



The Risk You Take is the Business You'll Make!



TIPS INSIDE!

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Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX editorial staff is interested in articles of general membership interest. This can include an accomplishment, interesting hobby, innovative idea, volunteer effort, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review.



Presidential Pondering

Dr. David Walls, SDS President

In my previous address to the society, I spoke of a desire to provide a respite from the deluge of negativity in the news and social media. I wanted to reach out to our society with a sentiment of thanks. This time, I would like for all of us to show thankfulness.

While finishing up the last of my Christmas shopping, I found myself belaboring which monogrammed Christmas stocking was both on sale and matched our Christmas decor. My dawdling was disrupted by the overwhelming thought of how lucky I am. How lucky and privileged am I to even care about something so trivial?! If you are reading this, you are probably in a safe and comfortable place; also enjoying a lucky and privileged life. Yes, we all worked hard throughout school, made sacrifices, and continue to work hard each day at our offices. Still, no choices or actions we have made were the deciding factors for when or where we were born. Those are purely matters of luck. It is with luck that each day I go to my comfortable office and go to great lengths to make sure my patients have a pleasant, pain-free experience. But if I were not so lucky, I could have been born in another part of the world where I would be performing trauma surgery without anesthesia, in a hospital without electricity, while bombs rain down overhead.

To ignore the astounding and heart-breaking suffering taking place right now feels irresponsible while we enjoy such excess during the holiday season. The hardship of Ukraine is slowly fading from the capricious news cycle. At some point we'll stop hearing about Gaza, where already 85% of the population has been forced from their homes. Or that, of the 17,700 people killed there so far, 61% are civilians; the majority of those women and children. The plight of the Sudanese is barely even mentioned in the news. We don't hear that war has displaced 4.8 million Sudanese people from their homes and 1.3 million others have fled the country as refugees in just over one month's time. These women and children are not enemy combatants. They bear no arms. They did not even vote their leaders into office. They were just unlucky enough to be born at the wrong place, at the wrong time.

I am not attempting to elicit feelings of guilt or imply blame for all the troubles of the world. Nor am I not suggesting that we should not enjoy our lives. What do I ask is that we each take a moment to recognize how lucky we are. Lucky to be in a place where we were afforded the opportunity to study and work hard to obtain our degrees and lead comfortable lives. Lucky to have the mental and physical health to overcome the challenges of our profession. Lucky to have the support of family, friends, and our community. I hope that, upon that reflection, we all feel a responsibility to help those less fortunate than us. Whatever your faith or secular beliefs, the holiday season is a time to embrace human connection and remember universal, core values such as joy, love, kindness and compassion. If there is something you care about, be it human life, animal life, the environment, cancer research, or even organized dentistry, please consider giving to a charity.

Unfortunately, there are those who would take advantage of others' kindness. There are also charities that, despite having good intentions, are not efficient or effective. For your generosity to have the best impact, I would recommend that you take a look at <https://www.charitywatch.org>. If you have been approached by a charity or already have one in mind, you can search for it on that website. You will find accurate contact information for the charity, as well as an assessment based on the percentage of money donated that is actually spent for the cause and other metrics. If you haven't

(cont. Page 4)

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quite decided where you would like to give, the website also offers a list of the highest-ranking charities, organized by category (<https://www.charitywatch.org/top-rated-charities>). The Better Business Bureau has a similar website: <https://give.org/>.

Another easy way to give would be to follow the tradition of charity exemplified by our very own Drillers and Fillers by donating to the local Salvation Army. The original Drillers and Fillers were the kind and generous SDS members Dr. Bruce Valentine and Dr. Andy Soderstrom. They were followed by Dr. John Sulak and Dr. Pete Soderstrom. The Drillers and Fillers are now led by Dr. Elizabeth Demichelis and Dr. Larry Bartlett.

I hope all of you and those you love enjoy a wonder holiday season and have a prosperous new year!

Dr. Alexandra Hebert and Dr. David Walls who accepted the SDS plaque honoring his years of service on the SDS Board.



Robin's Relevant Remarks

I think Dr. Walls summed it up quite nicely. I find dentistry by and large to be a 'giving back' profession, evidenced by members and their dental team who have served at past CDA Cares events, who provide screening for students at schools in Stanislaus County, who donate to organizations in need in our community, and who have stepped up when I put out a Hail Mary to serve patients who frequently fall through the cracks be it special needs, mobility issues, etc. I also include those members who volunteer to serve on the SDS Board of Directors, its Foundation Board, and various committees.

In the last APEX I told you I was a member of the Modesto 500 Lions Club. Service to those in need is a big part of who I am and I find myself in a job working with people who have a similar philosophy. My 15 years as your executive director have been both challenging (you know who you are!) and rewarding and I feel very lucky that fortune has guided me here to serve its members, team, and the public.

If you find that you are that giving back person and would like the opportunity to serve your dental society in some capacity; board, committee, specialty patient referral, please let me or any of our board or committee chairs know and we will find a place for you. You are always welcome at the table.

I hope this holiday season brings you and your family and friends, peace and joy and may you find the opportunity to serve someone less fortunate who may not have the opportunity to do the same.

We are together as one....

...SDS members (and team) preserving the dental health of the earth's population, one patient at a time!

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The following sponsors provide financial support to the Stanislaus Dental Society's continuing education course program which helps us bring quality speakers for your knowledge enrichment. Please support their generosity by asking them about what they can do to help your practice!



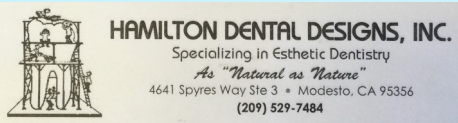
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The objective of the Stanislaus Dental Society shall be:

- To encourage the improvement of the oral health of the public,
- To promote the art and science of dentistry,
- To encourage the maintenance of high standards of professional competence and practice,
- And to represent the interests of the members of the dental profession and the public which it serves.

Welcome to the newest members of the 2024 SDS Board of Directors!



Incoming Secretary, Dr. Christina Lee Zertuche is proud to be an incoming member of the Stanislaus Dental Society Board of Directors, following in the footsteps of her father, Dr. Callin Lee. Dr. Lee Zertuche is an endodontist in Modesto who earned her Doctor of Dental Surgery and Advanced Education in General Dentistry certificate from the University of the Pacific Arthur A. Dugoni School of Dentistry and endodontic certificate from Temple University Maurice H. Kornberg School of Dentistry. Dr. Lee Zertuche's passion for dentistry has not only been in private practice but also as an educator, researcher, volunteer, and speaker.

Dr. Lee Zertuche loves spending time with her husband Justin and their four children. She also enjoys reading, all types of puzzles and word games, and playing tennis.



Incoming Editor/Board member, Dr. Andrew Smith is a 2022 graduate of Herman Ostrow School of Dentistry at University of Southern California (USC). He graduated from Peter Johansen High School in Modesto, then furthered his education receiving his B.S. in General Biology at CSU Stanislaus. Dr. Smith has additional training in research where he studied pathogenic diseases at the University of Missouri which helps him in practicing evidence-based dentistry. His education provided him with learning material/cosmetic dentistry, emergency dentistry, and training in different modalities of sedation to bring in comprehensive care to every patient when designing a new smile. One particular passion of his is outreach to community where past ventures included mobile dentistry for the under-served, food drives with the Hispanic Dental Association, providing dental care for those in skid row, Title IX work at his undergraduate campus, and countering at the LAC+USC hospital providing emergency dental care.

When Dr. Smith is not in the office performing dentistry, he spends most of the time with his family hiking, coaching soccer, or volunteering at school sites. He finds passion in making music where he spends his free time playing the drums or in the gym focusing on physical health.



Being Your Own Boss – The tale of policies, regulations, rules, and all the HR stuff that owner dentists have to deal with.

Charles C. Kim DDS, SDS Editor

**Little disclaimer here, I am a solo owner general dentist. For detailed guidance and recommendations, please refer to your HR specialists.

For my last article for the APEX which I feel blessed to be having been part of since 2018, I thought hard about what to write as my last one. There are lots of great clinical topics that help us as clinicians, which I am sure great future editors of the APEX will cover. To me, the greatest challenges and rewards in dentistry come from the people that we work with as well as the people that we take care of every day. Unfortunately, especially in the beautiful sunshine State of California, being a business owner involves dealing with lots of Human Resources topics including policies, regulations, and rules.

