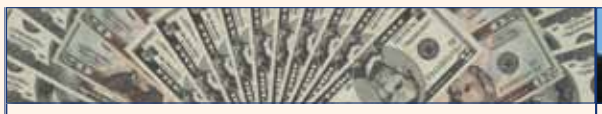
DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

JANUARY 2010 www.dental-tribune.com VOL. 5, NO. 2



'Want to make a million dollars?'
If it's too good to be true, then it probably is.
▶ page 4A

Getting your 'science' on
Learn what the AADR meeting is all about.
▶ page 16A

HYGIENE TRIBUNE
The World's Dental Hygiene Newspaper · U.S. Edition

Dental-medical cross coding
Learn how this can help you fill chairs.
▶page 1B

'Patients' satisfaction toward functional reconstruction is very high'

An interview with Dr. Bo Chen from Beijing University School of Stomatology

By Daniel Zimmermann, DTI Group Editor

With greater public awareness of the benefits of dental implants, an increasing number of patients are considering this treatment option.

While current studies often focus only on clinical aspects such as osseo-integration, patient responses to psychological and psychosocial changes are only infrequently addressed.

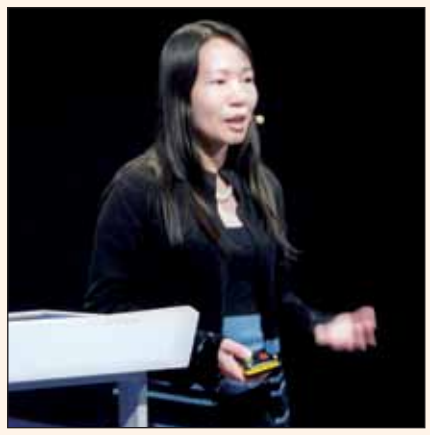
Dental Tribune International spoke with Dr. Bo Chen from the Department of Oral Implantology (Beijing University School of Stomatology in China) about her latest study on patients' attitudes following implant placement and subsequent restoration.

Studies on patient satisfaction figures of those who have had maxillofacial surgery with implants are very rare, even in well-developed dental markets such as Europe or the United States. What motivated your study in China?

Severe jawbone defects due to tumor resection present a major problem for functional restoration — mastication, swallowing and speech — which severely influence patients' quality of life.

Reconstruction of lost tissue in order to facilitate implant placement often means relatively complex maxillofacial surgeries accompanied by certain morbidities.

Unlike Europe or the U.S., where patients suffering from head or neck tumors are mostly treated by ENT surgeons and plastic surgeons, oral and maxillofacial surgeons in China treat such tumors in addition to con-



Dr. Bo Chen during the presentation of her study at the PI-Brånemark Symposium in Gothenburg, Sweden, in October 2009.

→DT page 2A, 'Patients' ...'

'Learning From Every Angle' in Boston

The Yankee Dental Congress is the fifth largest meeting of its kind in the United States. This year's 35th annual event will take place from Jan. 27–31, and some 26,000 dental professionals are expected to attend.

→ See pages 14A, 15A

No-interest tuition financing for LVI courses

LVI Global forms alliance with ChaseHealthAdvance

LVI Global is continuing its passion and dedication in 2010 to help clinicians and their teams experience comprehensive learning that is changing lives by introducing a new strategic alliance program with ChaseHealthAdvance financing options, a division of Chase.

ChaseHealthAdvance will serve as the primary provider for tuition financing for LVI courses for United States dentists. All approved health care professionals will receive a generous line of credit that can be used for continuing education courses at LVI for both the dentist and the team.

→DT page 2A

Dental Tribune America
215 West 35th Street
Suite #801
New York, NY 10001

PRSRT STD
U.S. Postage
PAID
Permit # 306
Mechanicsburg, PA

← DT page 1A, 'Patients' ...'

ducting the subsequent bone reconstruction.

The sample of such patients at the Peking University School of Stomatology is quite large compared with what is available in the literature.

Thus, I decided upon investigating patient satisfaction of this kind of treatment series.

Oral defects and edentulism can have a significant impact on people's lives. How do they generally affect the social status of people in China?

Oral defects and edentulism may lower body image significantly. People tend to limit their social activities and contact with their surroundings.

They tend to be more depressed and frustrated, less tolerant of their family and irritable.

Are dental implants already a standard treatment option for maxillofacial surgery in China, and if not, why not?

Maxillofacial surgery is practiced at a high standard at the Peking University School of Stomatology and is quite affordable for the patients. But dental implants are not yet a standard treatment option in China.

Although the lack of public awareness and availability of competent clinicians may contribute to this, the high cost of this treatment option, which is usually not covered by insurance, may be the most significant factor.

What measures did you use for the study and how did you implement them?

Questionnaires in the form of a visual analogue scale [VAS] of patients' treatment satisfaction were used in addition to OHIP-14 [Oral Health Impact Profile-14] in this retrospective study.

