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QuickBites

2013 ODA Annual Session registration
now available

Registration for Annual Session is now available. For more information, visit www.oda.org/events and check out the insert on page 11. This year’s event, held Sept. 19-22, 2013, at the Greater Columbus Convention Center in downtown Columbus, offers something for the entire dental team.

See page 11 for the Annual Session insert and page 10 for a spotlight on Annual Session features provided by the entire dental team.

ODA membership provides value to dentists across Ohio

The June issue of the “ODA Today” is distributed to all dentists in Ohio.

Enjoy!

ODA Today
A publication of the Ohio Dental Association focusing on dentistry in Ohio

Jackie Best
Managing Editor

The June issue of the “ODA Today” is distributed to all dentists in Ohio. Enjoy!

OARRS provides dentists with tool to prevent accidental overdoses from prescription drug misuse

Jackie Best
Managing Editor

Over the past few years, Ohio has taken several steps to combat deaths tied to opioid drug overdoses. One of the tools available to dentists is the Ohio Automated Rx Reporting System (OARRS).

OARRS collects detailed prescription information that law enforcement entities use to monitor the misuse and diversion of controlled substances. Dentists also may access OARRS for free to obtain a history of controlled substances dispensed to their patients.

“I think it’s a very nice system to have and use on a voluntary basis. I am happy that they’ve made this available,” said Dr. Thomas Matanzo, a general dentist from Steubenville, Ohio, who has been using OARRS for about three years.

He said it has been most helpful in making sure patients aren’t taking any prescriptions that might interact with medications he is prescribing for pain management.

“Sometimes they forget that they’ve been taking a medication that’s similar or has a different name,” Matanzo said. “It helps us prevent patients from overdosing, and helps us to keep track of any misuse that could happen.”

He said he considers running an OARRS report before prescribing narcotics to new patients or patients who he doesn’t have a complete medical history from to check for any potential interactions.

“I’ve found it to be very helpful when new patients present to the office, asking for pain medication and not having any treatment or not wanting any treatment right away because they can’t afford it,” Matanzo said. “I can check the database and find if they’ve been to several health care providers asking for pain medication.”

The Ohio Automated Rx Reporting System (OARRS) was created by legislation passed by the General Assembly in 2005 and updated by legislation passed in 2011. The Ohio State Dental Board then established standards for when it may be necessary for a prescriber to access OARRS before issuing a prescription for a controlled substance.

Photo Illustration

ODA members consistently rate advocacy efforts, visit www.oda.org/advocacy.

The ODA tracks legislation throughout the year, and was able to save dentists an estimated $2,900 in recent years by helping to stop several initiatives that would have created new fees and taxes for dentists.

For more information on the ODA’s advocacy efforts, visit www.oda.org/advocacy.

The Value of Membership: Receiving information about issues affecting dental practices in Ohio

ODA membership provides value to dentists who are members in the ODA. Legislators know that more than 7 out of 10 dentists in Ohio are members in the ODA. Legislators know that more than 7 out of 10 dentists in Ohio are members of the ODA, and that puts weight behind the advocacy team’s efforts.

One major issue that the ODA currently is working on is House Bill 159, legislation that was recently introduced to prevent insurance companies from setting fees for services they do not cover. The ODA needs the strength and support of all dentists in Ohio in order to get this legislation passed into law.

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For more information on the ODA’s advocacy efforts, visit www.oda.org/advocacy.

The June issue of the “ODA Today” is distributed to all dentists in Ohio.

Enjoy!

Ohio Dental Association
1370 Dublin Road, Columbus, OH 43215-1098
www.oda.org

Become an ODA Member!

For more information about becoming a member of the Ohio Dental Association, visit www.oda.org or call 800/282-1526.

Learn More

To learn more about the Ohio Automated Rx Reporting System (OARRS) or to register for an account to access patient prescription history, visit www.ohiopmp.gov.

To access OARRS, dentists must create an account by visiting www.ohiopmp.gov and completing the registration process. After registering, dentists will receive a letter that includes their password, which can be changed after logging in for the first time.

After creating an account, dentists can log in to access prescription drug reports for current patients of record. It is important for dentists to note that running a report for anyone who is not a current patient is considered misuse of the system and is a criminal offense.

OARRS was created by legislation passed by the General Assembly in 2005 and updated by legislation passed in 2011. The Ohio State Dental Board then established standards for when it may be necessary for a prescriber to access OARRS before issuing a prescription for a controlled substance.

See OARRS, page 2

Coming Next Month

• Find out how the Affordable Care Act may affect you and your employees’ health insurance
• Learn more about Annual Session CE opportunities, speakers, events, the exhibit hall and more
• See what outstanding colleagues are doing as the “ODA Today” features articles on the Awards of Excellence winners

Act and dentists? The ODA is your best resource for all of this information.

The June issue of the “ODA Today,” “Newsbites,” the ODA’s e-newsletter; and the ODA’s website, www.oda.org, provide dentists with information that can’t be found anywhere else. From laws and regulations affecting dentistry to practice management resources and insurance information, the ODA’s publications make sure dentists have all the information they need to practice successfully.

On top of these publications, ODA staff is also available to answer members’ questions. From legal questions to insurance issues, regulatory compliance, the ODA has the answers.

See VALUE, page 6
Now is the time

This issue of the “ODA Today” is sent to every dentist in Ohio, whether you are a member or not. I could not pass up the opportunity to write a few words about membership in your professional organization and why you are so important to us.

The most important thing that was necessary for me to become a member was a heart that wanted to be involved. If no one has ever asked you, please let me be the person to invite you to join your professional organization. We have missed you, and we look forward to your participation from now on. Go to www.ohiomedical.org and in a few short steps locate the local society either in the county where you practice or the county where you reside. Click on “About the ODA” along the top of the site, and then click on “Local Component Societies”. Along the right side you may have to do a little work, but I am sure you can find the information you need to make a contact. If you know a professional colleague who is a member, ask them for the information. It is never too late to become part of an organization that exists for you and your patient’s best interests. We need you!

Organizations exist for a variety of reasons. Some are philanthropic, some are service oriented, some have a message that needs to be heard, and all benefit from being a voice for their members and those they serve. There are about 7,000 of you in this state who will receive this publication. Nearly 5,400 are already members, and we want it to be 7,000. We have room! Get on board!

The ODA exists to serve the profession and the public. We have a philanthropic arm known as the ODA Foundation. Our members contribute generously to the foundation to enable it to provide scholarships and grants to dental students and programs around the state that need assistance in serving the public. Over $95,000 was given last year. If you are a philanthropist at heart, we have a spot for you!

If your heart is intent on serving others, and I know it is since you are a dentist, the ODA has many opportunities for you to “Give Kids A Smile” every year. Our Alliance (spouses) group goes “on the road” to underserved areas of the state to bring a dental health education message to those who may not have an opportunity to hear one. Over 900 members who are Dental OPTIONS providers serve the working poor through this program, which is partnered with the Ohio Department of Health. Our Smiles for Seniors program helps to educate those in senior facilities about the importance of dental care to a most vulnerable population. If you are motivated to serve others, we have a spot for you! Join us and we will make an even greater impact!

If your motivation lies in keeping your profession free of unnecessary and burdensome regulations and to give you and others the ability to practice dentistry the way you dreamed, the ODA is for you! It is because we are the voice of the profession in Ohio that our history shows we have fought the good fight on many fronts and have maintained a strong voice with our legislators. Who knows what is best for the dental health of your patients? You do! What do you do when you “hit a snag” and have a difference of opinion with your patient’s insurance company? Throw in the towel? The ODA Council on Dental Care Programs and Dental Practice can serve as a trusted advocate in dealing with insurance issues. You are probably not the only dentist who is having this problem, but you are alone if you are not a member of the ODA. We can help – as long as you join!