As my 8 and 6-year-old girls tell me regularly, treating others the way you want to be treated goes a long way. Once we have this golden rule under our belt, we need to think and act so that we can have a sustainable business where we can have a place to treat others the way we want to be treated ourselves. The key here is sustainability and continuation and making things better and easier over time. Fortunately, there are a lot of ways for us to reduce time spent on HR so that we can stick with what we do best, dentistry. Our amazing local component, Stanislaus Dental Society, is a great starting place to understand which path as an owner you would like to take in terms of your HR needs. Of course, CDA and ADA have practice management resources in HR that you may search and learn from including CE classes.

If you are using local, state, or nationwide payroll companies, many of them have added services regarding up-to-date policies and HR resource questions to be covered for additional fees. I used all of these until COVID-19 happened and all the regulations and policies kept changing every day. Then I finally subscribed to the HR management company's help and guidance. Of course, there are fees involved, but for an average of \$100-\$200/month (if you are a solo provider like myself), it is great to have someone that either I or our office manager can call depending on the needs as it arises. Make sure you are not subscribed to more than one at the same time, because most of them provide the same services with a phone call/email/website to have questions answered for you. Duplicates for most dental business seem unnecessary.

For anything other than HR needs, most of the patient-related questions can be directly answered by your professional dental malpractice insurance company's customer representatives. This is perfect time of the year to plan for 2024 in regards to all of these services, so feel free to talk to our local colleagues and your office manager/leadership to have a detailed plan of action so that we can plan for the future. Lastly, thank you very much for all of your kindness and support through my 6 years total of being a board member and an editor. Looking at future incoming board members, I am certain that our future indeed is bright. I will see you all in general membership meetings/other activities. Have a beautiful rest of the year!

Editorial Manager Comment:

Thank you for your years of service as SDS Editor and Board Member. You have served us well!



"A Potpourri of Dentistry Pearls of the Practice"



Clarke Filippi, DDS
*Surgical Advances in
Implant Dentistry*



Michael Shaw, DDS
*Multiple Types of Blood
Thinners and What We as
Practitioners Need to Do*



Shaun Joseph
Merrill Lynch
*Financial Fundamentals:
Tools for Pursuing
Financial Health*



David Woodruff, DDS
Platelet Rich Fibrin

Modesto Junior College Dental Assisting Program: *Clinical Education Partnership Updates*

by Joy Brack, RDA, Lead Instructor



Modesto Junior College's 12-month Dental Assisting Program has continued their first cohort through this year with eleven current students that have continued their education and goal to successfully complete the dental assisting program by December 21, 2023. Unfortunately, the few students that were unable to continue the program was not due to lack of passion for dentistry but sadly, the hardship of family support and financial obligations that resulted in the dismissal of the program cohort. I hope to see them back in a future cohort and I have discussed re-enrollment with some of them who already miss being a part of our program! "It doesn't mean this is the end to your career goal, but just not right now and you will be back" are my words of encouragement for my students!

Our FIRST Modesto Junior College (MJC) Dental Assisting cohort is nearing the end of the DA program and will start pursuing a dental career as dental assistants until they reach their final goal of successfully passing the RDA Examination to become licensed Registered Dental Assistants. Our current students are finishing their last semester in "*Dental Assisting III*" and currently completing the last clinical rotation, *Rotation Four*. This semester is advanced skills of the Dental Assistant and Registered Dental Assistant including, but not limited to, coronal polish, radiation safety, class II temporary restorations, provisional crowns/bridges, bleaching trays, and advanced chairside skills. This semester our students have also been studying different dental specialties and appreciated the support of our dental community in taking time for different guest speakers to support student's knowledge and skills and helping our students grow professionally. Thank you, Lakiesha McDonald, MJC Career Services Program Specialist, for your support in educating our students in building qualified resumes/ portfolios and skills with interviewing in dental practices. To Dr. Clarke Filippi, Periodontist, for educating our students in your dental specialty, the interesting procedures you have performed, and the team dynamics that are desired in a dental practice. Dr. Andrew Smith and Dr. Stephanie Diego for speaking to our students with knowledge about "General Dentistry" and the skills that are necessary in a desired professional dental assistant. Also, the MJC dental education team and our students are humbled by the support we have received from all our wonderful clinical partnerships! We have seen amazing growth in our

students' personal professional skills and dental skills from each of the four rotations with you and your dental teams' patience, trust, and delivery of education that gave to the student(s). Thank you from the bottom of our hearts! If you are interested in being a speaker for our students, please reach out, we would welcome more guest speakers next year!

We will be starting our RDA Examination Preparation Course that our students will be enrolled in after the end of the program to continue the support in "finishing what you started" and that is, Registered Dental Assistants! This course will be starting February 2024 and is open to our community for dental assistants wanting to apply and prepare for the RDA Examination. If you have any questions regarding the course, please feel free to contact Robin or myself for further assistance for your dental team.

Lastly, MJC's dental team will be devoted to continuing the quality success of our dental assisting program and will be reviewing the policies, procedures, curriculum, clinical experience, and quality of our student's success before our second cohort starting July 2024. If you have any support you would like to share, I would love your input please! We will be hosting a meeting at the beginning of the next year to share your knowledge and support in continuing to deliver quality professional dental assisting students for our community. The date and time are to be announced once it is created and we will ask Robin Brown to update you.

I will continue to keep our dental community updated with our program and the success of our students. Once again, our dental team, Dr. Elizabeth Demichelis, MJC Dental Director, Richard Carnes, MJC Workforce Department Director, Bianca Cavazos, Program Specialist Workforce Department, and Joy Brack, RDA, Lead instructor, would like to warmly say thank you again for such amazing community support for our program! Please reach out if you have any support, questions, or concerns.

Joy Brack, RDA, Lead Instructor

Brackr@yosemite.edu

Elizabeth Demichelis, DDS, Dental Program Director
ead.dds@gmail.com

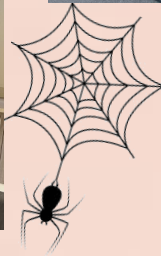
A Ghoulish Display Indeed!



Andrew Fletcher, DDS



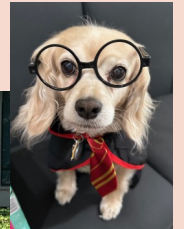
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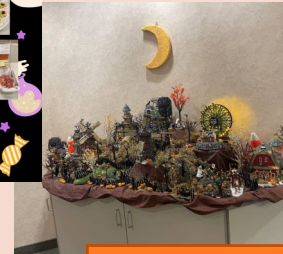
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(or are they?)



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Joseph Kolody, DDS



Stan Heiner, DDS



Jeff Barton, DDS and team



Glen & Alexandra Hebert, DDS

New Year, New Leaves

Giuliana Gabriel, J.D. HR Compliance Director

November 16, 2023

Employers—it is time to pull out your handbooks and get ready for some major revisions to two leave laws for 2024: paid sick leave and bereavement leave. California employers must prepare for the mandatory paid sick leave increase to *a full week*, as well as a brand new bereavement leave for reproductive loss events. Keep reading below for key insights!



Mandatory Paid Sick Leave

SB 616 will increase mandatory paid sick leave from 3 days or 24 hours, to **5 days, or 40 hours as of January 1, 2024**. For employers who use the accrual method, employees still accrue sick leave at a rate of one hour of PSL for every 30 hours worked; however, the cap on paid sick leave will increase from 6 days, or 48 hours, to **10 days or 80 hours**. Employers may limit usage to 5 days or 40 hours in each year of employment, calendar year, or 12-month period.

It is not as common, but for employers who use an alternative accrual method (i.e., something other than one hour for every 30 hours worked), the employer must ensure that the employee accrues no less than 24 hours by the 120th calendar day of employment and that they also accrue at least **5 days or 40 hours by the 200th calendar day of employment** or each calendar year.

All of the following rules still apply to PSL:

- All employers are covered, regardless of size
- Eligible employees are those who work 30 or more days for the employer
- PSL usage may be limited to employees who have completed 90 days of employment (if so, note this in your policy)
- Employees are protected from retaliation and qualifying sick leave absences should not be counted against attendance. Also, it is not recommended to request a medical note when employees use mandatory sick leave.
- Available paid sick leave must be reflected on the employee's pay stub every pay day.

Reproductive Loss Bereavement Leave

Last year, it became mandatory for California employers (with 5 or more employees) to provide bereavement leave upon the death of a covered family member. Now, in 2024, employees may also take **up to 5 days of bereavement leave** for a **"reproductive loss event."**

Covered employers include all public employers and private employers with 5 or more employees. Eligible employees must have worked 30 or more days for the employer prior to the leave's start.

