry and is the predoctoral implantology discipline coordinator. He has lectured at national meetings for the American Academy of Periodontology and the American College of Prosthodontists. He maintains a part-time private practice limited to prosthodontics and implantology in Scranton PA.

COURSE SS16 - #04                  7 m.c.e. credits
Date: Wed., December 7, 2016 (new date )
Speaker: Cathy Jameson, PhD

GREAT COMMUNICATION = GREAT PRODUCTION

The systems she will teach you during this session will prove invaluable to you, your team and your practice. The bottom line to success is communicative skill. Most doctors have more dentistry sitting in their charts than they have ever performed. Learn proven presentation and communication skills to be used by the entire team that will increase your case acceptance to 90 – 95%.
Also, learn to overcome the “fear of cost”, which is fast becoming the number one reason dental treatment is not accepted. Case acceptance is not just the doctor’s responsibility. Everyone on the team has a significant role. You DO make a difference.

Cathy Jameson is the founder of Jameson Management, an international dental management, marketing and hygiene coaching firm. The Jameson Method of Management, developed by Cathy, offers proven management and marketing systems for helping organizations improve their workflow and efficiency in a positive, forward thinking culture. She is the author of several books, including her latest title; Creating a Healthy Work Environment.

Please see CERP and PACE information on page 19 of this Bulletin
Highlights of Give Kids A Smile Event
On Saturday, February 6th, the Suffolk County Dental Society held their annual Give Kids A Smile Program at the Long Island Aquarium in Riverhead. Over 100 volunteers including SCDS dentists, dental residents from St. Charles Hospital, dental students and residents from Stony Brook University School of Dental Medicine, dental hygiene students from Farmingdale University Dental Hygiene School, dental assisting students from Eastern Suffolk BOCES and other family and friends treated approximately 250 children between the ages of 1 and 17.

The children received clinical examinations, prophylaxes, fluoride treatments and where indicated, sealants. They also received oral hygiene instruction and were given goodie bags containing toothbrushes and floss, in addition to some toys. All the parents of these children were informed of the need to be seen by a dentist on a regular basis and gave them information about how to arrange to find a dental home.

There was a dental themed puppet show given by co-chair Dr. Howard Schneider who entertained those children who were waiting to be treated. Co-Chairmen Dr. Jimmy Kilimitzoglu and Dr. Howard Schneider, deserve recognition for their outstanding efforts to make this day a huge success for all.

We were very happy and proud to have so many new volunteers participating for the first time this year! We look forward to next year to improve this program even more. Please consider volunteering, we can always use additional hands.

This year we were extremely fortunate to have our local Congressman, the Honorable Lee Zeldin, as well as our local State Senator Kenneth LaValle, visit and observe our program. They were both very impressed and appreciative of our efforts to assist those families in Suffolk County who don’t usually receive necessary healthcare.

Unfortunately, due to the inclement weather we were not able to have the model train display present at this year’s program. Dr. Michael Gulotta, who passed away in 2015 and was serving as the Secretary of the SCDS at that time, had been instrumental in bringing this model train display to our GKAS programs for the past few years. We memorialized Dr. Gulotta's past efforts with an emblem on this year’s volunteer t-shirts. Hopefully the weather will be more cooperative next year and we will be able to have the trains return next year.

Many thanks to all who made this day such a success, including our sponsors: Henry Schein Dental, Bank of America Practice Solutions, the Riverhead Rotary, Dr. David Hou, the Mattituck Lions Club, United Healthcare, Dr. Scott Goldstein, Dr. Louis Profera, Dr. Eric Salmonson, Dr. Tina Maceli, Dr. Jimmy Kilimitzoglu, Dr. Claudia Mahon-Vazquez, Dr. Jeff Seiver, Dr. Nick Vittoria, Dr. Ivan Vazquez, Marco Photography, Dr. Robert Iovino, Dr. Tim Ingrao, Dr. Gary Manowitz, Dr. Alan Nevin, Dr. Alan Gorman, Dr. Greg Doroski and Dr. Franklin Stone.