An organization is only as strong as its membership. Every one of you that will tell you that. We are strong – we want to be even stronger, and you can help us. Don’t use the excuse that no one ever asked you to join – I did at the beginning of this article. The invitation stands. It doesn’t matter if you are in private practice, group practice, corporate practice, or on the faculty of a dental school. It doesn’t matter where you are ethnically or racially. You fit in here because you are a dentist and that’s what is most important! It is worth it! It is even more “worth it” the more you participate! Join us and get involved! I look forward to seeing you in the future!

If no one has ever asked you, please let me be the person to invite you to join your professional organization. We have missed you, and we look forward to your participation from now on.

The ODA in particular does an excellent job in bringing members of the dental profession together for networking and thus fulfills my need to interact with my professional colleagues. Through various activities such as the annual Leadership Institute, I have been able to step outside my private practice setting and meet people from all over Ohio and discuss issues that affect us all. From staff issues to wealth management and advocacy down in Columbus, I feel informed and enriched.

Dr. Najia Usman
Endodontist
Visage Surgical Institute
Medina, Ohio

ODAARRS, from page 1

• A known history of chemical abuse or dependence.
• Appearing impaired or overly sedated during an office visit or exam.
• Requesting reported drugs by specific name, street name, color or identifying marks.
• A history of illegal drug use.
• Frequently requesting early refills of reported drugs.
• Frequently losing prescriptions for reported drugs.
• Recurring emergency department visits to obtain reported drugs.
• Sharing reported drugs with another person.
• A history of diversion.

The rule also says a dentist should consider accessing an OARRS report before prescribing a patient with controlled substances.

For example, a dentist should not prescribe controlled substances when the following examples of drug abuse occur:

• Having a drug screen result that is inconsistent with the treatment plan or refusal to participate in a drug screen.
• Forging or altering a prescription.
• Stealing or borrowing reported drugs.
• Having been arrested, convicted or received diversion, or intervention in lieu of conviction for drug-related offenses while under the physician’s care.
• Increasing the dosage of reported drugs in amounts that exceed prescribed amount.
• Selling prescription drugs.
• Receiving reported drugs from multiple prescribers, without clinical basis.
• Having a family member, friend, law enforcement officer, or health care professional express concern related to the patient’s use of illegal or reported drugs.

Other signs of drug abuse that may warrant consideration of an OARRS patient history report include:

• A known history of chemical abuse or dependence.
• Appearing impaired or overly sedated during an office visit or exam.
• Requesting reported drugs by specific name, street name, color or identifying marks.
• A history of illegal drug use.
• Frequently requesting early refills of reported drugs.
• Frequently losing prescriptions for reported drugs.
• Recurring emergency department visits to obtain reported drugs.
• Sharing reported drugs with another person.

For more information about the OARRS database, visit www.ohiopmp.gov or contact the ODA at its Department of Government Affairs by calling 1-800-282-1526.
Recent studies show membership in professional associations across the country is less than it was in the past. The national trend in professional association membership has been in a downward direction for several years. Additionally, we have all witnessed certain professions, including many in health care, lose control of how their profession is practiced. We have seen politicians, regulators, insurance companies and others trying to determine how certain independent professionals operate and practice, effectively altering those professions forever.

These two trends are not unrelated. I think the downward trend in professional association membership is closely related to certain professionals losing control of their professions. When the outsiders came to take those professions over or alter how they practice or manage themselves, their professional associations had lost so much membership market share, they no longer had the resources or credibility to resist the outside intrusion.

Fortunately, organized dentistry continues to have a strong membership with better membership market share numbers than the associations representing many other health care professionals, including physicians, optometrists, pharmacists and many others. Many of these other professions have had difficulty in resisting outside special interests’ attempts to impact those professions, often in a negative manner.

Because of organized dentistry’s strong membership, we have largely been able to resist outside intruders who oftentimes see the potential to make money by dictating how dentists practice, including efforts from outside non-dental groups promoting changes that could negatively impact dentists, their patients and the provision of quality oral health care.

While our membership numbers are still strong, in the last few years, even organized dentistry has experienced a small dip in membership. With many outside entities, including Wall Street financiers, agenda-driven foundations, and other well-funded special interests seeking to alter dentistry in ways that may not be in the best interests of dentists and their patients, having a strong professional association for dentists is more important than ever.

This June issue of the “ODA Today” is provided to every dentist in Ohio – both ODA members and non-members. To the members of organized dentistry, I want to personally thank you for supporting your professional association. Your commitment to organized dentistry is appreciated and helps us protect dentists and their patients and the public’s oral health. Of course, your membership also gives you access to other valuable products and services, including high-quality, affordable continuing education, group-rated health insurance, expert guidance on regulatory compliance and third-party payer issues, beneficial public service programs, and many other membership benefits.

To the non-members, I urge you to join. In addition to enjoying all of the products and services organized dentistry provides on a daily basis, you will be helping protect the future of your great profession. If you don’t, there will be plenty of outsiders that will seek to change your profession, most probably in a manner you won’t like.

Who will define dentistry’s future?

David Owsiany
Executive Director

In light of the recent Ohio Supreme Court case upholding the four-year statute of repose for dental malpractice claims, the Ohio Dental Association has received several telephone calls from member dentists inquiring what this decision means for patient record retention. Every dental office should have a patient record retention policy, and that policy should be developed in consultation with legal counsel and the dentist’s malpractice insurer.

There are many considerations when developing a patient record retention policy. One of them is that patient records are often the best defense in a potential malpractice lawsuit. For many years, Ohio did not have an effective time limitation on the commencement of malpractice lawsuits because courts ruled that the one-year statute of limitations was tolled until the date the patient “discovered” his or her injury. If the patient could file lawsuit at any time against their dentists related to dental work that had been done many years earlier. Because there was no time limit on the commencement of such lawsuits, many dentists retained their records indefinitely to ensure they could defend against any malpractice action ever filed by a former patient that the dentist hadn’t treated in many years.

Several years ago, in response to the concern that there was no effective time limit on a dentist’s potential liability, the ODA successfully advocated for the Ohio General Assembly to pass legislation creating a time limit on the commencement of dental malpractice claims. There are many good reasons for such a law. It is unfair for professionals to have liability hanging over their heads forever. And without any time limit on liability, the record-keeping burden potentially extends indefinitely since patient records are critical to an effective defense. Additionally, after a certain amount of time, witnesses’ memories fade or they move away or die off, which makes defending against such claims nearly impossible. Moreover, often times, juries judge defendants based on the jurors’ experiences of current technology – even though that technology may not have been available at the time the services being sued upon were provided.

In 2002, at the urging of the ODA’s advocacy team, the Ohio General Assembly enacted a four-year “statute of repose,” which is a law that generally prohibits patient records for at least six years. If applicable, HIPAA regulations may also impact a dentist’s record-keeping since HIPAA privacy regulations give patients the right to receive a written accounting of all disclosures of protected health information for the six years prior to the request for such information.

See RECORDS, page 4

Dentists wise to have patient record retention policy

David Owsiany
Executive Director

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While the four-year statute of repose is a very positive development and helps to address one of the main considerations related to patient record retention, developing a record-retention policy includes other considerations as well. While there is no Ohio law that mandates a specific patient record retention policy, dentists may have assumed some obligations related to record retention contractually.

