

# NYSDA

AN OFFICIAL PUBLICATION OF THE NEW YORK STATE DENTAL ASSOCIATION

## news



### Coverage Groups *Don't be Caught Dead Without One*

Life insurance, disability insurance, office overhead insurance and malpractice insurance.  
Add one more to your list: membership in a cross-coverage group.

*Eric J. Ploumis, D.M.D., J.D.*

**D**entists, by nature, are solitary beings. Most practice alone; and many have no arrangement to keep their practices running if they are unable to be in the office. The thinking often goes, "I have life/disability/overhead/ malpractice insurance. What else is there to worry about?" An often-overlooked "insurance" is the cross-coverage group—an agreement among like-minded practitioners to fill in for one another if a member is disabled or dies.

As an attorney who specializes in practice transitions, I have seen a number of instances, several in the past year alone, where the death or disability of a sole practitioner has resulted in a significant decrease in the value of his or her practice. The dramatic drop-off in productivity and income rapidly erodes the attractiveness of the practice to a potential buyer. Even if the doctor is able to return to work, the disruption the practice endured can have a long-lasting impact on growth and profitability. If the doctor had a cross-coverage agreement in place, he or she could have helped preserve the ongoing value of the practice, make it more appealing to a potential buyer and maintained the new patient flow essential to every practice.

The cross-coverage agreement is a contract among willing participants. Unlike many contracts, its enforceability rests more on the moral compact the parties bring to the agreement than on something they can take before a judge to enforce. A key element in an enforceable contract, consideration, is not present in a tangible form. Asking a judge to compel a member to cover for another member or to award monetary damages for a failure to cover is an argument grounded more in theory than in fact. The lesson, then, is choose your coverage group colleagues wisely and make sure they are professionals you can count on to come to your aid if you need them. When you are lying in a hospital bed, the last thing you want is to find out is that a member of your coverage group does not plan to fulfill the solemn obligation.

#### RECIPE FOR SUCCESS

Let's look at what a typical cross-coverage agreement should consist of.

#### Parties

The agreement should list the members of the cross-coverage group. No member can substitute or assign his or her obligation to the group to anyone else. You don't

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## Employers Face Stiffer Requirements and Penalties under New Wage Law

NEW YORK STATE'S Wage Theft Prevention Act, which became effective on April 9, places new obligations on employers, including dentists. The changes are described as being significant and substantive. While many of these requirements will cause administrative and logistical headaches, the potential consequences for failing to comply have increased as well. What follows is an overview of the law prepared by attorney Andrew Feldman. Mr. Feldman is a partner in the firm Feldman Kieffer, L.L.P., which provides legal services for the NYSDA Legal Protection Plan.

### NEW NOTIFICATION

Employers are required to provide every employee with the following information, in writing, when the employee is hired and on or before Feb. 1 of each subsequent year (beginning in 2012) of the employee's employment:

- Rate or rates of pay and the basis for calculating.
- Whether the employee is paid by the hour, shift, day, week, salary, piece, commission or other form.
- Where applicable, any allowances claimed by the employer as part of the minimum wage.
- The regular payday designated by the employer.
- The full name of the employer and any "doing business as" names used by the employer.
- The physical address of the employer's main office or principal place of business, mailing address if different and telephone number.

There are a few points worth mentioning. First, the hire and annual notifications must be in writing and must be provided in English as well as

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Fort Orange Press, Albany

The NYSDA News (ISSN 1531-684X) is published quarterly, in February, May, October and December, by the New York State Dental Association, Suite 602, 20 Corporate Woods Boulevard, Albany, NY 12211-2370. Subscription rates are \$5 per year to members of the New York State Dental Association; \$10 per year, or \$2.50 per issue, for nonmembers. Periodicals postage paid at Albany, NY. Send address changes to NYSDA News, Suite 602, 20 Corporate Woods Boulevard, Albany, NY 12211-2370.

Editorial and advertising offices are at Suite 602, 20 Corporate Woods Boulevard, Albany, NY 12211-2370. Telephone (518) 465-0044. Fax (518) 465-3219. E-mail [info@nysdental.org](mailto:info@nysdental.org). Web site [www.nysdental.org](http://www.nysdental.org).



## Coverage Groups *continued from page 1*

want casual or oral commitments; you want willing participants who will solemnly agree, in writing, to step up if and when needed. This is not a loose collection of dentists you happen to see on occasion at a meeting. This is an essential part of your practice security, as important as any other insurance coverage you have.

It is usually advisable to have at least 6 members in the group, but no more than 12. No member should have to assist more than once a week. With 6 members, every day of the week is covered; with 12, a member only has to cover once every two weeks. Covering for another member means a day you cannot be in your office. You want to minimize the impact on your practice while being able to assist your coverage group member retain the value of his or her own practice.

Another option to consider is for the group to keep a file of recently retired local dentists, perhaps even a retired former member of the coverage group. Having one doctor covering the practice will provide greater continuity of care for the patients. The local dental society or dental school often has data on recently retired practitioners who might want to help out on a short-term basis.

### *Purpose*

An introductory section that defines the mission of the group and its stated purpose, concluding with words like, "The parties seek to provide for the orderly functioning or transition of their practices in the event of a member's disability or death," is recommended.

### *Definitions*

In this section, you clearly define when members are obligated to step up and assist the member in need. Death is easy to define; disability is a little trickier. As a member of the group, you want to make sure that if you suffer a disability, the group is obligated to come to your aid. However, there are a number of events that may technically constitute a disability that you might want to consider excluding from the definition of disability, such as:

- Elective medical procedures.
- Self-inflicted disabilities.
- Disabilities as a result of hazardous activities.
- Foreseeable disabilities that allow time for the procurement of a substitute.

Failing to accurately and precisely define what triggers a disability is often the source of friction and resentment within the coverage group. The decision should rest with objective facts, not on the subjective opinion of the majority of the members.

### *Triggering Mechanism*

The agreement should clearly state how the cross-coverage is put into play. One member should be appointed chair of the coverage group. This can be done on a rotating basis, with the subsequent chair already established, either by seniority or alphabetically, in case the presiding chair is the one in need of assistance. If coverage is required, the member or representative of the member in need of assistance will know immediately who to call to arrange for coverage. There needs to be a clear chain of command and a specific way members communicate with each other if they are needed to assist.

Members should not automatically assume that if they hear of another member's illness or death, they will be required to serve. The practice may have a buy-sell agreement already in place that obviates the need for coverage. It is even possible that the representative of the practice prefers not to have the coverage group spring into action, opting to make other arrangements with someone not in the coverage group.

### *Schedule*

Each member should know what day he or she is expected to be available. When the call comes in from a member in need that is not the time for the other members to decide which day they can give. Each member should state a specific day of the week he or she will be available. Members should also discuss the hours their office is open. If a member likes to work three 12-hour days each week, that may not be acceptable to a covering doctor who prefers a shorter day.

### *Duration*

The group needs to agree on how long members will cover for a doctor in need. The customary time is no more than six months. Most of the time, group members are very happy to step in and assist a colleague in need, but the obligation must have an end. The rationale behind the coverage group is to buy time for the doctor in need to make appropriate arrangements for a more permanent solution. This means that if a doctor is disabled, the group's obligation is to fill in while the disabled member actively looks for a substitute doctor to keep things going until he or she can recover. In the event of the death of a member, the group's obligation is to maintain the value of the practice while the designated representative actively seeks to transition the practice.

Especially in the event of the death, there is often a grieving period that prevents putting a transition in play immediately. The group is there to keep things going. What the coverage group is not obligated to do is to provide perpetual coverage while the representative shops the practice around looking for the perfect buyer.

### *Compensation*

The group must decide whether the covering members are entitled to any compensation. The customary way this is handled is that for a period of a few months, usually no more than three, the members fulfill their obligation to the member in need with no compensation. In most cases, this will mean the covering doctor is out of his or her office for no more than 12 days over a three-month period, helping out a colleague in need. If coverage is needed after three months, members should receive per diem compensation. Taking time out of one's own office is a costly commitment. Even when the covering doctor is compensated, the compensation rarely exceeds the lost income the covering doctor experiences.

### *Patient Records*

The covering doctor must make concise and accurate records of all procedures and income generated. Ideally, a trusted staff member will be there to assist. The member must agree that none of those records can be duplicated or removed from the office under normal circumstances. The disabled doctor or the spouse of the deceased doctor does not want to worry that the confidential records of the office are leaving the premises.

It also needs to be clearly stated that in the event any of the covering doctors requires any of the records to defend against a judicial or administrative action, he or she is entitled to whatever access is necessary to assist in the defense of such action. There should also be a clause in the cross-coverage agreement that all records need to be maintained for the required statutory period. And the agreement should clearly state that if the practice is sold or otherwise dis-

posed of, these provisions will be binding on any subsequent buyer.

### *Office Records*

Your agreement should require that each member of the coverage group keep a "transition file" in an accessible but secure location, ideally with a trusted accountant or lawyer. Much like a will, this file will be opened only upon a triggering event. The file should contain vital practice documents, such as financial information, payroll reports, staff roster, passwords for office accounting and data information, and the names of trusted advisors, including the doctor's accountant, attorney and investment advisor. In an urgent situation, it is imperative that time not be lost locating these records and advisors.

### *Transition Letter*

Members of the group should prepare several different template letters, to be sent as a situation arises. One letter should be in the event a member suffers a short-term disability, another if the disability appears to be of a more permanent nature, and a third in the event of a member's death. The letter should be directed at both referring dentists and patients and should seek to assure recipients that it is "business-as-usual" in the office. Agreeing on and composing a letter under the stress of an urgent situation leads either to a costly delay or a poorly drafted letter. Attach a letter for each scenario to the cross-coverage agreement as an exhibit.

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# Chad Gehani Heads Slate for 2011-2012

AT ITS MEETING April 15, the NYSDA Council on Nominations approved the slate of officers for 2011-2012. The nominees will be presented for final approval by the House of Delegates on Saturday, June 18, at the concluding session of the House's Annual Meeting in Albany, after which the newly elected officers will be formally installed.

Delegates will be asked to approve the following nominees:

**Chad P. Gehani** of Queens County, advancing from president elect to president; **P. Deborah Weisfuse** of New York County, advancing from vice president to president elect; **Joel F. Friedman** of Bronx County, vice present; **Richard F. Andolina** of Seventh District, returning as sec-

retary-treasurer; **Robert M. Peskin** of Nassau County, returning as speaker of the House.

Dr. Friedman is associate professor clinical surgery at New York Presbyterian Hospital, Weill Medical College, in New York City. He is a past president of Bronx County Dental Society, serving two separate terms, in 1979 and 1995-1997, and immediate past president of the New York State Oral and Maxillofacial Surgeons. Dr. Friedman is a graduate of Columbia University College of Dental Medicine. He completed his internship and residency at Bronx Municipal Hospital Center-Albert Einstein College of Medicine. ☘



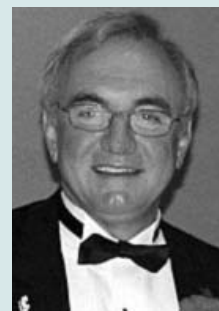
Chad P. Gehani



P. Deborah Weisfuse



Joel F. Friedman



Richard F. Andolina



Robert M. Peskin

## Henner Elected to ADA Council Leadership Post



Kevin Henner

KEVIN HENNER, D.M.D., former chair of the NYSDA Council on Ethics, has been elected vice chair of the ADA Council on Ethics, Bylaws and Judicial Affairs.

Dr. Henner is a general dentist with an office in Deer Park, Suffolk County. He is a past president of the Suffolk County Dental Society and currently represents SCDS on the NYSDA House of Delegates. He is a member of the MLMIC Underwriting Claims Review Committee and an ADA Delegate.

Dr. Henner is a graduate of Tufts University School of Dental Medicine. ☘

## Employers Face Stiffer Requirements continued from page 1

the employee's primary language (if other than English). Second, the "writing" requirement does not appear to allow for electronic transmission of the required notifications, although the Department of Labor may at some point allow for that. Third, employers must receive a signed and dated written acknowledgment from each employee that he or she received each notice—again, it appears that electronic acknowledgment does not currently satisfy the obligation. Fourth, employers must preserve and maintain notices and acknowledgments for six years. And, finally, employers must notify employees in writing of any changes to the information provided in the notices at least seven days prior to the change.

To the extent not already being done in a pay stub or otherwise, employers also must now include with every wage payment a statement listing the following:

- The dates of work covered by the payment.
- The names of the employee and employer, and the address and phone number of the employer.
- The rate or rates of pay and the basis of such rate(s), and whether being paid by the hour, shift, day, week, salary, piece, commission or other basis.
- The gross wages, deductions and net wages.
- The allowances, if any, claimed by the employer as part of the minimum wage.
- If nonexempt from overtime requirements, the regular hourly rate or rates of pay, the overtime rate or rates of pay, the number of regular hours worked and the number of overtime hours worked.

### NEW COSTS AND REMEDIES

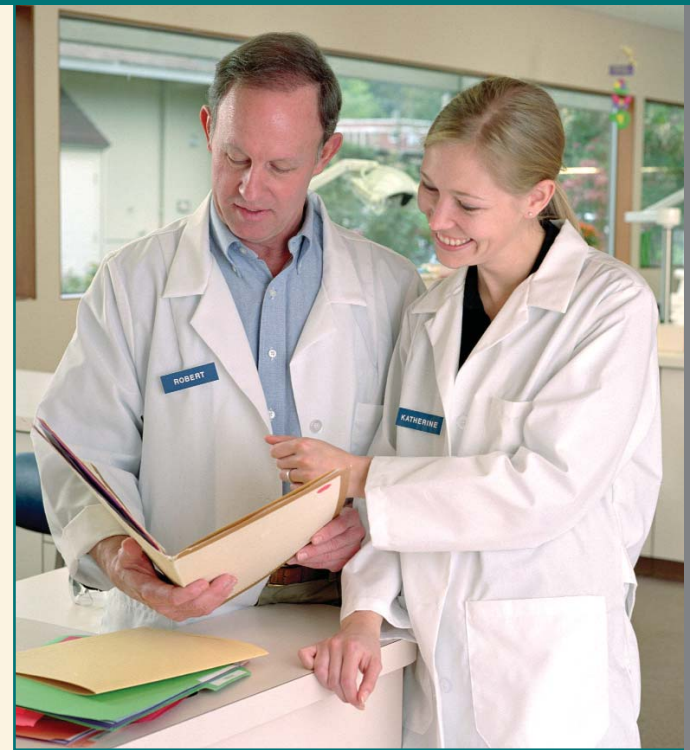
The new law has added to and increased the costs resulting from failure to comply with the law as follows:

- If an employee is not provided with the required notice within 10 business days of his or her first day of employment, the employee may recover damages in a civil action of \$50 for each workweek in which the violation has occurred, up to a maximum of \$2,500, plus the employee's and attorney's fees in bringing the action.
- If an employee is not provided with the required wage statement with his or her pay, the employee may recover damages in a civil action of \$100 for each workweek in which the violation has occurred, up to a maximum of \$2,500, plus the employee's costs and attorney's fees in bringing the action.
- In a successful action for unpaid wages brought by an employee or the commissioner of the Department of Labor, liquidated damages in the amount of 100% of the underpayment (up from 25%) can be assessed against the employer, in addition to all other remedies.
- If an employer violates the New York Labor Law provisions, the commissioner can require the employer to post an 8-inch-by-11.5-inch notice in "an area visible to employees" summarizing the violations that were found.
- Criminal penalties have been added and increased against officers and agents of covered business entities for violations of the New York Labor Law provisions.

### NEW RETALIATION PROVISIONS

The new law expands the prohibition against retaliatory conduct, as well as those who are prohibited from engaging in such conduct. The law now:

- Prohibits retaliation by any "person" (not solely an employer or its agent).
- Prohibits "threatened" retaliation.
- Extends covered complaints to those made internally to the employer, to the commissioner and to the attorney general or any other person.
- Protects employee conduct if the employee "reasonably and in good faith" believes the employer has acted in a manner that constitutes a violation of the New York Labor Law or an order issued by the commissioner. ⌘



## Coverage Groups *continued from page 3*

### *Non-Solicitation*

The parties to the agreement should promise not to solicit any of the patients or staff of the doctor in need.

### *Term and Termination*

The agreement should self-renew annually, unless a member withdraws or the group decides to disband. The agreement should have a mechanism to allow a member to withdraw from the coverage group, with members agreeing on how much advance notice is required to withdraw. Ninety days is the suggested notice. A method of delivery for the notice of withdrawal should be stated, usually a certified letter to the group chair, with an obligation by the chair to immediately notify all other members so that a replacement member can be brought into the group.

The agreement should have a provision that no member may withdraw if an active coverage situation is in effect or if there are not enough members in the

group. Coverage groups work best if there is a critical mass of doctors who are available to cover. The untimely withdrawal of a member in an active coverage situation can have a negative impact on the dynamic of the entire group.

### *Transition Plan*

In the event of a catastrophic illness or the death of the practice owner, it is imperative that a transition occur rapidly. The coverage group should form a relationship with a reputable practice broker and name that broker in the agreement, in addition to the practice accountant and attorney.

### *Indemnification*

Under the heading of “no good deed goes unpunished,” the last thing any member of the coverage group wants is to be liable for the actions of another. The cross-coverage agreement must have a clause that

states that each of the parties promises to indemnify and hold harmless all others from their independent acts, errors and omissions.

### *Relationship of Parties*

Your cross-coverage agreement should unequivocally state that there is no “privity” or business relationship between the members of the coverage group. No member, by virtue of being part of the group, has any claim on or responsibility for any of the assets or liabilities of the other members.

### *Dispute Resolution*

The agreement should address where and how any dispute between the members will be resolved. The logical venue for any dispute resolution is the state and county where most of the members have their offices. The best dispute resolution mechanism is arbitration rather than litigation in the court system.

## GENERAL ISSUES

The composition of the group should be age-balanced. As members of the group age, younger members should be asked to join. Although death and disability can strike anyone at any time, older members are actuarially more likely to require the group’s services. Younger members must acknowledge that the old guard has provided coverage for others for years and appreciate that fact if asked to come to the aid of a senior member. Coverage groups don’t work as well if all members are the same age.

Members must be clear about what constitutes a disability. A source of friction within a group and, occasionally, the cause of a group’s collapse is when some members feel that a disability is one that could have been foreseen and provided for. The purpose of a coverage group is to provide short-term support for unexpected illness or death. A member who expects the group to cover for him while he or she is out for a month recovering from a hair transplant or maternity leave creates resentment among the other group members. Expecting group members to take time out of their offices when there was ample time to procure a substitute dentist is not within the spirit of the agreement.

When forming a coverage group or asking new members to join, vet each potential member to be sure everyone shares similar treatment philosophies. If you have a member who, for example, is adamantly opposed to amalgam restorations, he or she might not be a good fit in every group. Additionally, all members of the group must be licensed in the same state; it makes no sense to have someone in your coverage group who cannot legally practice in your office. It is a good idea to notify and seek the advice of your malpractice carrier if you are called upon to assist a colleague in need. In the case of doctors with multiple offices, the group should determine which of the offices members are obligated to cover.

By establishing a pre-existing relationship with a reputable practice broker, the group can use its leverage to negotiate a discounted brokerage fee if a practice needs to be sold due to the death or disability of a member. Using those same economies of scale, a coverage group can also negotiate a lower fee with a practice appraiser and get annual or biennial appraisals of their practices to insure that there is a current valuation if a rapid sale is required. The broker should be invited to speak to the group periodically to update the group on valuation methods for dental practices and the current "state-of-the-market" for transitioning practices. Having a broker in place who knows the practice and the prevailing market will improve the transition value of the practice. A knowledgeable broker can also provide a "reality check" on the presumed value of the members' practices and help a disabled doctor realize that the time to sell is before the practice starts to decline significantly.

In many jurisdictions, such as New York State, a dental practice must be owned and operated by a dentist licensed in the state. The New York State Board for Dentistry permits only a brief window when the spouse of a deceased dentist can own and run the practice as it is transitioned. If a coverage group is not in place and the practice has not had a recent valuation, critical time is wasted putting together the necessary transition team. Often, the grieving spouse is too distracted to focus on the importance of acting decisively to transition the practice. Grief, coupled with lack of preparation, can cause a delay that severely impacts the ability of the practice to be effectively transitioned. The delay creates a significant drop in the value of the practice at a time when the surviving spouse may most need the income the sale would produce.

A successful coverage group has like-minded members who know each other and get along with each other. As a practical matter, when advising coverage groups I always suggest they meet twice a year to re-affirm their legal, moral and ethical bond to each other. One of the meetings is a business meeting, where the agreement is reviewed and each member is made aware of his or her solemn obligation to the other members of the group. The group roster is updated with the names of each of the members' office manager, accountant and lawyer. On occasion, a speaker can be invited to discuss issues that might arise if a doctor dies or becomes disabled, such as taxation or estate planning.

The second meeting is more of a social gathering to which spouses are invited. It is important that spouses meet the members of the group and each other. In the event of the death or disability of the dentists, the surviving spouse will need to rely upon the members of the group to step in and assist in preserving the practice value while it is transitioned. Meeting with each other, even if it is once a year, serves to allay any fears the surviving spouse may have that members of the

group would "poach" patients and staff from the deceased doctor's practice.

In the past year, I have worked with six dental-practice transitions that were the result of the death or disability of the selling doctor. In four of the transactions, I represented the seller. Regrettably, not one of the deceased or disabled doctors had a coverage group in place. The spouses all had similar stories: "We talked about it but he never got around to joining one"; "She was in great health and never thought she'd get sick"; "He thought it would never happen to him"; "She knew she was sick but was in denial."

Had the practice owners been part of a cross-coverage group, the practice value would have been preserved. The absence of a coverage group and lack of advance planning resulted in a significant reduction in the selling price of the practice. Even where I represented the buyer and we were able to pick up

the practice at a large discount, neither party benefited. The seller got a lower price, the buyer a lesser practice. ☘

*Dr. Ploumis is an attorney, an orthodontist, president-elect of the New York State Society of Orthodontists, and associate clinical professor of orthodontics and risk management at New York University. He limits his legal practice to issues surrounding the practice of dentistry, with an emphasis on practice transitions, employment issues, leases, and defense of allegations of professional misconduct before the Office of Professional Discipline. He can be reached at EricPloumis@aol.com or www.dentalpracticelawyers.com.*

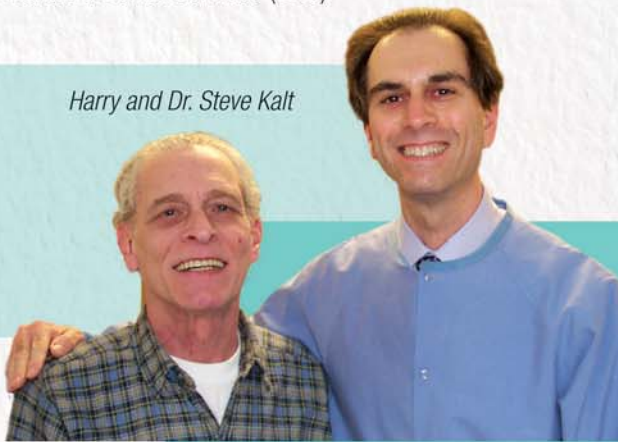
*The information presented here is not intended as a substitute for legal advice. You should familiarize yourself with the laws of your local jurisdiction and seek legal advice from a local attorney who specializes in such matters.*

Today is another day of suffering for thousands of people who are disabled, elderly or medically at-risk with seriously neglected dental disease.

## You Can Make the Difference.

Harry had a heart attack, lost his job and exhausted his unemployment benefits. His family is trying to help cover his living expenses, but no money is available for dental care. Today, Harry has a healthy smile thanks to New York dentists, Dr. Steve Kalt, of Hicksville, and Dr. James Dolin, a Massapequa Park oral surgeon, both volunteers for Donated Dental Services (DDS).

Harry and Dr. Steve Kalt



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Prosites center spread

Prosites center spread

# 1st Quarter 2011 New Members

DIST	NAME	CITY	DENTAL SCHOOL	YR GRAD	DIST	NAME	CITY	DENTAL SCHOOL	YR GRAD
NYC	Sahng Gyoon Kim	New York	Seoul National Univ	2001	08	Charles Simpson	Wheatfield	SUNY Buffalo Schl of Dental Medicine	2009
NYC	Amanda Huang	New York	New Jersey Univ of Med & Dentistry	2008	09	Erica Bly-Fish	Hartsdale	Boston University Sch of Grad Dent	2003
NYC	Vonnie Lee	New York	Columbia Univ College of Dental Med	2008	09	Gary Freedman	Newburgh	Georgetown Univ School of Dentistry	1981
NYC	Jil Schaps	New York	SUNY Stony Brook Schl of Dental Med	2009	09	Jeffrey Gelb	Larchmont	Univ of Pennsylvania Sch of Dent Med	2007
NYC	Evan Schwarz	New York	Tufts Univ School of Dental Medicine	2003	09	Andrew Geller	Bronxville	SUNY Buffalo Schl of Dental Medicine	2009
NYC	David Seligman	New York	Univ of Connecticut Sch of Dent Med	1994	09	Deborah Gortler Shukovsky	Mamaroneck	Univ of Pennsylvania Sch of Dent Med	2004
NYC	Pradip Shetye	New York	New York Univ College of Dentistry	2007	09	Patrick Kennedy	Suffern	Univ of Michigan	2009
02	Lynda Albandoz Fuentes	New York	Univ of Puerto Rico Sch of Dentistry	2009	09	Michael Piccione	Middletown	New York Univ College of Dentistry	2002
02	Lori Liu	Brooklyn	New Jersey Univ of Med & Dentistry	2009	09	Virginia Turner	Valhalla	Columbia Univ College of Dental Med	2010
02	Thomas Lutz	Brooklyn	Univ of Michigan	2009	NAS	Saar Amrani	New Hyde Park	Nova Southeastern Univ	2003
02	Sophia Milito	Brooklyn	New York Univ College of Dentistry	2006	NAS	Arthur Asadorian	Garden City	Boston University Sch of Grad Dent	1982
04	Nabil Ouatik	Champlain	Canada-Univ of Montreal	2005	NAS	Carla Blain	Westbury	Tufts Univ School of Dental Medicine	2002
04	Lance Smagalski	Greenwich	Univ of the Pacific Sch of Dent	2002	NAS	Christine Chu	Garden City	SUNY Buffalo Schl of Dental Medicine	2009
05	Eric Ashley	Watertown	Case Western Reserve Sch of Dent	2001	NAS	Alan Jurim	Woodbury	New York Univ College of Dentistry	2008
05	Tyler Mead	Syracuse	SUNY Buffalo Schl of Dental Medicine	2007	NAS	Helen Youm	Garden City	Harvard School Of Dental Medicine	2006
05	Elbert Ramsay	Watertown	Howard Univ College of Dentistry	2002	QUE	Jonelle Cox	Forest Hills	Howard Univ College of Dentistry	2008
05	Cindy Suarez	Carthage	Univ of Puerto Rico Sch of Dentistry	2007	QUE	Vasos Eracleous	Astoria	New York Univ College of Dentistry	1990
06	Mary Michael	Oneonta	SUNY Buffalo Schl of Dental Medicine	2009	QUE	Charles Jeong	Flushing	Columbia Univ College of Dental Med	1998
07	Melissa Brown	Corning	Univ of Pittsburg Sch of Dental Med	2008	QUE	Yar-Yin Lee	Flushing	New York Univ College of Dentistry	1988
07	Dan Doaga	Geneseo	Eastman Dental Center	2008	QUE	Vasso Ziotis	Astoria	SUNY Stony Brook Schl of Dental Med	2001
07	Tram Duong	Rochester	Univ of California Los Angeles	2008	SUF	Michael Proothi	W Islip	Tufts Univ School of Dental Medicine	2004
07	Jon Ohnezeit	Charleston	SUNY Buffalo Schl of Dental Medicine	2007	BRX	Gary Rogoff	Bronx	New York Univ College of Dentistry	1971
07	Nicholas Schellati	Victor	SUNY Buffalo Schl of Dental Medicine	2004	BRX	Scott Rothenberg	Bronx	Baltimore College of Dental Surgery	2004
07	Alicia Sturn	Rochester	SUNY Buffalo Schl of Dental Medicine	2008	BRX	Omar Siddiqi	Bronx	New Jersey Univ of Med & Dentistry	2005
08	Natasha Barrow	N Tonawanda	Howard Univ College of Dentistry	2009					

## Help with Difficult Dental Decisions



Joseph Graskemper

A SUFFOLK COUNTY dentist and attorney has written a book that he hopes will help dentists gain more confidence in their ability to make decisions. Joseph P. Graskemper, D.D.S., J.D., describes his book, "Professional Responsibility in Dentistry: A Practical Guide to Law and Ethics," as "a real guidebook for the new and not-so-new dentist."

Dr. Graskemper is associate clinical professor in the GPR program at Stony Brook University School of Dental Medicine. He also conducts the practice management series for postgraduate residents. It was there he discovered that many students, while well-versed in law, ethics and practice management, didn't know how to meld the three in their decision-making. He hopes his book will aid them by giving them a "fact-based" approach to the process and examples of various situations dentists may face. Among these situations are patient charting, professional criticisms, child neglect, associations and patient refunds.

Dr. Graskemper received his dental degree from Ohio State University School of Dentistry and his law degree from Thomas Jefferson University College of Law in San Diego, CA. He is licensed to practice law in California, New York and Ohio. He is on staff at Stony Brook University Hospital and teaches professional responsibility courses for pre-clinic second-year dental students.

"Professional Responsibility in Dentistry: A Practical Guide to Law and Ethics" is published by Wiley Blackwell and will be released in paperback in August. It is available now on Amazon at [www.amazon.com/Joseph-Graskemper/3/B004VRVPMK](http://www.amazon.com/Joseph-Graskemper/3/B004VRVPMK). ☚

Dr. Graskemper received his dental degree from Ohio State University School of Dentistry and his law degree from Thomas Jefferson University College of Law in San Diego, CA. He is licensed to practice law in California, New York and Ohio. He is on staff at Stony Brook University Hospital and teaches professional responsibility courses for pre-clinic second-year dental students.

"Professional Responsibility in Dentistry: A Practical Guide to Law and Ethics" is published by Wiley Blackwell and will be released in paperback in August. It is available now on Amazon at [www.amazon.com/Joseph-Graskemper/3/B004VRVPMK](http://www.amazon.com/Joseph-Graskemper/3/B004VRVPMK). ☚

# Taking the Next Step

Practice transitions are more challenging in today's economy, but there are still some very good options if you know what to look for.

*Martin and Risë Mattler*

**T**he uneven economic recovery, as well as the changing demographics and approach to dentistry of today's younger generation of practitioners, are altering the market for practice opportunities.

About 10 years ago, it was predicted that dental practice values would drop as large numbers of baby boomers approached retirement and fewer dentists were expected to enter the market due to the closure of some dental schools. More women were also becoming dentists, and the theory was that many would work as part-time associates in order to fulfill family responsibilities.

## SHIFTING SCENARIO

In actuality, the economy has gone through several boom-bust cycles, which has made it difficult for many baby boomers to establish healthy retirement savings. While the market has come back for well-invested dentists, others have not been as fortunate. As a result, more dentists are finding that they have insufficient savings to retire by their mid-60s. And some who are financially able to retire, are still feeling insecure because of continuing economic uncertainty. The result is that dentists in both camps are putting off retirement.

This scenario is changing the traditional notion of the "walk-away practice sale," where a practitioner sells a full-time practice and leaves after a short transition period. We are finding fewer of these transitions occurring, unless it's due to disability or relocation.

As a result, younger dentists working as associates are finding fewer practice and/or partnership opportunities. Plus, many are earning less income than expected because the practices where they work as associates have been attracting fewer patients and practice owners tend to book themselves fully first.

Another significant development is that more dentists now own more than one practice; and they are hiring associates to work with little or no prospect of purchasing equity in the practice. Additionally, today's young dentist is as likely to be a woman as a man, and more women are becoming primary wage earners, seeking the same practice opportunities as their male colleagues.

In the past few years, the sale of part-time offices has become more common, as older dentists work longer either for financial reasons or to continue practicing as a hobby. Some dentists who own more than one part-time practice are choosing to sell their lower performing one, and many practice transition opportunities today are part-time practices grossing under \$400K, with older facilities in need of renovation. This is because the late-career dentist is finding it harder to attract new patients to maintain full-time income, and it's become more difficult to raise fees. A large number of dentists now opt to participate in insurance plans with lower fees to gain new patients, and they often need to do more dental production to stay even financially.

## OPPORTUNITY STILL KNOCKS

Yet, late-career dentists who are clear about their goals can still maximize their practice equity while continuing to work and providing a good opportunity with a future for a young practitioner. Full-time practitioners usually have more options.

One strategy is to structure a buy-in/buy-out with a younger dentist. In this scenario, the senior dentist sells half the practice today, with the other half sold three to five years in the future. The owner typically continues to practice either as a partner or an employee with a work contract. Obviously, this works best when there is sufficient production to book the younger dentist fully, with work still left to be done by the senior dentist.

Part-time practitioners who are seeking more personal time and are reluctant to invest in upgrading their facilities find that merging their practice with a nearby dentist's facility allows them to take the equity out of their practice while continuing to work a few days a week.

Younger dentists looking to establish a first-time practice may need to modify their expectations in today's environment. Several options are available to create a win-win situation. One is the aforementioned buy-in/buy-out over a multi-year period. Or, the younger practitioner can purchase the practice outright and retain the current owner on a part-time basis, provided there are enough income and patient load for two dentists.

It's also fine to buy a part-time practice that needs updating, provided it has a good patient base relative to the income generated. This is often attractive to young dentists willing to make a moderate investment and build up the practice

*continued on page 16*



# Your Dental Scrap Deserves a Closer Look

Spot-cash settlements may compromise value and cost you money.

AS IS THE CASE with most dentists, you have probably had someone stop by your office and say he'll offer cash on the spot after he has a look at the old crowns that have been accumulating in a jar. Or, perhaps, this person offers to leave you a little bit of cash and "promises" to send it to the refinery and pay you more in a few days.

The promise of immediate cash or a quick settlement may seem convenient and enticing. But, as the saying goes, "There is no such thing as a free lunch." While the convenience of both arrangements is undeniable, you may be paying an unnecessarily high price.

## DON'T LEAVE MONEY ON THE TABLE

When dental scrap was mostly high noble and yellow in appearance, a visual estimate of your scrap, while certainly not precise, had some value and insight.

However, with the emergence of PFM's, "white-looking" metals, such as palladiums and silver and lower noble gold alloys, an estimate based on visual inspection has become nearly impossible.

Because of this uncertainty in the composition of metals, the "road warriors" who pay cash for your scrap must make a conservative offer—which is understandable. For example, is the "white-looking" metal palladium, at \$700 an ounce, or is it silver, at \$38 an ounce? By looking alone, it is difficult to determine which is which. And, certainly, the road warrior does not want to overpay, then find out the lot was all silver and have to ask you to refund some of the money.

Furthermore, is the "yellow-looking" crown 48% gold or 71% gold? Again, it's very difficult to tell, even with acid tests and other traditional portable testing methods. In short, an accurate value of your

dental scrap cannot be determined by a visual inspection alone.

What does this all mean for you? Well, for starters, spot-cash transactions result in dentists leaving substantial "money on the table." How much your scrap is discounted during these spot-cash transactions is uncertain—perhaps up to 60%.

## KEEP FINANCIAL CONTROL OF YOUR SCRAP

Someone comes to your office with a business card that says "XYZ Metals" and tells you he will leave you a little bit of cash, send your scrap to the refinery and will come back in a few days to give you more cash. Sounds pretty good, right? However, here is something to consider. Once your material is thrown into the trunk of the car, are you losing financial control of your transaction? While perhaps well-intentioned, these brokers or middlemen may or may not be able or willing to act on your behalf if there is a conflict or disagreement with respect to your scrap while it is being processed and assayed or if the material is lost during transit and never arrives at the processing facility.

## HELPFUL HINTS

### Understand the Limitations

As discussed above, understanding that a travelling precious metals buyer must account for the uncertainty of your precious metal content by offering a conservative estimate is essential. It would be foolish for a precious metals' buyer not to be conservative and cautious in his estimate, given the numerous metals currently found in dental scrap. Just note that this conservative estimate will probably not be in your favor. Also, a promise of a 24- or 48-hour turnaround time may indicate that your lot is not being fully sampled and assayed, but, rather, loosely estimated. A reasonable time for a proper melt, assay and report is closer to 10 to 14 days.

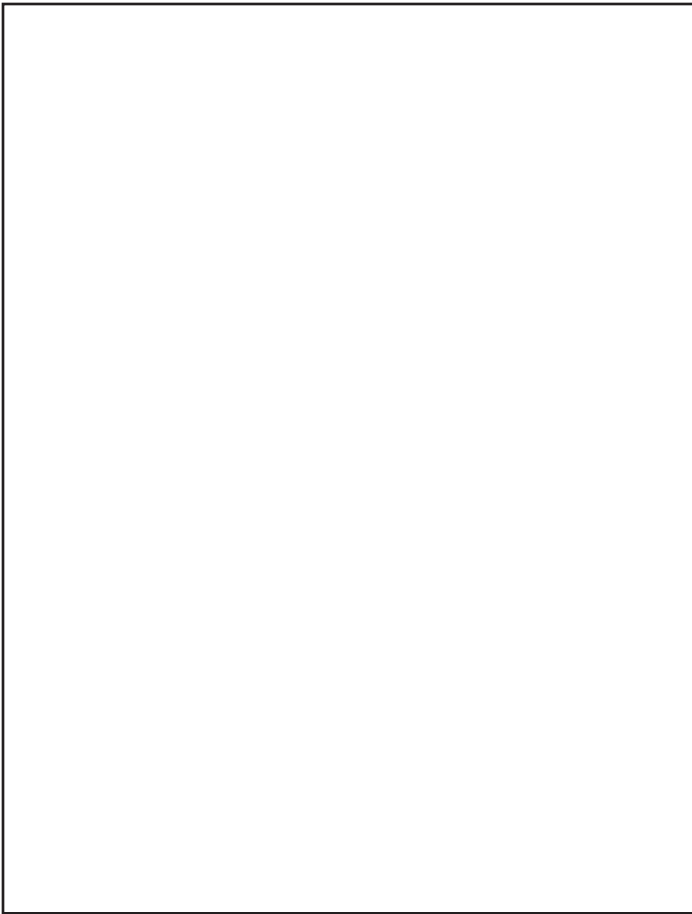
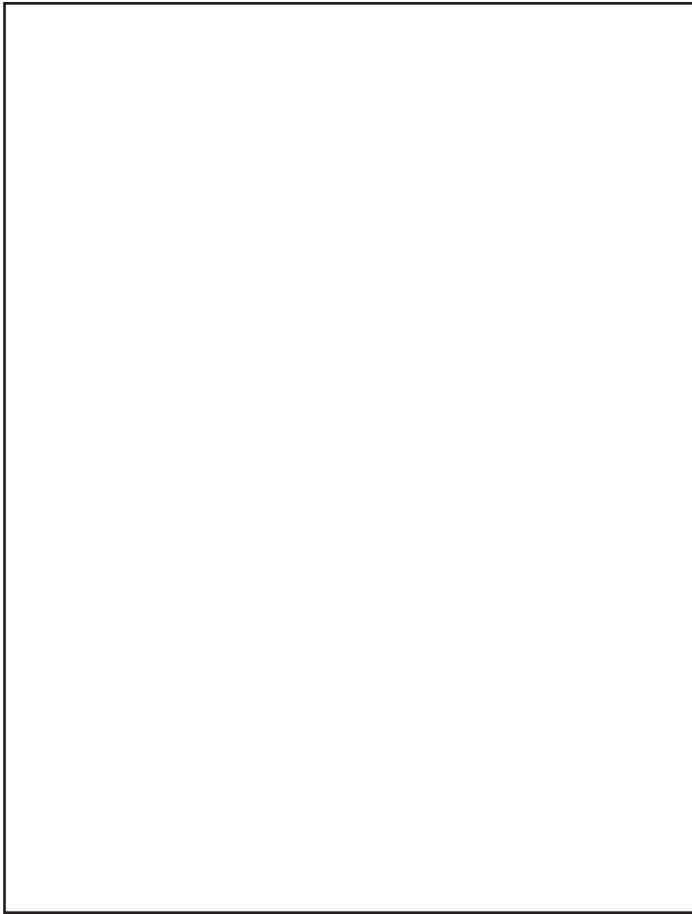
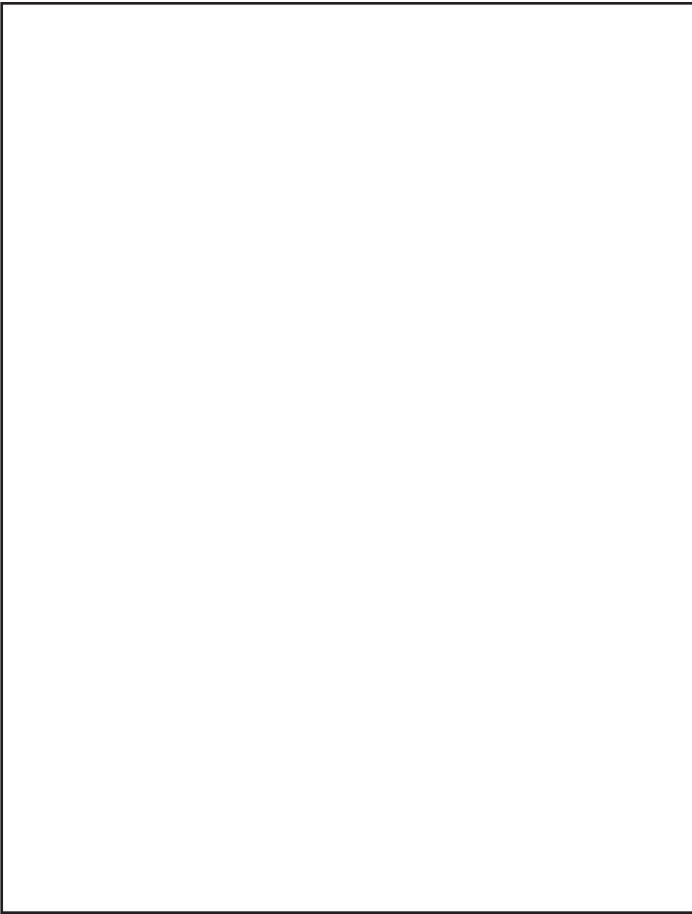
### Get Four-Metal Breakdown

As mentioned earlier, it is nearly impossible to determine the gold, platinum, palladium and silver content of your dental scrap with a visual inspection alone. This is why you need to have your scrap melted and assayed for all four precious metals. A reliable assay is the only method that will truly reveal the exact precious metal content of your scrap. Knowing how many grams of each metal were recovered in your lot is an essential starting point for maximizing your scrap return.

### Don't Obsess over Fees

A common misconception is that the company with the lowest fees will have the highest return. The most important factor to consider is the bottom line—how much money you receive for your scrap. Would you rather receive 97% of \$50, or 90% of \$100? If the fees seem too low, they might be. Avoid promises of unrealistically low fees, as they could be just a marketing pitch.

*continued on page 16*



# CLASSIFIEDS

## FOR SALE

**KINGSTON:** Periodontal office for sale in Kingston (Ulster County) with satellite office in Schodack (Rensselaer County). 5 ops total. Both offices in professional buildings; all computerized. Hygiene, solid referral base, low overhead. Perfect starter practice for ambitious periodontist. 2010 revenue \$340K on 2 days/week. Priced to sell. Will consider reasonable offers. E-mail: healthygums2010@gmail.com.

**FIVE TOWNS:** General practice for sale. Excellent starter practice for young dentist. Fair and reasonable price. Upscale community; good location. Please call (516) 593-8751.

### PARAGON Practice Opportunities

"We Put the SUCCESS in SUCCESSION"

**Rochester:** No. Wayne Co. \$400k/year, 4 ops. Real estate available. SALE PENDING.

**Syracuse:** \$800k/year, 45% overhead, 4 ops, digital, CEREC, lasers. Beautiful!

**Rochester:** Greece-\$400k/year, 3 ops, fantastic merger opportunity. SOLD.

**Delaware County:** \$375k/year, 2-3 ops. 50% overhead. Real estate available.

**Manhattan:** Washington Heights- \$350k on 3.5 days/week.

**Wyoming County:** \$800k/year, 5 ops, digital, etc. SOLD.

**Watertown:** Orthodontic. Very minimal investment.

**Ithaca:** Pediatric- \$625k/year, LOW overhead! Real estate available, owner must sell NOW!!

**Rochester:** 3-4 ops, \$400k/year part-time, digital, condo available for purchase too.

**Elmira:** 4 ops, \$425k/year with <50% overhead!

**Orange County:** 2 ops, >\$200k collections "Diamond in the Rough" or merger.

**Brooklyn:** 6 beautiful ops, \$1.3 mil/year, 5500 active patients.

**Eastern Suffolk:** North Shore - \$300k/year, 4 ops. 720 active patients. SALE PENDING.

**Staten Island:** 2 ops, \$475k/year. SALE PENDING.

**Nassau:** South Shore - Home/Office, \$550k/year, PT schedule.

Visit our Web site at [www.paragon.us.com](http://www.paragon.us.com) to learn more about all of our opportunities or contact us today!

Dr. Jonathan S. Carey (Western & Central NY);

Dr. Clelia Ilacqua (Eastern NY);

Dr. Berdj & Katherine Feredjian (NYC, Westchester, Long Island).

Phone: (866)898-1867; e-mail: [info@paragon.us.com](mailto:info@paragon.us.com).

**MIDDLESEX COUNTY, NJ:** 35-year-old general practice for sale. Uninterrupted, rising revenue, grossing \$740K. Participation in only 3 best insurance plans. Stand-alone, 1,500 sq. ft. dental building for sale or for rent. Suitable for 2nd dental office. Please reply to NYSJD Box # MY-101.

**BUYERS/ASSOCIATES:** Practice opportunities for sale and to associate. No fees charged to buyer. For details, call National Practice Transition Network at (877) 365-6786 (NPTN); or register online: [www.nptnetwork.com](http://www.nptnetwork.com).

**MANHATTAN:** Office for sale with practice or without. Four-treatment room dental office with long lease. Great central location, across from Carnegie Hall. Easy access to trains, buses, cabs, parking. 24-hour access in professional section of building. Many amenities: window views, large staff room, nitrous oxide, laboratory, dark room, panoramic X-ray, two entrances, two lavatories. Any arrangement will be considered. Call (212) 956-7777 or (718) 549-1570; e-mail: [xpo93@aol.com](mailto:xpo93@aol.com).

**FREE PRACTICE:** With purchase of equipment. 3 ops, networked, fully equipped. Seller financing available. Send CV and letter of interest to: [BoroParkDentalPractice@gmail.com](mailto:BoroParkDentalPractice@gmail.com).

**MARYLAND, DC, VIRGINIA SALES:** No buyer's fees. Baltimore—grossing \$1.2m; Gaithersburg—Retiring dentist, 3 ops; Perio—3 ops BW corridor; Southeast D.C.—retiring, 3 ops. Call for more information. Polcari Associates, Ltd., (800) 544-1297; [www.polcariassociates.com](http://www.polcariassociates.com).

**MANHATTAN:** Disabled dentist needs to sell. FFS practice; established 30 years. Central Park South location with park view. Low overhead; gross \$800K+ on 4-day week. Call (212) 246-2398.

**BROOKLYN:** East Flatbush. General practice for sale near Kings County Hospital. 20-year-old practice. Three operatories, 32 hours per week. Asking \$295,000. Call (917) 912-8558; or e-mail: [efabramsdds@aol.com](mailto:efabramsdds@aol.com).

**SUFFOLK COUNTY:** Dix Hills. Buy of a lifetime! Dream home/office general practice. Retiring general dentist. FFS; 3 ops, fully computerized. Excellent potential for growth. Call (631) 491-3232.

**CAPITAL REGION:** 30-year-old general practice with street-front entrance for sale. Dentist retiring. Very busy; potential to grow more with two dentists. Medicaid and insurance. Option to buy with real estate, including upstairs apartment. Inquiries to: [forsale-dentist@aol.com](mailto:forsale-dentist@aol.com).

**SOUTHERN CENTRAL NY:** Owner retiring. General practice and real estate for sale. Convenience and warmth of small town living. Population: 20,000. Great for raising family. Recession proof. Profits increased each year for 30 years. 4 treatment rooms, 1,400 square foot office. 2010 revenue: \$520,000; 50% overhead on 30 hours. Contact: [unionstation123@yahoo.com](mailto:unionstation123@yahoo.com).

**SCARSDALE:** Home office for sale. 12-year-old, center hall colonial. Three bedrooms, 3 1/2 baths, full workshop, heated/air-conditioned garage. Office has 2 ops, waiting room, reception area, lab, dark room. Exterior parking for 5 cars. Please call (914) 713-4867. Details on <http://web.mac.com/cgac1>.

**CAPITAL DISTRICT:** Schenectady general practice for sale. Excellent gross/net on 3.5 days per week. FFS, no insurance. 1,620 square feet office for lease or purchase. Computerized, digital radiography. Send CV and references to: [HiTecdds9@aol.com](mailto:HiTecdds9@aol.com).

### BROOKLYN: Dental/Medical Condos

For Sale. Move-in condition.

One Hanson Place.

ADA Compliant. Fully wired.

Transit Hub. Private bathrooms.

Contact: Ingram & Hebron Realty at (718) 624-0011.

**WESTCHESTER COUNTY:** Croton. 16-year-old general practice for sale. 4 ops, 1,250 sq. ft., digital, in strip mall. Better PPOs and FFS. Wonderful, turn-key opportunity. \$168K; negotiable. Call (914) 309-7922; or e-mail: [mmurphy2042@optonline.net](mailto:mmurphy2042@optonline.net).

### HOME OFFICES

**Rockland:** 4-bedroom, gross \$500K. Takes insurance.

**Bergen City, NJ:** Gross \$700K +. High-tech, high-end.

**Westchester:** Gross \$1.3M. Net \$540K after assoc.

### OFFICES

**Endo:** Nassau- net \$200K on 2 days. Insurance driven.

**Endo:** Suffolk- gross \$725K on 3 days. Insurance driven.

**Pedo/Ortho:** Midtown Manhattan. Gross \$630K.

**Ortho:** Nassau- \$1.5M Ins./FFS. Prime location.

**Middlesex City, NJ:** Gross \$2.1M. Nets \$1M.

**Albany:** Gross \$863K. Insurance. Location, location, location. Mostly FFS on 2 days with assoc.

Contact: **The Clemens Group**

for information on these listings and others.

(800)300-2939

Visit: [www.theclemensgroup.com](http://www.theclemensgroup.com)

## FOR RENT

**MIDTOWN MANHATTAN:** Beautiful, new, large-windowed dental operatory for rent. Pelton Crane equipment, massage chairs, private office, front desk space, doorman, warm environment. Best location: 46th Street and Madison Avenue. Please call (212) 371-1999; or e-mail: [Karenjt@aol.com](mailto:Karenjt@aol.com).

**MANHATTAN-WALL STREET:** State-of-the-art new dental office with 2 ops. Private practice, FFS. Specialist welcome and/or general dentist with own patient base. Please call Marilyn at (212) 344-9317; or e-mail: [drchillura@aol.com](mailto:drchillura@aol.com).

**MANHATTAN:** Operatories available in 4-treatment room office. Great central location, across from Carnegie Hall. Easy access to trains, buses, cabs, parking, 24-hour access in professional section of building. Office has many amenities, including large staff room, nitrous oxide, laboratory, dark room, panoramic X-ray, two entrances, two lavatories. All reasonable arrangements considered. Call (212) 956-7777, (718) 549-1570; or e-mail: [xpo93@aol.com](mailto:xpo93@aol.com).

**MANHATTAN:** Dental operatory for rent PT in Midtown at Madison Ave. and 52nd St. Pleasant, modern office with reasonable rent. Please call (212) 688-2820; or e-mail: [info.drkarena@verizon.net](mailto:info.drkarena@verizon.net).

**MIDTOWN EAST SIDE:** Fully equipped dental treatment room for rent 2 or more days. Clean and modern office. