

The Affordable Care Act: What About My Patients, My Practice, Myself?



By Dr. Chad Gehani

Today we see assaults against professions by outside interests. The bottom line is that the public – the lay people we treat and for whom we advocate – are aware that dentistry is the gatekeeper of oral health. Good General Health begins with Good Oral Health. Don't be fooled, government leadership knows this as well. Ultimately, government will be held accountable for any failure to protect the well-being of the public by diminishing access to quality health care. But until the public policy makers take the oral health of the public as seriously as we do, it is our job to educate and inform.

Make no mistake; the attacks against dentistry and what is best for our patients are out there. Dentistry and ultimately oral health itself are under attack from a variety of sources. These attacks are coming from:

- Anti-fluoridationists
- Third party payers
- Corporate practices
- Public foundations,
- Patient Protection & Affordable Care Act (ACA) also called Obamacare

Third party payers, particularly managed care companies, corporate dental groups and corporate foundations regard dentistry as a source of corporate profits – at the expense of our patients and our colleagues. These industries assume that dentists will be smart enough to ensure their own profitability. As we know, this is not always the case. As professionals, we are responsible to protect the well-being of our patients – a responsibility not shared by profit-driven corporate entities.

Sadly, some of these attacks are a result of today's economic conditions. Why don't many disadvantaged people have better oral health – or health in general? Is it simply because dentistry is failing to provide access or meet their needs? Or, are there a number of complex variables that affect the rates of disease, treatment-seeking behavior, and patterns of utilizing available resources – including Medicaid and dental benefits? In today's economy, even patients who have the financial resources to pay for treatment out-of-pocket, or have

generous dental benefit plans, fail to take full advantage of the services available to them. Too many Medicaid patients do not take advantage of the services that are available to them. What is dentistry's role in helping to solve these access issues and in educating patients about effective preventive strategies? Today I want to discuss just one aspect of the upcoming changes we can expect as public policy makers seek to reform our health care system.

Patient Protection & Affordable Care
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QCDS Playing Key Role In NYSDA

QCDS has significant presence and plays an important role within NYSDA as evidenced by the selection of several QCDS members as chairs of the Councils upon which they serve. It is quite an honor and acknowledgement by their peers that the following QCDS members were selected as Council chairs by their respective NYSDA Councils:



**Council On Ethics:
Jay Ledner**

A past president of Queens County Dental Society, Dr. Jay Ledner has served in leadership positions on the component, state and national levels. At the ADA, Dr. Ledner has served on a reference committee, was a chair of the NYSDA Caucus Committee on Legal and Legislative Matters, and has served as an ADA Delegate. At the state level, Dr. Ledner has served as a NYSDA delegate and has served as chair of the Council on Ethics. At QCDS, Dr. Ledner has served on nu-



**Council On Dental
Practice:
Bijan Anvar**

QCDS Vice-President Dr. Bijan Anvar, who has served as QCDS's chair for the Council on Dental Practice for five years, now has been elected as NYSDA State chair for the Council. Dr. Anvar has been tirelessly serving QCDS in other ways, as well. He was also a GLDIM director, NYSDA delegate, ADA alternate delegate, EDPAC component chair, and sits on several committees representing QCDS at NYSDA. He is

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QCDS Playing Key Role In NYSDA

—Continued from page 1

also a grassroots leader for the ADA and is currently attending the ADA's Institute for Diversity in Leadership Program. He also manages the QCDS Facebook page.



Council On Governmental Affairs: Prabha Krishnan

A Queens County Dental Society past president who, during her term as president in 2009, pioneered the Women Dentist's Conference, the first of its kind in the tri-state area. Dr. Krishnan has been tirelessly serving QCDS in other ways, as well, as a NYSDA HOD delegate, ADA delegate, past chair of the Council on Membership, Recruitment and Retention for QCDS, ADA Reference Committee member (Legal and Legislative Affairs) as well as a member of several committees representing QCDS at NYSDA. She is also an alumnus of the ADA's Institute for Diversity in Leadership program.



Dental Education And Licensure: Rekha Gehani

A recipient of the Queens County Dental Society's highest honor, the Emil Lentchner Distinguished

Service Award, Dr. Gehani is also the former chair of the New York State Board of Dentistry and still serves on that Board. She had previously served as an alternate delegate to the ADA, was a member of an ADA Reference Committee on Legal and Legislative Matters and now represents QCDS as one of three delegates to the ADA, as well as serving as a QCDS NYSDA delegate. She is the QCDS representative on the MLMIC Underwriting Claims Review Committee and a member of the QCDS Board of Trustees



NYSDA Support Services: Joseph Caruso

Dr. Caruso serves QCDS as the NYSDA trustee and was also a recipient of the Emil Lentchner Distinguished Service Award as well as having served as a Queens County Dental Society president and longtime member of the Board of Trustees. In addition to serving as the chair of Support Service, he is also the vice chairman of the State EDPAC and has established many fruitful relationships with various elected officials in educating them regarding important issues confronting the profession. He has served organized dentistry in numerous positions he has held at NYSDA, the ADA and QCDS.

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Deadlines for manuscripts is six weeks prior to the date of publication. For example, the deadline for March/April issue is January 10th. All Submissions must be typed as a word document and emailed to QCDSBulletin@gmail.com.

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The QCDS Board of Trustees meets on the third Tuesday of each month (Except July and August) at QCDS Headquarters. For information about the Society, Call QCDS at (718) 454-8344.

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From the President

beatrizvallejo@hotmail.com



Managed Care, Dentistry, the Future

By Beatriz Vallejo, D.D.S.

Dentistry today has a problem that we have just started to acknowledge, which is that the competitive grants are the plans such as Managed Care, PPOs, DHMO, Closed Plans, etc.

The main problem that we face is that the prices that they have for our dental services have not risen to match the costs that we have in order to perform these services. If we accept "managed care" and all other forms of "controlled costs" then dentistry, as an unavoidable given, will start seeing losses instead of gains because at the end of the day no one wants to come home with an income less than prior years. It would simply seem preposterous and nonsensical in order to avoid these dilemmas we must learn to adapt to the new dental environment.

Possibly, it is time for us to review the nature of our practice, meaning that we should reflect and analyze to see if it would be to our benefit to outsource our work to other professionals. Should the services that our offices provide include more "state of the art dentistry"? Can we afford to take protocol type procedures? I know that there is no simple answer or solution to these problems, but we must do more than just hope that "things will get better." As I have been saying my

whole term, I encourage you to be more active members of your dental society by simply attending meetings and interacting with your society. Take the Continuing Education courses that your society offers to hear what the new wave of dentistry is all about. Performing these simple tasks will provide you with crucial information that will help you make future decisions for your practice and that will hopefully help you for the rest of your career. If "managed care" continues to promise to provide quality dental care for less money to customers, then we the providers will see more similar and frequent problems in the future.

Your dental society has been working very hard, with your help, in maintaining our professional rights and our public image at this time, but we always have to keep working harder and smarter to keep that perception of ourselves and our society. At the end of the day, we have to remember that continuing education is the formal recognition of the obligations dentists have, which basically is to keep the current knowledge, skill and experience we need to do the best possible job for our patients.

Come down to your society. We need you to become active, have a voice, and help us help you!

“
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”

Congratulations to the Newest QCDS Life Members!

QCDS recognizes the following members who have met the requirements for 2013 Life Membership. QCDS congratulates these members on reaching this milestone and thanks them for their longstanding support of the tripartite system.

Boguslaw, Richard G
Cohen, Steven A
Feldman, Walter B
Gershon, Andrew
Ghi, Hueychung
Greenberg, Allan D
Herzlinger, Carol

Kuncio, Zenovia M
Lee, Kye L
Mahl, Gregory J
Marouni, Michael B
Mc Laughlin, Gerald G
Meizlik, Leo
Morse, Leonard

Nebel, Clifford I
Ruden, Steven J
Steczko, Ted
Tover, Wayne
Wiener, Alan S
Winik, Sheldon E

Sample Ballot Notice

The Nominating Committee meeting was adjourned before completing their assignment. Therefore, this issue of the Bulletin does not contain the Committee Report, which will be presented in full at the October 2nd General Membership Meeting. The committee meeting has been rescheduled for September 11th and the committee report with a sample ballot to be voted upon at the November 6th meeting will be posted on the QCDS website shortly after the September 11th meeting. In addition, you will receive an e-mail notification of the posting as well as copies of the report and the Sample Ballot attached to the e-mail.

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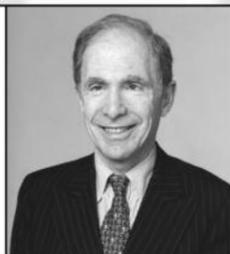
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- If you have the right pension plan for your practice (special guest speaker)?
- If you are on track for a secure retirement?

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Maximizing Investments for Dentists

Lewis Altfest Ph.D., CFP[®]
President of Altfest Personal Wealth
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Planning for Your Retirement

Paul Palazzo, CFP[®],
COA, Co-Director of Altfest's
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Topics include:

- Investment opportunities available today
- Altfest's economic and market outlook
- A five-step process for creating sound investment portfolios for dentists
- How you can put away more money for your retirement tax-deferred
- Planning for lifetime income and cash flow in retirement

Date: **November 2, 2012**

Time: 8:30 a.m. to 9:00 a.m.: Breakfast
9:00 a.m. to 10:00 a.m.: Maximizing Investments for Dentists
10:00 a.m. to 11:00 a.m.: Increasing your retirement assets in workplace pension accounts
11:00 a.m. to 12:00 p.m.: Planning for Your Retirement

Location: **K Pacho
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Registration: Sign up by emailing Brooke at bpetersen@altfest.com or calling (212) 406-0850
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From The Executive Director

execdirqcds@aol.com.

Membership Has Its Rewards

By William Bayer

The phrase coined by a well known credit card company could also be applied to our tripartite members, many of whom simply pay their annual dues but are totally unaware of the actions taken by NYSDA that have benefited both their patients as well as the profession. Benefits of membership, such as advocacy efforts, the CE Registry, Continuing Edu-

cation Programs, Legal Services Panel, Access to MLMIC Insurance, Peer Review, Networking and subscriptions to professional journals are known to most members, but the results of the advocacy efforts many times are not as obvious. The following actions or policies in many cases resulted directly from NYSDA efforts:

- Legislation was passed prohibiting corporations and manufacturers from setting quotas on dentists, such as with Invisalign's quota program,
- Dental residents were exempted from needing a permit to practice in hospitals,
- Denturism was not recognized as a profession with a scope of practice,
- Insurers accept a standardized insurance form,
- Prevented the expansion of the scope of dental hygiene practice,
- Certification of dental assistants and increased dental assisting educational programs,
- Statute of limitations reduced from three years to two and one half,
- Maintained adult Medicaid dental services despite budget shortages,
- Licensure candidates must complete an approved residency program,
- Schools requesting Dental health certificates from children enrolled in public schools,
- Delegation of reversible dental procedures to certified dental assistants,
- Exemption for dentists from Sharps Safety Act,
- Dental services available under Child Health Plus,
- Defeated efforts to increase the malpractice statute of limitations to a "date of discovery" rule,
- Prohibited insurers requiring dentists to use x-rays to merely verify work performed,
- Legislation requiring managed care plans seeking to terminate a dentist to afford due process and an appeal process,
- Improved regulation of dental anesthesia and analgesia services to better protect the public,
- Additional funding for Medicaid fee for service program,
- Limited the amount of administrative expenses allowable for managed care companies,
- Support of fluoridation programs,
- Established relationship with Office of Medicaid Inspector General,
- Smoking cessation services may be offered and reimbursed to dentists,
- Loan forgiveness program for dentists in underserved areas,
- Eliminated the clinical exam as a prerequisite for licensure, and
- In order to better protect the public, AEDs in dental offices.

While it is not possible to secure passage of all laws and regulations favored by NYSDA, the success of NYSDA's advocacy efforts can be directly attributed to the unified voice NYSDA brings as the representative of its 15,000 dental members. We urge you to maintain your membership and to en-

courage those colleagues who have not yet decided to join us to do so. Our strength is drawn from numbers and increasing the numbers of members can only result in a stronger voice for the profession. I invite any prospective member to call me and I will gladly discuss membership issues.

Dr. Anvar Meets Congresswoman Maloney

The Queens County Dental Society Empire Dental Political Action Committee Chair Dr. Bijan Anvar had a breakfast meeting with Congresswoman Carolyn Maloney recently, providing him with an opportunity to directly discuss many of the issues confronting dentistry today. The congresswoman was receptive to issues raised by Dr. Anvar, and he said he looks forward to expanding on these discussions at a future meeting with the congresswoman.



Anvar Family Meets With Eli Manning



Dr. Bijan Anvar and family with Giants Superbowl Quarterback Eli Manning

Defensive Driving Course to be offered at Dental Society

A number of members have inquired regarding QCDS hosting the six hour defensive driving program which, upon completion, offers a significant three year discount on auto insurance. The program would be open to family and friends of any member and would probably take place on a Saturday or Sunday with completion of the program in one day or on two weekday evenings from 6 - 9 p.m.