Third-party payer contracts may specify how long a dentist should keep a patient’s record following the patient’s last visit. Dentists who provide care to Medicaid patients are required to retain those records for at least six years. If applicable, HIPAA regulations may also impact a dentist’s record-keeping since HIPAA privacy regulations give patients the right to receive a written accounting of all disclosures of protected health information for the six years prior to the request for such information.

See RECORDS, page 4

Dental Practice for Sale: Sylvania, OH

Brand new renovations and equipment, all furniture, digital X-rays and pan, fully remodeled office space in a busy professional area. Small amount of patients are periodontal and goodwill from retired dentist. Perfect for satellite or entrepreneurial dentist with associates or partner. Real estate, equipment, patient charts all for sale.

Call 419.350.1386
The Value of Membership

“The ODA is valuable to me because as an individual my voice is powerful, but as a collective of dentists the ODA allows our power to be carried throughout the state.”

Dr. Ben Lamielle
General Dentist
Hilliard Modern Dental
Hilliard, Ohio

OSU students tour practices during Street of Dreams event

Jackie Best
Managing Editor

On May 10, 12 dental students from The Ohio State University had the opportunity to tour three Columbus area dental offices. Dr. Brian Fangman (far left) was one of the dentists who opened his office for a tour.

At the Street of Dreams event on May 10, 12 dental students from The Ohio State University had the opportunity to tour three Columbus area dental offices. Dr. Brian Fangman (far left) was one of the dentists who opened his office for a tour.

RECORDS, from page 3

And special rules may apply to minors and patients with certain disabilities. For example, Ohio’s four-year statute of repose does not apply to “persons within the age of minority” or of “unsound mind.”

A risk management expert for a large malpractice insurer recently said that as a “rule of thumb” he recommends that Ohio dentists retain patient records for 10 years since the last time the dentist saw the patient for care. For minor patients, he recommends the records be retained until the patient reaches age 21 or for 10 years, whichever is longer.

According to claims data, 99 percent of the malpractice cases are filed within the first seven years, and the statute of repose may reduce that even further. The handling of patient records involves many different considerations, including contractual obligations, legal risk management and regulatory compliance. Accordingly, dentists should consult their own attorneys and malpractice insurance carriers to ensure the record retention policies adopted fit their specific circumstances.

For a free guide on record retention policies, contact the ODA at (800) 282-1526 or (614) 486-2700.

ODA Staff

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To be better than anyone else.

For management of portfolios of $250,000 or more

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East Liverpool, Ohio 43920
(330) 386-4452

An independent subsidiary of Tri-State 1st Banc, Inc.
mdhinv.com
5) Use Tax

A use tax is a tax on the storage, use, rental or purchase of tangible personal property for which no sales tax has been paid. The use tax has been in effect in Ohio for several decades. The purpose of the use tax is to protect Ohio vendors from unfair competition from out-of-state sellers. In-state merchants are required to collect sales taxes when selling to an Ohio resident or business. Without the imposition of a use tax, the incentive would be for Ohioans to always look out of state for office purchases.

The use tax is most common with purchases made from an out-of-state vendor who does not charge sales tax; however, the use tax also applies to purchases within Ohio when not enough sales tax was charged. The use tax rate is equal to the sales tax rate in the county where the purchaser uses the property.

Service providers such as medical and dental offices are not exempt from the use tax. In fact, Ohio law specifically mentions dentists as falling within the definition of a consumer for purposes of the sales and use tax. The law outlines that those purchases made by dentists, physicians and other health care providers in connection with the practice of medicine and dentistry are taxable.

The department specifically identifies the purchases of medical equipment, gloves, masks, scrubs and other supplies as being subject to the use tax in its informational publication on service providers and the use tax. The purchase of office equipment such as computers, printers, desks, chairs and lamps, and the purchase of cleaning supplies, lawn care services and janitorial services are also subject to taxation. Finally, the department also considers the purchases of dental prosthetics, either with or without a prescription, from dental laboratories to be taxable.

In most instances, a sales tax is paid by the dentist at the time of purchase of these products. However, if no sales tax is paid, the purchase is subject to the state use tax. It is important for dentists to work with a tax professional to determine if use tax may be due and to begin the process to file payments.

6) Patient Records

Ohio law defines a medical record as "data in any form that pertains to a patient’s medical history, diagnosis, prognosis or medical condition and that is generated and maintained by a health care provider in the process of the patient’s health care treatment." Although the dentist owns treatment records, a patient maintains an absolute right to access those records. This means that a patient has a right to view or obtain a copy of their dental records and offer to forward them to a new dentist with the patient’s written request and authorization.

4) Treatment of Minors with Separated, Unmarried or Divorced Parents

Under Ohio law, courts may designate parents into two categories: resident parents and non-resident parents. Different responsibilities and requirements may be assigned to these categories of parents by a court, but from a health care provider’s standpoint, both parents should have access to the dental records of their child. The law dictates that dentists, physicians, hospitals and other health providers offering medical care for the child must allow both parents equal access to their child’s records.

Moore said Ohio law considers a record to be anything “that contains information directly related to a child,” including those records that are held only by a dental provider. The law’s definition is more broad than Ohio’s legal definition of a medical record mentioned previously. This subtle distinction in definitions could play an important role for patients and other providers to release not only treatment records, but billing and other records upon the request of a parent.

When terminating a patient relationship, dentists should avoid directly submitting the records to a new dentist with the patient’s consent. A dentist may consider speaking with both parents prior to the commencement of treatment, especially if there is a custody issue. The consultant with the parents should clarify which parent would be bringing the child in for treatment, determine who may authorize treatment and who is responsible for payment and billing. The department would be the arbiter in a dispute between the responsible parties. The dentist should present the parent with the court order until such time that the court has established a plan, and obtain the patient’s consent. It is important to document all of these efforts in writing and maintain them as part of the patient record.

7) Terminating a Dental Patient Relationship

When terminating a patient relationship, the dentist must avoid “abandoning” the patient. A dentist may be held liable for “abandonment,” when he or she does not give adequate notice of the termination of the relationship to the patient and that refusal to provide treatment is directly caused by the patient’s failure to pay. Following a few simple guidelines, a dentist can reduce his or her exposure for liability.

If possible, dentists should avoid terminating their relationship with a patient during the patient’s course of treatment. However, if this is not possible, the dentist should consider speaking with the patient, offer to assist the patient in obtaining a new dentist to complete the treatment plan, and obtain the patient’s consent. It is important to document all of these efforts in writing and maintain them as part of the patient record.

When terminating the patient relationship, the dentist should always be done in writing and sent via certified mail. Additionally, adequate notice needs to be given to the patient so that they have time to secure a new dentist. A dentist should not, for example, send a letter of termination when the patient is scheduled for a treatment the following week. Favorable timing for termination is when the patient’s dental health requires only routine preventive care, giving the patient several months to set up an appointment with a new dentist.

In the termination letter it is helpful to recommend that the patient visit the ADA’s website, www.mouthhealthy.org, and download a referral form. The dentist should also offer to provide emergency care for a reasonable period after notice of termination. Finally, the letter should inform the patient of his or her right to view or obtain a copy of their dental records and offer to forward them to a new dentist with the patient’s written request and authorization.

Whitening gel for your patients at a lower cost to you.

As an exclusive benefit to Ohio Dental Association members, ODASC offers the opportunity to purchase teeth whitening gel at a discounted rate.

Available in three concentrations - 16, 22 and 35 percent - each 3cc syringe is only $5*. The carbamide peroxide gel is made fresh in the United States under FDA regulations and available in three concentrations – 16, 22 and 35 percent – each 3cc syringe is only $5*. ODASC makes it possible.

