

ODA Today

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

QuickBites

ODA membership survey to hit inboxes after Annual Session

Ohio Dental Association members will soon have the opportunity to voice their opinions in the form of the 2012 online membership survey.

Based on previous surveys, the ODA has adjusted programs at Annual Session to meet the needs and desires of ODA members, enhanced engagement on third-party payer issues and increased offerings of continuing education courses.

Check your email inboxes after Annual Session for the 2012 membership survey and let us know what you think! Your opinion matters!

Annual Session Saturday Exhibits Only Pass

New this year, the ODA is offering an Exhibits Only Pass on Saturday only. Any dentist or staff member can register for no fee. The Exhibits Only pass does not include any of the advantages of other registration categories. Registrants in this category may not register for any CE courses – free or paid, cannot attend the Table Clinics, can not receive any CE credits, or receive any other benefit included with other Annual Session registration categories and fees. Exhibits Only registrants will have access to one of the Midwest's largest dental exhibit halls on Saturday of the ODA Annual Session. You can register online, or onsite in Columbus by using registration category ES.

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Not registered for the 2012 ODA Annual Session? It's not too late!

ODA Staff

It's not too late to take part in the largest dental exhibition in Ohio, Sept. 13 through 16 at the ODA's 146th Annual Session in Columbus.

Dentists and staff members can still register onsite at the Greater Columbus Convention Center or online at www.oda.org. So, don't be caught looking back on the missed opportunity of being part of one of the region's finest dental meetings and fulfilling CE requirements. Head into downtown Columbus and take advantage of the opportunities for education, entertainment and networking.

The entire dental team can benefit from the lineup of great continuing education courses led by nationally known speakers and will enjoy great free activities such as the Welcome Reception, The Bash!, and daily drawings especially for attendees in the Exhibit Hall.

Continuing education at Annual Session is a great way to recharge your batteries and renew enthusiasm for the profession. There will be opportunities to discuss some of the latest techniques and technologies with colleagues.

The Annual Session scouting team has been recruiting speakers from across the nation to present topics important to your practice. Speakers this year include Dr. Lee Ann Brady, Dr. Anthony Cardoza, Dr. Gary DeWood, Dr. John Flucke, Dr. Dennis Hartlieb, Dr. Robert Edwab, Dr. Ross Nash, Dr. Martin Trope, Dr. Brian Novy, Ms. Laci Phillips and Ms. Bonnie Pugh. These are only a few of the marvelous speakers who will enlighten and inspire dentists and their teams.

Visit www.oda.org to print out course materials. Your registration number is required to access the appropriate materials.

To add to the excitement, Annual Session's Exhibit Hall provides a glimpse of some of the latest products for the dental office. More



Ohio Dental Association photo

2011 Annual Session attendees and exhibitors enjoy mingling at The Greater Columbus Convention Center in downtown Columbus. The Convention Center will hold the 2012 ODA Annual Session Sept. 13-16. This year's Annual Session offers over 60 continuing education courses, an expansive Exhibit Hall and much more.

than 200 companies will be represented, providing a unique opportunity to shop for everything an office needs.

Annual Session is an opportunity that should not be missed. Onsite registration is available each day during the meeting.

From Thursday, Sept. 13 to Saturday, Sept. 15, the registration desk will be in Exhibit Hall C of the Greater Columbus Convention Center. On Sunday, registration will be located in Concourse C. Online registration via the ODA's website at www.oda.org is available anytime allowing attendees to select courses before heading to the convention.

To guarantee the best possible experience at Annual Session, the ODA asks those planning to register onsite to arrive no later than one hour before the first CE course they plan to attend to allow plenty of time to process information. In addition, it is wise to choose alternate courses in the event primary choices sell out.

Fees for onsite registration are \$75 for ADA members, \$50 for retired life members and \$30 for staff. Spouses who are not on the office staff and dental students always register free. Registration hours are as follows:

Onsite registration hours

Thursday, Sept. 13: 7:30 a.m. – 6:30 p.m.
Friday, Sept. 14: 7:30 a.m. – 6:00 p.m.
Saturday, Sept. 15: 7:30 a.m. – 5:00 p.m.
Sunday, Sept. 16: 7:30 a.m. – 2:00 p.m.

Onsite registration fees

ADA members: \$75
ADA retired-life members: \$50
Non-members: \$350
Dental office staff: \$30
Other students: \$15
Spouses (non-office staff): Free
Dental students: Free
Dental hygiene students: Free

Saturday Exhibits Only Pass: Free

ODA Foundation awards over \$92,000 in grants and scholarships for 2012 – a milestone amount

ODA Staff

The Ohio Dental Association Foundation recently awarded its largest amount of program grants to date – \$52,500. Additionally, the total amount of grants and scholarships awarded this year was \$92,300. More scholarships will be awarded later this month through the Akron Dental Society Claypool Fund. Since 1995, \$677,772 has been awarded in dental scholarships and grants by the ODAF.

"With our recent change in funding focus, the foundation can make a bigger difference to community programs that serve the less fortunate," said Dr. Jack Spratt, ODAF chairman. "Our members continue to create strong programs and respond to the needs of their communities – and we are pleased that we could help so much this year," he added.

This year's grant awards benefit:

- Stark County Dental Society's volunteer program to provide free dentures to uninsured veterans. This is the society's first annual event to help local veterans. The program received a \$2,500 grant.

- Access Mahoning Valley, a program of the Corydon Palmer Dental Society through which volunteer dentists provide free care to uninsured residents at evening clinics. This program will also utilize the Smile Station II mobile dental unit. The program received an \$8,000 grant.

- Dentist volunteers with the W.D. Miller Dental Society provide emergency surgical care at Look up Dental Clinic, a free clinic in Newark. In its first 10 months of operations, this clinic helped 800 adults. The program received \$9,000, with \$1,500 from the ODAF Operating Fund and \$7,500 funded by the Bob & Peg Hinkle Family Fund.

- Nationwide Children's Hospital provides dental screenings, care and oral health education to low-income pregnant teens, partnering with Grant-Riverside Hospital's Prenatal Mobile Unit. The grant amount totalled \$9,000, including \$4,000 from the Don Bowers Fund and \$5,000 from the ODAF Operating Fund.

- The OSU College of Dentistry holds a Saturday of free restorative and preventive care for 100 inner-city children which will become a twice yearly event at the dental school. The program received a \$4,000 grant, from the ODAF.

- The Dental OPTIONS program, which matches underserved Ohioans with dentists who agree to provide care for free or reduced fees, received a \$20,000 grant, which will help to pay for referral coordinators. OPTIONS surpassed \$2.2M in volunteer