More photos continued on page 18
Our event was a great success!  
Hope to see you next year …

Watch your email and *Bulletin* for details
DATE: Wednesday, November 2, 2016
TIME: 9:00 am to 1:00 pm  Continental breakfast will be served.
LOCATION: Suffolk County Dental Society
Media Center on lower level
150 Motor Parkway, Hauppauge, NY 11788
(1 traffic light east of the Upsky Hotel)
COST: $150.00/ADA member  $300.00/non-ADA
PRESENTERS: Robert M. Peskin, DDS, and Michael Kelly, Esq.

All who successfully complete the course will receive a certificate entitling them to a TEN PERCENT (10%) DISCOUNT on their next renewal from MLMIC and most other insurance companies, for three years.
(please check with your carrier. Some carriers do not recognize this course.)

Detach form below and mail to SCDS, 150 Motor Pkwy, Ste 105, Hauppauge, NY 11788; or fax to 631-232-1402

PLEASE REGISTER ME FOR RISK MANAGEMENT on November 2, 2016
Name: ………………………………………………………………………………………………………………………………………   ADA No. ………………………………………………………………………
Address: ………………………………………………………………………………………………………………………………..   Phone No. ………………………………………………………………..
[    ] Check to “SCDS” enclosed for $ ………………..   (ADA $150.  non-ADA $300.)
[    ] Charge my  Visa / MasterCard  Account No. ……………………………………………………………………………………………………  Exp. Date ……..
Signature ………………………………………………………………………………………………………………………..   CVV ……………….  Zip ………………  Amount ……………………..

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Mentors Needed!

In the last issue, our newly installed President, Dr. John Guariglia, wrote about the importance of volunteering. He used the Cub Scout Organization as an example and described how volunteers make an organization succeed and grow. In addition, the personal satisfaction from being involved and the ability to interact with people who face the same challenges is immeasurable. There are many ways for members to become involved. However, if you are not ready to actively participate, there are many services the Society provides that may be helpful to you.

**VOLUNTEERING:**

Mentorship program: The membership committee is currently working to establish a mentorship program. We are grateful to Greg Schank, a fourth year dental student at Stony Brook SDM, who prepared a program for students to meet with and learn from practicing dentists. We are looking for doctors who are interested in participating in this program. It should not take a lot of time and can be very rewarding. We all have a great deal of knowledge that we can share and who knows, we may learn something too!

Resident program: The Society also has several events that we hold for the residents from the Stony Brook SDM, St. Charles, and the Northport VA. Originated by Drs. John Rose and Dr. Chris Salierno, these resident events introduce the residents to our established members. After an informal meet and greet we follow up with several evenings discussing topics such as insurance needs, accounting issues, Oral Pathology, just to name a few. Several of the graduating residents may be looking to stay in the area and are searching for employment. By getting involved you have the opportunity to meet and/or mentor one of the residents and who knows, you may meet your future employee.

If you have questions or would like to volunteer for one of the programs please contact the Society.

**SERVICES:**

- For those members who truly do not have the time to get involved and are looking for help in their practice please consider utilizing the Job Bank. This informal service is provided by the Society.
- Shredding Event: If you were not able to attend this year’s shredding event on May 14th, save your paperwork for next year.
- Continuing Education Courses and Lecture series.

Don’t forget that your tripartite membership also provide you with many other benefits such as:
- Access the NYSDA website to obtain a free copy of their HIPAA guide
- Access to the ADA website where you can obtain information and links that can be added to your own website or Facebook page (MouthHealthy.org)

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**OBITUARIES**

Dr. Donald Gross passed away on February 5, 2016 at the age of 77 in Scottsdale, Arizona. He graduated from Univ. of Penn. School of Dental Medicine in 1964 and completed his postgrad degree in Oral and Maxillofacial Surgery in 1966. Dr. Gross practiced in Lake Grove and Stony Brook. He is survived by his wife, four children and four grandchildren.