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Legal Briefs is intended to offer information and general guidance but should not be construed as legal advice and cannot be substituted for the advice of the dentist’s own legal counsel. Dentists should always seek the advice of their own attorneys regarding specific circumstances.
Ohio Dental Association website receives national recognition at conference

ODA Staff

The Ohio Dental Association's website, www.oda.org, recently received national recognition.

A keynote speaker at the American Dental Association Conference on Mem-
bership Recruitment and Retention, Sarah Sledek, author of the book "The End of Membership as We Know It," featured the ODA's website in her speech as an example of a good way a website can attract members.

"Once again I am proud to report that the ODA continues to be recognized by the ADA for their outstanding leadership and expertise at "doing it right," said Dr. Tom Kelly, the Seventh District Represen-
tative to the ADA's Council on Member-
ship Services. "The ODA's website was the only one she complimented as being a positive, well done website from an as-
sociation that really gets it."

The ODA's new website was launched in January 2012. On the website, dentists can find information about news, events, products, services and more. All articles from the "ODA Today" are posted online and are available to mem-
ber dentists. Dentists can find articles based on a keyword search or a category search on the news page. For example, dentists looking for all insurance articles that have been published in the "ODA Today" can visit www.oda.org/news and choose "ODA Today" as the category and Dental Insurance Corner as the sub-
category. Other subcategories include ODASC, Legal Briefs, The Director's Chair and Opinion & Editorial.

Dentists can also find many resources in the ODA's Resource Library at oda.org/ resource-library/. Here, users can search by keyword or choose a category. Catego-
ries include Practice Resources, ODASC Products and Community Involvement.

Dentists also have the ability to renew their membership or join the ODA through the website, plus members can make a contribution to the Ohio Dental Political Action Committee (ODPAC) or make a donation to the Ohio Dental Association Foundation (ODAF). ODASC member dentists and American Student Dental Association members must create a user account to access certain portions of the website. To do this, visit www.oda.org and click on the link that says "Activate Your Web Account," located in the red box toward the right. Dentists will need their ADA number and dental students will need their ASDA number, with no dashes included, and must enter an email address and password in order to create an account. It is a simple process that takes only a couple of minutes.

Dentists who created an account prior to January 2012 on the ODA's old web-
site will need to create a new account on the ODA's current website. Dentists who aren't sure if they've created an account on the current site should follow the steps above to create a new account, and if an account has already been created for that ADA/ASDA number the website will provide a link to reset the password. For questions about the website, please call the ODA at 800.282.1526.

U.S. surgeon general endorses fluoridation

U.S. Surgeon General Dr. Regina Benjamin endorsed community water fluoridation in April.

Dr. Benjamin made her official endorsement in a letter sent to the Oral Health Confer-
ence in Huntsville, Ala.

All U.S. surgeon generals for the past 50 years have endorsed community water fluoridation as a safe, effective way to fight tooth decay.

The American Dental Association has supported fluoridation since 1950.

VALUE, from page 1

The Value of Membership: You!

The American Dental Association has several ways for mem-
bers to get involved in their communities, including:

• Give Kids A Smile, where dentists provide free care to children in need.
• Dental OPTIONS, where dentists provide care to low-income, uninsured individuals.
• Project Smiles for Seniors, which promotes oral health care of older adults through education.
• Operation TACTIC, an educational program to prevent the use of to-
bacco.

The Value of Membership: Continuing Education at a reasonable price

Members receive a $275 discount on registration for the ODA Annual Session. After registering, dentists and their staff members have a variety of CE opportu-
nities to choose from. Nationally known speakers will teach on various topics to help improve practices and fulfill the CE requirement for dental licensure renewal. For more information on Annual Session, see the insert beginning on page 11.

The Value of Membership: Peer review offers an alternative dispute resolution process

ODA peer review offers a non-threatening opportunity for dentists and patients to re-
solve disputes when they cannot do so on their own, and it is a productive alternative to the court system or any other process.

When cases are submitted to the local dental society for peer review, volunteer dentists make a decision in the mediation and clinical exam. Peer review is not a disciplinarian body and does not have the authority to impose fines, take action against a dentist's license or make public its findings. The only thing peer review can do is to find that a dentist's actions do not meet the legal and ethical standards.

One of the best ways to learn more about organized dentistry and get involved is to attend a local meeting. Dr. Kim Gard-
er, president of the ODA, would like to personally invite you to become a mem-
ber. For more information, see page 2.

For information on the ODA or to be-
come a member visit www.oda.org or call 800.282.1526.

The Value of Membership: You!

Every ODA member adds value to the ODA and strengthens the organization. Membership allows you to drive, shape and influence the profession of dentistry and invest in your own future.

One of the best ways to learn more about organized dentistry and get involved is to attend a local meeting. Dr. Kim Gard-
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For information on the ODA or to be-

Organized dentistry helps bring family answers

Jackie Best
Managing Editor

The ODA helped family members identify and locate the dental records of the missing person. The detectives contacted the dentist who had the missing person's dental records, and the dentist was able to identify the victim, providing the family with answers.

Graduating dental students sign up for organized dentistry at events

Jackie Best
Managing Editor

This spring, organized dentistry in Ohio is working to support the American Dental Association’s National Signing Day program. The ODA provided students with information about membership fees. Of those students who attended, 70.88 percent, submitted a membership application during the National Signing Day.

The ODA and the Columbus Dental Society supported the 2013 National Signing Day at the OSU College of Dentistry on March 1 in conjunction with Senior Portrait Day. The ODA provided students with information about endorsed products, upcoming events and other benefits of becoming a member of organized dentistry.

The Value of Membership

“To me, one of the most valuable aspects of my membership in the ADA has been the ability to become involved in the organization. I currently serve on the Council on Access to Care and Public Service and have been in the House of Delegates for almost 20 years. This allows me to be involved on various levels and have a voice within the organization. The more involved a member becomes, the more he or she begins to understand just how much the ADA does to support the practice of dentistry.”

Dr. Jennifer Kale
General Dentist
Jennifer A. Kale, DDS, Inc.  Tiffin, Ohio

Become a Member!
For more information about becoming a member of the Ohio Dental Association, visit www.oda.org or call (800) 282-1526.

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Do you know what you agreed to? Sometimes not!

Christopher A. Moore, MA
ODA Director of Dental Services
The Ohio Dental Association has received a number of calls over the past year from ODA member dentists with questions concerning participating provider contracts they have entered into. The questions typically involve whether the contracting insurance company is allowed to administer the dental benefit plan in a way the dentist does not like.

The answer has oftentimes been yes they can, if the dentist has already signed a contract containing language that allows the payer to do so. Most of the time the dentist had no idea he/she had agreed to these types of contractual provisions.

This can be very understandable given the actual contract language may seem rather innocuous at the time the dentist initially signs the contract even though the impact of these types of contractual provisions can be very real on a dental practice.

For example, contract language such as “dentist agrees to abide by all of XYZ PPO’s policies and procedures” or “dentist promises to comply with all administrative rules and procedures developed by XYZ PPO” can obligate the dentist to abide by documents outside of the contract that he or she may not have seen.

Contract language such as “XYZ PPO may, at any time, assign this agreement or any of its rights, or delegates any of its duties or obligations in whole or part set forth herein, to any of its affiliated companies or any other corporate entity” or “this agreement may be assigned only by XYZ PPO” or “dentist agrees that his/her contractual rights and responsibilities may not be assigned or delegated by dentist without prior written consent of XYZ PPO [but there is no similar restriction on XYZ PPO to transfer the agreement]” can obligate the dentist to extend the discounted fees to groups other than the one the dentist initially contracted with.