The course requires a minimum number of attendees. If you are interested, reply by e-mail to execdirqcds@aol.com noting your preference for the one day or two evening program, as well as the number of attendees. If there is sufficient interest, the program will be scheduled for which there would be a nominal fee.

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What's Threatening Your Retirement?

By Lewis J. Altfest, Ph.D., CFA, CFP®

When you picture life during retirement, your vision may include relaxing in an elegant condo, traveling and dining out. Maybe you'll cut back on certain extravagances, but you're not planning to lower your standard of living.

Things might not work out that way.

Sure, you've been saving. But if inflation creeps up and you have a large amount in bond investment vehicles, the fact that your parents did well and retired comfortably doesn't mean you'll be able to do the same without further efforts.

Hopefully, you've already identified at least a ballpark amount you'll need to put away in order to retire. Let's say you've settled on \$2 million; you figure that you can earn six percent annually in retirement, and you'll be able to draw \$120,000 per year without tapping your principal.

But any of the following risk factors could be a real fly in the ointment:

- **Inflation:** If you retire 10 or more years from now, \$2 million won't have the buying power it does today. Inflation will have elevated the cost of living, so that sum would only be worth about \$1.35 million in today's dollars, assuming four percent inflation. The lifestyle you're anticipating will cost about \$177,000 a year, not the \$120,000 you've figured on.

Inflation-indexed bonds, called Treasury Inflation-Protected Securities (TIPS), can help offset the effects of rising costs, because the principal and interest payments are adjusted to keep pace with inflation. You can put about 25 percent of your bond holdings in these types of securities. However, recognize that given today's low interest rates, you won't earn as much as you would have say five years ago.

- **Taxes:** That \$120,000 you're planning to withdraw annually? If it's from a tax-deferred account, you'll pay about \$23,000 in federal taxes based on current rates, for a couple filing jointly. So you'll end up with considerably less than you want in your pocket.

Or, say you're heading for a warmer climate, and are counting on a big lump sum from selling your house. You'll pay capital gains taxes on the profit—if it's over \$250,000 and you're single, \$500,000 if you're married and filing jointly.

- **Timing:** This is probably the most chilling—and costly—factor. Will the market be up or down when you start withdrawing money? If you haven't yet retired and the market drops, you can ignore the Dow and wait it out until it rises again. You can still put away money, and you'll be buying assets at a discount. Once you're retired, however, the opposite is true. Suppose the market suddenly loses 20 percent of its value. Your \$2 million just became \$1.6 million. Earning six percent provides only \$96,000 a year.

But you still want \$120,000 to live on, so now you have to take out 7.5 percent of your assets to get that sum. You'll never make that principal back, and that loss could place a hole in your retirement plans forever. Two or three years of consecutive market losses could spell disaster.

You may need to have an experienced professional provide a retirement plan as a reality check and path to a successful retirement. For some, the assets accumulated and direction is sufficient. In fact, a raise in standard of living may be possible. For others, further savings or a cutback in retirement date or retirement standard of living may be called for. For people whose risk tolerance allows, a greater percentage of investments in a diversified stock portfolio may be the answer. The key is to better understand where you are now so can have the highest probability of enjoying your retirement vision when the time comes.

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Notice of Proposed Bylaws Amendment

The following proposed amendment to the QCDS Bylaws is calendared to be voted upon at the November 6th General Membership Meeting and requires a two thirds vote of those present to be approved. Our Bylaws require notice of this vote be published in the Bulletin at least 30 days prior to the vote. If approved, the general membership will vote to elect 25 delegates rather than the 30 that are presently elected by the general membership vote and will become effective immediately after the vote.

BACKGROUND STATEMENT:

The Queens County Dental Society has by far the largest Board of Trustees of any local dental society in New York State. Currently at 45 members, the QCDS Board is even larger than that of the New York State Dental Association.

While some may argue that a larger Board encourages more member participation, which is usually considered beneficial, the reality is that only between 20 and 30 Board members are routinely present at meetings.

Currently, the Bylaws provide for "Thirty (30) delegates from the membership." By reducing the number to 25, the Board can be streamlined to consist of those who are willing to

make the commitment to properly represent the general membership by regularly attending Board meetings and being informed of the issues facing our society and our profession.

This change will *not* preclude others from attending Board meetings whenever they wish, as all members of QCDS are welcome to attend Board of Trustees meetings. Therefore,

RESOLVED, that the *QCDS Bylaws*, Article II, Section 1, paragraph B be amended as follows: (new language in **bold**, language to be deleted in *italic*)

B. Twenty-five (25) delegates from the membership, elected each year for a period of one (1) year.

Old paragraph is to be deleted:

B. Thirty (30) delegates from the membership, elected each year for a period of one (1) year.

This amendment shall take effect with the Board elected at the November 2012 General Membership Meeting, which will begin its term on January 1, 2013.

Protecting Accounts and Assets for Children

By Michael Markhoff, Esq.

Protecting Custodian Accounts

Many people have accumulated funds in custodian accounts for their children with the intention of using the funds for college. However, in many instances, the parents were able to pay the tuition from current income, leaving a substantial balance in the custodian account.

The funds in the custodian account become property of the child when he or she attains age 21. At this point, the parents have two concerns: first, that the account will be at risk in case the child marries and the marriage ends in divorce, and second, that the child may spend the money frivolously.

The best approach in either case is to have the child transfer his or her custodian account to an irrevocable trust created by the child, with the parents as trustees. The trust's income and principal will only be paid to the child in the discretion of the parents. Upon the child's death, the assets are distributed to the child's children. The important point is that the account cannot be distributed to the child's spouse.

If the parents decide at some point that the trust is no longer necessary, they can, in their role as trustee, consent to collapse the trust and distribute the assets to the child.

The trust's income will be taxed to the child. The trust does not have to file separate income tax returns and does not have to apply for a taxpayer identification number.

Upon the child's death, the trust will count as an asset of his or her estate for estate tax purposes. No marital deduction will be available in the child's estate because the trust property cannot pass to the child's spouse. The trust agreement provides that the trust is to bear its own share of the child's estate taxes.

The virtue of such a trust is that the child has given up control of the assets to his or her parents. In exchange, the trust helps earmark the assets as "separate property" for equitable distribution purposes and insulates the assets from any divorce proceeding. Since it is frequently awkward for parents to recommend a prenuptial agreement, this is a more palatable alternative. Of course, such a trust will not protect earned income or other assets not in trust from spousal claims. Also, the child now cannot use the custodian account to purchase sports cars or take lavish vacations.

The trust has estate tax consequences at the child's death and should be drawn with these in mind.

Protecting Your Assets From Your Children's Creditors After You Die

Instead of relying on your children to plan for their own protection against potential creditors' claims, there are techniques, which you can employ to prevent creditors from reaching the inheritance you leave to your children.

Rather than leaving your inheritance outright to the child, you should consider leaving the inheritance in the

form of "generation-skipping trusts" for your children. These trusts provide income to the children and distributions of principal with the consent of another trustee. When the child dies, the trust will be distributed to grandchildren.

The advantage of the trust is that since the child does not have control of the assets (the trustee has the control), creditors cannot attach the trust principal. As a side benefit, this technique enables you to "dictate from the grave" that your estate will not pass to your son-in-law or daughter-in-law upon your child's death if that is the desired result.



Michael Markhoff, Esq., is a partner at the White Plains, New York law firm of Danziger & Markhoff LLP. This firm is a business and tax-oriented law firm that has been representing dentists in the New York metropolitan area for over 50 years. Mr. Markhoff can be reached at 914-948-1556 or at mmarkhoff@dmlawyers.com.

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this ad for these prices. I lectured at the 2009 Greater New
York Dental Meeting. In 2010, for members of QCDS and
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The Affordable Care Act: What About My Patients, My Practice, Myself?

—Continued from page 1

Act (or ACA) :

What the Health Law Really Means for New York Dentists has many aspects:

As Dental Practitioners

As an Employer with less than 20 employees

As an individual Tax Payer

The Supreme Court decision allows the federal government to move forward with ACA implementation, including the requirement that health care exchanges be in place in each state by January 1, 2014. As a result, millions more children will have dental coverage from private and public sector health plans in 2014. Because the court struck down a mandate that states cover adults up to 133 percent of federal poverty level, adult dental coverage shall be less than previously expected & millions of low-income adults shall continue to face barriers such as poverty, poor dental health literacy, cultural and language distinctions and geographic location. These adults, when faced with dental emergency situations, will necessarily be seeking care at Hospital Emergency rooms, driving costs much higher.

With regard to the ACA essential health benefit package, the Department of Health and Human Services Center for Consumer Information and Insurance Oversight is leaving that up to the states for now. CCIIO guidance offers flexibility by recommending that states choose from certain benchmark plans. If the benchmark plan does not include pediatric benefits, the state must supplement the benchmark plan with one of several options.

One of the many reforms in the ACA is a provision allowing certain non-dentists to perform low-level dental tasks. I have always been an advocate for EQUAL NOT SEPARATE TREATMENT FOR ALL. I believe that all Americans, regardless of their financial status or geographic location are entitled to an equal degree of dental care. In my opinion, this provision may not play a very significant role because funds allocated for this provision are minimal.

My feeling is that we shall see more children having dental insurance, but considering the overhead costs of running a dental office, the professional fees might not be acceptable.

You might remember we had a major victory in the State when our Governor signed Executive Order 38 that will phase in over the next few years. A transition starting at 75% and ending with 85% of funds provided by the State for agencies serving the public go towards the actual delivery of those services and only 15% towards administrative expenses. This clearly works for serving our patients well. NYSDA had been advocating for 80/20 legislation last year however this Executive Order is even better than what NYSDA had proposed.

Access to oral health services in New York varies. While there are wide regional variations in the number of dentists per 100,000 population, most regions are well above the national rate of 55 dentists per 100,000. I have been quoted numerous times with the very true statement that New York State does not have shortage of dentists, rather a maldistribution of dentists. Public policy makers need to establish in-

centives to bring dentists into the underserved areas if we are ever to make inroads into solving the access problem.

You may also recall our Governor signing Executive Order 42 establishing Health Exchanges in New York to conform to ACA. Organized dentistry will continue to monitor network adequacy and quality as these exchanges evolve and more dental care is brought under the umbrella of the exchanges. But another real concern is how these exchanges will impact us as small businessmen.

How do I run my own Dental Office if it is a small business with 20 employees or less? What does the law mean for me? Do I need to offer coverage to my employees?

A very simple answer is that this office wouldn't face any penalty for not offering coverage. However, it could be eligible for tax credits that would help them offer health insurance more affordably for low-income workers.

As an individual Tax Payer:

The law is too complicated and many of the operational details are still being worked on at the federal and state level.

If you already have health insurance, you may not have to do anything; there may be some improvements to all insurance plans, such as eliminating co-pays for preventive services including mammograms and wellness visits. Eventually, with 1.2 million additional New Yorkers expected to get coverage, you will see less of your premium dollars going to cover care for the uninsured, which might mean lower insur-

ance premium costs.

New York State has submitted a proposal to the federal government for additional funding to get New York's Health Benefit Exchange up and running. The request includes money to help consumers navigate the new health care systems and for consumer outreach and marketing. Those activities will be especially critical as the exchange gets up and running, when people are actually starting to enroll in new health insurance exchange programs next fall.

You may also recall a New Health Law that went in effect in April 2012, that allows young adults to maintain their dependant coverage up to age 26 even if they do not live with their parents or even if they graduate.

What if I prefer to stay uninsured?

In 2014 you will pay a penalty of a \$95 flat rate per person in your family or 1 percent of taxable income, whichever is greater. This penalty will increase between 2014 and 2016. The penalty is assessed as either a flat rate or a percentage of household incomes, whichever is greater. In 2016, the flat rate will be \$695 per person (up to three per family) or 2.5 percent of family income.

There are some tax credits that you may expect.

The New Law establishes four categories of benefits: Bronze, Silver, Gold and Platinum.

Your premiums, coverage and tax subsidy will vary with whatever you choose. Another complicating factor is that your share of the premium (after applying Tax credit/subsidy) will

vary according to your income. People earning more will pay a larger share that does not exceed 9.5 % of their income.

You should consult your accountant and insurance agent in order to keep yourself up to date as a tax payer and as consumer.

As far as our practices are concerned, there will be an increase in pediatric patients with dental insurance. There may be more adult patients with insurance as well if the New York State Health Exchange chooses to include dentistry, but the reimbursements with such coverage shall be less than desirable.

Organized dentistry has been and shall continue to work hard to make the public and policymakers understand that the dental model is different from the medical model and needs to be compensated differently, as most of the dental procedures are surgical procedures. Dental disease is preventable if there is good access to care for all Americans. NYSDA shall continue to advocate for the inclusion of dental care in the New York State Health Exchange with adequate reimbursement, but this feature is not guaranteed.

These are all the reasons that we should stay united with one strong voice for our profession. If you know colleagues who have not yet joined organized dentistry, there is no better time for them to join with us realizing they will be protecting the interests of their patients as well as our profession.

UNITED WE STAND!

NOTE: Readers should be aware that provisions of the Act may be changed or amended subsequent to the publication date of this article.

TAX TIPS FOR DENTISTS

There are exceptions to the 10% penalty for early distributions (before age 59.5) from qualified pension plans and IRAs.

1. Medical expenses that are in excess of 7.5% of adjusted gross income.
2. Up to \$10,000 for first time homebuyer expenses
3. Higher education expenses for taxpayer, spouse, child or grandchild.
4. Direct rollover to a new retirement account.
5. You were permanently totally disabled.
6. You were unemployed and used the money for health insurance.

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QUEENS COUNTY DENTAL SOCIETY

Continuing Education Program and Diversity Forum

In partnership with the American Dental Association, QCDS is hosting a CONTINUING EDUCATION PROGRAM & DIVERSITY FORUM on Sunday, November 11 at the World's Fair Marina Restaurant, Flushing. This SIX CREDIT CE PROGRAM begins with registration and breakfast at 8:30 a.m. followed by presentations including Jennifer Kirschenbaum, Esq. discussing maximizing protection and revenue through compliance and contracts and Dr. Matthew Krieger discussing managing a successful practice and preferred provider organizations. In addition, Henry Schein CEO Stanley Bergman, will be honored for Schein's ongoing commitment to promoting diversity and Steve Kess will moderate a panel discussion with recent graduates of the ADA's Diversity Institute.

PROGRAM INCLUDES BREAKFAST & LUNCH
REGISTRATION FEE IS \$35
SIX CE CREDITS WILL BE AWARDED
PRE-REGISTRATION IS ABSOLUTELY REQUIRED.
VISIT THE QCDS WEBSITE www.qcnds.org for further program details
REGISTER ONLINE OR BY CALLING QCDS
(718) 454-8344

Smoking Cessation Treatment

NYSDA has scored another impressive victory in lobbying the State Education Department to consider smoking cessation as being within the scope of the practice of dentistry thus reversing a 20 year prohibition on dentists offering this service.

Ironically, dentists were required by law to take courses aimed at helping them better understand tobacco's oral health effects, but were unable to provide treatment to assist the patient in stopping smoking. NYSDA had been urging the Education Department to review its opinion regarding this service and was ultimately successful when in May the State Education Department opined that smoking cessation services, including issuing prescriptions when needed, were within the scope of a dental practice. With this opinion, dentists may work with their patients on stopping smoking and can seek third party reimbursement from the patient's insurance company or directly from the patient.

Although NYSDA was also successful in getting smoking cessation services covered under Medicaid, a freeze on Medicaid spending has at least temporarily prevented Medicaid from paying for these services. NYSDA will pursue efforts with the Department of Health to obtain Medicaid reimbursement for this valuable health benefit.

Dues Installment Program Available to Full Active QCDS Members

The Dues Installment Program is a SAFE way to pay your dues - Simple - Accessible - Free - Easy

The New York State Dental Association offers a free dues installment payment plan to help spread out the payment of tripartite (ADA/NYSDA/local component) dues. This is an optional plan that will allow full active dues paying members to spread their dues payments over five months from November through March.

This installment payment plan uses bank computer systems to electronically charge your bank account for the installment payments. These electronic charges or "direct debits" will only be made with your authorization and will not exceed your dues payment. No additional fees or interest charges will be levied. In fact, there is no cost to participate in this program. Participation is only available via electronic charges, and paper billing is not an option.

Materials will be mailed and e-mailed in mid-August to all eligible members. When you receive them, fill out and return them to NYSDA by September 30th, 2012. It is very important to meet the required deadlines to participate.

This program is a convenient way to pay your 2013 membership dues. If you have any questions, call Peter Lacijan or Karen Miazga at the State Dental Association at (800) 255-2100.

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Dear Colleague:

The dental profession had a major scare this year when Governor Cuomo's Medicaid Redesign Team recommended that dental hygienists should be allowed to work independently of the supervision of a dentist. As you know, throughout the country battles are raging over expanded scope issues, including the possible creation of "midlevel providers," the professional equivalent of nurse practitioners in medicine. Fortunately, NYSDA was able to convince the Governor not to include any scope expansion for dental hygienists in his budget proposal and to ignore the recommendations of the MRT Committee. But the issue is still on the table and we must remain vigilant because this matter is not going away and it is but one of many legislative and regulatory battles we face.

Fortunately for you, EDPAC isn't going away either. We are getting stronger and we are getting more aggressive in our defense of the traditional practice of dentistry. We will not let our guard down and we promise to serve you faithfully in Albany where the practice of dentistry is defined and controlled. However, our efforts rely upon your support, for without you contributing to EDPAC, our profession would simply be a paper tiger and vulnerable to assaults from every political direction. You have generously contributed to EDPAC as part of your 2012 dues, and for that, we thank you.

However, we are asking you to do more, to take that extra step to ensure the viability of our profession in the years to come. Please take this opportunity to join the Capitol Club, the elite group of dentists in this state who contribute an additional \$100, or secure a place on EDPAC's Honor Roll by contributing \$200. Please consider making this extra sacrifice for the cause. Your money will be used wisely in defense of your profession, and your generosity will ultimately be rewarded with the peace of mind you will have knowing that you did your duty to yourself, to your colleagues and to your patients.

Thank you very much for your support.

Sincerely,

Bijan Anvar, DDS, District Chair
Queens County Dental Society

Joseph R. Caruso, DDS
EDPAC Vice Chair

EDPAC

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Yes, I want to be a 2012 EDPAC Capitol Club member.

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____ Please charge my Capitol Club dues to my credit card (AMEX, VISA, MC):

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Ask A Lawyer: Disability Benefits and Your Employees

By Jennifer Kirschenbaum

Do I have to allow an employee to take paid sick time or vacation for the 7 days preceding disability? And, what are the rules for disability benefits for my practice such as maternity leave?

The answer to the first part depends upon your office policy. Since you are not required to provide vacation days or sick time, if you do provide for such under office policy, you would have to abide by the employee's allotted fringe benefits during the seven days preceding disability benefits. See <http://www.labor.ny.gov/workerprotection/laborstandards/faq.shtm#8>. If you do not have a set sick and vacation policy, you should adopt one as well as an employee handbook governing conduct.

For the second part, below is a basic overview of New

York State disability benefits requirements: practices are required to provide disability benefits for any qualified employee during and for four weeks after that employee's termination, should that employee develop a condition that interferes with their life activities, which specifically includes pregnancy. Eligible employees include full-time employees that have worked for four consecutive weeks and part-time employees after their 25th day of work. Proof of disability is required for benefits, including a written notice to you by the employee of the disability, and a doctor's note (you may also request that the employee submit to an independent physical examination). Should you determine that an employee intended to harm him or herself or harmed him or herself during an illegal act, that employee would not be eligible for disability benefits.

Disability benefits are due to an employee starting on their eighth consecutive day of disability. Benefits are capped at \$170 per week, and are set at a minimum of 50 percent of an employee's weekly wage. So, if an employee earns \$300 per week, their disability benefits would be \$150 per week, whereas if an employee earns \$800 per week, their disability benefits would be capped at \$170 per week. Disability benefits for every employee are not to exceed 26 weeks during the course of one year. Typically, employers purchase insurance to cover disability benefits through a state fund, an insurer authorized to do accident or health insurance, or through self-insurance.

Also, employees who have worked for you for more than 12 months or at least 1,250 qualify for a maximum of 12 weeks unpaid time off, with job protection, under the Family and Medical Leave Act, for specific occurrences such as the birth and care of a newborn or to care for themselves or an immediate family member with a serious health condition.

Failure to provide these benefits may result in a misdemeanor punishable by fines and potential imprisonment as well as penalties from the chairman of the Workers' Compensation Board. For additional information visit: <http://ww3.nysif.com/DisabilityBenefits.aspx>.

QCDS Presents Summer Continuing Ed Courses

While the summer is usually relatively quiet when it comes to continuing education programs, two recent programs offered clinical presentations that were fairly well attended.

On June 24 a trio of presenters spoke on various topics in a three hour CE program. Dr. Juan Carlos DeFex spoke regarding new concepts on management and preservation of bone and preventing bone loss, Dr. Maria Claudia Torres spoke on the topic of temporomandibular joint disorders while Dr. Camillo Achury addressed treatment planning of complex restorative casers in conjunction with the oral surgeon.

On August 3 Dr. Jorge Cervantes Grundy did a presentation on difficult cases in implantology to 30-plus attendees, with positive feedback from many of those present.

QCDS thanks all of the speakers who donated their time in an effort to improve the clinical skills of members.



QCDS President Dr. Beatriz Vallejo, left, greeted summer CE course presenters, left to right, Drs. Camillo Achury, Juan Carlos Defex and Maria Claudia Torres

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Jennifer Kirschenbaum manages Kirschenbaum & Kirschenbaum, P.C.'s healthcare department and regularly counsels healthcare practitioners in regulatory compliance, transactional, audit defense, licensure, litigation and general practice management matters. Contact Jennifer Kirschenbaum at (516) 747-6700 ext. 302 or <Jennifer@Kirschenbaumesq.com>.

Now That The 'Obamacare' Has Been Upheld

By Manish Majithia, CPA

In light of the current and drastic changes that are happening in the political, economic and fiscal worlds, though it is very difficult to anticipate where the nation's tax policies will head, with the recent Supreme Court decision upholding the constitutionality of "Obamacare" it is now more certain than less that the doctors and dentists—high-income taxpayers—are all going to face selected tax increases beginning in 2013. The presidential and congressional elections, the strength of the economy and the recovery of the labor market will all strongly influence the position that Congress will take with regards to the tax laws, rates and structure.

A number of tax increases are poised to go into effect from 2013 onwards. An additional 0.9 percent Medicare Hospital Insurance Tax will apply to wages of an employee or earnings of self-employed individuals that exceed \$200,000 for Single and over \$250,000 for Married Filing Joint taxpayers. Unearned income received by high-income individuals (as above) such as interest, dividends, capital gains, annuities, royalties, and rents, other than such income, will be subject to a 3.8 percent "net investment income tax." Tax-free interest or payouts from retirement

The table compares tax provisions that are in effect through 2012 and what they would be from 2013 onwards assuming that "Obamacare" is not repealed and the Bush-era tax cuts are not extended for high-income taxpayers (though I believe that, the Bush-era tax cuts will be extended for all, at least for just one more year).

With the uncertainties involved in all the above, taxpayers are not going to be able to decide for sure, well in advance if at all, if they should be doing something to help their tax scenario for these years or not. Only after the November elections are done and there are some clear declarations or indications would we be able to take a concrete course of action; but that could either be too late or have to be done under in a rush, or could make the planning even more cumbersome if there are no clear indications as expected before the end of the year.

So, taxpayers must do things that would prove correct no matter what. All the tax planning that can be done is mostly going to revolve around the timing of recognition of income and timing of deductions. For example, consider realizing long-term capital gains in 2012 itself, while the

“
After 2012,
consider
deferring capital
gains.”

Tax Provisions	Through 2012	Beginning 2013
Highest tax bracket on ordinary income	35%	39.6% (effective rate could be 45.4%)
Highest tax bracket on qualified dividends	15%	39.6% (effective rate could be 45.4%)
Highest tax bracket long term capital gains	15%	20% (effective rate could be 25.8%)
"Obamacare" effects	none	0.9% tax on earned income;
3.8% tax on unearned income		
Limitations on itemized deductions	none	restored
Estate and gift tax parameters	35% top rate;	
\$5.12 million exemption	55% top rate;	

plans are not subject to this tax. Guidance on how these new taxes will be actually applied is expected to be issued in the near future.

The new Medicare Hospital Insurance Tax and net investment income taxes are not the only tax changes looming for high-income taxpayers next year. President Obama is also calling for the expiration of the Bush-era tax cuts for high-income taxpayers. Under this proposal, the 36 percent and the 39.6 percent tax brackets will be revived next year, along with the 3 percent limit on itemized deductions and phase out of personal exemptions. The tax rate on long-term capital gains will go to 20 percent and the dividends would be taxed as ordinary income. When we factor in the 3.8 percent Medicare Hospital Insurance tax, clubbed with the effects of limited itemized deductions and phased out personal exemptions, the effective tax rate on long-term capital gains and dividends would be nearly 25.8 percent and 45.4 percent, respectively, which is a lot higher than the current 15 percent maximum tax rate on these.

tax rates are low on capital gains and there is no net investment income taxes on unearned income. After 2012, consider deferring capital gains. Of course, make sure that all this makes economic and business sense, too. For 2012, consider electing out of any installment sale treatment if possible and recognize the entire amount of gain in the year of sale instead of deferring it over the payment period. Try to increase growth assets and decrease dividend-paying assets by the end of this year. Also, consider investing in tax-exempt investments that may give a better effective after-tax yield than taxable investments. Keep a close eye on the changes and developments in the political, economic and fiscal scenarios and keep communicating regularly with your tax adviser.

Manish Majithia is a C.P.A. with a practice in Garden City. He is available for any questions, suggestions or comments. He can be reached at <manish@kkmehtacpa.com>.

SPANISH AMERICAN MEDICAL DENTAL SOCIETY CONGRESS

... is holding its Interamerican Medical and Dental Congress
at the LaGuardia Marriott Hotel on Saturday, October 20 and Sunday, October 21.
The TEN CREDIT Continuing Education Program schedule is:

Saturday, October 20

- 4-5 p.m. Evaluation and Treatment of Intraoral Lesions
Juan Carlos Defex, M.D.
Diplomat American Board of Oral and Maxillofacial Surgery
Attending LIJ Hospital, Wyckoff and Jamaica Hospital
- 5-6 p.m. An Inside Report and Update on the New Health Care System
Elena V. Rios, M.D., MSPH
President and CEO, National Hispanic Medical Association
- 6-7 p.m. An HIV Update for Physicians and Dentists
Marcos Charles, M.D.

Sunday, October 21

- 8:50-9:50 a.m. Prosthodontic Lecture
Dr. Marcus Abboud
- 9:50-10:50 a.m. Current Concepts in Dental Implant Dentistry
Adamo Notarantonio, D.D.S.
- 11 a.m.-Noon Bone & Soft Tissue Considerations for Successful Implant Dentistry (Periodontics)
Bernard Fialkoff, D.D.S.
- Noon-1 p.m. Orthodontics for the General Practitioner
Inna Gellerman, D.D.S.
- 2-3 p.m. The many uses of MTA (Endodontics)
Nader Azizi, D.D.S.
- 3-4 p.m. Pediatric 101 for the General Practitioner
Ivan Vázquez, D.D.S.
- 4:10-5:10 p.m. Bone Grafting Materials (Oral Surgery)
Arlene Rodriguez, D.D.S., M.D.

Registration and questions regarding this program should be directed to Ruth Hungerford at (718) 505-2037 or Dr. Juan Carlos Defex (718)476-6750 or www.samdesny.org

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CE Courses September - November

Pre-registration is required for all continuing education courses, except General Membership Meetings

Sunday, September 9 9:00 a.m.

CPR - Certification 4 C.E. Credits
Topic: "Basic Cardiac Life Support"
 Certification will cover 1 and 2 rescuer CPR, Heimlich Maneuver, child CPR and AED. The ability to recognize the signals of a heart attack and provide stabilization of the victim at the scene of a cardiac arrest is a priceless commodity. Life over death may some day become a reality to someone you know or care for. Be prepared to help save a life.
Registration at 8:30 a.m. Class begins promptly at 9:00 a.m.
Instructor: Eric Zalewski, BLS Instructor
Tuition: ADA member/staff: \$105 Non-ADA member: \$260

Friday, September 14 9:00 a.m.

Topic: Infection Control 4 C.E. Credits
 In the past this course has had an overwhelming positive response from those clinicians and their staffs who earnestly want to stay informed of the latest infection control recommendations and does so through the eyes and thoughts of a speaker/clinician who well understands the nature and demand of everyday dental practice. There's more...bring your entire staff and satisfy OSHA's annual staff training requirements. Course qualifies for relicensure.
Instructor: Safety Compliance Services
Tuition: ADA member/staff: \$85/\$70. Non-ADA member: \$260

Friday, September 28 9:00 a.m.

Topic: Risk Management 4 C.E. Credits
 Areas discussed include professional liability, record keeping, patient history, informed consent, patient access to records, patient relations, confidentiality, peer review and more. Objective is to provide licensee with knowledge of laws and regulations, as well as methods to avoid or resolve patient conflicts. Course qualifies for malpractice policy discount offered by most insurance companies.

Instructor: Dr. Kenneth Treitel
Tuition: ADA member/staff: \$135. Non-ADA member: \$260

QCDS is an ADA CERP Provider

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at ADA.org/goto/cerp

Tuesday, October 2 6:15 p.m.

General Membership Meeting 2 C.E. Credits
7:00 P.M.: A Simplified Approach to Basic and Complex Retained Overdentures
 This presentation will cover the treatment planning and work flow for providing your patients with implant related overdentures. The additional topics that will be examined will be the different design possibilities and their dependence on different types of retention devices. The long-term success of these prosthetics will also be discussed.
Instructor: Mark Marinbach

8:00 P.M.: Whitespot Lesion: Identify and Heal

This presentation examines the difference in nature of white spot lesions and enamel defects. The science behind the protocols for reversing them using the Recaldent technology in MI Paste and MI Paste Plus will be outlined. How and when to use the product for white spot reversal along with the mechanism of action in MI Paste will also be discussed as well as additional strategies for remineralization. Actual cases and their protocols will be presented. Attendees will also learn how to begin a protocol for remineralization procedures in their dental offices. Other indications for using MI Paste will also be discussed.
Learning Objectives:
 • Distinguish between CPP-ACP and fluoride and when to use each for best results
 • Understand the mechanism of action of Recaldent and its unique ability to remineralize enamel
 • Understand the remin/demin process
 • Examine actual cases and determine protocols for identified enamel defects
 • Examine indications for using CPP-ACP

Instructor: Robin DiPace

Thursday, October 11 6:30 p.m.

Topic: Preparing your practice for transition 3 C.E. Credits
 The process of change is an important and natural part of the great cycle of life. ADA statistics show a stunning 42.8 percent decline in average practice gross collections for dentists moving from age 55 to 65. Whether you are a buyer or seller, Planned Transitions are preemptive. When properly structured and managed, they are financially and emotionally rewarding for the doctors, the doctor's family, the staff, and the patients. As a buyer, this seminar will help you determine which ownership entry strategy is best for you and teach you how to avoid common acquisition mistakes, and the pros and cons of associateships. As a seller, this seminar will show you the different alternatives that are available for transitioning your dental practice. This information will allow you to determine which practice transition plan is best for your situation. The seminar will also help you avoid common practice transition mistakes that could easily cost you hundreds of thousands of dollars.

Learning Outcomes:

- How to utilize transition options to reduce stress and improve your quality of life
- Determine if a practice opportunity is appraised properly
- Avoid common transition mistakes that can easily cost you
- Analyze the hidden potential of a practice opportunity
- Why an associate could either be your greatest asset or your greatest liability
- How to sell your practice and continue to practice as long as you desire
- Learn the entire process from dental school to retirement

Instructor: Dr. Berdj Feredjian

Tuition: NO FEE, Member Benefit

Tuesday, November 6 6:15 p.m.