See FOUNDATION, page 10

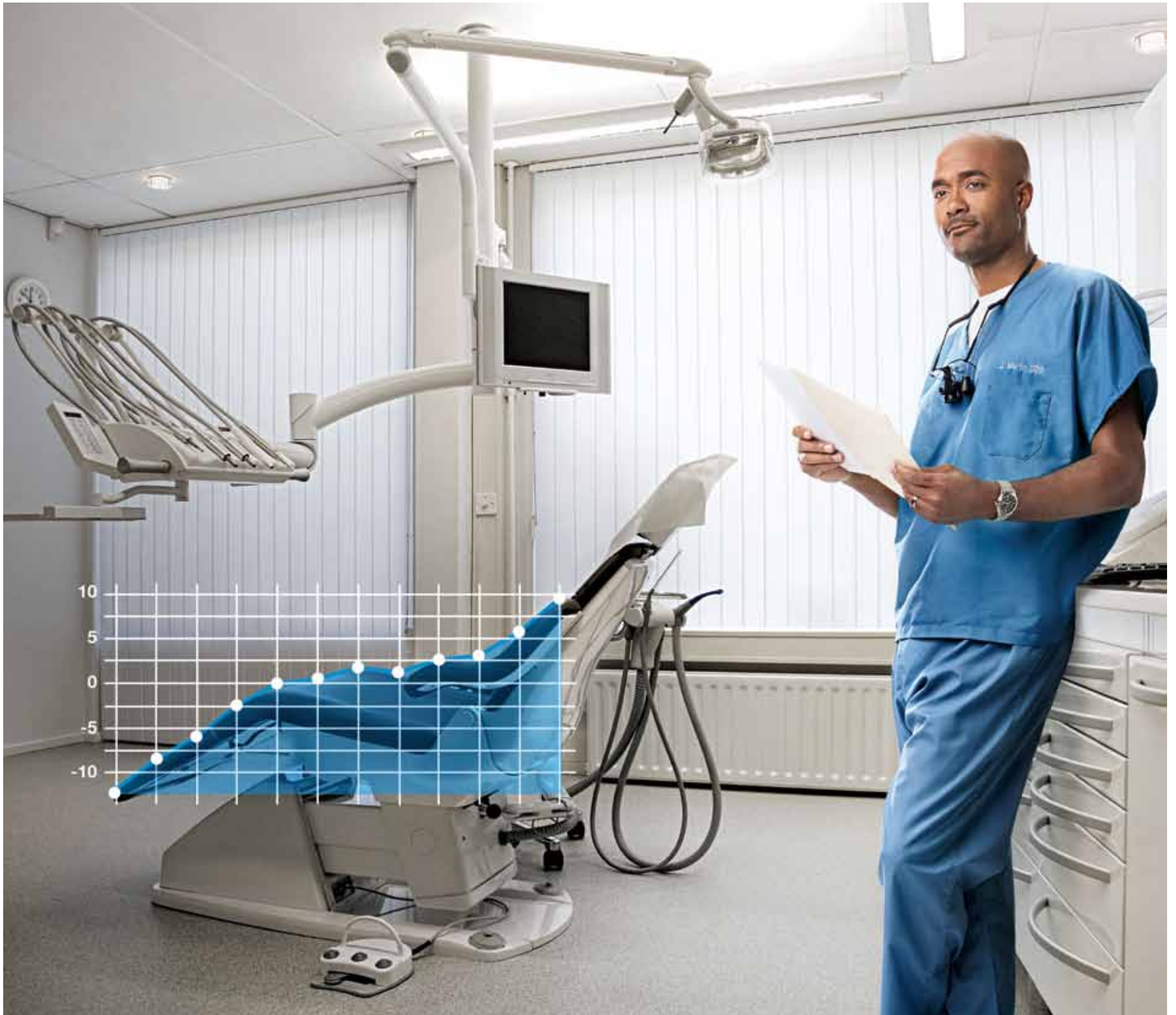


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Annual Session - Sept. 13-16, 2012
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ODA President Dr. Mark Bronson looks back on successful term

Ohio Dental Association President Dr. Mark Bronson will conclude his term at the end of the ODA House of Delegates in September. In this Q&A with ODA Today, Dr. Bronson reflects on his term.

Overall, how do you think your year as ODA president went? Was it what you expected?

My Presidential year of 2011-2012 went extremely well. We were able to battle and fight off Universal HealthCare Action Network (UHCAN) of Ohio and the Kellogg Foundation who are trying to endorse and bring under-trained new dental team members to our profession. We had money to grant loan repayment to many dentists in underserved areas this year, and have been able to maintain adult dental Medicaid reimbursement for the underserved. With the ODA Executive Committee, Councils, Task Force, members and staff I fully expected this year to be challenging but all aspects of our strategic plan achievable. And through our dedication we have continued to progress.

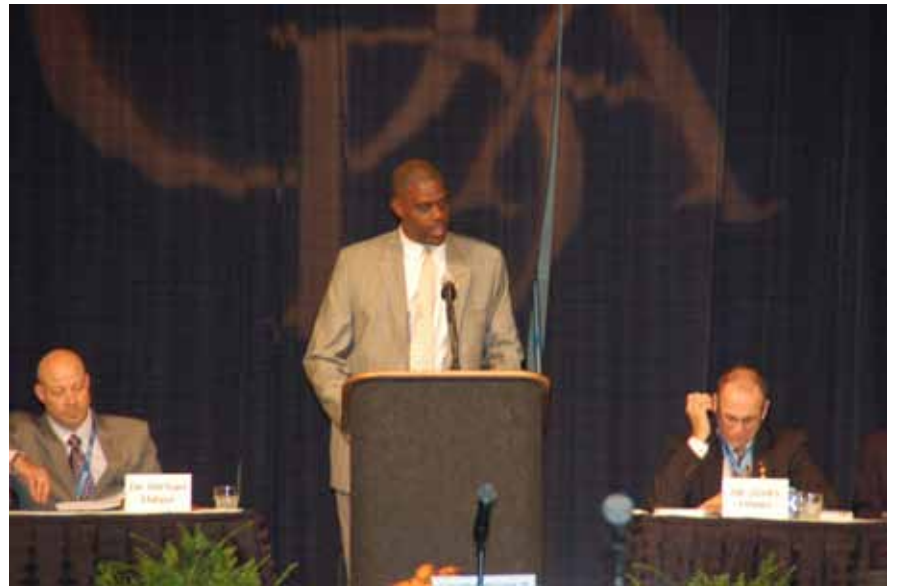
What do you feel was your biggest success during your term as ODA president? What was your biggest challenge?

My biggest successes were being able to travel around the state hearing and addressing members' concerns so we are able to represent our profession and maintain the present model of care for all Ohioans.

The challenges were knowing the slow economy is affecting members and patients, so, we had to focus on many factors to maintain representation.

How has organized dentistry played a role in helping the profession during your term as president?

Organized dentistry is one of the few entities during my term that has looked out for the underserved. Dentists are caring and compassionate; they dedicate time, money, and many other philanthropic items. OPTIONS continues to be the flagship program for access to care. If the ODA didn't support and facilitate this program, thousands of Ohioans would not receive care. We will



Ohio Dental Association photo
ODA President Dr. Mark Bronson addresses the House of Delegates at the 2011 Annual Session, held Sept. 15-18, 2011, in Columbus.

continue to promote GKAS, the Dentist Loan Repayment Program, and the ODA Foundation to assist the public and profession. These are a few of the things our dues dollars go towards.

What would you like to see the ODA

accomplish in the next five years?

In the next five years I would like to see the ODA achieve an 85 percent market share of member dentists. With the value of membership and structure we've established, I believe that is obtainable.

As a dentist and active participant in organized dentistry, what do you feel will be the greatest challenges facing the profession in the years ahead?

Our greatest challenges for the profession are educating and keeping misinformed outside agencies from moving the profession in the wrong direction. Our delivery system is proper and efficient. Our team is trained properly for the levels of care they provide. There are many who want to direct our profession but won't or can't put the gloves on and work the high-speed handpiece. Because they do not know the complexities of providing dental care to vulnerable populations, they shouldn't have any say as to the direction of our profession.

Dr. Kim Gardner will take on the responsibility of ODA president for the 2012-2013 term. What advice do you have for him?

Dr. Gardner has strapped on the gloves and has the high speed ready to drill. I'm am so pleased to work side by side with such a dedicated member. Trust your instincts, because they are right. If there is anything you need me to do to help, I'm just a phone call away.

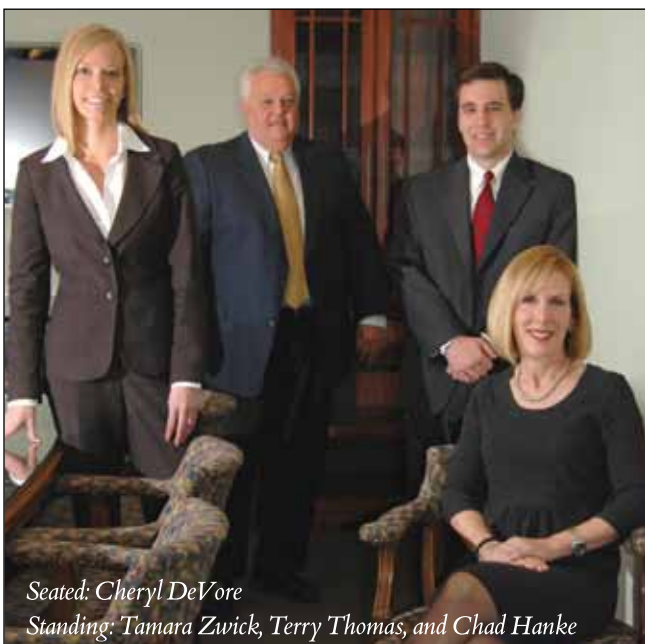
What advice do you have for new dentists getting started in the profession?