Patients were invited to the clinic for these evaluations, which took 30 minutes on average. For those who could not come to the clinic, the evaluation was conducted by telephone.

In a nutshell, what was the outcome and what psychological and psychosocial changes following surgery did the patients report?

According to a number of studies on patients suffering from head or neck tumors, frequent problems regarding the patients' OHIP were reported, especially within one year after tumor resection.

The retrospective study indicated that patients were satisfied with the outcome of functional reconstruction with osseo-integrated implants despite the morbidity of the surgery.

Their OHIP score was not significantly different to that of a healthy population, which means that they did not have more frequently reported psychological or psychosocial problems.

For the majority who did not undergo functional reconstruction, the high cost of implant treatment was their most significant concern.

What conclusions did you draw from these results?

The patients' satisfaction of functional reconstruction is very high. Their quality of life has greatly improved, as demonstrated by the OHIP score.

For financial reasons, only about 10 percent of the patients are undergoing functional reconstruction with implants thus far.

It is not easy to find figures on implant procedures in China. What is the estimated number of dentists placing implants and where are they located?

Indeed, it is quite difficult to find reliable figures! The estimated number of dentists placing implants on a regular basis in China may be around 300.

Thus far, they are mostly located in university-affiliated dental hospitals in the large cities. Some, but not many, are in private practice.

Should implantology form part of the curriculum in dental schools?

Only a few dental schools have begun offering implantology in their curriculum within the last couple of years. In the long term, implantology should and will form part of the standard curriculum.

However, we need qualified and well-trained dental professionals who would like to convey their knowledge to dental students in a responsible way.

Industry experts have forecasted a 30 percent annual growth rate in the implant market in China. What prospects do you predict for the specialty from a clinical perspective?

The next decade will witness a boom in implant dentistry in China. There will be increasing demand for training and education in this field in order to guarantee standardized development.

Owing to the shortage of competent clinicians, we foresee a critical period ahead of us. We certainly need to strengthen cooperation with any possible positive resources, including the industry, for training and educational programs.

The Chinese Stomatological Association recently announced a new partnership with the International Congress of Oral Implantologists to promote implant technology that can improve quality of life.

Is there a need for more public awareness in the field?

There is definitely a need for more public awareness in the field. We are lagging far behind in this regard compared to Europe or the U.S. DT

← DT page 1A

Barry Trexler, senior vice president of sales and marketing for ChaseHealthAdvance stated, "Now more than ever is when no-interest tuition financing can play a positive role in enabling dentists and their teams to achieve their continuing education goals at LVI Global, while making sure the tuition plan fits their current budget and business needs."

Dr. Bill Dickerson, CEO of LVI Global, said: "The No. 1 reason some dentists don't come to LVI, even though they want to, is because of costs associated with continuing education. The sad fact is they will not realize that the knowledge from the course could pay for itself soon after they attend LVI.

"We want to remove the cost barrier by allowing interest-free financing through ChaseHealthAdvance. With a minimal monthly payment, the doctors will be able to realize the value of an LVI education sooner than they might otherwise be able to.

"This way, we will be able to change the lives of more dentists, as well as the lives of their patients, and sooner rather than later."

To learn more about LVI training and financing your continuing education with ChaseHealthAdvance, visit *www.lviglobal.com.* DT

(Source: LVI Global and ChaseHealthAdvance)

DENTAL TRIBUNE
The World's Dental Newspaper · US Edition

Publisher & Chairman
Torsten Oemus
t.oemus@dental-tribune.com

Vice President Global Sales
Peter Witteczek
p.witteczek@dental-tribune.com

Chief Operating Officer
Eric Seid
e.seid@dental-tribune.com

Group Editor & Designer
Robin Goodman
r.goodman@dental-tribune.com

Editor in Chief Dental Tribune
Dr. David L. Hoexter
d.hoexter@dental-tribune.com

Managing Editor/Designer Implant Tribune & Endo Tribune
Sierra Rendon
s.rendon@dental-tribune.com

Managing Editor/Designer Ortho Tribune & Show Dailies
Kristine Colker
k.colker@dental-tribune.com

Online Editor
Fred Michmershuizen
f.michmershuizen@dental-tribune.com

Product & Account Manager
Mark Eisen
m.eisen@dental-tribune.com

Marketing Manager
Anna Wlodarczyk
a.wlodarczyk@dental-tribune.com

Sales & Marketing Assistant
Lorrie Young
l.young@dental-tribune.com

C.E. Manager
Julia E. Wehkamp
j.wehkamp@dental-tribune.com

Dental Tribune America, LLC
213 West 35th Street, Suite 801
New York, NY 10001
Tel.: (212) 244-7181
Fax: (212) 244-7185

Published by Dental Tribune America

CLINICALLY PROVEN!