A "reproductive loss event" is defined as:

- **Failed Adoption:** means the dissolution or breach of an adoption agreement with the birth mother or legal guardian, or an adoption that is not finalized because it is contested by another party. This event applies to a person who would have been a parent of the adoptee if the adoption had been completed.
- **Failed Surrogacy:** means the dissolution or breach of a surrogacy agreement, or a failed embryo transfer to the surrogate. This event applies to a person who would have been a parent of a child born as a result of surrogacy.
- **Miscarriage:** means a miscarriage by a person, by the person's current spouse or domestic partner, or by another individual if the person would have been a parent of a child born as a result of the pregnancy.
- **Stillbirth:** means a stillbirth resulting from a person's pregnancy, the pregnancy of a person's current spouse or domestic partner, or another individual, if the person would have been a parent of a child born as a result of the pregnancy that ended in stillbirth.
- **Unsuccessful Assisted Reproduction:** means an unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure. This event applies to a person, the person's current spouse or domestic partner, or another individual, if the person would have been a parent of a child born as a result of the pregnancy.

(cont. Page 12)

In most cases, **employees have up to 3 months from the event date to use the leave.** For a multiple-day event, the final day is considered the event date. Note that reproductive loss bereavement leave is *separate and distinct* from bereavement leave for family member deaths, as well as PDL and family and medical leave (CFRA).

The leave is unpaid and need not be consecutive, but employees may opt to use available accrued time, including paid sick leave. Confidentiality and non-retaliation protections apply.

For employers familiar with last year's bereavement leave for family member deaths, there are some key differences with reproductive loss bereavement, including:

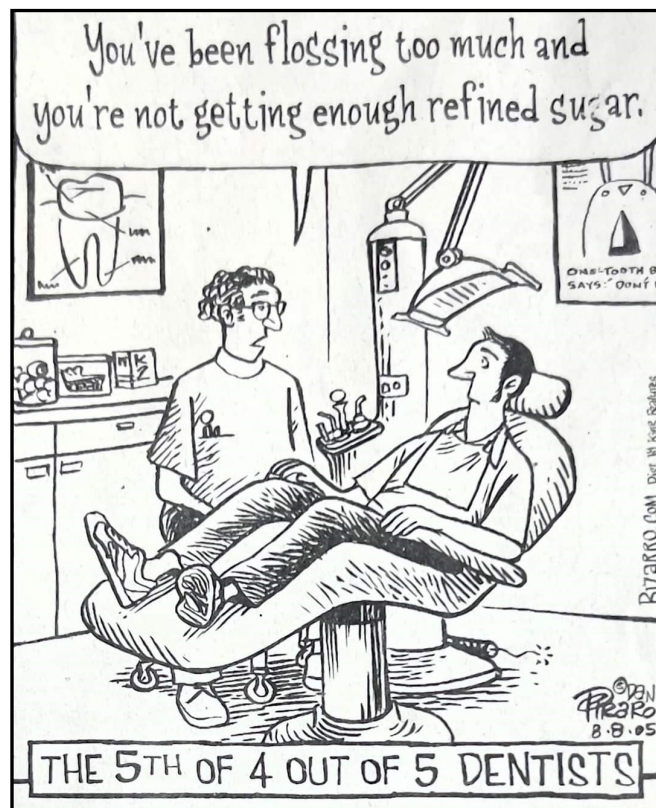
- While employees have up to 5 days for each reproductive loss event, employers may cap leave at **20 days in a 12-month period.**
- Unlike bereavement leave, employers may **not request certifying and/or medical documentation** for this leave.

Employee Handbook and Other Changes

Practically speaking, what does this mean for California employers? We suggest you:

- Update your PSL and bereavement leave policies in your [handbook](#)
- Anticipate a PSL [poster update](#)
- Update [Wage Theft Notices](#) for non-exempt employees with the new paid sick leave entitlements
- Work with your payroll provider to ensure updated/accurate PSL amounts are listed on pay stubs for 2024
- Ensure your PSL systems are compliant for 2024. For the accrual method, have you altered usage and caps in your payroll system? For those using the lump sum method, have employees been furnished with enough time for 2024?
- Consider whether you will alter your vacation and/or paid holidays to account for the additional sick leave time

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Fair Thee Well, Good Sirs!

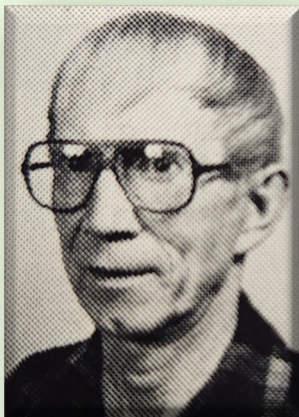
Rex Anderson, DDS

02/12/1922-07/14/2019

Periodontist

In practice 01/01/1946-5/1/1994

[Obituary](#)



William Brooks, DDS

06/24/1917-10/24/2009

General Dentist

In practice 01/01/1953-12/01/1996

[Obituary](#)

Raymond 'Pete' Forbes, DDS

06/23/53-09/01/23

Endodontist

In practice 01/01/1984-2003



More than Money: Weighing the Risks and Benefits of Patient Refunds



When offering refunds to dental patients, it is essential to have clear policies and procedures in place. Refund policies should be communicated clearly to patients, so they understand under what circumstances refunds will be offered and what documentation may be required. Dental practices should weigh the potential benefits against the risks and ensure that they have policies and procedures in place to handle refunds in an impartial and transparent manner.

Offering refunds to dental patients, when appropriate, can be a reasonable business decision that may improve patient satisfaction, build trust and promote positive word-of-mouth marketing.

The Dentists Insurance Company's [Risk Management Advice Line](#) assists TDIC policyholders and dental association members with concerns that arise during the practice day. Dentists frequently reach out to the Advice Line with questions about offering treatment refunds or discounts. Here are a few of those calls that illustrate common challenges and risks associated with refunds.

Case Study 1: Prepaid Treatment

A dentist had been treating an elderly patient who needed two implant-supported crowns. The patient paid the full treatment fee at the initiation of treatment. Unfortunately, before her new crowns were delivered, the office learned that the patient fell at home and sustained a serious injury. A few weeks later, the patient's daughter contacted the office, letting them know the patient was unable to resume her dental care as she was now receiving hospice care and requested a refund of the money that was prepaid for her mother's treatment.

Given that the restorations had already been fabricated and the cost of associated lab fees had been paid, the dentist was unsure of her obligation and called TDIC's Advice Line for direction. She would be ensuring compliance with HIPAA privacy laws. She instructed the dentist that before engaging in any further discussions with the patient's daughter, the dentist must verify that the patient's record contained an [authorization](#) listing the daughter as a representative. If not, that authorization needed to be obtained before communicating further with the daughter.

The analyst also advised the dentist that while it might be tempting to argue that the custom-made crowns resulted in lab fees that couldn't be recovered, the patient's representative would likely not be swayed by this argument. Considering the difficult and sympathetic position of a patient in hospice care, the analyst suggested that it might be in the best interest of both patient and practice to consider refunding for the incomplete treatment.

Case Study 2: Potential Overcharges

A dentist had been treating an elderly patient whose son had power of attorney to manage his father's health care and finances. At the time of treatment, the patient made a cash payment on a portion of the account, and the son paid the

remainder with a credit card. Following treatment, the patient's dental benefits plan paid more than expected.

Upon learning about the benefit plan payment, the patient's son contacted the dentist's office requesting a cash refund of the amount that had been overpaid. The office manager was concerned by the son's demeanor and felt that something was amiss with his demands for a full cash refund of the overcharge. The dentist reached out to the Advice Line for guidance.

After assessing the situation, the analyst recommended that any refund that was due to the patient should go back to the source from which it came. Rather than refunding the entire overcharge in cash, the office should refund the original cash payment of \$500, then refund the rest through the credit card used to complete payment. Proceeding in this manner would ensure the refund transactions align with the original forms of payment.

Case Study 3: Incomplete Work

A dentist was planning to close his practice upon termination of his office lease, which was at the end of the next month. He had one patient who had been in the process of restorative work for over a year. After extensive endodontic work, the patient had finally been cleared by the specialist to resume the final restorative work by her general dentist. At that point, the patient expressed to the dentist that she was unhappy with the appearance of her upper restorations and wanted to have them redone before finalizing the lower crowns.