Dr. Allen Peyser passed away on April 7, 2016 at the age of 85. Dr. Peyser graduated from Temple School of Dentistry in 1955 and then enlisted in the Air Force. He maintained a general dentistry practice in Lindenhurst for many years and also taught at the dental school. Dr. Peyser was a past President of the Suffolk County Dental Society in 1988 and served on our board for many years. He was also a past General Chairman of the Greater Long Island Dental Meeting and served on the GLIDM board for many years. After retirement in 2002, he moved to Pennsylvania. He is survived by his wife, four children and four grandchildren.

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In 1946, former Dupont chemist, Earl Tupper, invented and began manufacturing what we now call Tupperware. It had that “tupper” seal which provided a water-tight, spill proof container and kept food fresh. He envisioned the plastic container to sit in a refrigerator at any angle. His inspiration came from the lid on a paint can as this was able to keep paint from drying out for years.

I remember my mother’s first set of Tupperware, she screamed so loud with joy upon opening it. Yet, she rarely utilized the “good stuff” for weekly uneaten food. I never understood what made one type of leftover more special then the next thus allowing her to take out and use the good Tupperware.

Fast forward 15-20 years. My grandmother would make roasted peppers and other Italian delicacies for many of her grandchildren. Within two days of getting the “phone call” that the food was ready, one had to schedule a trip to her home in Brooklyn, and fast! The other thing I fondly recall was again, about the Tupperware. She knew exactly how many containers were missing from her closet and which grandchild failed to return the last batch. Occasionally, one would receive this phone message left on their answering machine, “…Pronto, Ah Stevie, I made some roasted peppers today but you no give me back my containers from the last time, so you no get any food this week, capisce?”

Fast forward another 15-20 years. Today there are many substitutes in the plastic container industry. Glad, ZipLok, Rubbermaid etc, all produce a knock off version of the original, Tupperware, which sells in over 100 countries. Its US sales alone are $1.2 billion per year.

So what does this “HOME EC” story have to do with dentistry? Let me explain. Sometimes you just have to buy the better brand name items. Just ask anyone who bakes a New York Style cheesecake without using Philadelphia brand cream cheese. The center will always crack.

Toward the end of every GPR year, residents ask me what type of endodontic materials they should purchase. If they’re looking to become an associate in a practice, I suggest that they also check the expiration dates of all dental materials not just the endodontic ones. Year after year during the final weeks of their GPR programs, I lecture on dental materials. I thought I would share that list here with our Suffolk County GPR residents. I call it the Tupperware list versus the knock off list.

The Tupperware list includes items that I feel money should be spent on, good top of the line brand names of your choice. These include: Files, Reamers, Gutta Percha, RCT sealer, Apex locator, Rubber Dams. Gloves, Endo Explorers, Calcium Hydroxide and Rotary Files.

The Bargain brand list includes items that, I feel, a practitioner can easily buy a bargain or “on sale” no frills name. These include: Paper Points, Broaches, College Pliers, Gates Gliddens, Peeso Reamers, Rubber Stoppers, Rulers, Scissors, EDTA, Irrigating tips, Clamps.

In addition, there is not a brand of endodontic material that I am fonder of than another top brand of each item on the Tupperware list. I always say that use what works best in your own hands. There are a few rotary systems that don’t work well in my hands yet many other endodontists use them routinely. It’s just a matter of style and getting comfortable using newer and sometimes OLDER equipment and dental materials in an existing practice.

Don’t despair! We’ve all gone through this. If you’re joining a practice, simply tell the owner dentist that you’ll gladly try the brands he/she has been using but if they don’t feel right after a set time frame, you would like to explore purchasing another brand. Sometimes, past residents will contact me and say that their bosses allowed them to buy other brands and they (the owners) are even happier with the new associate’s selection. Remember that you all have been well trained and it’s simply a matter of confidence that will take you farther.

Might I also give a plug to the ADA’s and NYSDA’s New Practitioner guide? Please go to ADA.org to find invaluable information on just about everything a new graduate needs to know and focus on. From insurance needs to practice management ideas, ADA members have access to all of this. The NYSDA New Practitioner’s Guide is another great resource as this magazine won national acclaim a few years back. If you don’t have one, please contact NYSDA before you finish your program.

In closing, I wonder how many of MY good Tupperware bowls are in my son’s apartment in Philadelphia. I hope he returns them before he relocates to Virginia in July, to start medical school …..

Just a thought!
2015 ADA Lobbying Accomplishments

For Your Dental Practice

Permanent Increase of Section 179 Expensing Deduction - The ADA led the way for a permanent extension of Section 179 expensing, which allows for deductions of new equipment and property up to $500,000, with the deduction phased out for investments exceeding $2 million.

Two Year Delay of Medical Device Tax - ADA participated in a large coalition that advanced legislation to repeal the 2.3 percent excise tax on medical devices. A two-year delay provides additional time for the ADA and others to work to eliminate the tax in the future.

Reverse the Medicare Part D Prescriber Requirement - The ADA is continuing to pursue a two pronged approach to the issue of enrollment in or opting out of Medicare as required by the Medicare Part D regulation. While the ADA fights for legislation to repeal this provision, the ADA is providing the best and most useful information for members to comply.

Two Year Delay of Cadillac Tax - There is a two-year delay of enforcement of the "Cadillac Tax", which would impose a 40 percent excise tax on high-cost employer-sponsored health plans. The delay provides additional time to address the unintended consequences associated with the tax, such as the adverse effects on FSAs that are used by many patients to pay for dental care.

Reform ERISA - The ADA advanced legislation that would help consumers receive the full value of their dental coverage. H.R. 1677 requires all self-insured health plans that offer dental benefits to provide uniform coordination and assignment of benefits.

Amend the McCarran-Ferguson Law - The ADA advanced legislation that would authorize the Federal Trade Commission and Justice Department to enforce federal antitrust laws against health insurance companies engaged in anticompetitive activity. H.R. 494 has 96 Cosponsors.

For the Dental Profession

Upheld Prohibition on Use of Funds for Alternative Dental Health Providers - The ADA defeated efforts to allow the Department of Health and Human Services to use funds to train or employ alternative dental health care providers, as authorized in the Affordable Care Act (ACA). This prohibition has been in place for more than five years.

Fought for Military Dental Research Funding - Funding will continue at $6 million. Military research units address dental disease and battle injuries.

Defeated Efforts to Reduce the Rank of the Chief Dental Officers Serving in the Armed Forces - The Senate version of the National Defense Authorization Act (S.1376) included a provision to reduce the rank of the Army, Air Force and Navy Chief Dental Officers. The ADA lobbied against these provisions and won.

Improving Medicaid - The ADA, along with the American Academy of Pediatric Dentistry, submitted comments to the Centers for Medicare and Medicaid Services on a proposed rule that aims to align Medicaid managed care plans more closely with plans offered in the commercial market. The proposed rule would require Medicaid managed plans to adhere to a minimum loss ratio, provide actuarially sound rates and ensure network adequacy among other requirements.

Non-Covered Services Legislation - ADA, along with the American Optometric Association, helped craft the "Dental and Optometric Care Access Act" (DOC Access Act), H.R. 3323, which prohibits federally regulated dental or vision benefit plans from dictating what a doctor may charge a plan enrollee for items or services not covered by the plan.

Increased Support for the "Action for Dental Health" Bill - H.R. 539 will allow state organizations to qualify for oral health grants to support activities that improve oral health education and dental disease prevention. The ADA has secured 80 bipartisan cosponsors.

For Your Patients and the Public

Expanding Flexible Spending Accounts
Funding for and Endorsement of the Benefits of Fluoridation
Funding for the Indian Health Service, Division of Oral Health
Funding for Dental Prevention, Access and Research Initiatives
Promoting Healthier Diets
Preventing Tobacco Use
E-cigarette Regulations

For more information on any of these bills, please visit ADA.org/engage or ADA.org/advocacy
Most, if not all, dentists are affected by the dental insurance policies and contracts that have infiltrated our practices. Dental insurance does provide a very helpful means for our patients to receive the dental care they need. However, over the past several years insurance companies have become more intrusive and controlling of our patient care.

The latest intrusion comes in an addendum that is attached to your updated fee schedule. These addendums must be read and understood, since upon signing, they become part of your contract. The bait is the increase, though small, in the fee schedule, which may not have been updated for 2-3 years. So, you are more than happy to sign on. Caveat!!

Currently, an insurance company has placed the following addendum as a condition to you accepting the updated fee schedule. This new addendum reads, “In addition, (insurance company) reserves the right to direct participants to selected dentist and/or influence a participant’s choice of dentist. This may include, but is not limited to, the segmentation, or tiering, of the dental network.”

This addendum gives the insurance company the right to influence or guide their client, your patients, to the dentist of their choice — most likely for maximum insurance company profit. This is a clear intrusion into our doctor-patient relationship. Will they actually be calling your patient and redirect them to another office? How will they be influencing their clients to see one dentist over another?

What is the basis in choosing which dentist will be sent these influenced clients? Perhaps they don’t want you to sign so they can continue into the future with the lower fee schedule? If you accept that small fee increase by signing the addendum you will not have any rights to question such actions.

The rating, and/or tiering of dentists by an insurance company or one of their affiliates is ethically wrong by threatening patient autonomy. It also raises questions of conflict of interest based on patient’s health versus company profits.

Please be sure to read the addendums and seek proper counsel before signing.

### TAX TIPS FOR DENTISTS

**by Stuart A. Sinclair, CPA**

The due date for Form 1065 U.S. Partnership Income Tax will be the 15th day of the third month following the close of the partnership’s tax year.

Previously, partnerships were due by the 15th day of the fourth month. The due date for Form 1120 U.S. Corporation Income Tax Return is changed to the 15th day of the fourth month following the close of the tax year. The current deadline is the 15th day of the third month.

Both of the above changes are applicable to returns for years beginning after 12/31/2015.

### Stuart A. Sinclair

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I Hope You Enjoy This

Dentistry, our sui generis profession is defined by the didactics of medicine, the abilities to sculpt form and bioengineer function while simultaneously providing stand-in psychiatry, public relations and of course business acumen. We are an elite group and deserve commensurate financial compensation without interference. Today a dentist is probably the greatest example of individual achievement in the face of a government that each year demands more for the collective while diminishing the rights and profits of the individual and the small business owner. With payroll taxes and the cost of our own health care policies sky rocketing to support the non-producers, we must immediately confront those who pick our pockets.

My consent form specifically outlines office policy in regard to patient expectations and refunds: I get paid for my work product not a patient’s expectations and there are no refunds. I also assumed, like many of us, that since I signed a credit card merchant services contract as a doctor or health care facility-not as a retailer- I am immune to the bite of the snake named ‘theftus chargebackus’. It’s not that simple.

Recently a patient initiated a chargeback on her credit card for work completed in my office. If you’ve been fortunate enough not to experience this scourge, a chargeback is a patient initiated demand for a refund on the credit card that was used to pay for the services. All a patient needs to do is fill out a form and state a reason for their unhappiness. A dentist needs to respond within a window of time for the “case” to contest and reverse the chargeback. If unsuccessful your money will be sucked out of your account as fast as it went in.

Here’s the timeline of my case: a patient presented and paid for X rays, an exam, a cleaning and 2 fillings. One month later she filled out a chargeback form and submitted it to her credit card company. Her reason for a chargeback or refund for all of the services was, “A dentist said that the fillings were not done correctly”.

My response to the credit card company was terse: firstly this is not a shoe store and a doctor gets paid for nonrefundable work; secondly, the patient is a liar and should provide a sworn affidavit by the mystery dentist so the Office of Professional Discipline could investigate the matter; thirdly the chargeback represents theft of services documented by the consent to treat and it’s now a police matter.

In my case even with the clear evidence and logic that I presented to challenge the patient’s devious assertion, my money was seized.

Here’s how I got the credit card company to reverse the chargeback back in two days.

I decided to ramp up the angst to a level that no credit card company or for that matter any corporation wants to deal with because it would cost them thousands of dollars at many levels. I composed a letter and sent it “signature required” to two addresses in two states where the credit card company listed their legal departments. Here’s the letter in redacted form. It could be used it as a template.

Dear Merchant Services Retrieval and Chargeback Administrators for AMEX or Visa etc:

Re: production of documents case #____________

Dear [name of credit card company],

My name is [name], and I am representing myself pro se in the matter of case # xxxxxxxx. I am the doctor and the owner of the business ______________ that were deprived of professional fees. I at this time am legally representing myself in this matter. For the record the issuer is Amex or Visa etc, and the reason for the dispute made by the patient is “__________________”. Since the cardholder has disputed all of my charges and has clearly conveyed to you details of the charges that are fees for healthcare services, there is no confidentiality or HIPAA issue related to this case that could prevent your quick production of the following documents. It is factual that you acquired and used documents to pass a judgement on me, my work, the work of my hygienist and my staff. I am therefore entitled to the prompt production of these documents without delay because they are obviously in your possession.

On x-xx-xxxx I sent you, credit card company name, via email and fax with documentation that they were received, all of the required documents to prevent this wrongful and improper chargeback for health care services. You, none the less, have unilaterally refunded my fees without cause. These fees represent work done by me and my staff related to healthcare services. They are not retail items and should not be charged back. Your “charge back” represents a judgement. It is therefore a slanderous and libelous denigration of my work and my reputation. I and my business have been harmed.

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Your decision has justified and approved the cardholder’s manipulative, devious and unfounded assertions.

This letter is a formal request for certified copies of all communications that led to your decision to charge back my fees for both cases representing healthcare services performed by me and my staff. Please send me certified copies of every communication made between your company and the card holder and patient necessarily related to this matter. These include recordings of telephone conversations, notes, letters etc. by anyone who participated in the creation of these charge backs. Also, send me certified copies of every communication that your company had with any and all doctors or staff members who involved themselves in this matter by communicating an opinion about the [list services performed] that were performed by me and my staff. These include, but are not limited to, all letters, emails, supporting notes or statements from any doctor’s or their staff; telephone recordings of calls between you and any and all doctors, notes from any and all doctor’s and/or staff members; sworn affidavits from anyone purporting to have been involved in this matter; any communications involving assertions that the healthcare services that completed and paid for were improper; any note or entry into your company’s official record that the healthcare services that were completed and paid for were substandard or below an accepted standard. Also please provide to me your official time and log of the receipt or creation of each of these documents.

Also please send to me your company’s official position statement or policy statement on what is their acceptable standard for approval of payment to a doctor for a dental x-ray, a dental examination, a dental filling and a dental hygiene visit.

Also please provide to me documentation that you are licensed by the State of New York to approve or decline healthcare charges to a doctor or healthcare facility. Also provide to me documentation that I am a member of your healthcare plan and accept your rules as a member healthcare provider.

Please also provide me with the names of the employees of your company that were involved with and or approved the charge back of my fees to the cardholder. I am entitled to their names because it is possible that the cardholder or patient may have a friendship or relation with someone in your company.

Please have all of your documents stamped as certified copies and sent to me in ten business days of the receipt of this request.

I am hoping to collect my documents promptly from you,

Sincerely,

Dr. __________________________ Date __________________

Owner: __________________________

[Ed. note: The opinions and statements of the author do not necessarily reflect those of the SCDS. The material contained in the article is informational only and does not constitute legal advice. Dentists should contact their own attorneys before sending out similar letters.]
The Return of the Prodigal  
or  
You Can't Go Home Again

I’ve always wanted to visit my grandparents’ home town. I tried some years ago, but my car had mechanical difficulties so that I didn’t get there. It’s in southern Italy in the Province of Basilicata. Most Americans never heard of it. I think most northern Italians have never visited it, but it is beautiful and worth the trip. Not to my ancestral town though. That’s what I kept calling it for months. I was returning to my roots.

What precipitated this after so many years was that one of my grandsons was studying in Rome for his spring semester. I think he is studying girls and art. I knew I was born too soon. We flew to Rome and then to Naples. Our room had a great view of the bay and Vesuvius. Unfortunately, it didn’t erupt. The poet Goethe coined the phrase "See Naples and die." If I were you I wouldn’t go that far.

We hired a driver to Anzi, which is located in the hills southeast of Naples. I don’t drive in Italy any more where I am known as the "King of the U-turns". My sister visited Anzi over 20 years ago. She found out that we are related to the physician. His son is a dentist. It’s in the blood. He made a big fuss over her and insisted on taking her to lunch and introduced her to everyone as his cousin from America. He had my father’s first name. There aren’t many Elvis’s there.

After walking around for a while and taking photos, we left. I felt depressed.

My wife’s family came from a town five miles away down the mountain. It's called Pignola, a much larger place. We found out that she is related to the mayor. She said that I married up.

I'll never hear the end of this!
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NYSDA Continuing Education Awards for 2015

The following members will be receiving NYSDA certificates recognizing continuing education hours completed from the date of membership through the end of 2015. Awards are given only at the benchmark levels of 100, 300, 500, 1000 and every 500 credit hours thereafter. For example, members who completed 450 total hours in 2015 will not receive an award until they complete 500 hours. The 100 and 300 hour certificates have been mailed out and the remaining certificates will be presented at our September 28th General Membership Meeting.

Congratulations to All …

2000 Hours
Rodin, Howard

1500 Hours
Kennedy, Gregory
Koeppel, Ira
Lamberg, Steven
Rubin, Jeffrey

1000 Hours
Berger, Al
Darviche, Jane
DelleDonne, Dean
Donahue, James F
Duane, Elizabeth
Guariglia, John
Kardovich, Richard
Mann, Samuel
Mesimeris, Vasilios
Proto, Christopher
Shank, Duane

500 Hours continued
Palermo III, Andrew
Paticoff, Kenneth
Sachs, Robert
Scotto-Lavino, Stephen
Seylar, John
Shah, Meena
Sloan, Michael

300 Hours
Camesas, Lazarus
Chavkin, Ross
Curtis, Stephen
Englebright, Jennifer
Hanna, Matthew
Iovino, Robert
Logan, Keri Ann
Poch, Robert
Popper, Jason
Shemet, Charles
Zanelli, Laura

500 Hours
Absatz, Lawrence
Bast, William
Carrion, Julio
Daniels, Mark
DiPietro, Guy
French, Jr., John
Girolamo, Carl
Kahn, Richard
Lieberman, Arnold
Liotta, Michael
Nagle, Karen
Nicols, Jr., Joseph
O’Lear, Brian

100 Hours
Amenedo, Christopher
Boerger, Julie
DiBernardo, Joseph
Donthireddy, Sirisha
Frangella, Laura
Karim, Shaikh
Krausz, Jessica
Nicastro, Jr., Nicholas
Skevofilax, George
Studley, Eric
Vertichio, Kimberly
Ziaei, Hadi