New dentists must get and stay engaged. We are working hard to maintain the profession but they need to help us.

What, or who, helped you make the decision to pursue dentistry as a profession?

Watching my father when I was a kid helped me make the decision to pursue dentistry as a profession. I am the second of six kids and was always impressed with how my father treated patients without pain as well as handling business and finances. None of my siblings pursued this as a profession, which appealed to me. Parents that build and develop a legacy should be acknowledged. We need more of that in society. It has been a pleasure and honor to work together with my father for over 20 years. It is my new goal to fight to maintain this profession to be just as effective for my kids' generation.

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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

The Electoral College and the Presidency

In 2000, while the election for the presidency between then-Texas Governor George W. Bush and then-U.S. Vice President Al Gore was tied up in vote recounts, "hanging chads," and litigation, I was running a public policy think tank and wrote a paper explaining the Electoral College's role in electing the president. As you may recall, Bush ultimately won the election via the Electoral College, despite the fact that Gore received more popular votes nationally. Since it appears that this year's presidential election may again be close, thereby drawing attention to the Electoral College, I thought I would write a little refresher for this month's column.

While the Electoral College was a central aspect of the founding fathers' vision of a constitutional republic, it remains somewhat of a mystery to many voters. The Constitution provides for election of the president and vice president by electors appointed by each state. The number of electors in each state is equal to the number of U.S. senators and representatives. Thus, pursuant to the 2010 census and the newly redrawn congressional districts, Ohio has 18 electors. In addition to the electors from the 50 states, the District of Columbia is also allotted three electors. Two-hundred and seventy electoral votes are needed to win the presidency.

In most states, the political parties submit a list of potential electors to the

state's chief election official, which is the secretary of state in Ohio. Following the election, the slate of electors pledged to the presidential ticket that receives the most popular votes in the state serves as the official electors for that state. Maine and Nebraska have more complicated formulas allowing proportional representation.

In December of presidential election years, each state's electors meet in their respective state capitals and cast their electoral votes for president and vice president. While there is no federal requirement that electors vote in accordance with the popular vote in their state, since they are generally selected by the political party of the winning ticket, they almost always do so.

Critics have argued that the Electoral College is blasé, and, in order to keep up with modern times, the president should be elected by national popular vote. In fact, a few years ago, a bill was introduced at the Statehouse to change Ohio's status within the presidential election process. The "Agreement Among the States to Elect the President by National Popular Vote" bill sought to establish an interstate compact to elect the president based on the national popular vote. Under the proposal, the electoral votes of a state that has joined the compact would automatically go to the candidate that secured the highest number of popular votes nationwide. The compact would only come into effect when enough states passed legislation to join the compact thereby enabling them to deliver the 270 electoral votes necessary to elect a president.

Under such a system, Ohio's electoral votes would go to the winner of the national popular vote even if a majority of Ohio voters voted for another candidate.

To date, only 9 states have passed legislation to join the compact and Ohio is not one of them. So, for the foreseeable future, the current Electoral College process will continue to be the mechanism for electing the president. And that may not be such a bad thing.

More than 220 years ago, the founding fathers established the Electoral College as a compromise between election of the president by Congress and election by popular vote. The founders feared that under a system of election by popular vote, a huge regional faction in a populous area – especially if there was a large number of candidates – could elect a president who did not have broad support across the nation.

While the country is certainly much larger and more diverse today, the founders' concerns may still be legitimate. If the election for president was based on popular vote only, the candidates would likely focus their efforts exclusively on large metropolitan areas and major media markets. By having the Electoral College system with states following a winning-take-all approach to their electors, presidential candidates today crisscross the country, visiting both large and small states, searching for support. This year, both major candidates have spent time in recent weeks campaigning in Iowa and New Hampshire, even though

those states only have 6 and 4 electoral votes respectively. If the election was determined solely by the national popular vote, neither candidate would even step foot in such sparsely populated states.

And in a swing state like Ohio, the candidates will visit every area of the state, not just the big cities, because they know winning the popular vote in Ohio – regardless of the margin – means they will get all 18 of the buckeye state's electoral votes.

But the founders were concerned with more than just preventing the election of regional or factional candidates. They viewed the new nation as a union of states under a federal system and, as such, wanted to preserve a primary role for the states in America's governance. The Electoral College was one way they did so by ensuring the states had a significant role in electing the chief executive.

When political scientist, Peter W. Schramm, of the Ashbrook Center at Ashland University, addressed the meeting of the Ohio electors in December of 2000, he discussed two great principles of the U.S. Constitution, democratic elections and federalism. Schramm concluded that the genius of our system is that both principles are preserved by holding a democratic election for president within each state pursuant to the Electoral College system.

ODA Meeting & Event Calendar

Sept. 13-14 ODA Office Closed for Annual Session
13-16 ODA Annual Session

Oct. 5 Council on Access to Care and Public Service
12 Dentists Concerned for Dentists

Health insurance costs

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Legal Briefs

Keith Kerns, Esq. ODA Director of Legal & Legislative Services

Reporting abuse sometimes extends to adult patients

Last month this column discussed the issue of reporting the suspected abuse or neglect of a child and how dentists are expected to respond to such a situation in order to meet legal and ethical requirements. Most dentists are aware of this obligation and can identify the signs which suggest that the abuse or neglect is occurring.

However, legal and ethical obligations also exist for dentists when confronted with the suspected abuse of an adult. These issues can be much more difficult to identify and respond to for a dentist.

Adult Abuse and Neglect

As mentioned last month, the ADA's Principles of Ethics and Code of Professional Conduct (Code), calls on dentists to "become familiar with the signs of abuse and neglect and to report suspected cases to the proper authorities, consistent with state laws." Further, the Code outlines that at a minimum a dentist's ethical obligation must be consistent with the dentist's legal obligation. Section 3.E. Abuse and Neglect.

Under Ohio Revised Code section 5101.61, a dentist (along with attorneys, physicians, podiatrists, chiropractors, psychologists, nurses, hospital employees and others) must immediately report their reasonable belief that an adult is being abused, neglected or exploited or is in

a condition that is the result of abuse, neglect or exploitation.

For purposes of this requirement, an adult is a person who is 60 years of age or older who is "handicapped by the infirmities of aging" or has a physical or mental impairment which prevents the person from providing for their own care.

Abuse is defined as the infliction of injury, unreasonable confinement, intimidation or cruel punishment resulting in physical harm or mental anguish. Further, the law defines neglect as the failure of the adult or a caretaker to provide the goods or services necessary for the person to avoid physical harm, mental anguish or mental illness.

Similar to suspected cases of child abuse, dentists must evaluate any suspected incidents of adult abuse thoroughly and make a determination as to whether a reasonable person in his or her position would believe that the situation constitutes abuse or neglect. If it does, then the dentist must report the situation to the county Department of Job and Family Services. The report to the department can be made orally or in writing. However, the department may request additional information be submitted in writing should a dentist make the report orally.

Dentists who have reasonable cause to believe that an adult is suffering abuse, neglect or exploitation are protected under Ohio law when making a report on the incident. Any person who makes a report is immune from both civil and criminal liability unless they are deemed to have acted in bad faith or with a malicious purpose.

Although dentists and the other professionals previously listed are required to report suspected cases of

abuse, any other person may also take action to file a report, which could include employees of dental offices. It is important to note that an employee of a dental office or any other business who reports such an incident cannot be discharged, demoted, or retaliated against in any way by an employer as a result of the employee making such a report.

Domestic Violence

Ohio law does not require health care providers to report their suspicions that a patient is the victim of domestic violence unless the situation constitutes adult abuse or the underlying injury is a gunshot wound, stabbing or second degree burn. In one of these instances, physicians and some other medical professionals must report the information to law enforcement officers. However, dentists do not have a legal obligation to report to law enforcement on those issues.