General Membership Meeting 2 C.E. Credits
7:00 P.M.: Voting for elective offices

8:00 P.M.: Avoiding the pitfalls in practice transitions
 Business issues arise during the buying or selling of a practice. This presentation spells out the options you have as a potential buyer or seller, and the most common pitfalls, and strategies for avoiding them in order to ensure a practice transition.
Instructor: Martin Mattler

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Study Clubs September - October

Dr. Fialkoff Study Club

CONTACT DR. FIALKOFF (718) 229-3838

Sept 12 7:00 -10:00 p.m.
Topic: "Introduction to Force Balanced Occlusion: It's Application to Head Neck and TMJ Pain"
Speakers: Dr. Montgomery
 Dr. Edward Portnoy, D.M.D.
Location: 47-10 Bell Blvd. Bayside
Oct 10 7:00 -10:00 p.m.
Topic: "Bone and Soft Tissue Considerations For Successful Implant Dentistry"
Speakers: Dr. Bernard Fialkoff
Location: 47-10 Bell Blvd. Bayside

NYC Interdisciplinary Study Club

CONTACT CARLY (917) 675-0109

Sept 12 6:30-9:00 p.m.
Topic: "Medical Conditions Masquerading"
Speaker: Donald Tanenbaum D.D.S.
Location: Dopo Teatro
 West 44th Street, New York, NY
Sept 19 6:30-9:00 p.m.
Topic: "Overdenture"
Speaker: John Kirdahy
Location: Bartolino's Italian Restaurant
 34-15 Broadway, Astoria

Kalman Oral Surgery and Implant Study Club

CONTACT DORIS REYHAN (718) 897-6400
Oct 10 6:30-9:00 p.m.
Topic: "Agenesis of the Maxillary Lateral"
Speaker: Dr. Todd Weinberger
Location: 60-70 Woodhaven Blvd., Unit C-2
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Dietary Concerns

Please note that QCDS wishes to accommodate the dietary needs of attendees at our meetings and programs. It is requested that anyone requiring kosher or other specialized foods notify the QCDS office at the time of your registration so that proper plans can be made.

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Employee/Employer Opportunities

As a courtesy to members, QCDS will offer listings at no cost in our bi-monthly Bulletin publication to dentists seeking positions as an associate, as well as to QCDS members who might be looking to employ an associate. Direct all submissions via a Word document attachment to an e-mail addressed to execdirqcds@aol.com and limit your submission to a maximum of 40 words. All listings placed in the Bulletin must be renewed for each issue or they will be removed. In addition, such postings will be placed on the QCDS website for 90 days, unless requested to be removed.

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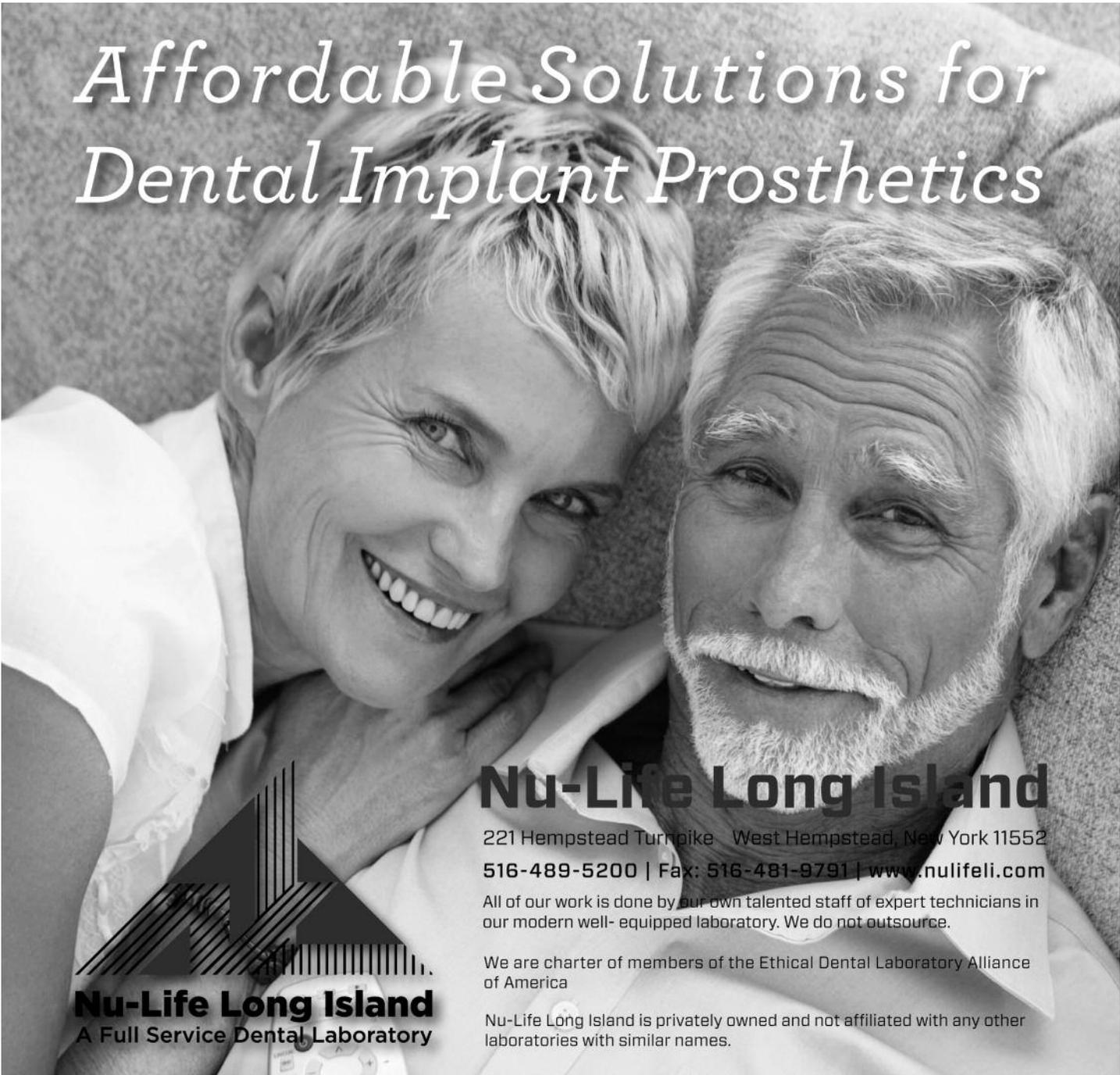
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