The dental association has a service that assists dentists in understanding these and many other types of contractual obligations before the dentist finds himself/herself legally bound by them.

The Contract Analysis Service takes contract legalese and translates it into easy-to-understand language that enables dentists to make informed contracting decisions.

It identifies potentially problematic contract provisions and their possible impact on the dental practice. This information can help the dentist have a fuller understanding of what to expect as a result of entering into the agreement.

To utilize the Contract Analysis Service, ODA members simply need to contact the ODA Department of Dental Services at 800-282-1526 and request an analysis for whichever contract they are considering.

ODA members who submit analysis requests directly to the ADA are charged a $50 fee per contract analyzed.

ODA members who submit analysis requests through the Contract Analysis Service are charged a $50 fee per contract analyzed. A dentist could easily pay his or her attorney $500 to $500 for this type of legal analysis, but by being an ODA member, a dentist can access it at no charge.

Dentists are also advised that it is a good idea to review the contract and its analysis with their professional liability carrier and, if necessary, legal counsel.

The Contract Analysis Service also analyzes dental management service organization (DMSO) contracts and contracts that offer dental school students scholarships or loans in exchange for a commitment for future employment.

Other free resources that are available to ADA members include: “What Every Dental Student Should Know Before Affiliating With a DMSO: A Legal Perspective,” and “What Every Dental Student Should Know Before Signing an Agreement Offering a Scholarship or Loan in Exchange for a Work Commitment.” These documents may be obtained at no charge by visiting ADA.org at www.ada.org/members/law/issues_business.asp or calling the ADA at 800-621-8099.

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Would you like to utilize the Contract Analysis Service?
ODA members simply need to contact the ODA Department of Dental Services at 800-282-1526 and request an analysis for whichever contract they are considering.
Superior Dental Care (SDC) is proud to support the ADA, ODA, and each local dental society in the work they do to protect and support the profession of dentistry. Since 1986, SDC has been providing access to affordable and quality dental care throughout Ohio, Kentucky and Indiana. Join our participating dentists and enjoy convenient features like online access to our system through Superior Direct Connect, electronic claim filing, weekly claim payments deposited electronically, free advertising, and more!
Frank R. Recker has practiced general dentistry for 13 years and served as a member of the Ohio State Dental Board before entering the legal profession. Areas of practice include:

• Administrative Law before State Dental Boards
• Dental Malpractice Defense
• Practice-related Business Transactions

Dr. Recker also represents multiple national dental organizations and individual dentists in various matters, including First amendment litigation (i.e. advertising), judicial appeals of state board proceedings, civil rights actions against state agencies, and disputes with PPOs and DMGOS.

A sampling of various cases can be obtained online. Questions regarding representation can also be addressed to Dr. Recker via e-mail at recker@ddslaw.com.

John Svirsky, DDS, Med

Come In and Catch It: The Review That Sticks
• When: Friday, Sept. 20 from 9 a.m. to noon.
• Course Code: F44
• This is the perfect review course that covers the recognition, diagnosis, and treatment of the 30 soft tissue lesions that every dentist and hygienist should know and treat appropriately. A number of the entities only require recognition. The classic lesions that have been forgotten since school will be brought back to life, and your diagnostic confidence will be reenergized.

Bugs That Will Eat You
• When: Friday, Sept. 20 from 2 to 5 p.m.
• Course Code: F63
• This course delves into unusual systemic diseases with oral manifestations. Areas covered will include sexually transmitted diseases, AIDS, tuberculosis, and a potpourri of bacterial, viral, and mycotic infections. Surprises will appear. Get ready for a memorable oral pathology experience.

Lumps, Bumps and Lesions For All Seasons
• When: Saturday, Sept. 21 from 9 a.m. to noon.
• Dr. Svirsky will discuss unusual cases, diagnostic challenges, the oral health effects of tobacco products and alcohol, premalignant and malignant lesions, and new diagnostic techniques. Tobacco advertising will be exposed and the link between human papilloma virus (HPV) and oral cancer will be discussed.

For more information about the courses that Svirsky will be presenting and to register, plus a full schedule of Annual Session events, visit www.oda.org/events and see page 11 for the Annual Session insert. Support for Svirsky’s courses is provided by P&G.

The 2013 ODA Annual Session is Sept. 19-22 in Columbus. Registration and more information, including a full listing of speakers and events, can be found at www.oda.org/events.

Which of the following should be included in your differential diagnosis?

1. Aphthous stomatitis
2. Cytomegalovirus
3. Hand-foot-and-mouth disease
4. Herpangina
5. Infectious mononucleosis
6. Mumps
7. Primary herpetic gingivostomatitis
8. Rubella (measles)

See PATHOLOGY, page 21

By Dr. John Svirsky

A 25-year-old white male dental student presented to my office with the following history. His children had a low fever a week prior with mild symptoms lasting a few days. A week after his children’s fever ended he developed a higher fever and was much sicker than either of his children. He developed the fever after a heavy workout in the gym (I am not sure if this plays any role but he wanted all to know he goes to the gym and the fever worsened, peaked at 100.5°F and lasted 48 hours. A sore throat accompanied the fever and on the second day worsened and progressed. Lesions of the oropharynx and tonsillar area were the first to appear (Figure 1). The oral findings continued for another two days and the student was miserable but not enough to stay home and keep his classmates and the school from being exposed.

Which of the following should be included in your differential diagnosis?

1. Aphthous stomatitis
2. Cytomegalovirus
3. Hand-foot-and-mouth disease
4. Herpangina
5. Infectious mononucleosis
6. Mumps
7. Primary herpetic gingivostomatitis
8. Rubella (measles)

See PATHOLOGY, page 21
“Organized dentistry has been an incredible asset since graduating from dental school. Not only has the practice start-up and management material helped to get me on my feet, the safety and compliance information has helped to ensure that I am and remain compliant with the changing requirements in Ohio.”

Dr. Crystal G. Schneider
General Dentist
Crystal Schneider, DMD
Mentor, Ohio

“I am constantly amazed by the efforts of the ODA and the other components of the tripartite system. I am not sure who else would look after our interests as practicing dentists and dental specialists. Their vigilance and expertise ensures that we can continue to advocate oral health and prevention of disease.”

Dr. Keith M. Schneider
Oral and Maxillofacial Surgeon
Schneider Oral and Maxillofacial Surgery
Mentor, Ohio

PATHOLOGY, from page 10

From the history a number of acute viral conditions could be considered, which include hand-foot-and-mouth disease, herpangina and primary herpetic gingivostomatitis. All of these diseases start out with the patient feeling sick with a low-grade fever and developing painful oral lesions within two days. The location of the lesions predominately on the oropharynx and tonsils suggest herpangina. The lack of gingival lesions and the age of the patient make a primary herpetic gingivostomatitis less likely. Hand-foot- and mouth disease usually has oral lesions that precede the skin lesions.

Aphthous stomatitis can be excluded since fever and feeling sick are not related to this condition. Also there should be a recurrent nature to aphthous lesions.

Cytomegalovirus (Herpes type 5) is usually asymptomatic (90 percent) and can be found at any age. The 10 percent that are symptomatic have flu-like symptoms and also organ involvement. This disease is usually found in immunocompromised individuals and not easily transmitted to healthy individuals. It is found in AIDS patients at a much higher rate than the general population.