Concerned that he would not have access to an office space to complete the treatment the patient wanted to have redone, the dentist contacted the Advice Line for guidance. The analyst pointed out that considering the patient's history of unrealistic treatment expectations, it would be unlikely that the dentist would have sufficient time to complete her treatment prior to his practice closure. The analyst suggested that the dentist

share with the patient his plans to close the practice and provide a referral to a prosthodontist for further treatment of her complex case. Additionally, the analyst encouraged the dentist to consider offering a refund for the portion of treatment that the patient had paid but not completed due to unforeseeable circumstances.

Consider Each Case on Its Own Merits

Patient requests for refunds can vary widely, and each one should be looked at individually. When evaluating a refund request, take three factors into account:

1. Is the issue at the center money or communication?

Sometimes, a patient's dissatisfaction is related to poor communication. The patient may be satisfied with empathetic listening to their complaint, an apology, a more detailed explanation of the treatment or an understanding that more information will be provided earlier in the process during future treatments.

2. What is the history of treatment with the patient?

Consider how long you've been treating the patient, whether you have any misgivings about the work in question and whether you're confident that the patient's dental record can withstand legal review if a malpractice lawsuit is filed.

3. What is the level of trust in the relationship?

Consider the level of trust that the patient has with you along with your confidence in the patient's ability to adhere to the current and future treatment plans. Are they generally reliable and objectively dependable? Refunds can help build trust with a patient and either be part of a solid foundation leading to a life-long relationship or a way to show empathy during a separation.

If you do agree to provide a refund, it may be appropriate to have the patient sign a release-of-liability form. This document should clearly state that the patient is being issued a refund but should not refer to the quality of care provided by you or any member of your team. This type of document, when properly prepared and signed, may prevent the patient from being able to successfully pursue any future lawsuit in the matter. It will also serve as a record of the agreement's terms and conditions and the parties' intent. TDIC analysts advise caution when presenting release forms, as in some cases requiring the patient to sign a release can inflame an already tense situation. Consult with the [Risk Management Advice Line](#) first, where an analyst can advise accordingly and provide a sample release-of-liability form.

The Pros and Cons of Refunds

Offering refunds to dental patients is a choice that can be used to improve patient satisfaction by representing a level of goodwill and empathy on the part of a provider. However, it also comes with risks that must be carefully evaluated before implementation. Ultimately, the decision to honor a refund request should be based on several factors and will vary depending upon the circumstances and, in some cases, upon the patient involved.

Patients who feel that their needs are not being met or who are dissatisfied with their treatment may be more likely to switch to a different dental practice. By offering refunds, practices can show their patients that they value their business and are committed to providing high-quality care.

Another advantage is that refunds can help identify areas for improvement in a dental practice. If multiple patients are requesting refunds for the same reason, such as long wait times or poor communication, this can be a signal that changes need to be made to improve patient experience. Be more proactive in encouraging patients to openly express any concerns regarding their treatment. This can provide an opportunity to reach mutually agreeable resolutions early in treatment, improving patient satisfaction and reducing the likelihood of future refund requests.

On the contrary, offering refunds may create the perception that the quality of the dental care is not worth the full price. Patients may assume that the dental practice is offering refunds because they are not confident in the quality of their services. This can be especially damaging to the reputation of a dental practice, as patients are likely to share their negative experiences with others.

Another risk associated with providing refunds is the potential for financial harm. If a practice offers refunds too frequently or without proper procedures in place, it may be burdensome to operating costs and compound financial difficulties. Additionally, offering refunds for restorations can be particularly precarious, as these products are expensive and require significant time and resources to create. If a patient requests a refund for a restoration, the practice may be unable to recoup the costs associated with high lab fees.

Protect Your Practice With Clear Policies

When offering refunds to dental patients, it is essential to have clear policies and procedures in place. Refund policies should be communicated clearly to patients, so they understand under what circumstances refunds will be offered and what documentation may be required. Refunds should also be issued promptly and in a transparent manner, with clear explanations of the reason for the refund and the amount that will be refunded. This can help prevent misunderstandings and ensure that refunds are given fairly and consistently.

Dental practices should weigh the potential benefits against the risks and ensure that they have policies and procedures in place to handle refunds in an impartial and transparent manner. By taking these steps, dental practices can ensure that refunds are given fairly and consistently and promote a positive patient experience.

When in doubt about patient refunds or other practice, employment, or patient care issues, contact [TDIC's Risk Management Advice](#) Line for guidance.

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House of Delegates

The House is the policy-setting body of CDA, representing all members of the association. The House meets annually to set strategic direction on matters of dental policy and practice, elect officers of the association, establish membership dues, and act on recommended bylaws changes.

(See following page that highlights a couple of the resolutions voted on.)



Feeling Naughty! Yes, there are some lighter moments in between the serious business of the House.

Drs. David Walls, ED Robin Brown, Matt Swatman, Elizabeth Demichelis, Filipe Lima, Alexandra Hebert



Many of the Executive Directors who manage the 32 dental components in California. We meet annually at the House to share ideas to better run our components and support our member dentists and their dental team.

Mastering the Art of Successful Smile Design with Dr. Hugh Flax



2023 House of Delegates Report

The House of Delegates meet annually, working to set strategic direction on matters of dental policy and practice, elect officers of the association, establish membership dues, and act on recommended bylaws changes. The House is comprised of delegates from every dental society in California and their Executive Director, the CDA Board of Directors, the Board of Component Representatives and various committees. Many countless and thoughtful hours of deliberation go into proposed resolutions before deciding their outcome. This year, SDS members Drs. David Walls and Alexandra Hebert served as delegates and Drs. Filipe Lima, Elizabeth Demichelis, and Matt Swatman (Board of Component rep) served as alternative delegates along with ED Robin Brown.

Following are some of the biggest issues and decisions that impact tripartite members directly.

Dues Increase—Establishment of CDA Dues was adopted by vote of 136 (69%) in favor and 60 (31%) in opposition:

The primary driver behind the increase (loss of exhibitor revenue due to the pandemic), and potential impacts should the dues increase not pass, which would be that the board would need to make decisions about reductions of CDA reserves or programs/benefits for CDA members. While the proposal is to increase dues \$250 over a period of three years, CDA is taking a gradual approach, allowing for continued analysis and evaluation for the next two years; therefore, the resolution only asks for approval of the 2024 dues rate.

Resolved, that 2024 CDA dues increase by \$100.

Modification of CDA Councils was adopted by vote of 178 (89%) in favor and 21 (11%) in opposition:

Resolved, that the board of directors be urged to continue the suspension of funding for Peer Review and the Judicial Council until at least the 2024 House of Delegates, and be it further

Resolved, that the appropriate CDA entity evaluate options to reinstate a Peer Review program and Judicial Council, and be it further

Resolved, that a report and final recommendation be provided to the 2024 House of Delegates.

Dental Plan Payments was adopted by vote of 192 (98%) in favor and 3 (2%) in opposition:

Resolved, that CDA communicate directly with dental plans reimbursing dental providers for services rendered in California to offer provider reimbursement options without mandatory transaction fees, and if using such a fee based payment method, it be on an opt-in basis by signature so that the burden does not fall on the dental provider to opt-out and be it further

Resolved, that the appropriate CDA entity be urged to pursue possible legislative action and advocate to prohibit payers from requiring provider reimbursement options with mandatory transaction fees.

CDA Leadership Institute was pulled from consent and adopted by vote of 174 (96%) in favor and 8 (4%) in opposition:

Resolved, that the CDA Board of Directors be urged to establish, fund and oversee the “CDA Leadership Institute” as a pilot, providing leadership development opportunities for CDA members who have demonstrated strong organizational leadership interests and potential at the local, CDA and/or ADA levels, with the first program to be implemented by 2025, and be it further

Resolved, that the CDA Leadership Institute be inclusive of one in-person galvanizing event, and be it further

Resolved, that following each event, components match prospective leaders with an experienced, geographically similar leader to serve as a mentor with respect to leadership development, roles and responsibilities.

Your ergonomics guide to a healthy lifestyle

by Mary Beth Versaci

ADA offers resources to support dentists' physical wellness

Dentists are often subjected to uncomfortable postures, repetitive hand motions and noisy handpieces as they care for their patients. That combination can lead to pain and hearing loss.



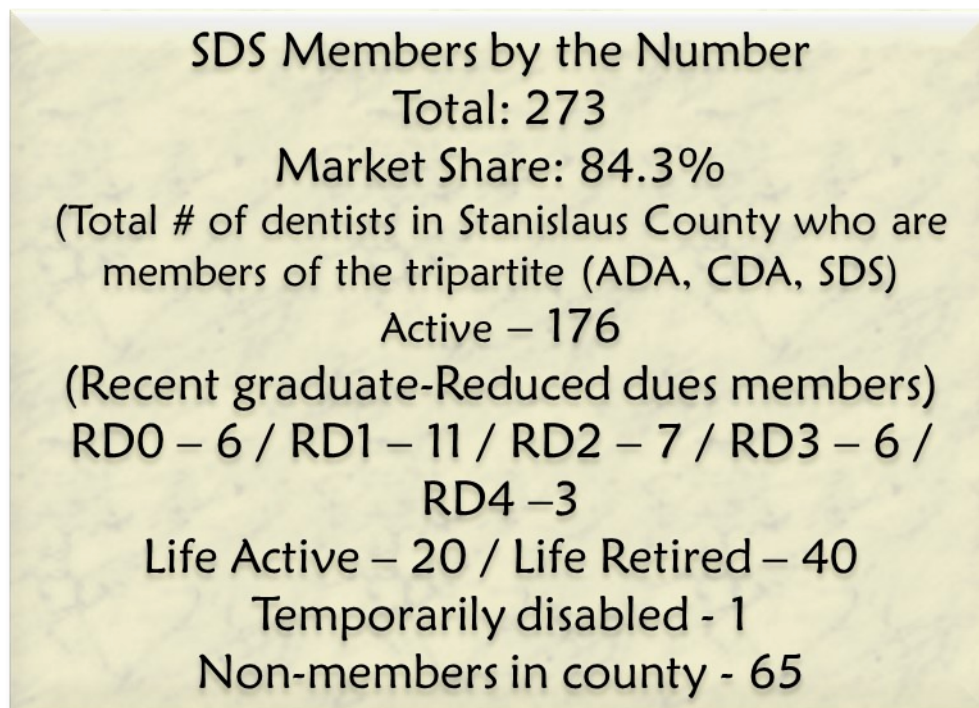
In the American Dental Association's 2021 Dentist Health and Well-Being Survey Report, 84% of dentists reported pain or discomfort while working, most commonly in the neck, shoulders and back. Of those dentists, 14% indicated the pain interfered with their work.

More than a third of dentists reported experiencing hearing issues, and of them, over 60% had not been evaluated by an audiologist.

The ADA Practice Institute offers resources to assist dentists with preventing pain and hearing loss. Find ergonomic stretches to help avoid work-related pain and injuries on the [ADA website](#), and see below for tips to protect your hearing.

- Wear ear plugs or noise-canceling headphones when you use dental equipment.
- Consider the noise level produced by dental equipment when making purchasing decisions.
- Get tested to establish a baseline of your hearing.
- Monitor your hearing acuity on a regular basis to encourage correct diagnoses and early intervention.

For additional wellness resources, visit [ADA.org/wellness](https://www.ada.org/wellness).

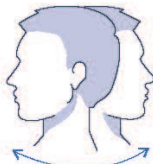


INTRO

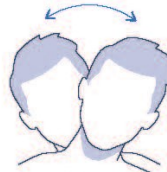
Taking regular breaks to stretch throughout the day can help prevent work-related pain and injuries.

Get more in-depth resources to help you practice at your best at [ADA.org/wellness](https://www.ada.org/wellness).

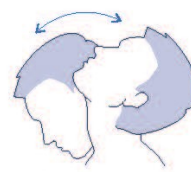
NECK



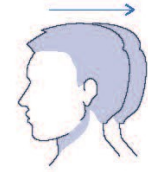
Neck Rotation



Neck Side Bends

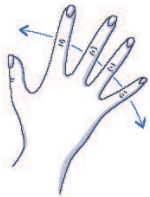


Neck Extensions



Neck Retraction

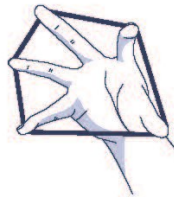
HAND / WRIST



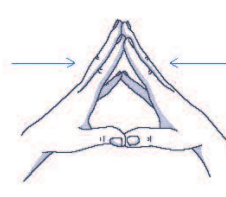
Finger Spreader



Finger Wiggle



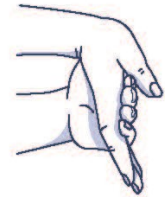
The Rubberband



Finger Prayer Stretch

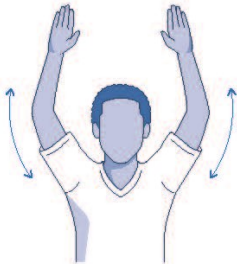


Wrist Flex



Wrist Extension

TORSO



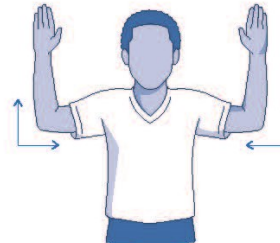
Touchdowns



Side Bend Stretch



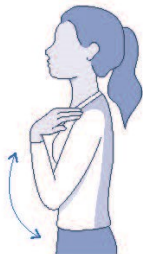
Behind Head Chest Stretch



Chest Stretch



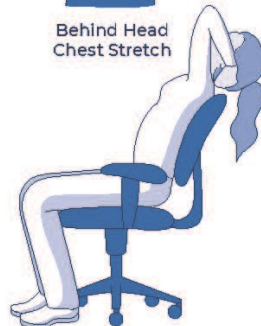
Shoulder Stretch



Elbow Flex/Extensions



Low Back Standing Stretch



Low Back Stretch



Upper Back Stretch

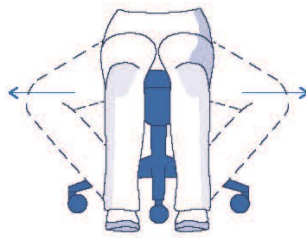


Trunk Twist/Rotation

HIP



Hip Marching



Hip Spreaders



Hip Twist

KNEE / ANKLE



Knee Flex/Extensions



Ankle Circles

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October General Membership Meeting
 Mastering the Art of Successful Smile Design
 hands-on w/ David Cook



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Medical and Dental Health Histories Play a Crucial Role in Reducing Risk

CDA/TDIC—November 7, 2023

“Don’t carry the past into your present” might be the favorite mantra of motivational speakers, but it is bad advice for healthcare settings. Safe, effective and personalized dental treatment begins with a comprehensive understanding of your patient’s medical and dental history.

An accurate, up-to-date and comprehensive health history gives dental practitioners the data they need to make informed treatment recommendations and respond appropriately, which is especially critical in the event of an adverse occurrence. One call to The Dentist Insurance Company’s [Risk Management Advice Line](#) illustrates the risks of an out-of-date health history.

Outdated Health History: A Case Study

After a routine dental exam and cleaning, a patient fell down the stairs outside his dentist’s office. Alerted to the scene by other patients, the dentist found his patient lying on the ground where the patient appeared to be unconscious and snoring. When he regained consciousness, the patient was alert but unable to answer basic questions with any certainty.

Staff members called paramedics who quickly arrived and took the patient to the hospital where he was eventually admitted. Meanwhile, the emergency department contacted the dental office and asked for some of the patient’s information for intake. Specifically, an emergency contact was needed, as the patient remained unable to provide any detailed information. In reviewing the patient’s health history form, the dentist noted that the area provided for an emergency contact had not been completed by the patient. It was left blank, but staff had noted that the patient “lived by himself.”

Obtaining and regularly updating medical and dental health histories for every patient is a cornerstone of ethical and responsible dental care. Risk management experts have identified six ways that maintaining accurate health histories protects your patients and practice.

Concerned that he might be held liable for the patient’s fall or being unable to provide an emergency contact, the dentist called TDIC’s Risk Management Advice Line. An analyst was able to offer direction for both [reporting an adverse occurrence](#) to the state dental board and for updating the practice’s [health history forms](#).

How to Obtain and Maintain Accurate Patient Health Histories

California Dental Association members can log in to cda.org to download [sample health and dental history forms](#). You may designate a practice team member to help patients complete or update their medical and dental health history forms. However, understand that, as the dentist, you are responsible for reviewing each patient’s health history forms to ensure they are as accurate as possible.