The Ohio Revised Code does require physicians, hospital interns or residents, RNs, LPNs, psychologists, social workers, social work assistants and professional counselors to record their knowledge of or reason(s) why they believe domestic violence may have occurred in the patient's record. Again, this statutory requirement does not extend to dentists. Once outlined in the medical record, the patient themselves may assess whether to report the incident(s) to law enforcement officials and may use the medical record as evidence for the report.

Patient's Right to Self-Determination and Confidentiality

Ohio's reporting requirements sometimes require dentists to utilize their professional judgment to determine whether a situation rises to the level

of being turned over to authorities. However, when making this determination dentists should also be aware of the ethical guidance set forward in the Code.

The Code points out that dentists have a "concurrent ethical obligation to respect an adult patient's right to self-determination and confidentiality," and provides that a dentist should "respect the wishes of an adult patient who asks that a suspected case of abuse and/or neglect not be reported" if a report is not mandated by law.

As a dentist navigates these considerations, it is also important to remember an overriding theme of the Code, outlined in its Preamble: "the ethical dentist strives to do that which is right and good." Following this guidance will generally point the dentist in the correct direction moving forward.

For more information on this important issue, please contact the ODA legal department at (800) 282-1526 and review the Code at: <http://www.ada.org/194.aspx>.

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.



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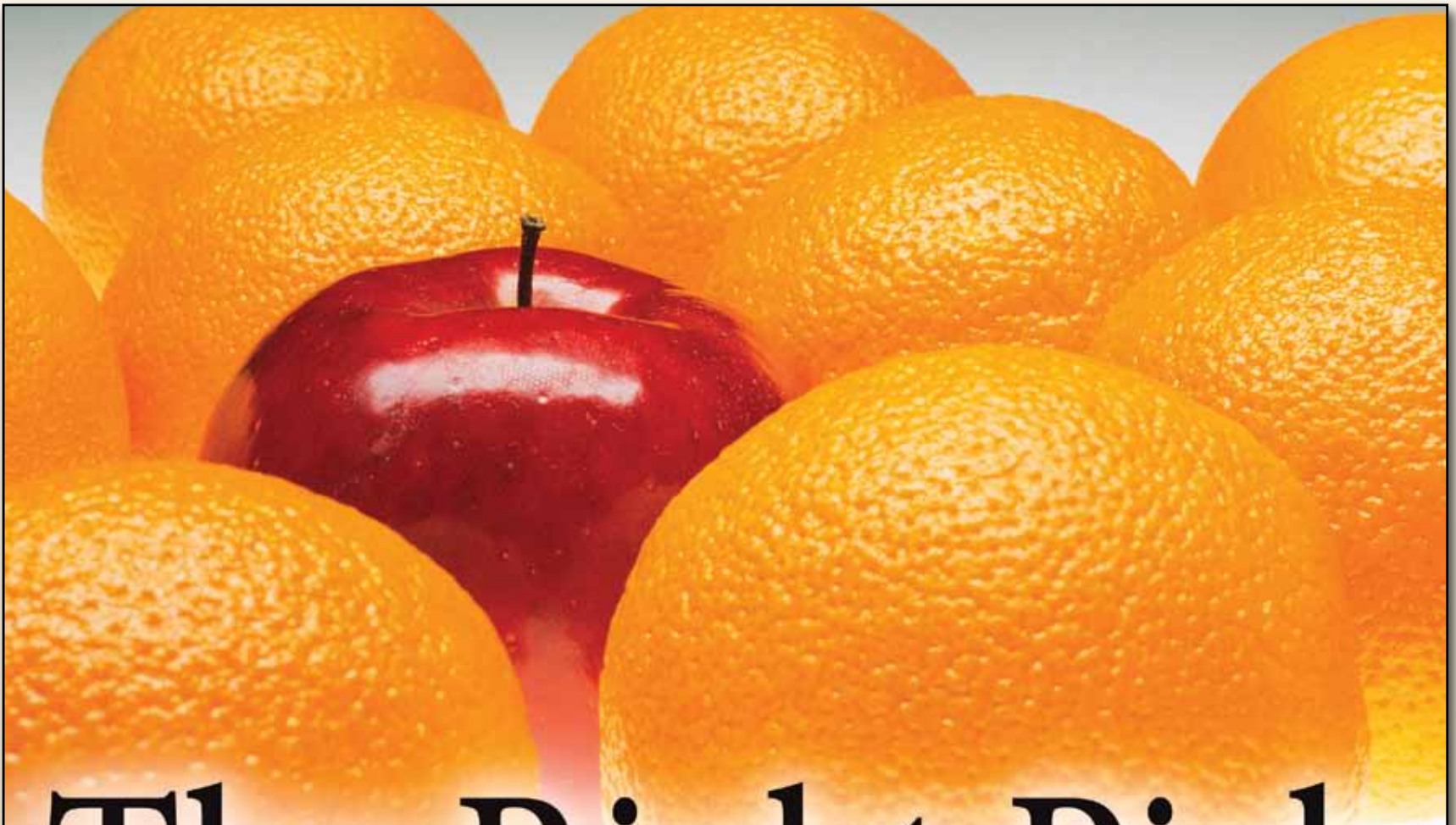
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Dental Insurance Corner

Pretreatment estimates, prior authorizations and predeterminations of benefits

Christopher A. Moore, MA
ODA Director of Dental Services

Dentists recognize when they are not in a contractual relationship with an insurance company that it is ultimately the patient's responsibility to be knowledgeable about their dental benefits plan. Many patients, however, either do not hold this view or, if they do, may have trouble understanding the complexities of their coverage.

A dentist's well-meaning attempt to assist his or her patients in understanding their dental insurance can be time consuming, confusing, transient and sometimes even lead the patient to believe their benefit is the dentist's responsibility to understand and not theirs.

Making use of a predetermination of benefits may provide some relief to this situation. However, it is important to understand the benefits and limitations associated with predeterminations.

Some use the terms "predetermination," "pretreatment estimate," "preapproval" and "prior authorization" interchangeably. There are no single, universally accepted definitions for these terms. Neither the Ohio Dental Practice Act nor the Ohio insurance statutes define them. The American Dental Association's CDT 2011-2012 defines a preauthorization as a "statement by a third-party payer indicating that proposed treatment will be covered under the terms of the benefit contract," a precertification as "confirmation by a third-party payer of a patient's eligibility for coverage under a dental benefit program" and a predetermination as "a process where a dentist submits a treatment plan to the payer before treatment begins. The payer reviews the treatment plan and notifies the dentist and patient of one or more of the following: patient's eligibility, covered services, amounts payable, co-payment and deductible and plan maximums."

Given the lack of unanimity in defining these terms, dental offices are typically best served to utilize the specific terms and definitions that are used by the patient's specific dental benefit plan. If the dentist is in a contracting relationship with a third-party payer, then his or her contract or the payer's administrative rules may provide definitive guidance concerning the terminology that is used and its relevance to the covered patients.

Generally speaking, it does not appear Ohio's dental benefits industry uses the term preapproval. It also appears the industry's use of preauthorization or prior authorization is typically limited to Ohio Medicaid and specialty care referrals within dental health maintenance organizations (DHMOs).

Major carriers in Ohio appear to use either "pretreatment estimate" or "predetermination of benefits" as their language of choice.

Dentists should realize many carriers actively encourage their policyholders to obtain pretreatment estimates to assist them in making informed financial decisions relative to their dental care. They believe doing so lessens the likelihood of unexpected financial surprises relative to what the patient and the carrier owe once the care is provided. Confusion and higher than expected bills can lead to policyholder complaints, which are detrimental

to the carrier's relationship with the policyholder, employer and dentist.

Insurance companies report receiving policyholder complaints that their dental office provided an estimate of what the carrier would pay without obtaining any information directly from the insurer.

Some benefits contracts require patients to obtain predeterminations while others only recommend it. The ADA "is opposed to any dental benefit clause that would deny or reduce payment to the beneficiary, to which he or she is normally entitled, solely on the basis of lack of preauthorization."

Virtually any service may be predetermined if an advance breakdown of the charges and coverage is needed. Some carriers recommend all treatment over \$200 be predetermined, though this relatively low dollar amount may not be particularly practical. It is more common for insurers to recommend, though not necessarily require, pretreatment estimates for extensive dental treatment

plans, especially those expected to exceed \$300 or \$400 and for more costly procedures such as crowns, bridges, numerous same day fillings, third molar extractions, dentures and periodontal surgery.

Additionally, pretreatment estimates may be helpful in dealing with difficult or insistent patients or for complex treatment plans where there are doubts as to how the payer will ultimately handle the claim once the services are provided. Barring a contractual obligation stating otherwise, use of good business sense is probably the best gauge to use in determining whether to request a pretreatment estimate.

Major third-party payers typically turn

around pretreatment estimates within two to three weeks.

Predeterminations, however, are not a guarantee of payment. Actual payments may vary depending on the policyholder's eligibility, annual maximum, plan frequency limits, deductibles, exclusions, exceptions, waiting periods, reductions and other provisions at time of payment.

In issuing pretreatment estimates, some carriers calculate how any deductibles, coinsurance and dollar maximum limits might affect the patient's share of the cost. Other carriers however, do not account for deductibles.

Since the carrier determines its actual

See INSURANCE, page 15

Editor's note: Dental Insurance Corner 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. ODA members who would like to submit a dental insurance related question, problem or concern may do so by sending the appropriate information to the ODA Dental Insurance Working Group, 1370 Dublin Road, Columbus, OH 43215, or 614-486-0381 FAX, or chrism@oda.org.

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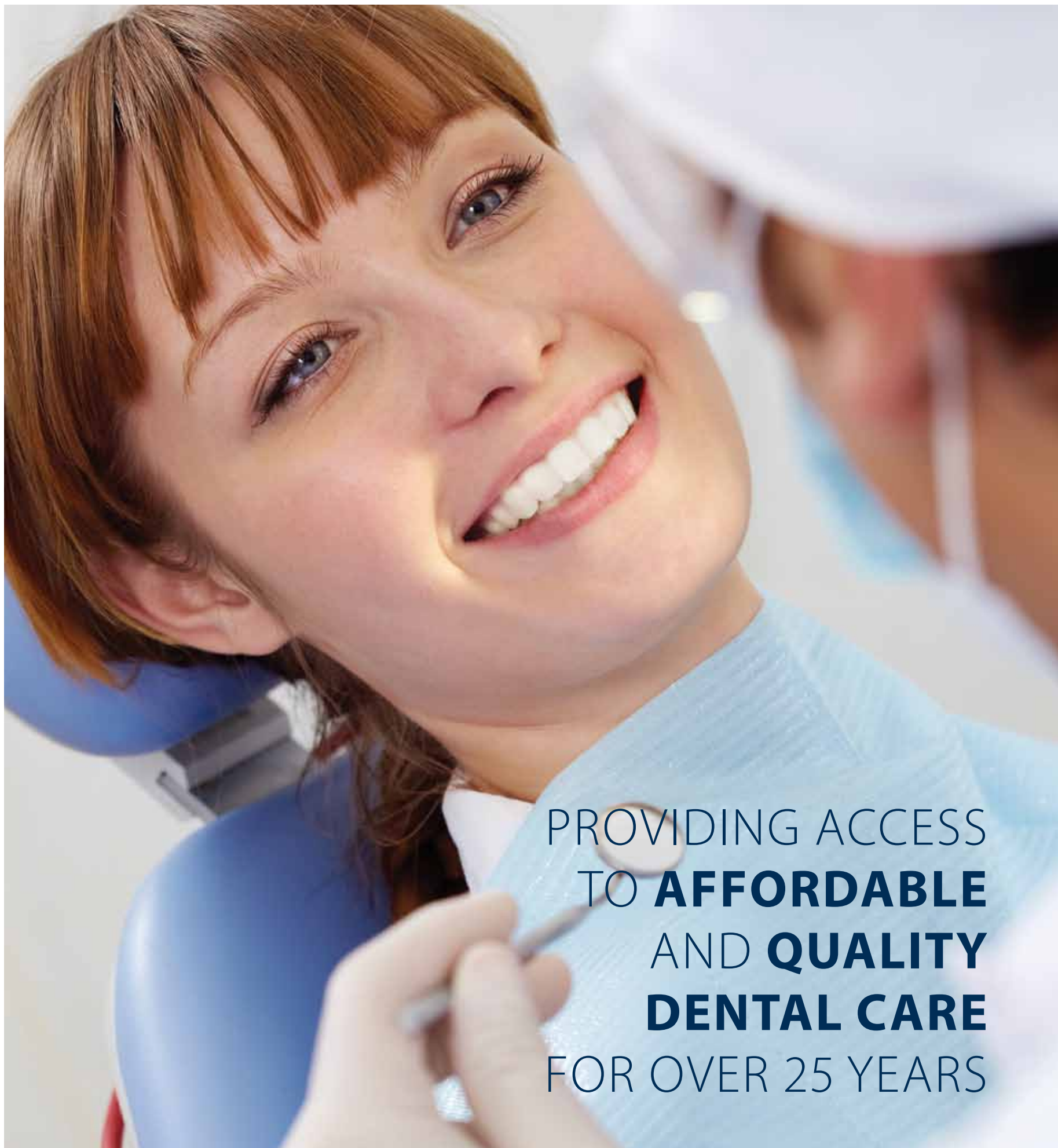
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The Explorer

Matthew J. Messina, DDS
Executive Editor

Olympic Dreams

We have just completed the two weeks of the Thirtieth Olympiad. Every two years we have the chance to see superior talent on public display. We get to hum the fanfare and loudly chant U . . . S . . . A !!

It's easy to spot the best in the world. They have the gold medals around their necks and get to be interviewed on the Today Show. We can claim to understand the arcane method of calculating gymnastics scores and list all 10 events in the Decathlon. I'll even give extra points to people who can name the disciplines in the modern Pentathlon!

In the midst of all this patriotic fervor, I get called by the Washington Post for a comment on the biggest dental issue at the Olympic Games. . . . whether it's OK for Ryan Lochte to wear his grill on the medal podium while receiving the gold medal.

I'm proud that he wants to make a patriotic statement by sporting red white and blue diamond and gold teeth in front of millions of people watching worldwide.

I wish he would have made a different choice. However, for the short time he will be wearing the grill, there will likely be no harm done to this teeth in the long run. As I told the reporter, I'm a huge fan of red white and blue, but where it comes to teeth, white lasts for a lifetime and is always in style.

I do thank Ryan for allowing the profession of dentistry the chance to join in his spotlight. It gave me the opportunity to discuss the risks of grills, especially poorly fitting ones, for the youth of the world. Anytime we can carry our message of good oral health onto the Internet as part of a pop-culture human-interest story, that's a good day.

What I would have preferred to talk about are the gold medal performances going on every day across the country in dental offices both large and small. Like the intricacies of fencing and the grace of gymnastics, we perform difficult tasks and make them seem easy. So easy that our patients will never know just how hard it is.

The Olympic motto is Citius, Altius, Fortius – Faster, Higher, Stronger. The best receive the gold medals. But that doesn't diminish the exemplary efforts of all the athletes, since even the least of them give their fullest effort. That is the way it is for us as well. While no medals are given out, we do our best and achieve great things each day. We train for years and labor in relative obscurity.

Glory in the Olympic games is fleeting. Millions of people watching worldwide

became instant experts in unusual sports and the winners became household names. We can recognize their faces now, but few indeed will develop the lasting recognition of true stars. It is easy to flash quickly across the stage. Developing a meaningful relationship requires more time and effort. People need to see who you are, not just what you have done. Admiration involves the whole person, not just the accomplishments.

As professionals, we don't seek the glory of achievement that stands out for all to see. The best work we do often goes unnoticed, even by the patients we treat. We should make sure to point out what we do so well, but the best dentistry functions quietly and painlessly. Without fanfare or medals, we work hard each day, making the world a better place, one person at a time.

Our patients may not always appreciate our talents, but we can. And we should! So the next time you complete that perfect composite, roll back your chair, jump up and extend your arms high. Smile at the judges! Just remember to stick the landing! Faster, Higher, Stronger! That's another gold medal in the modern Dentathlon!

Did you get the modern Pentathlon? It's all very James Bond - shooting, fencing, horseback riding, swimming and running.

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Between the Lines

Ken Jones, DDS, JD
Guest Columnist

Access Redux

"History repeats itself. That's one of the things wrong with history." Clarence Darrow (1857 - 1938)

Dentistry is in the throes of a mistake. This mistake is one that's been made before, just in different incarnations. My fear is that we're going to let it happen again.

The theory is once again out there that we can fix the state's dental access problems by adding more people to do the job we all were trained to do – fix and help prevent dental disease. (Emphasis on "help," because we can't do it alone.) It's happened before. Back in the '70s, we had a perceived "dentist shortage." They approached it by shortening the training period from four years to three years and increased the number of dental students in each class. I don't know (or care) whose idea that mistake was – whether legislators, educators, public health people or the welfare system. I do know that it wasn't really a good idea, and thankfully it didn't last.

But they keep replacing that misconception with others, and that's

one of the problems. Along the way, we've touted coronal polishers, EFDA's and independent hygiene practice as the saviors of the underserved. Now they want to reduce the training to do dentistry even more. Didn't work then, scares me now! The problem is, many dentists have forgotten (or ignored) the primary function of the profession – taking care of dental disease. And that's an even bigger mistake.

Some people have, to a great extent, decided that we no longer need to cure disease nor improve patient oral health attitudes. The comments of many members of the dental public health communityⁱ imply that our function should now be pretty much limited to sealing in caries that hopefully won't get worse and blow out with infection before the tooth is lost. And they say that we can do that with sealants (that leak) and composites (that soon wear out) and stainless steel crowns just glued on over gross decay while they screw up the occlusion.

And, "Oh Yes," we can undoubtedly do the same thing with permanent teeth and that will solve all the dental problems of our underserved. All that must be so, since someone's "evidence based" study says it's so, no matter the common sense observation of most of our profession.

Listen to the Pew Trust and The Kellogg Foundation push DHATs in the boonies as the greatest thing since Rice Krispies to cure the access to care problem. I'm sure they agree with the CBS report that chronicles the increase in pre-schoolers showing up with 10 plus cavities.ⁱⁱ I agree with CBS, too. However, I don't hear any of them talking about the number of access

deficient families that drink only bottled water with no fluoride content, that feed kids candy and junk food just to shut them up, and that don't buy toothpaste or brushes – or even use the ones we give them – but do buy beer, smokes and an iPhone.

I don't hear them talking about how the DHAT's will end up in practices that can afford them, not in the areas where they are needed, but where their reduced paychecks can gain the often absentee clinic owner a few more bucks in his or her pocket (especially when they're used to treat the paying patients as well). Actually, if those needy patients would show up for their appointments and take responsible care of their oral condition, designated areas of dental deficiency like downtown Mansfield (my hometown) could (and probably would) take care of most of the access problems we're saddled with.

And I really don't hear the Kellogg Foundation talk about their founder's other, more famous (and for-profit) creation, The Kellogg Company, making and hyper-marketing Froot Loops, Honey Smacks, and Frosted Flakes during the kids' Saturday morning cartoons while they then tell us what we need to do to take care of those same kids' caries. Conflict of interest? Weeeeellllll, I think maybe just a little. Do they have dental supporters? Not as many as they'd like you to think, especially among those who actually practice dentistry and see real patients. Maybe dentistry (and the Kellogg Foundation) should tell The Kellogg Company to do their part right up front. Wouldn't that be a good start to good dental public health? Remember, if you don't cause it, we don't have to cure it.

But, in both the short and the long run, nothing will matter at all if we aren't holding these kids' parents' feet to the fire to provide some good oral hygiene and a good example, because nothing will do diddly-squat unless there is some patient and parent commitment. Maybe educating the parents and kids would be a better use of a 19 year old high school graduate by working for the dental public health system rather than irreversibly cutting teeth as a DHAT.

But just as importantly – and no mistake about it – what we really need is the dental profession to get off its collective duff and start being health professionals once again. We will not regain that stature until we return to disease treatment, and, even more importantly, disease prevention, for those who need it. We're trained to do it all, not just some bits and pieces of the

dental practice. We need to do this for us and those we serve and not let someone else do it to us.

Maybe it's a good thing that the economy is down. I've had at least six dentists who have asked me about taking Medicaid patients. Hey, it can keep the chair occupied and it pays the overhead. And for many offices right now, that's an issue. Just don't make the mistake of suddenly quitting when the patient flow gets a bit better.

Every office out there needs to focus on the health of the public. That's why they call you "Doctors." Every office out there needs to be doing its part to see those patients who actually need care, not just the ones who want to sparkle with white in front of the bathroom mirror while they pay for your Mercedes. That includes every doctor in private practices, multi-location retail clinics, government programs, faculty practices, student clinics and any other form of treatment or educational facility you can think of.

I don't care if it's the OPTIONS program, free care for a patient a day or a week, reduced fees, or Medicaid. It's our responsibility. And remember, once you've finally got them in the office, it's time to teach those patients and parents what it takes to be disease free. Teaching them is our responsibility, too, and it's their responsibility to learn it and to do it.

In *I Ain't Never Been Nothing but a Winner*, while talking about success, Coach Paul "Bear" Bryant observed that, "When you make a mistake, there are only three things you should ever do about it: admit it, learn from it, and don't repeat it." Mistakes: We've all made them. Most of us have admitted them. Some of us have even learned from them.

God help the public and the profession if we repeat them once again.

Dr. Jones may be reached at jonesddsjd@aol.com.

ⁱ www.list.pitt.edu/mailman/listinfo/dental-public-health

ⁱⁱ www.cbsnews.com/8301-504763_162-57391527-10391704/more-preschoolers-showing-up-to-dentists-with-10-cavities-or-more-says-report/

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FOUNDATION, from page 1 — services this year.

- The ODAF reduced student loan debt for several students at CWRU and OSU dental schools through awarding nearly \$40,000 in dental student scholarships this year.

The ODAF will not be conducting a raffle this year, however, ODAF trustees will be accepting donations for the 2013 Grant & Scholarship awards at their booth in the Exhibit Hall at Annual Session. "We encourage dentists to continue their level of support that helps us give these significant awards," Spratt stated. In addition, all dentists who visit the booth can register for a chance to win 1 of 15 \$100 Ohio restaurant gift cards, paid for and donated by the ODAF trustees.

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Marvin Fisk Humanitarian Award: Dr. Thomas Scheer



Dr. Thomas Scheer, the 2012 recipient of the Marvin Fisk Humanitarian Award.

Dr. Thomas Scheer is extremely involved in giving back to his community, in particular to the veterans in his area. On Friday, Sept. 14, 2012, Dr. Scheer will receive the Marvin Fisk Humanitarian Award at this year's Callahan Celebration of Excellence, held in conjunction with the 146th ODA Annual Session in Columbus, Ohio.

"When Dr. Scheer retired from his general dentistry practice in 2004 he became even more involved in giving back to his community," wrote Vicki Nixon, Executive Director of the Cincinnati Dental Society, in her nomination letter. "It all began in high school and has continued throughout his life in one form or another."

Dr. Scheer said he was honored (and a little embarrassed) to receive the Humanitarian Award and be recognized by his peers.

"There are a lot of people who do a lot of good things," he said.

After studying biology as an undergrad, Dr. Scheer said he had to decide whether he wanted to pursue further education in dentistry, medicine or veterinary medicine, and ultimately he decided on dentistry because he

likes being with people and working with his hands. He said education was always extremely important to his family, which was always very encouraging and supportive of him throughout school.

Dr. Scheer graduated from the Ohio State University College of Dentistry in 1969 and then went on to serve in the United States Air Force in Ankara, Turkey, for two years. When he returned to the United States, he decided to open a general dentistry practice in Cincinnati, Ohio.

He said after considering moving to Boston, he decided to open a practice in Cincinnati because of the giving spirit of the community. He said there are many people in the area who are willing to help others, and he thought it would be a good place to raise a family.

Dr. Scheer said his favorite part about being a dentist was being in a position to help people. He said it was an added bonus that it also provided a way of living for him.

"There's not much quite as satisfying as getting someone out of pain," he said.

Throughout Dr. Scheer's life, giving back to the community and helping people has always been a priority.

"There are so many different ways to give," he said. "My community giving was to the dental community for many years. After that stopped, there's just multiple opportunities. You might have to go search for them, but the ones I've found I've just kind of stepped in the puddle and there it was."

His passion for helping others started when he was in high school and volunteered at a local children's home.

While in practice, Dr. Scheer often helped patients in need restore their smiles. Dr. Scheer's practice was involved in treating battered women and people

who were searching for jobs and needed dental work to restore their appearance.

Now that he is retired, Dr. Scheer has become involved with two volunteer projects serving local veterans.

The first project came about just before his retirement, when one of Dr. Scheer's patients who worked at the Cincinnati VA Medical Center told him that many of the veterans there were not receiving dental care.

Many of these veterans were not eligible to receive care in the dental clinic, so their only option was to go to the emergency section of the veteran's hospitals where they would receive antibiotics and pain medication for acute dental infections. The veterans would return a few months later with the same problem.

Dr. Scheer, the Cincinnati Dental Society and a couple of local dentists set out to find a solution. After trying a few different options that ran into regulatory challenges that kept them from treating the veterans, they came up with the "Leave No Vet Behind" project. The Ohio State University College of Dentistry loaned them its clinic on wheels. They parked it in the parking lot of the VA Medical Center, and a nurse practitioner at the hospital helped recruit patients that needed dental work.

"The connection he had with the veterans was remarkable, he talked the talk and walked the walk," Nixon wrote. "If it was not for his persistence to help our veterans, more than 300 would have continued down the path of repeat visits to the ER with acute dental pain."

The first day of care happened about three years ago. Dr. Scheer said at one point they were about two hours behind, but the veterans were so grateful to be receiving care that none of them minded.

"The people that you give back to and help are so grateful, and it's just a wonderful feeling," he said.

While Dr. Scheer was working on getting these veterans dental care, he also learned about Project Healing Waters, a fly fishing program aimed at the physical and emotional rehabilitation of veterans. No program was in place locally, and Dr. Scheer had completed his Casting Instructor Certification after he retired, so he decided to start a local program about

five years ago.

Dr. Scheer said the concentration it takes to tie flies can help the veterans get out of their heads, which is especially helpful for those with Post Traumatic Stress Disorder. He said fly fishing also creates camaraderie among the veterans.

Dr. Scheer said it's wonderful to see how much fun the veterans have fly fishing. One veteran who participates in the fly fishing program uses a wheel chair, but can stand up and can use the wooden dock as support. He also has difficulty speaking, but at one of the fly fishing events he called to the recreational therapist and said "This is my therapy!" The volunteers all were touched by how the experience helped him.

The group fishes at a local pond for nine months out of the year, and more than 40 fly fishers volunteer.

Dr. Scheer said he became interested in helping veterans after he saw many of his family members return home alive after serving in World War II. He said he also felt lucky to return home safely after serving in Turkey, and since then he has always felt a debt to people who have served in the military.

"I'm one of the luckiest guys alive, and I think it would be rude not to share my good fortune," Dr. Scheer said. "Dentistry gives you a chance to help people. It also provides you with enough money so you can take some time away from your own needs and give back."

He added that he would encourage everyone to volunteer, whether locally or abroad.

Dr. Scheer is inspired by his dad, who he said was a very kind person and always interacted with people in a nice way.

Dr. Scheer has been involved in organized dentistry throughout his career. With the Cincinnati Dental Society, he served as President, Vice President and Secretary, and he also served on several different councils and committees.

He said it's important to participate in organized dentistry to present a unified front against interference with the dentist-patient relationship from the government and insurance companies.

"If we don't organize our own house, the government would be delighted to do it for us," Dr. Scheer said. "And I hate to be a pessimist, but my experience with government-controlled dentistry hasn't been very good."

Outside of dentistry, Dr. Scheer's main hobby is fly fishing. He also loves spending time with his grandchildren. He and his wife, Virginia, still live in Cincinnati. They have two children and six grandchildren.

Congratulations to Dr. Thomas Scheer!

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Distinguished Dentist: Dr. Ronald Lemmo



Dr. Ronald Lemmo, the 2012 recipient of the Distinguished Dentist Award.

Dr. Ronald Lemmo is extremely dedicated to and involved with organized dentistry on the local, state and national level. On Friday, Sept. 14, 2012, Dr. Lemmo will receive the Ohio Dental Association Distinguished Dentist Award at this year's Callahan Celebration of Excellence, held in conjunction with the 146th ODA Annual Session in Columbus.

"Most importantly of all of Dr. Lemmo's attributes are his consistent dedication to mentorship of rising dental leaders and his unselfish commitment as an advisor to existing leadership," wrote Greater Cleveland Dental Society President Dr. Evan Tetelman in his nomination letter. "He is the definition of a distinguished dentist. He is concerned about our organized dentistry, its future and the well being of those involved."

Dr. Lemmo said he is honored and humbled to receive the award.

"When I look back at the history of the recipients of this highest honor for a member of the ODA, I am humbled to be considered among

those individuals; many of them I have looked up to as mentors, and in recent years many of them I consider my close friends," Dr. Lemmo said.

Dr. Lemmo has been involved in leadership since a young age, and became involved with organized dentistry in dental school.

"Looking back over the years, I have always been involved in leadership positions from grade school on, and while in dental school I was able to refine these skills as I took leadership roles within student council at Case Western Reserve University as well as leadership positions in ASDA (American Student Dental Association)," Dr. Lemmo said. "It was mentors such as Ron Occhionero and others at the dental school that made me aware of the importance of organized dentistry and its role in protecting and advancing the profession for the good of our patients."

Dr. Lemmo received his DDS from the CWRU School of Dentistry in 1984. Since then, he has held several academic appointments at the CWRU School of Dental Medicine, including Director of Continuing Education. Currently he is a Senior Clinical Instructor in General Practice Dentistry.

Dr. Lemmo said his favorite part about being a dentist is building relationships with his patients, and this has also driven him to be more involved in organized dentistry.

"For generations of families to entrust their and their family's care to me is a driving force of my involvement in organized dentistry," Dr. Lemmo said. "Not only do I find my involvement in organized dentistry helps me be a better dentist, it also allows the profession to

be a voice for the patients that entrust their care with me."

Dr. Lemmo said another great aspect of being involved in organized dentistry is the lasting friendships he has gained. He added that he has gotten much more out of his involvement with organized dentistry than he has put into it.

"The reward of involvement was developing great friendships that I cherish today," he said. "Friendships that are deeply rooted in a common goal of advancing the profession for the good of the public we serve, and that developed into lifelong personal friendships. In my President's address to the ODA House of Delegates, I mentioned that I got back more than I ever had given in the friendships that were developed and continue to be developed as a result of involvement, and that couldn't be any truer 10 years later."

He said the leaders and dentists involved with organized dentistry, as well as the staff members at these organizations, have inspired him and helped him develop his leadership skills throughout his career.

Dr. Lemmo has been extremely involved with the Greater Cleveland Dental Society, the ODA and the American Dental Association. With the ADA, he has served as an Alternate Delegate and a Delegate, he has served on several committees, and in 2010 he served as the 7th District Caucus Chair. He has served on an ADA Reference Committee on Budget Finance three times, chairing that committee in 2007. He has also served on several committees with the ODA, including serving as President, Vice President, the Chairman of the Board of Directors

with the ODA Service Corporation and chair of several other councils and committees. He also has served as Vice President and President of the GCDS and has served as chair of several different committees.

Currently Dr. Lemmo is running for the position of Treasurer with the ADA.

He said one of his greatest accomplishments with organized dentistry was helping to create the concept that revitalized the Leadership Institute, which gives dentists the skills and knowledge necessary to succeed as a leader in dentistry and the community. He said he also has enjoyed serving as a representative of the 7th District to various ADA committees because of the trust his colleagues have placed in him.

Dr. Lemmo said other dentists should get involved with organized dentistry in whatever way they can.

"Be passionate and prepared for the leadership positions you commit to, and enjoy the friendships you will develop and stay focused on doing the right thing," he said. "I believe if you follow these principles and are passionate, your volunteer experience in organized dentistry will be rewarding and you will get back more than you give."

Outside of dentistry Dr. Lemmo enjoys spending time with his family. His wife, Dr. Marsha Pyle, is dean of the University of Missouri-Kansas City School of Dentistry. They have one daughter, Katie, who is a kindergarten teacher in North Carolina. Dr. Lemmo also has a large extended family, including five siblings and several cousins.

Congratulations to Dr. Ronald Lemmo!

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Callahan Memorial Award: Dr. Dominick DePaola



Dr. Dominick DePaola, the 2012 recipient of the Callahan Memorial Award.

Dr. Dominick DePaola is dedicated to advancing dental education and researching nutrition as it relates to oral health and disease. On Friday, Sept. 14, 2012, Dr. DePaola will receive the Callahan Memorial Award from the Ohio Dental Association at this year's Callahan Celebration of Excellence, held in conjunction with the 146th ODA Annual Session in Columbus, Ohio.

"The Callahan Commission feels Dr. DePaola deserves this award not only because he is a renowned educator and supporter of advanced dental education, but also because of his research on nutrition as it relates to oral health and disease," said Dr. Joe Mellion, chairman of the Callahan Memorial Award Commission.

The Callahan Memorial Award Commission was established in 1920 by the Ohio Dental Association to honor the work of John Ross Callahan, one of Ohio's noted dental researchers and a leader in organized dentistry. Since its establishment, the award has continued to grow in prominence in the dental profession.

Dr. DePaola said he is very honored and flattered to receive the Callahan Award.

"When I learned about it, I had an occasion to look up previous recipients, and it's really an honor to be on a list with those folks," he said.

Dr. DePaola grew up in an Italian neighborhood in Brooklyn, New York, and he said his mother always pushed him to become a doctor. After receiving a Bachelor of Science degree from St. Francis College in 1964, Dr. DePaola attended medical school for a year in Italy. But Dr. DePaola said he wasn't sure if he wanted to be a doctor, and he couldn't stay in Italy for long because his father became ill and his family didn't have the resources for him to continue attending school there.

Ultimately he came back to the United States and decided to attend dental school at New York University.

"It turned out to be better than I ever anticipated," he said.

After receiving his DDS in 1969, Dr. DePaola completed a general dentistry internship at Beth Abraham Hospital, a chronic disease hospital in New York City. His mentors at the hospital, including Oliver Sacks who is an author and neurologist, encouraged him to get an advanced degree.

Dr. DePaola decided to attend the Massachusetts Institute of Technology and earned a PhD in nutritional biochemistry and metabolism. He said he first became interested in this field as a scientific activity, but quickly realized how important nutrition is to dentistry.

Dr. DePaola has held faculty positions at various dental schools across the country, including Tufts University School of Dental Medicine, the Medical College of Virginia/Virginia Commonwealth University, and Fairleigh Dickinson

University School of Dentistry.

In 1983, Dr. DePaola was appointed Dean of the Dental School at the University of Texas Health Science Center at San Antonio, a position he held until 1988. During his tenure in San Antonio, DePaola also served as the Acting Dean of the Graduate School of Biomedical Sciences. In 1988, he was appointed Dean of the New Jersey Dental School at the University of Medicine and Dentistry of New Jersey. In 1990, Dr. DePaola became President and Dean of the Baylor College of Dentistry in Dallas, Texas. When the College merged with The Texas A&M University System in 1996, DePaola was appointed President of The Texas A&M University System Baylor College of Dentistry. Dr. DePaola recently retired from the position of President and CEO of The Forsyth Institute in Boston, where he served for 10 years.

Dr. DePaola said his retirement lasted exactly five weeks before he started working one day a week at Nova Southeastern University in Fort Lauderdale. Now he is a professor and Academic Dean at Nova Southeastern University College of Dental Medicine. Dr. DePaola also is a professor of Oral Health Policy and Epidemiology at the Harvard School of Dental Medicine in Boston.

But he still finds time to do what he enjoys, which is consulting. One group he is particularly involved with is the Santa Fe Group, which is a non-profit organization made up of scholars and leaders aiming to improve oral health care.

Dr. DePaola said nutrition has always been a focal point of his career. He said he has taught nutrition or introduced nutrition programs at virtually every place he has been.

Dr. DePaola said it has been a very interesting process and journey to get to where he is today.

"For me it's been personally rewarding and fulfilling," he said.

Dr. DePaola said his favorite part about being a dentist is being able to prevent oral diseases and touching the lives of so many people. He said he also loves being able to pass on knowledge to students so they can learn and grow in a nurturing environment and go on to take care of the health of the population.

Dr. DePaola said his students also provide him with inspiration in his work.

"When you can get somebody really interested in doing something and helping somebody else, and they get excited, that gets me excited," he said.

He said he has also been inspired by many of the great people he has been blessed to work with throughout his career.

Dr. DePaola said the best advice he has for other dentists is to think broadly and holistically.

"I think they have to be true to what the profession was originally designed to do – to help people prevent the ravages of oral diseases and to understand the intricate relationship between infections in the oral cavity and systemic health and well being," he said. He added that dentists should do as much as they can to increase access to care, prevent disease, and treat patients in the most ethical and responsible way. He also said it's extremely important to educate the next generation of dentists.

As a lifetime member of the American Dental Association, Dr. DePaola said participating in organized dentistry is important because it gives students and practitioners alike a common voice when it comes to the dental profession.

Dr. DePaola is widely recognized as an expert on nutrition and how it relates to oral disease, health promotion and disease prevention. His research has been funded by federal government, foundation and private sector sources. He has published more than 80 scholarly articles and chapters in textbooks and he has edited two texts. He also has presented more than 1,000 invited national and international lectures, seminars and courses.

Dr. DePaola has received several awards throughout his career, including the American Dental Education Association's Distinguished Service Award and the Gies Award for Outstanding Achievement in Global Oral Health and Education. Dr. DePaola also was awarded an honorary membership to the American Dietetic Association, the only dentist to ever receive this honor.

Dr. DePaola also has been elected or appointed to serve on many different professional boards and committees throughout his career, including the Board of Research! America, the

American Dental Association's Council on Dental Education and the National Advisory Dental Research Council of the National Institutes of Health, to name a few.

Dr. DePaola's future plans include continuing to help the Nova Southeastern University to develop a strategic plan and continuing to do various consulting work with colleges and universities.

Outside of dentistry Dr. DePaola enjoys playing golf, cross country skiing and reading. His wife, Ro, is an RN who has spent much of her career as a public health nurse. Their daughter, Alexis, graduated with a law degree from Boston University and now lives with her husband in New York City.

Congratulations to Dr. Dominick DePaola!

Attend CE course with Callahan Winner

Callahan Memorial Award winner Dr. Dominick DePaola will be presenting a course at the Ohio Dental Association Annual Session on Friday, Sept. 14, from 2 to 4 p.m.

In the course, "A Conversation with the 2012 Callahan Memorial Award Winner: Nutrition and Oral Health," Dr. DePaola will discuss contemporary concepts in nutrition that relate diet and nutrition to health promotion and disease prevention. He will explore the relationships between nutrition and dental caries, periodontal inflammation and developmental disorders. Dr. DePaola will aim to provide attendees with a better understanding of the application of nutrition and clinical practice.

The course will provide attendees with 2 hours of CE and costs \$25 for all registrants. The Course Code is F67.

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payment amount at the time the service is provided, predeterminations granted in one calendar year can be problematic if the work is not begun and, in some cases, completed until the following year.

To minimize some of the limitations associated with predeterminations, insurance industry representatives have recommended that dentists encourage their patients to contact their payer directly to verify benefits for particular procedures. Dentists should also consider submitting predeterminations on complex and/or costly procedures as close to the date of proposed service as possible.

To reduce delays in obtaining predeterminations, dentists should ensure all pertinent clinical information is submitted and the claim form/predetermination request is fully completed (e.g., many times placement/replacement date of prosthetics is left off the form.) Necessary remarks should be confined to the form. If submitted electronically, dentists should recognize

that information in the remarks section may be truncated before being received by the insurer.

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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:

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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 DMSOs.

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