High Bond Strengths Without Solvents!

Pentron Clinical's latest advancement in bonding technology – Bond-1® SF Solvent-free SE Adhesive!!

Bond-1 SF effectively eliminates the solvent, found in virtually all other adhesives on the market today, while preserving the high bond strengths associated with conventional bonding agents. This solvent-free, one-coat, self-etch adhesive's unique set of attributes set it apart from the competition.

Why Solvent Free?

- > Reduces steps by eliminating the need to air-dry
- > Reduces common technique-sensitive issues such as over or under drying
- > Protects against post operative sensitivity
- > Prevents evaporation for a more stable and consistent product
- > *No environmentally harmful solvents*

***Bond-1 SF provides optimal bond strengths up to 30.4 MPa* in just 3 basic steps. Just apply evenly, rub for 20 seconds, and light cure!**

Visit Us Today!

For More Information and SPECIAL OFFERS

Visit us during the 2010 ***Yankee Dental Meeting***

Booth #1032

800.551.0283 | 203.265.7397 | www.pentron.com

Bond-It® | Bond-1® | Nano-Bond® | **Bond-1® SF** Adhesives | Impression | Crown & Bridge | Restoratives

Pentron Clinical
Sybron Dental Specialties

Want to make a million dollars?

By Louis Malcmacher, DDS, MAGD

Every day that I get to the office, I find on my desk a pile of mail, as do you. For some reason, I always feel that going through the pile of mail is the first thing that I need to do before I can do anything else.

In this day of instant messaging and e-mail, where anything really important will be sent to me immediately, the good old snail mail still holds some kind of magical attraction even though it has probably taken two days or up to a week to actually land on my desk.

Allow me to share what my dental office mail looks like and I'm sure that it is very similar to yours. I finger the pile and think, "Ah, here is one that looks attractive." The outside says, "If you ignore this opportunity, you'll be losing money!"

I open this letter to read that some new "marketing genius" is going to help me and many other dentists get new patients with his "secrets." Then I read that those secrets are going to cost me $1,500 down and an additional $40,000 over the next year. I'll pass on that, thank you very much.

Well, let's open the next envelope then. Once again, it's another "marketing genius," but this one is actually a dentist. Reading further I learn that he used to be a dentist. He explains how he started practicing at age 25 and he made so much money in dentistry that he retired at age 29.

I can buy his secrets for $1,995 and then pay him an additional $2,500 each month for the rest of his natural life to get some monthly reports about how to make gobs of money. I'm not as upset by the price as much as I am upset by the fact that I am 20 years past his retirement.

You know, I really have to go see patients, but I can't help but open up another envelope that is screaming at me with a line on the outside that says, "This one trick will increase your production by $90,000 each month." I better read this before I see today's patients because I am always looking for ways in increase production. This one has to be good.

I open up the letter and read about how a dentist once sent a mug filled with flowers to a patient, and the patient subsequently had $30,000 worth of dentistry with that very same dentist.

The letter's logic claims that if you send three mugs with flowers, you'll end up doing $90,000 worth of dentistry with those three patients. For other tricks of the trade, I can sign up for a special report that shares other ways to (trick) my patients into more dentistry.

These examples of come-ons are becoming very commonplace in dentistry and, unbelievably, dentists are falling for them.

When I lecture to hundreds of dentists each month, they tell me how they wasted their time and money trying to find the silver bullet through some of these ridiculous offers and outrageous claims.

Every dentist wants to know what is the one thing he or she can say, do or give away that will attract new patients and make the patients sign on for big treatment plans.

Here is my advice: Stop wasting your money. Live by the old adage, "If it's too good to be true, then it probably is."

The time and money that you waste in some of these silly schemes is money that can be invested into your practice, for example, by purchasing a soft- and hard-tissue laser.

If you want to make more money in dentistry, then offer your patients what they want such as you learning how to do beautiful minimally-invasive veneers.

Do you use CareCredit to get patients to pay for it all? These are just some of the technologies that will let you do faster, easier and better dentistry.

Do you offer oral cancer screenings using Vizilite Plus or Velscope in addition to your oral cancer examinations? Speaking of oral cancer, do you teach your patients how to do a self-examination for oral cancer? (If not, go to *www.oralcancerselfexam.com* and get listed.)

Patients will look at you differently when they know you care about them as people and they perceive their dentist as a real health care provider who cares about their total health.

In addition, it is time to enter the field of total facial esthetics by adding Botox and dermal filler procedures to your practice. There are many uses for Botox therapeutically for facial pain; TMJ/bruxism treatment; and orthodontic, periodontic and cosmetic uses in the oral and maxillofacial areas to complement cosmetic dentistry cases.

Get trained today (*www.commonsensedentistry.com* for more information) in what is now the fastest growing area of dentistry.

Here's the secret you've all been waiting for: There is no fast track, get-rich-quick way to make money in dentistry. You will not find the secrets of success in dentistry in an envelope sitting on your desk or in an e-mail.

Live by the old adage: 'If it's too good to be true, then it probably is.'

Like any business, it requires hard work, putting the time into your practice, and learning the business of dentistry.

I have a confession to make. Because I speak so often to so many dental professionals, people assume that I know it all. I will be the first to tell you that I am always learning things, especially in business.

I have a business consultant to help guide me. A good consultant will pay for himself or herself many times over.

How do you learn the business of dentistry? Going to courses helps, but I will give you a much better way: get a great consultant for your practice. You don't know what you don't know.

I find so many dentists trapped in their own little world and they have no idea that the avenue of opportunity is much broader than the narrow way they are looking at their practices.

For example, Sally McKenzie of McKenzie Management, a member of The Dentists Network, is an outstanding consulting group that can break you out of your slumber and kick you up to the next level.

The McKenzie Management team can teach you what you don't know and help guide your practice to new heights as they have done with so many other dental practices for the last 30 years.

You will be successful by refining your clinical skills, learning what patients want and giving it to them, adding new services to your office and being an excellent communicator so that you can talk to

→ continued

Six steps to a chartless practice

By Lorne Lavine, DMD

There is no doubt that the modern dental practice has changed rapidly over the past 10 years. Dentists have come to realize that with new technology they can create a practice that is more efficient, costs less to run and allows for decentralization of the front office.

Records that were primarily paper and film-based are being replaced by digital radiography, electronic records and a move toward a paperless or, at the very least, chartless practice.

Most offices realize that there will always be paper in a dental practice. Whether it's walkout statements, insurance forms or printed copies of images, paper will forever be part of the dental practice; although there are many practices that have eliminated their paper charts.

While the process is easier for a start-up practice, with proper planning existing practices can achieve this goal as well.

As many dentists may be aware, the federal government is pushing for electronic health records as well. The government has set the year 2014 as the date when all patient records should be digital.

To help practices in this process, there are stimulus funds available amounting up to $44,000. While the details are still cloudy, there's no time like the present to start going chartless.

The challenge for most offices is to develop the best plan on how to evaluate their current and future purchases to ensure that all the systems will properly integrate together.

While many dentists are visually oriented and thus tend to focus on the criteria that they can actually see and touch, some of the most important decisions are related to more abstract standards.

I have therefore developed a six-point checklist that I feel is mandatory for any dentist who is adding new technologies to his or her office, and I recommend that each step be completed in order. Part I of this article will look at the first three steps.

Part I: Software and design

Step 1: Practice management software

It all starts with the administrative software that is running the practice. To develop a chartless practice, this software must be capable of some very basic functions.

For offices that want to eliminate the paper, you'll need to consider every paper component of the den-

→ DT page 6A

← continued

your staff and to your patients.

The secret to your success is not found in outrageous claims that come in the mail.

Your success depends on you. Work hard, get great guidance and consulting, and enjoy life. DT

About the author

Dr. Louis Malcmacher is a practicing general dentist and an internationally recognized lecturer, author and dental consultant known for his comprehensive and entertaining style.

An evaluator for Clinicians Reports, Malcmacher is a consultant to the Council on Dental Practice of the ADA.

You may contact him at (440) 892-1810 or e-mail *dryowza@mail.com*.

His Web site is *www.commonsensedentistry.com*, where you can find information about his lecture schedule, Botox and dermal filler hands-on workshops, audio CDs, download his resource list and sign up for a free monthly e-newsletter.

← DT page 5A

tal chart and try to find a digital alternative.

Examples include: entering charting, treatment plans, handling insurance estimation and processing e-claims, ongoing patient retention and recall activation, scheduling and dozens of other functions that are used on a daily basis.

Many older programs do not have these features, and if an office wants to move forward, it will have to look at more modern practice software.

It's also important to understand that as much as we would all prefer that our practice management software programs can handle all of these functions, most fall short of this.

There are a number of third-party programs that can provide functionality where the practice management programs cannot.

We'll explore many of these programs and services in a future issue, such as programs that allow you to digitize forms that require patient signatures and programs that can reduce the process of entering progress notes down to a few mouse clicks.

Step 2: Image management software

This is probably the most challenging decision for any office. Most of the practice management programs will offer an image management module: Eaglesoft has Advanced Imaging, Dentrix has Image 4.5, Kodak has Kodak Dental Imaging, and so on.

These modules are tightly integrated with the practice management software and will tend to work best with digital systems sold by the company.

For example, having an integrated image module makes it very easy to attach images to e-claims with a few mouse clicks.

However, there are also many third-party image programs that will bridge very easily to the practice management software and offer more flexibility and choices although with slightly less integration.

There is no perfect system. It really boils down to paying a premium for tighter integration or paying less for more flexibility. Some of the better-known third-party image programs include Apteryx XRayVision, XDR and Tigerview.

Step 3: Operatory design

The days of a single intraoral camera and a TV in the upper corner are being replaced by systems that are more modern.

Most offices are placing two monitors in the operatories, one for the patient to view images, patient education or entertainment, and one for the dentist and staff to use for charting and treatment planning and any HIPAA-sensitive information, such as the daily schedule or other information that you would prefer that patients cannot see.

Windows has built-in abilities to allow you to control exactly what appears on each screen. Many ergonomic issues must be addressed when placing the monitors, keyboards and mice.

For example, a keyboard that is placed in a position that requires the dentist to twist his or her back around will cause problems, as will a monitor that is improperly positioned.

Another important decision for the office is deciding whether you prefer the patient to see the monitor when he or she is completely reclined in the chair. If this is the case, then the options are a bit more limited for monitor placement.

Some very high-tech monitor systems not only allow the patient to see the screen, but create a more relaxing environment for patients who are undergoing long procedures.

For offices that are trying to become paperless, having a game plan or "treatment plan" in place will help to avoid some very expensive mistakes.

Most dental practices have come to realize how quickly technology has become part of everyday life in the practice. Nowhere is this more evident than with practices that are trying to become completely paperless. As many of you know, the federal government is pushing toward a completely electronic patient record by the year 2014.

Part II: Hardware, systems and backup

The challenge for most offices is to develop the best plan on how to evaluate their current and future purchases to ensure that all the systems will integrate properly together.

In Part I we looked at the first three steps in this process: choosing practice management software, image software and designing the operatories.

Here in Part II, we'll review the importance of computer hardware, having modern technology systems and, finally, an ironclad backup and data protection plan.

Step 4: Computer hardware

After the software has been chosen and the operatories designed, it's time to add the computers. Most offices will require a dedicated server in order to protect their data as well as having the necessary horsepower to run the network.

The server is the lifeblood of any network, and it's important to design a server that is: bulletproof, has redundancy built-in for the rare times that a hard drive might crash and can easily be restored.

The workstations must be configured to handle the higher graphical needs of the office, especially if the office is considering digital imaging. The computers placed in the operatories are often different from the front desk computers in many ways: they'll have dual display capabilities, better video cards to handle digital imaging, smaller cases to fit inside the cabinets and wireless keyboards and mice.

Most dental software programs will work on the new Windows 7 operating system (I recommend Windows 7 Professional in the office), and even for ones that don't, Windows 7 ships with an "XP Mode," allowing older programs to be tricked into thinking they are running in XP.

Step 5: Digital systems

The choice of image software will dictate which systems are compatible. Digital radiography is the hot technology at this time due to many factors. For those that can afford it, cone-beam 3-D systems are all the rage.

The dentists who have digital radiography report more efficiency by: having the ability to take and view images more rapidly, better diagnostics, cost savings by the elimination of film and chemicals, and higher case acceptance through patients' co-diagnosis of their dental needs.

All systems have pros and cons and dentists will have to evaluate each system based on a set of standards that are important to their own practice. For some dentists, it might be image quality. For others, it may be the cost of the systems, the warranty of the sensor, the company's reputation or the compatibility of the sensors with the practice's existing image management software.

Keep in mind that intraoral cameras are still an excellent addition to any office because they allow patients to see the things that typically only a practitioner could see.

Step 6: Data protection

With a chartless practice, protecting the data is crucial to preventing data loss due to malware or user errors.

Every office, at a minimum, should be using antivirus software to protect against the multitude of known viruses and worms, a firewall to protect against hackers who try to infiltrate the network, and have an easy-to-verify backup protocol in place to be able to recover from any disaster.

The different backup protocols are as varied as the number of offices, but it is crucial that the backup is taken offsite daily and can be restored in a quick manner.

Online backup is now a reality and a very viable option for many practices that want a true set-it-and-forget-it system for their daily backup.

For offices that wish to be chartless or paperless, it's crucial to evaluate all the systems that need to be replaced with a digital counterpart and to take a systematic approach to adding these new systems to the practice.

Most offices would be well advised to replace one system at a time and get comfortable with this new system before adding new technologies to the practice.

The typical practice will take six to 18 months to transition from a paper-based office to a chartless one, but the journey will be well worth the reward at the end. DT

About the author

Dr. Lorne Lavine, founder and president of Dental Technology Consultants (DTC), has more than 20 years invested in the dental and dental technology fields. A graduate of USC, he earned his DMD from Boston University and completed his residency at the Eastman Dental Center in Rochester, N.Y.

He received his specialty training at the University of Washington and went into private practice in Vermont until moving to California in 2002 to establish DTC, a company that focuses on the specialized technological needs of the dental community.

INTRODUCING CEREC® AC

POWERED BY BLUECAM

Visit Booth 2224

25th

Celebrate CEREC's 25th anniversary with the deal of the decade:

0% and NO payments for three months!* $5,000 manufacturer's cash rebate. Plus FREE tuition to the CEREC 25th anniversary celebration in Las Vegas, NV in 2010!**

Call 800.873.7683
Must take delivery by April 23, 2010

CAD/CAM FOR EVERYONE

CEREC AC offers solutions to everyone:

Impeccable results: Blue LED technology yields the most precise digital impressions available

Enhanced speed: Half-arch digital impression in 40 seconds; full-arch in under 2 minutes

Versatility: A system configuration for every entry point, including an economical "Pay as You Go" option†

Future-thinking platforms: Access to CEREC® Connect, the world's largest digital dental network, plus integration with future dental technology advancements

Contact your CEREC Specialist for more information: 800.873.7683
Visit us online for more information: www.cereconline.com

*Special financing for qualified purchasers only; applies to all new units at full retail price. Patterson finance contract features three months of 0%, followed by 60 payments at 7.95%. **Manufacturer rebate applies to new units only. To qualify for special financing, customer must sign an order on a new CEREC system and receive finance approval before April 2, 2010 and take delivery on or before April 23, 2010. Special financing offer does not qualify for Patterson Advantage℠ dollars. †Pay as You Go and inLab do not qualify for this promotion.

Treatment Centers | Instruments | Imaging | CAD/CAM

sirona.
The Dental Company

Modernize your collection system for maximum profit

By Keith Drayer

In today's economy there are many dental professionals who are faced with the challenge of their accounts receivable. Uncollected receivables turn into pure losses.

Yet embracing a systematic approach to collections can help practices collect more funds and on a more timely basis.

One mistake providers make is not recognizing the signs of early default. When a patient doesn't pay a bill within 60 days, hasn't set up or is not following a payment plan, the patient is telling you that he/she is not going to pay.

Should you use your staff's time trying to collect these accounts?

As a dental provider, you are implementing state-of-the-art methods to treat your patients' dental needs. You also need to employ the most up-to-date methods to keep your practice fiscally healthy.

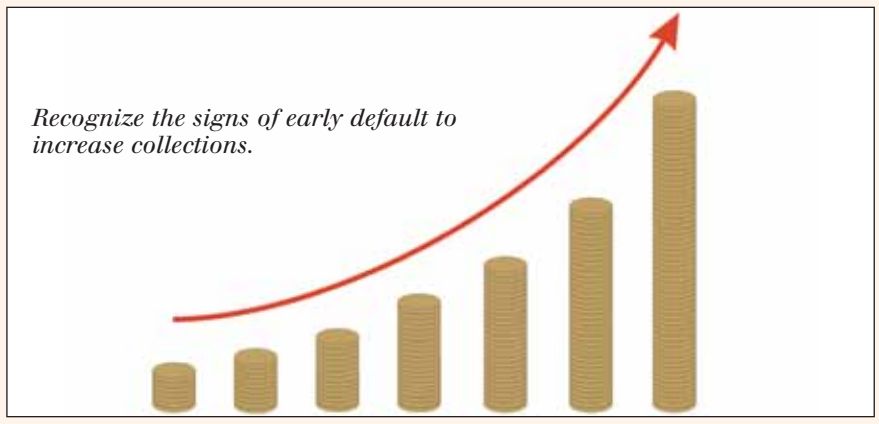
In the past, collection agencies were the only "act on the block" and viewed as the last resort to collecting your money. They can be expensive and often care little about your relationship with your patients. You had no control over how they treated your patient and you never knew if they collected your money or not.

Often the collector, who is paid on a commission basis, "cherry picked" over your accounts and attempted to collect only the larger ones and did not work the smaller ones.

In addition, many of your accounts that were collectable were deemed too small to work. Thus, you lost money when you didn't need to.

What is needed is a proactive, systematic business model that will work all of your delinquent accounts equally.

Providers must take an approach that will reduce losses as well as speed up cash flow from past due accounts. You need to work with your patients quickly and effectively.



Recognize the signs of early default to increase collections.

Outsourcing your collection problems to a service bureau can be much more cost effective than working them in-house — and certainly more effective.

Utilizing a third-party collection method that will keep you in complete control of the collection process is a must.

The third-party system should be respectful but firm, and utilize every possible legal tool to collect your money.

The provider who utilizes a systematic third-party approach to collect his/her money will see an increase in the bottom line. DT

Invest in your practice with HSFS

Henry Schein Financial Services (HSFS) business solutions portfolio offers a wide range of financing options that make it possible for you to invest in your practice for greater efficiency, increased productivity and enhanced patient services.

HSFS helps health care practitioners operate financially successful practices by offering complete leasing and financing programs. HSFS can help obtain financing for equipment and technology purchases, practice acquisitions and practice start-ups.

HSFS also offers value-added services including credit card acceptance, demographic site analysis reports, patient collections, patient financing and the Henry Schein Credit Card with 2% cash back or 1½ points per dollar spent.

For additional information, please call (800) 443-2756 or send an e-mail to *hsfs@henryschein.com.*

About the author

Keith Drayer is vice president of Henry Schein Financial Services, which provides equipment, technology, practice startup and acquisition financing services nationwide.

Look for a regular column on financial matters courtesy of Henry Schein Financial Services.

Henry Schein Financial Services can be reached at (800) 443-2756 or *hsfs@henryschein.com.*

09YS9681

HENRY SCHEIN®

PROFESSIONAL PRACTICE TRANSITIONS

When It's Time to Buy, Sell, or Merge Your Practice

You Need A Partner On Your Side

ALABAMA

Birmingham—4 Ops, 2 Hygiene Rooms, GR $675K #10108
Birmingham Suburb—3 Ops, 3 Hygiene Rooms #10106
CONTACT: Dr. Jim Cole @ 404-513-1573

ARIZONA

Arizona—Doctor seeking to purchase general dental practice. #12110
Shaw Low—2 Ops, 2 Hygiene Rooms, GR in 2007 $645,995
Phoenix—General Dentist seeking Practice Purchase Opportunity #12108
Phoenix—4 Ops - 3 Equipped, GR $515K+, 3 Working Days #12113
North Scottsdale—General Dentist Seeking Practice Purchase Opportunity #12109
Urban Tucson—6 Ops - 4 Equipped, 1 Hygiene, GR $900K #12112
Tuscon—1,800 active patients, GR $850K, Asking $650K #12116
CONTACT: Tom Kimbel @ 602-516-3219

CALIFORNIA

Alturas—3 Ops, GR $611K, 3 1/2 day work week #14279
Atwater—2 Ops, 1,080 sq. ft., GR #177K #14307
Bakersfield—7 Ops, 2,200 sq. ft., GR $1,916,000 #14290
El Sorbrante—5 Ops - 3 Equipped, 1,300 sq. ft., GR $350K #14302
Fresno—5 Ops, 1,500 sq. ft., GR $$1,064,500 #14250
Fresno—3 Ops, 1,000 sq. ft., GR $86K. Same loc 24 yrs #14298
Greater Auburn Area—4 Ops, 1,800 sq. ft., GR $763K #14304
Madera—7 Ops, GR $1,921,467 #14283
Modesto—12 Ops, GR $1,097,000, Same locarion for 10 years #14289
North California Wine Country—4 Ops, 1,500 sq. ft., GR $958K. #14296
Porterville—6 Ops, 2,000 sq. ft., GR $2,289000 #14291
Red Bluff—8 Ops, 2008 GR $1,006,096, 10 Days Hygiene #14252
San Francisco—4 Ops, GR 875K, 1500 sq. ft. #14288
San Jose—4 Ops. #14295
South Lake Tahoe—3 Ops, 647 sq. ft., 2007 GR $534K #14277
Los Gatos & Sunnyvale—4 Ops, 1,150 sq. ft. GR $1 Mill+ #14285
CONTACT: Dr. Dennis Hoover @ 800-519-3458

Dixon—4 Ops, 1,100 sq. ft., GR $122K. #14265
Grass Valley—3 Ops, 1,500 sq. ft., GR $714K #14272
Redding—5 Ops, 2,200 sq. ft., GR $1 Million #14293
Yuba City—5 Ops, 4 days hyg, 1,800 sq. ft. #14273
CONTACT: Dr. Thomas Wagner @ 916-812-3255

Rancho Margarita—4 Ops, 1,200 sq. ft., Take over lease #14301
CONTACT: Thinh Tran @ 949-533-8308

CONNECTICUT

Fairfield Area—General practice doing $800K #16106
Southburg—2 Ops, GR $254K #16111
Wallingford—2 Ops, GR $600K. #16113
CONTACT: Dr. Peter Goldberg @ 617-680-2930

FLORIDA

Miami—5 Ops, Full Lab, GR $835K #18117
CONTACT: Jim Puckett @ 863-287-8300

Jacksonville—GR $1.3 Million,3000 sq. ft., 7 Ops, 8 days hygiene #18118
CONTACT: Deanna Wright @ 800-730-8883

GEORGIA

Atlanta Suburb—3 Ops, 2 Hygiene Rooms, GR $863K #19125
Atlanta Suburb—2 Ops, 2 Hygiene Rooms, GR $633K #19128
Atlanta Suburb—3 Ops, 1,270 sq. ft., GR $438,563 #19131
Atlanta Suburb—Pediatric Office, 1 Op, GR $426K #19134
Dublin—GR $1 Mill+, Asking $825K #19107
Macon—3 Ops, 1,625K sq. ft., State-of-the-art equipment #19103
North Atlanta—5 Ops, 3 Hygiene, GR $678K+ #19132
Northeast Atlanta—4 Ops, GR $607K #19129
Northern Georgia—4 Ops, 1 Hygiene, Est. for 43 years #19110
South Georgia—2 Ops, 3 Hygiene Rooms, GR $722K+ #19133
CONTACT: Dr. Jim Cole @ 404-513-1573

ILLINOIS

Chicago—4 Ops, GR $709K, Sale Price $461K #22126
1 Hr SW of Chicago—5 Ops, 2007 GR $440K, 28 years old #22123
Chicago—3 Ops, GR $600K, 3-day work week #22119
Western Suburbs—5 Ops, 2-2,000 sq. ft., GR Approx $1.5MM #22120
CONTACT: Al Brown @ 630-781-2176

MARYLAND

Southern—11 Ops, 3,500 sq. ft., GR $1,840,628 #29101
CONTACT: Sharon Mascetti @ 484-788-4071

MASSACHUSETTS

Boston—2 Ops, GR $252K, Sale $197K #30122
Boston Southshore—3 Ops, GR $300K. #30123
North Shore Area (Essex County)—3 Ops, GR $500K+ #30126
Western Massachusetts—5 Ops, GR $1 Million, Sale $514K #30116
CONTACT: Dr. Peter Goldberg @ 617-680-2930

Middle Cape Cod—6 Ops, GR $900K, Sale price $677K #30124
Boston—2 Ops, 1 Hygiene, GR $302K #30125
Middlesex County—7 Ops, GR Mid $500K #30120
New Bedford Area—8 Ops, $628K #30119
CONTACT: Alex Litvak @ 617-240-2582

MICHIGAN

Suburban Detroit—2 Ops, 1 Hygiene, GR $213K #31105
CONTACT: Dr. Jim David @ 586-530-0800

MINNESOTA

Crow Wing County—4 Ops #32104
Fargo/Moorhead Area—1 Op, GR $185K. #32107
Central Minnesota—Mobile Practice. GR $730K+. #32108
CONTACT: Mike Minor @ 612-961-2132

MISSISSIPPI

Eastern Central Mississippi—10 Ops, 4,685 sq. ft., GR $1.9 Million #33101
CONTACT: Deanna Wright @ 800-730-8883

NEVADA

Reno—Free Standing Bldg.,1500 sq. ft., 4 Ops, GR 763K #37106
CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW JERSEY

Marlboro—Associate positions available #39102
CONTACT: Sharon Mascetti @ 484-788-4071

NEW YORK

Brooklyn—3 Ops (1 Fully equipped), GR $175K #41113
Woodstock—2 Ops, Building also available for sale, GR $600K #41112
CONTACT: Dr. Don Cohen @ 845-460-3034

Syracuse—4 Ops, 1,800 sq. ft., GR over $700K #41107
CONTACT: Marty Hare @ 315-263-1313

New York City—Specialty Practice, 3 Ops, GR $502K #41109
CONTACT: Richard Zalkin @ 631-851-6924

NORTH CAROLINA

Charlotte—7 Ops - 5 Equipped #42142
Foothills—5 Ops #42122
Near Pinehurst—Dental emerg clinic, 3 Ops, GR in 2007 $373K #42134
New Hanover Cty—A practice on the coast, Growing Area #42145
Raleigh, Cary, Durham—Doctor looking to purchase #42127
CONTACT: Barbara Hardee Parker @ 919-848-1555

OHIO

Medina—Associate to buy 1/3, rest of practice in future. #44150
CONTACT: Dr. Don Moorhead @ 440-823-8037

PENNSYLVANIA

Northeast of Pittsburgh—3 Ops, Victorian Mansion GR $1.2+ Million #47140
CONTACT: Dan Slain @ 412-855-0337

Lackawanna County—4 Ops, 1 Hygiene, GR $515K #47138
Chester County—High End Office, 4 Op's, Digital, FFS + a few PPO's #47141
Philadelphia County (NE)—4 Ops, GR $500K+, Est 25 years #47142
CONTACT: Sharon Mascetti @ 484-788-4071

RHODE ISLAND

Southern Rhode Island—4 Ops, GR $750K, Sale $486K #48102
CONTACT: Dr. Peter Goldberg @ 617-680-2930

SOUTH CAROLINA

HHI—Dentist seeking to purchase a practice producing $500K a year #49103
CONTACT: Scott Carringer @ 704-814-4796

Columbia—7 Ops, 2200 sq. ft., GR $678K #49102
CONTACT: Jime Cole @ 404-513-1573

TENNESSEE

Elizabethon—GR $333K #51107
CONTACT: George Lane @ 865-414-1527

TEXAS

Houston Area—GR $1.1 Million w/adj. net income over $500K #52103
CONTACT: Deanna Wright @ 800-730-8883

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883