The health history form should be completed by each new patient or the new patient’s legal guardian. TDIC advises that the patient (or the legal guardian if the patient is a minor) review, update and sign a health history form at every appointment or at least every six months. A new form should be completed every two years by active patients. When minor patients turn 18, a new form should be completed by the patient. Updated forms should be attached to the previous forms and all versions of the forms should be kept as part of the patient file.

Reviewing the form should be an interactive process between the patient and dentist at the beginning of every visit. This provides an opportunity to address any concerns or questions about details disclosed on the form, in addition to confirming that important information was not omitted. When reviewing the health history, take time to question the patient regarding any areas of concern or speculation. Write clarifying comments on the health history form along with the date of the discussion. Upon completion of review with the patient, the form should also be signed and dated by the dental provider.

As part of the review, be sure to discuss emergency contact information and with whom the patient has authorized you to discuss their care. Recognize that the relationship status of an emergency contact can change, leaving the patient with outdated information on file. Verify the accuracy of these designated contacts at each visit.

Risk management analysts have identified six ways that maintaining accurate health histories protects your patients and practice:

(cont. Page 23)

1. Prioritizing Patient Safety

Dental treatments, even routine ones, can have significant implications for patients with certain medical conditions or allergies. By meticulously collecting and updating health histories, you can identify potential risk factors and adapt your treatment approach accordingly. For instance, a patient on blood thinners might require special considerations during oral surgery to prevent excessive bleeding. Without this critical information, you risk compromising the safety of your patients.

2. Legal and Ethical Responsibility

Maintaining accurate health records is not simply good practice; it's a legal and ethical obligation. In the event of complications or patient complaints, thorough documentation can serve as a crucial defense. Moreover, it demonstrates a commitment to transparency and accountability, which are essential for building trust with your patients.

3. Tailored Treatment Plans

No two patients are alike, and their oral health needs can vary significantly. By understanding a patient's medical history, you can craft treatment plans tailored to their specific needs. For example, patients with diabetes may require more frequent checkups to monitor gum health, as they are more susceptible to gum disease. These customized plans not only enhance patient outcomes but also demonstrate your commitment to their well-being.

4. Medication Interactions and Allergies

Many patients are on medications that can interact with dental treatments or influence their recovery. Without an accurate medication history, you may unknowingly prescribe treatments that could have adverse effects when combined with a patient's existing medications. Similarly, allergies to dental materials or anesthesia can lead to serious complications if not properly documented. A thorough health history helps to avoid such pitfalls and ensure patient safety.

5. Uncovering Hidden Health Issues

Dental health is intricately linked to overall health. Certain oral conditions can be indicators of systemic health problems, such as diabetes, cardiovascular issues, substance abuse or autoimmune disorders. By reviewing health histories, you may identify these red flags early on and recommend further evaluation or consultation with other healthcare professionals. This proactive approach can lead to early diagnosis and better management of a patient's underlying health conditions.

6. Strengthening the Dentist-Patient Relationship

A strong dentist-patient relationship is built on trust, communication and mutual respect. Taking the time to gather and update health histories demonstrates care for your patients' well-being. It fosters open dialogue and allows patients to feel more comfortable discussing their health concerns with you. This, in turn, leads to better collaboration and more successful treatment outcomes.

Obtaining and regularly updating medical and dental health histories for every patient is a cornerstone of ethical and responsible dental care.

When in doubt about documentation or navigating other practice challenges, reach out to TDIC's [Risk Management Advice Line](#) for guidance.

TDIC's Risk Management Advice Line is a benefit of CDA membership. [Schedule a consultation](#) with an experienced risk management analyst or call 1.877.269.8844. Reprinted with permission from the California Dental Association, copyright November 2023.

Holiday Member Mixer



To Test or Not to Test for Marijuana in 2024

Shelley Cooper, Director of Business Development, Occuscreen
Wednesday, November 29, 2023

As we approach the New Year, there's a significant change on the horizon for employers in California—the topic of marijuana testing in the workplace. It's a bit like adapting to a new chapter in the employment rulebook, and it's worth understanding the ins and outs.

What are the New Restrictions?

Starting January 1, 2024, California employers won't be able to turn away job applicants or employees just because they legally use cannabis (marijuana) during their personal time. [AB 2188](#) creates a new protected category for cannabis use that is off-duty and off-site under California's Fair Employment and Housing Act (FEHA), and fundamentally alters the way employers may test for it moving forward.

However, AB 2188 doesn't close the door on drug testing altogether. Employers can't discriminate against those who use marijuana outside of work, but they can still test for other substances or use different methods for marijuana testing that pick up active THC only. Traditional urine tests for marijuana won't be permitted anymore because they can come up positive even in cases when marijuana has been used in weeks prior and THC is no longer present. Put another way, urinalysis is testing for marijuana metabolites which the active drug leaves behind in the body, not the active drug in the system. So, it's very hard to know how recently the drug was consumed. But there are some options.

What are the Options?

Employers will need to rethink their testing protocols. One option is removing marijuana from your urine drug screen panel, while continuing to test for other substances. However, positive drug test results are increasing in states with legalized recreational marijuana, so if you have a safety-sensitive environment, this might feel risky.

Another option is using oral fluid (saliva) testing—a method that can detect active marijuana in the system rather than the leftover metabolites. (Make sure your lab or device is testing for active THC only.)

Breath marijuana testing is also making an appearance soon, but it's not widely available just yet. Quest Diagnostics is in the process of shipping equipment to their collection sites, and onsite equipment is available for purchase.

Whatever option you choose, make sure your policy allows the option for testing.

Any Exceptions to the Rule?

Yes, there are!

- Employees in the building and constructions trade are excluded from the restriction.
- And if you're following the U.S. Department of Transportation rules, the urine panel for testing has not changed, and marijuana is still included. In fact, in any federal position, the laws will not be changed.

What's Next on the Horizon?

As we inch closer to 2024, who knows what might happen? Lawmakers might adjust the rules, employers could request more exceptions, or some might decide to do away with marijuana testing altogether. So, there you have it—a significant decision is approaching for employers in California. To test or not to test for marijuana, and how will they go about it? That's the question they'll need to answer soon.

Remember, we can't provide legal advice, but if you want more info on drug testing options, feel free to reach out to us at info@occuscreen.com.

Congratulations!



Congratulations to newlyweds,
Dr. Amanda Farley (Roberts) and Andrew!



Dr. Jacob Barber, Dr. Brett Springer and the rest of Greater Modesto Dental Implant & Oral Surgery Center were presented with the award for Top Implant Placer in Northern America (and Canada). Thanks to Dentsply for the never endless support throughout the years!

Incoming and outgoing Board of Directors-Thank you all for your service!



(l.to r.) Drs. Eric Dixon (outgoing Immediate Past President), Charles Kim (outgoing Editor/board member), David Walls, (Immediate Past President), Joe Kolody (Treasurer), Filipe Lima, (President-Elect), Alexandra Hebert (President)



Drs. Andrew Smith, (incoming Editor/board member), David Walls, Joe Kolody, Filipe Lima, Alexandra Hebert, Christina Lee Zertuche (incoming Secretary)



Drs. Andrew Smith, Charles Kim, Matt Swatman (Board Component Representative), David Walls, Joe Kolody, Filipe Lima, Alexandra Hebert, Christina Lee Zertuche

Calendar –2024



January

- 1 New Years Day (closed)
- 5 BLS Renewal
- 9 Board of Directors Meeting
- 15 Martin Luther King Day (closed)
- 24 CE-OSHA/Infection Control
- 25 CE-Dental Practice Act

February

- 2 BLS Renewal
- 15 GM Meeting-Labor Law Update
- 19 President's Day (closed)

March

- 1 BLS Renewal
- 5 Board of Directors Meeting

April

- 5 BLS Renewal
- 11 Shred-it
- 12 CE-TBD

May

- 3 BLS Renewal
- 7 Board of Directors Meeting
- 16-18 CDA Presents—Anaheim
- 23 GM Meeting
- 27 Memorial Day (closed)

June

- 7 BLS Renewal
- 17-21 SDS Symposium
- 19 Juneteenth

July

- 2 Board of Directors Mtg.
- 4 Independence Day (closed)

August

- 9 CE-Pearls of the Practice

September

- 2 Labor Day (closed)
- 10 Board of Directors Meeting

October

- 14 Columbus Day (closed)
- 17 GM Meeting
- 18 CE-TBD

November

- 5 Board of Directors Meeting
- 7-9 HOD—Los Angeles
- 11 Veterans Day (closed)
- 28-29 Thanksgiving (closed)

December

- 5 SDS Holiday/Guest Mixer
- 23-Jan 1 Holiday (closed)

Stanislaus Dental Society Continuing Education Courses

OSHA/Infection Control

with

Joy Brack, RDA

Wednesday, January 24

6:00pm – 9:00pm

3 Hours Core CEU's

Live Virtual Zoom Course



Dental Practice Act

with

Joy Brack, RDA

Thursday, January 25

6:00pm – 8:00pm

2 Hours Core CEU's

Live Virtual Zoom Course

(Registration forms for courses available by download from the SDS website,
www.stanislausdental.com)

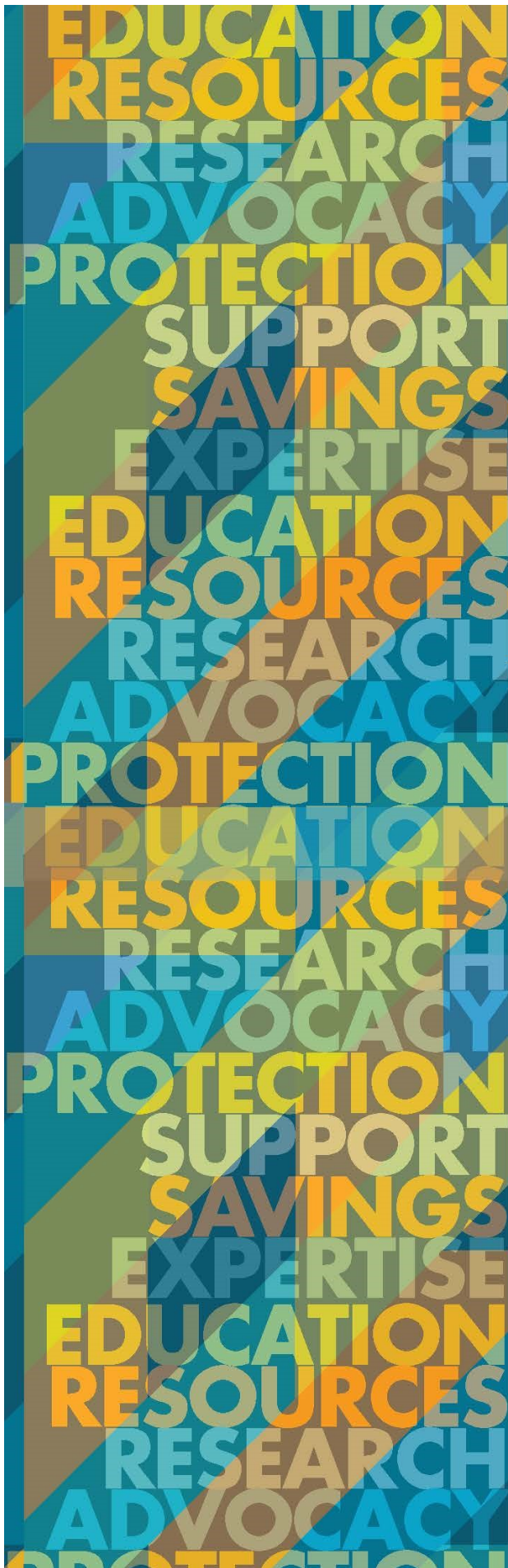
SDS 2024 BLS Renewal Courses

Time: 9:00am (SHARP) to 12:00pm

Credits: 3 Hours / Units

Cost: \$60.00 per person

<u>Friday, January 5</u>	<u>9:00am – 12:00pm</u>
<u>Friday, February 2</u>	<u>9:00am – 12:00pm</u>
<u>Friday, March 1</u>	<u>9:00am – 12:00pm</u>
<u>Friday, April 5</u>	<u>9:00am – 12:00pm</u>
<u>Friday, May 3</u>	<u>9:00am – 12:00pm</u>
<u>Friday, June 7</u>	<u>9:00am – 12:00pm</u>



renew

YOUR MEMBERSHIP

Is your membership set for 2024?

Don't wait to lock in benefits built just for California dentists. Access one-on-one expert guidance, new learning programs and engaging C.E., tools to save time and money, and constant connection to trusted news and resources.

It's easy to pay online or divide dues into monthly payments.

Renew today at cda.org/renew



Wellness Program

The Wellness Program is a source of support and assistance for dental professionals who are battling physical and/or mental ailments, including anxiety, depression, and substance dependence. The program advocates for the overall wellbeing of dental community members and their families with confidential peer-to-peer support and hands-on assistance throughout treatment and recovery.

CDA member and Chair of the Wellness Program, Matthew Korn, DDS, [spoke with CDA](#) about his wellness and recovery journey and offers insight on how this program is a valuable benefit for anyone coping with stress, burnout or substance dependence.

For more information about the Wellness program or a confidential referral, please contact the Stanislaus Dental Society office or a Wellness committee near you.

You can also find more information in the [CDA Wellness Program Brochure](#).

Note: SDS member, Dr. Michael Shaw is the SDS Well-Being chair. He can be contacted, drshaw@drmps.com should you or any member you know, have a need.

Help is one call away.

The CDA Well-Being Program

If someone you know or love may have an alcohol or chemical dependency problem, contact a support person near you for 24-hour confidential assistance.

Central California Well-Being Committee

916.947.5676 (cell)

Stanislaus Dental Society

209.552.1530

California Dental Association

800.232.7645





Help is one call away.

When you need an advocate for your physical, mental or emotional health, confidential assistance and peer-to-peer support are available 24/7.

CDA's Wellness Program is a member benefit that supports and advocates for the mental, emotional, and physical wellness of dental professionals and their families. The Wellness Program is led by compassionate volunteer members and recovering dentists with the assistance of dental society staff and allied health professionals.

This trusted resource extends help in a variety of ways, offering support to family members of impaired individuals and providing assistance following diagnosis and/or treatment.

Whether your wellness challenge is anxiety, depression, mental illness, physical illness or substance dependence, our volunteer members are available around the clock to offer confidential peer-to-peer support while you navigate your wellness journey.

As a dentist, you likely balance many roles: healthcare provider, team leader, employer and colleague. Work-related stress can result in burnout, putting you at risk for depression. Some signs that you may need support to regain balance are:

- Weight loss or gain
- Social isolation
- Insomnia
- Anxiety
- Apathy
- Feelings of hopelessness
- Thoughts of self-harm or suicide

For more information regarding the Wellness Program or for a confidential referral, please contact your local dental society or a Wellness Committee near you:

Visit cda.org/wellness-program to learn more.

Northern California

530.898.0821

San Francisco/Bay Area

209.601.4410

Central California

916.947.5676

Southern California

310.487.5040

San Diego

562.832.2489

California Dental Association
1201 K Street, 14th Floor, Sacramento, CA 95814
800.232.7645 | cda.org



Q. If a member is under contract w/ insurance and does a procedure that is not covered and it is low or no prep, can they charge whatever they want?

A. Most states have a non-covered services law and California's non-covered services law states that the plan can not hold a dentist to a contracted rate for a non-covered service, however it does continue on to define what does and doesn't count as a non covered service in subsection (d). The most important part of that subsection is if the dental plan can apply an alternative benefit then they will hold you to the contracted rate. For example, if an implant is not a covered benefit of the policy, however the replacement of the tooth by either a bridge or a partial is a covered benefit of the policy then the dental plan will hold a provider to the contracted rate of the implant and will most often pay at the contracted rate for the partial or bridge.

Noncovered services

- **AB 2275**
- **1374.195 (a)** 'the contract shall not require a dentist to accept an amount set by the plan as payment for dental care services provided to an enrollee that are not covered services under the enrollee's plan contract'
- **1374.195 (d)** 'but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations *or alternative benefit payments*'



Q. Is it always appropriate to report full fee?

A. The ADA Council on Benefit Programs is recommending that it is always appropriate to report the full fee in the dental claim form for each service reported to a third-party payer.

A question frequently asked of the ADA staff is what fee should dentists put on the dental claim form, said, Mark M. Johnston, D.D.S., chair of the council's Dental Benefit Information Subcommittee. My full fee or the plan's maximum allowable (network) fee?

A full fee is the fee for a service that is set by the dentist, which reflects the costs of providing the procedure and the value of the dentist's professional judgment. A contractual relationship does not change the dentist's full fee. Therefore, the council recommends that it is always appropriate to report the full fee.

"It is always surprising to me how many dentists do not submit their full fee on a claim," Dr. Johnston said. "It may be due to many factors, including a front office person that does not like to deal with the practice management system's accounting package, so they just submit the fee that they know will not require any write-offs, making their job easier. The doctor may not be aware of the reduced fee submitted by the team member and then wonders why there are never any increases in the reimbursement."

The council is also reminding dentists of the importance of conducting an annual review of their signed PPO agreements and talking to payers about fee increases. The ADA's [contract negotiations toolkit](#) may come in handy if dentists want to try to renegotiate contract terms and provisions, including network fee schedules.

Another resource that may prove valuable is an archived ADA webinar titled [PPO Contracts and Processing Policies: What you need to Know](#). In addition, the ADA has an online hub for ready-to-use dental insurance information, and dentists can find useful information at [ADA.org/DentalInsurance](https://ada.org/DentalInsurance).

Editor's note: Dental Insurance Hub is a series aimed to help dentists and their dental teams overcome dental insurance obstacles so they can focus on patient care.

Resources for Managing the Dental Team

Guidelines for Practice Success



We have compiled online resources for Guidelines for Practice Success, Managing the Dental Team to make it easier for you to locate the additional information, samples, and resources discussed throughout the module.

[Background checks](#) [PDF]

[Benefits primer](#) [PDF]

[Checklist policy manual](#) [PDF]

[Checklist retention schedule](#) [PDF]

[Compensation analysis](#) [PDF]

[Dental assistant](#) [PDF]

[Dental hygienist](#) [PDF]

[Job analysis worksheet](#) [PDF]

[Maternity leave](#) [PDF]

[New hire checklist](#) [PDF]

[New hire checklist 2](#) [PDF]

[Office manager](#) [PDF]

[Professional personal references](#) [PDF]

[Reference form](#) [PDF]

[Salary reviews](#) [PDF]

[Staff training topics](#) [PDF]

[Telephone screening](#) [PDF]

[Tips manage all employees](#) [PDF]

[Tips manage new employees](#) [PDF]

[Waiver background check](#) [PDF]

View the full content of the [Guidelines for Practice Success](#)

Practice Support Team

When you need support navigating the business side of dentistry, CDA's experienced analysts can answer your questions about practice management, dental benefit plans, employment practices and regulatory compliance. Meet the team who have created a full library of online resources, speak on timely topics and provide one-on-one guidance by email and phone.



Ann Milar—*Director, Practice Support* ann.milar@cda.org [916.554.7324](tel:916.554.7324)

Ann provides strategic direction for Practice Support's resources and initiatives while leading the team of expert analysts. She is also responsible for identifying and analyzing emerging issues for policy development and implementation on behalf of CDA's 27,000 member dentists. Ann has worked with CDA for more than 15 years and her health care experience spans 20 years of working with associations, health plans and advocacy organizations.



Jenell Bell-*Associate Analyst* Jenell.bell@cda.org [916.554.4986](tel:916.554.4986)

Jenell has worked in the dental industry for over nine years, which has included managing multiple practices. Jenell uses her experience and passion for customer service to assist CDA members in the areas of compliance and employment.



Katie Fornelli—*Senior Practice Management Analyst* katie.fornelli@cda.org [916.554.5308](tel:916.554.5308)

Katie specializes in dental practice management and marketing. For more than 18 years, she's worked with dentists and their teams in areas such as scheduling, collections, front office systems, case presentation, patient management, practice transitions, and dental practice marketing.



Lisa Greer, *Dental Benefits Analyst* lisa.greer@cda.org [916.554.5953](tel:916.554.5953)

Lisa specializes in several aspects of dentistry, including working with dental benefit plans, dental billing, accounts receivable, community marketing, human resources, practice management and regulatory compliance. As a Practice Analyst, she brings more than 20 years of dental industry experience to CDA, including having served as a regional collections specialist for a dental support organization that supported 70-plus California offices.



Matthew Nelson, *Practice Analyst* matthew.nelson@cda.org [916.554.4940](tel:916.554.4940)

With over seven years of experience as an office manager, dental consultant and CDA analyst, Matt specializes in all areas of practice management, including leadership, practice systems, dental billing, human resources and practice transitions.



Michelle Coker, PHR, PHRca, *Employment Practices Analyst* michelle.coker@cda.org [916.554.4968](tel:916.554.4968)

As a certified employment law expert, Michelle specializes in assisting members with employment practices, including employee management, policy development and employment law compliance. Her time spent in private practice as an office manager gives her a unique view into the dynamics of a dental practice. Since joining CDA in 2006, Michelle has utilized over three decades of dental experience to support dentists and their practices.



Miguel Mariona, *Analyst, Dental Benefits and Practice Management* miguel.mariona@cda.org [916.554.4936](tel:916.554.4936)

Miguel has over 10 years of dental experience from working with dental benefit plans in various roles, including customer service and provider relations, as well as managing a dental practice. Miguel's passion for providing exceptional service is evident in his commitment to CDA members when addressing their dental benefit and practice management challenges.



Teresa Pichay, CHPC, *Senior Regulatory Compliance Analyst* teresa.pichay@cda.org [916.554.5990](tel:916.554.5990)

Teresa specializes in regulatory compliance, including information verification, documentation strategies and referral to legal references. For more than 26 years, she's worked with CDA members in the areas of occupational and environmental safety and health, HIPAA, California Dental Practice Act and other business regulations.



Tiffany Glass, *Project Resource Coordinator* tiffany.glass@cda.org [916.554.4914](tel:916.554.4914)

As the project resource coordinator, Tiffany brings a positive and optimistic attitude while delivering and maintaining a high level of service and support to CDA members and CDA member-clients through Practice Support and its supporting website. She has over 10 years of experience working in marketing, specializing in customer care.



Employment needs

Since the inclusion of several Facebook employment group sites, the SDS office no longer has received any resumes. Those seeking to fill employee positions or job seekers posting their availability have been utilizing the options below:

Facebook has several employment group sites where job needs can be posted:

- [Dental Staff of Stanislaus County and Beyond](#)
- [Dental Staff of San Joaquin County](#)
- [Dental Jobs in San Joaquin County](#)
- [Modesto Area Jobs Board](#)

Other alternatives for those seeking prospective employees:

- [Gurnick Academy](#)
- [Stellar College](#)
- [Dental Assisting Institute](#)
- [CDA Career Center](#)
- [ADA Career Center](#)

Disabled patient care

The following SDS members may be local resources for you. Contact [UCSF](#) for complicated cases.

Dr. Lance Bautista—pedo 523-5437 (children only)

Sami Smiles Pediatric Dentistry & Orthodontics 549-2400 (children only)

Dr. Gurneet Chahal—Oakdale Kids Dentist & Orthodontics 322-3174 (children only)

Hebert Family Dentistry 527-5455—limited care

Dr. Brian Hutto 522-5238—oral surgery issues

Salida Surgery Center—543-9299 (Children only. Takes Denti-Cal/has anesthesiologist)

The following is a corporate office but they are willing to treat developmentally disabled patients who age out.

Children's Choice Dental, 2057 Tully Road, Modesto 353-3300 treats mostly children, but they provide sedation and hospital dentistry for handicapped patients of any age.

If you or a member you know will treat developmentally disabled patients, please contact Robin at the SDS office, sdsdent@thevision.net.

Welcome New Members!



Daryoush Aberoumand, DDS

General Dentist
Took over for Dr. David Woodruff
1213 Coffee Rd. Ste K Modesto
S. Illinois University '22

Rutva Patel, DDS

General Dentist
Modesto Kidz Dental
2801 Coffee Rd. Bldg. B Modesto
New York University, '23

Navtinder Dhillon, DDS

General Dentist
Student at Highland General for
Oral Surgery Specialty
UCLA '21 / 2025

Harinder Singh, DDS

General Dentist
Signature Dental
1633 E. Hatch Rd. Ste. H Modesto
Manipal Academy '06

Yujie Huang, DDS

Endodontist
In practice w/ Dr. Yung-Ming Kang
4101 Tully Rd Ste 602 Modesto
UCSF '22

Aron Christopher Tan, DDS

General Dentist
No practice address
UOP Art Dugoni '23

Sameera Singh, DDS

General Dentist
No practice address
UCSF '23

Sakshi Trivedi, DDS

General Dentist
Quality Dentistry
3608 Dale Rd. Modesto
UCSF '21