Infectious mononucleosis (Herpes type 4) is a symptomatic disease related to Epstein-Barr virus (Herpes type 4 virus). The symptoms of mononucleosis are more prolonged with head and neck lymphadenopathy. Oral lesions are not a component of this disease, although some patients get oral petechiae.

Mumps usually present with flu-like symptoms and salivary gland swelling, most often the parotid, that typically peaks in two to three days. Intraoral findings include swelling and redness of Wharton’s and Siemens duct openings. Sublingual swelling is also reported. Oral lesions, other than the glandular involvement mentioned, are not typically found in mumps.

Measles also presents with flu-like symptoms and the oral lesions that are small, non-painful, blue-white macules of the labial and buccal mucosa (Koplik’s spots). As the oral lesions fade, the fever continues and an erythematous maculopapular rash develops. Measles can be serious in immunocompromised patients.

I withheld the information that would have made this an easy diagnosis. According to the patient, four days after the onset of fever and the oral lesions, small, non-painful, blue-white macules continued and an erythematous maculopapular rash developed. The “peeling” process and the areas of the hands and feet desquamated, new and tender skin was formed underneath and was extremely painful. The “peeling” lasted three weeks and the patient had two fingernails and one toenail fall off two weeks after the virus. He also has scarring on the medial surface of his foot.

In most cases the disease is not nearly as severe as it was in this case. His children were barely affected at all. HFMD is a common disease classified as a coxsackievirus, usually A16 in the enterovirus family. Infants and young children are the most commonly infected and the disease is contagious with a three to seven day incubation period. It occurs in epidemics and as would be expected in day care centers, nursery schools and early school years.

The presenting symptoms as in this case are flu-like symptoms and sore throat with difficulty in swallowing. Oral lesions typically precede the skin lesions, which usually occur first in the hands. The name of the disease, as it implies, usually affects the hands and feet following the fever. As in this case, other areas of the body can be affected. The lesions are painful and treated symptomatically. The disease usually runs a course of one week, and since it is viral antibiotics are unnecessary.

The disease is typically mild in older children and adults (not in this case). Most adults get the disease from their infected children and severe complications are unusual.

This case was submitted by and on behalf of Daniel DeSovia (a second-year dental student).

This article was reprinted with permission from the Virginia Dental Association.
Annual Session

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Q & A at ODA:
“Everything you wanted to ask but associations had didn’t know who to ask”

Annual Session Hotel accommodations

Be sure to book your hotel before rooms begin to fill up for Annual Session, which will be Sept. 19-22 in Columbus. The Ohio Dental Association has negotiated special rates at designated hotels. Your patronage of these hotels is appreciated.

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401 North High Street
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Single or Double: $159
www.hilton.com

Hyatt Regency Columbus
Co-Headquarters Hotel
350 North High Street
Columbus, OH 43215
IB(00) 233-1234; (614) 463-1234
Single: $158; Double: $168
www.hyatt.com

Hampton Inn & Suites
501 North High Street
Columbus, OH 43215
IB(00) 426-7866; (614) 559-2000
King: $132; King Suite: $162

The Drury Inn & Suites Columbus Convention Center
88 E. Nationwide Blvd.
Columbus, OH 43215
IB(00) DRURY INN; (614) 221-7008
Single or Double: $127; Single or Double Suite: $157

Renaissance Columbus Downtown Hotel
50 North Third Street
Columbus, OH 43215
IB(00) 468-3571; (614) 226-5050
Single or Double: $130

The official hotels of the 147th Annual Session are taking reservations now. Attendees can call or link to their hotel choice directly to make reservations.

Visit www.oda.org/events to find everything you need to know about the ODA Annual Session and to register.

Annual Session Hotel accommodations

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IB(00) 445-8667; (614) 384-8600
Single or Double: $159
www.hilton.com

Hyatt Regency Columbus
Co-Headquarters Hotel
350 North High Street
Columbus, OH 43215
IB(00) 233-1234; (614) 463-1234
Single: $158; Double: $168
www.hyatt.com

Hampton Inn & Suites
501 North High Street
Columbus, OH 43215
IB(00) 426-7866; (614) 559-2000
King: $132; King Suite: $162

The Drury Inn & Suites Columbus Convention Center
88 E. Nationwide Blvd.
Columbus, OH 43215
IB(00) DRURY INN; (614) 221-7008
Single or Double: $127; Single or Double Suite: $157

Renaissance Columbus Downtown Hotel
50 North Third Street
Columbus, OH 43215
IB(00) 468-3571; (614) 226-5050
Single or Double: $130

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Moving?
New phone number?
New email address?

Contact the Ohio Dental Association Membership Department if you are planning to move your home or practice or if you have changed your phone number, changed your name or changed your email address.

Via email: membership@oda.org
By mail: Ohio Dental Association
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Columbus, OH 43215-1098

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ODA members can save money by purchasing ODASC endorsed products

An Example of ODASC Product Savings

<table>
<thead>
<tr>
<th>Product</th>
<th>Savings</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>$300</td>
<td>There is no monthly billing fee so an office can save $25 a month without even accounting for individual plan savings</td>
</tr>
<tr>
<td>Professional Liability Insurance</td>
<td>$75</td>
<td>5 percent annual discount. Average annual premium $1,500</td>
</tr>
<tr>
<td>Disability Insurance</td>
<td>$400</td>
<td>10 percent annual discount. Average annual premium $4,000</td>
</tr>
<tr>
<td>Credit Card Processing</td>
<td>$1,200</td>
<td>Average office savings of 23 percent annually</td>
</tr>
<tr>
<td>Electronic Claims Processing</td>
<td>$600</td>
<td>Based on an average of 200 claims per month X 25 per claim savings</td>
</tr>
<tr>
<td>Automated Patient Communication System</td>
<td>$360</td>
<td>$30 per month discount on Lighthouse 360 monthly fee</td>
</tr>
<tr>
<td>Website</td>
<td>$465</td>
<td>ProSites offers members a 25 percent discount on website building</td>
</tr>
<tr>
<td>Personalized Whitening Gel Syringes</td>
<td>$200</td>
<td>Based on maximum discount for an average office of six staff</td>
</tr>
<tr>
<td>SUV Disinfectant</td>
<td>$50</td>
<td>Free shipping and spray bottles</td>
</tr>
<tr>
<td>Sterilizing Test Strips</td>
<td>$85</td>
<td>Compared to the cost of similar services</td>
</tr>
</tbody>
</table>

Total: $4,230

These products are an example based on a typical office. Depending on the size of your office and other circumstances, savings may vary by practice. Visit www.oda.org for more information on all ODASC products.

“I use several of the ODASC endorsed products, and the savings more than cover the cost of my dues.”

~ Dr. Thomas Matanzo

ODASC Chair

ODASC helps dentists save money by securing discounts on products and services available exclusively for ODA members and by finding products and services that provide the best value for the price.

ODASC is overseen by a board of directors including ODA member dentists. Before endorsing a product or service, the board researches and tests it to make sure it is the best available and will fit Ohio dentists’ needs.

“When researching and endorsing products, ODASC has the best interest of dentists in mind,” Matanzo said. “We want to make sure we are providing ODA members with the best products available and at a good value. This way, ODA members know they are getting a great product, but don’t have to spend as much time doing all the research.”

A team of ODASC staff members is also available to help ODA member dentists purchase products and decide which will be a good fit for their practices. ODASC representatives are experienced and are not paid through commissions, so their only interests are making sure dentists’ needs are met.

ODASC representatives can also serve as liaisons between ODA members and endorsed companies because they have spent years building relationships at each company. If an ODA member should ever have a question or need to contact a company with a problem, ODASC representatives can step in and get a quick response.

Some of ODASC’s most popular endorsed products include:

- The Best Card credit card processing system. Dental practices save an average of 23 percent when they switch to Best Card, and as an introductory offer, Best Card will take $100 off dentist’s third month’s processing fees. Many dentists report that Best Card provides great customer service and is easy to use.
- Whitening gel, which costs $5 per syringe when at least 50 are purchased. The gel is a Carbamide Peroxide 3 cc syringe and is available in 16 percent, 22 percent and 35 percent strengths.
- ClaimX, an electronic insurance claim management and processor. Dentists have given ClaimX high marks for support, ease of use, integration with current practice management system, a noticeable reduction in claim processing times and a significant reduction in costs. ClaimX sends dental insurance claims electronically for 25 cents each, compared to the 45-55 cents other processors charge.

ODA Services Corp.

ODA Today | June 2013 | 23

The Value of Membership

“There are so many member benefits offered by the ODA to make the lives of dentists easier. Continued membership in organized dentistry is important for everyone as it is the best way to keep up to date with all the issues impacting the profession.”

Dr. Homa Amini

Pediatric Dentist

Nationwide Children’s Hospital

Columbus, Ohio

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**Staying Connected**

So, why have a dental association any-where? I can get all the continuing education that I need online. I can get my insurance online too. From that, gecko, or the duck, or even that flippin’ fish. The kids that comes from my computer. I just need to go to work and take care of patients. Who needs to talk to other dentists? I can post my questions on a blog and get advice on how to practice. I’ll watch a YouTube video if I need to figure out how to do a procedure. It’s all right there at my fingertips. I don’t even need to leave my desk! What a great life! ....But why do I feel so scared?

In this era of Facebook, Twitter and social media, we get the impression that society is more connected than ever. The reality is that we are really more alone. In fact, loneliness is becoming epidemic proportions. All the social media presence does is amplify one of the oldest human emotions, the fear of missing out.

Since we were young, we have been concerned that someone else was having more fun than we were. Doing something special. Getting better grades. Out at a party with more important friends. We’re not.”

Once we get into practice, the business gains its own component of fear. Things are good, but somewhere, something in the universe seems wrong. Something is looming on the horizon that will affect us, annoy us, threaten us. There’s a cross out there, but we just can’t see it. The Internet amplifies the fear. We can see and hear what everyone else is doing – where they’re going. In stories and in videos, in videos and in tropical sands. We have to measure ourselves against what we see and hear. Joy is hard to find and we have to make it ourselves.

No one needs to tell us, but the practice of dentistry is exhausting. One of the fac- tors that makes it that way is the isolation of the practitioner. We toil each day in the confines of our offices. It falls on us to provide the energy level necessary to carry patients through the day. For the patient, it is a sign of competence. We need to push to keep our energy up when the patient is not engaged in his own care. We can’t rely on anyone else.

So how do we confront the loneliness epidemic? One thing to remember the next time you feel lonely, disconnected, Directionless: the reason that this problem is universal. Everyone feels this way at some time or another. Some people are just more resistant at hitting it.

This problem, however, is best treated by admitting it and realizing that you can cure it by connecting and interacting with others. If we do that, we cure not only our own loneliness, but make a difference in the lives of others. Who even recognizes our aloneness as well as ours.

That’s where the dental association comes in. The only other people who understand what we do every day are dentists themselves. If I want to interact with my peers, the best way to find them is at my local dental society, or even at the ODA Annual Session. Continuing education is available online, but there is a value to learning together with others. The synergy of discussing a problem with my colleagues is a benefit of attending a meeting. I learn more when I get out of my office and work with friends.

Dental school may not have been fun, but the relationships we formed with our classmates last for a lifetime. They last not because we were forced to eat all the shared food and hard work. A profes-sion requires difficult training. We all laugh about the tough professors when we get together, but that shared experience made us better and who we are today.

Deep down, we crave that camaraderie. We need the connections that only come from meeting with people face to face, or at least on the phone. All the digital media allows us to communicate more quickly, but we lose the emotional impact and connection. It turns out that we really do need each other.

The profession may seem to be chang-ing, but the more things change, the more the core values stay the same. It used to be that I joined the dental association out of loyalty to the profession. Loyalty remains an important reason for member-ship, but it is not the only factor. I belong to **SEE CONNECTED**, page 25

2min/2day

**Does It Matter?**

The patient is probably going to take a lot of grief from some segments of our profession. That’s why I paid the big bucks – to ask the tough questions and to make my fellow practitioners think, and then tell me what you think. Excuse me while I rant.

recently there are increasing numbers of kids out there who really need some good dental care. We know that, not only because we’ve helped those kids in our offices, but also because a bunch of you spend your professional lives telling us about it after you do your surveys, just looking, as you spend your grant money. It would be interesting to know just why those families are in such lousy dental shape.

It would be interesting to have someone who has, not only actual credentials in the psychology of kids (and even more impor-tantly, the psychology of the parents who neglect them) needs, but who also has actual, long term, hands-on, patient treatment experience, address the issue of what it takes to actually get these kids we are all so concerned about into a dental chair for some type of treatment.

Perhaps with that knowledge, questions that are currently being asked could be answered – at least until the next study that shows something entirely different, and someone else then chooses which is right based pretty much on their own viewpoint, which then reduces the whole group of studies to one big, unscientific, opinion piece. Questions like these:

- Does it matter if there is no scientific evidence that seeing a dentist twice a year is good or not if you can’t get parents to bring these kids in even once a year for two years?
- How about if you teach them to brush for two minutes, twice a day? (2min/2day) Does it actually, perhaps, get them to brush once a day – every other day – or once a week – for a minute or two or even an impaired half minute – or are we all just waxing aware that they should be seeing to their kids’ health needs, since the school programs and welfare programs obviously aren’t working any better than anything else?
- Why doesn’t a parent who has no job, who can get free care that is available at worst or who people probably don’t bring their kids either, do the right thing by their multi-generational, governmentally-assisted, family units?
- Why do parents’ lack of reaching responsibil-ity to those parents instead of just pander-ing to their neglect? For example: Teach them to use the fluoridated water supply available to them, instead of wasting their money on bottled water? How about using healthy foods instead of sugar-laden drinks? How about using fluoride toothpaste instead of beer and cigarettes?
- The attitude I see is one that says, “Oh you poor dear, since you don’t use all the free things available to you that others pay for, we’ll come out and spoon feed you and make you even more dependent than you are already.”
- Which is worse, a small amount of fluorosis which I almost never saw in practice from actually using fluoridated water, or multiple canines lesions and infectious abscesses from using non-fluoridated water, not brushing (with or without fluoridated toothpaste) and not learning or practicing any oral hygiene at all?
- How many of the dental public health professionals and their families use the treatment they recommend so highly for the Medicaid population on themselves and their families when caries rears its ugly fangs? Or do you just have actual practicing dentists restore it? And restore it? And restore it? Or maybe we could just restore it and then they could actually learn to take care of it? AHM. You mean the kids didn’t have caries? You mean they got optimal amounts of fluoride and you taught them good oral hygiene instead of sealing that nasty decay in under stainless steel crowns with whatever stuff you think will make it all better? If your kids get sick, do you treat the sickness and try to make sure they don’t get sick again? Might that work for dentistry? And maybe, moreover, it might work for those needy kids whose families can afford to go to the dentist, but do get their treatment paid for by the rest of us.
- Why do you blame ALL of the problems of access on those who can’t afford to pay for patient care? Don’t dentists learn these basic attitudes in dental school? From the faculty who don’t see those kids in their offices or faculty clinics either? No, you say? A number of educators quietly admit that those attitudes are formed a long time before their dental education even begins. Well then maybe we need a better selection process before they start that education, because real life sometimes seems to reflect poorly on both our intended nature and their scholastic nurture.
- OK, I guess I’ve offended as many folks as I can think to this far. The first and final question to all of you still is, “Does it matter?”
- I hope so.

Dr. Jones may be reached at jonesdfdj@aol.com.
importance of attaining and maintaining their dental health, and showing them the reason to invest in their health.

Patients make buying decisions in our office every day. I’m not talking about the patients who are struggling to meet their most basic needs like putting food on the table and paying the mortgage. I’m talking about the majority of our patients who have some disposable income and are prioritizing their spending. We compete with things like summer vacations and a new boat. Patients choose back-to-school clothes or the newest video games for their teenagers. They prioritize dinner at an elegant restaurant. These are the people who make a decision each and every time they enter our offices, and that decision is based on one question: Do I see value in the treatment they are recommending?

So I ask you: Do you answer this question for your patients on a consistent basis?

I believe that if our patients understood what we knew about their dental health, they would schedule all the treatment we recommended. But they don’t. That’s why I have challenged my team to get three basic points across to patients: 1. the severity of their dental health problems, 2. the value of acting to correct the problem now, and 3. the potential consequences of inaction.

Take an old, leaking amalgam for example. Sound familiar again? It’s a tooth that does not hurt, but radiographic and clinical examination (and experience) tell you this tooth has recurrent decay and is a ticking time bomb. This is a problem. The value of acting now is that we can control the progression of this disease process, i.e., it is a disease. Inaction can lead to cuspal fatigue and fracture, resulting in the need for a crown, root canal therapy, or worse—a unrestorable tooth that requires extraction.

Empower your staff to have these discussions with patients. Every team member should be on the same page so your patients get a consistent message—the correct message, based on science and experience. Take pictures. Patients not only think they are cool, but they are often far more critical of what they see than we are. Until recently, I never knew a stained central pit could cause such concern. Intraoral photos are extremely valuable in educating patients about their dental concerns.

Last of all, be honest. You may think you are doing your patients a service by patching and reparing MOD/B/L amalgams. In reality, if you treated them like family, you would strengthen and solidify that tooth so it was serviceable for years to come. It may be a shock to them at first, but they will thank you in the long run.

I think once we stop telling patients what they need and start talking to them about what is best for their health, patients will no longer leave the office with lingering questions. Will you get through to everyone? No way. But we have to start somewhere. Start with a consistent approach to high quality dentistry, and make sure it is a consistent message throughout your entire office.

Stop thinking about competition in its expected form. Remember, it’s not the office down the street. Instead, start thinking about how you can motivate your team to be educators and show your patients the value of great dentistry. Then, deliver on your promises. Make this second nature, and you’ll never have to worry about the guy down the street again ... unless he’s a buddy and you need someone to round out your weekend foursome.

Dr. Walton may be reached at drwalton@akronsmile.com.
A small private office with large group benefits. We have fourteen fee for service practices. Emphasis on complete treatment. In-house ortho, surgery, endo, implants. Our doctors range in ages from 26 to 74. Full and part time positions available in Columbus, Mansfield and NE Ohio. Call me for more information. Dr. Sam Jaffe (614) 766-5320 or sam@americandentalcenters.com

Currently seeking an amazing dentist to join our family. We are offering an opportunity in our well established, fee for service dental practice. We provide quality comprehensive dental services that include endodontics, implant placement and restoration, limited orthodontics, periodontal surgeries, fixed and removable prosthodontics, extractions including 3rd molars, and occlusal thera pies. We boast a beautiful nine operatory facility with a pleasant and experienced staff. We are located in Oak Park, Ohio which is a suburb of Toledo, Ohio. Qualifications would include a year of experience, or a GPR/AEGD residency. Please call if you are interested at (419) 350-8182, and ask for Kris.

An advanced private dental practice on the west side of Cleveland is looking for an associate dentist to join our highly motivated and energetic team. A few years of experience are preferred. Please inquire by email to dentalhelp@gmail.com.

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Associate position available in Kettering, Ohio. 2 days to 3 days per week. Opportunity to increase to 3-4 days per week. Please call Mr. Sullivan at (317) 430-4317.

Associate position with potential buy out opportunity of growing practice in Northwest Ohio. If you have a passion for providing comprehensive dentistry with a professional well-trained team, this opportunity may be just for you. Young graduates, or graduates of a GPR will be considered. Contact egentlecareing@hotmail.com with resume.

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Ohio State ASDA wins award for grassroots advocacy

Nathan Prueter
OSU College of Dentistry

During the 2013 National Dental Student Lobby Day in Washington, D.C., on April 15 and 16, Ohio State’s American Student Dental Association (ASDA) chapter was awarded the Ideal Legislative Grassroots Network (LGN) Chapter of the Year. This award honors outstanding achievements by an ASDA chapter in serving the association on a local and national level. The winning chapter is selected based on involvement in activities such as American Dental Political Action Committee (ADPAC) drives, participation in national and state lobby days, legislative lunch and learns, and legislative articles written. The link to the application can be found at www.asdanet.org/awards/legislative.aspx.

National Dental Student Lobby Day is an annual event with the first day focusing on learning how Congress works, training on how to lobby and an introduction to the politics of Capitol Hill. A keynote address from Rep. Tom Petri (R-Wis.) along with the presentation of the LGN Award concluded day one. The second day started with a group photo on Capitol Hill followed by a day full of appointments with legislators. Ohio was well represented with 19 students attending from The Ohio State University. Second only to Stony Brook with 20, along with three students from Case Western Reserve University. Mike Pappas (OSU class of 2014) was announced as the chair of the 2013-14 Council on Advocacy, and his duties will include planning next year’s National Dental Student Lobby Day.

Over 330 ASDA members participated in the event and scheduled over 200 Congressional appointments. Ohio students were able to meet with 10 of the 16 Ohio Representatives’ offices and both Senators’ offices. We were able to meet face-to-face with Rep. David Joyce (R-Ohio 14) and Rep. Bill Johnson (R-Ohio 6).

The three issues that we focused on for our discussions with legislators were the ExCEL Act focusing on student debt reformation, an act to eliminate the 2.3 percent medical device tax and extending higher education-related tax extenders. The success and accomplishments of the OSU ASDA chapter has been able to achieve the past few years would not have been possible without the support we receive from the Ohio Dental Association and its staff. The increased backing and encouragement students have received for participating in the ODA Day at the Statehouse is proven by tripling student participation in each of the last two years.

Keith Kerns, ODA director of legal and legislative services, has worked very closely with ASDA to develop and present the Advocacy Academy to over 50 students to date. This first-of-its-kind program teaches dental students how to advocate for dentistry in the perfect example of how ASDA and the ODA are working together.

Ohio State’s ASDA chapter-winning the Ideal LGN Award proves that a strong partnership between the dental students and the state dental society has not only educated students about the importance of advocacy, but hopefully has also introduced them to career-long involvement in organized dentistry.

Nathan Prueter is a student at The Ohio State University College of Dentistry in the Class of 2014. He was the 2012-13 ASDA legislative liaison.

The Ohio State ASDA chapter was awarded the Ideal Legislative Grassroots Network Chapter of the Year at National Dental Student Lobby Day in Washington, D.C. 19 OSU students attended the event.
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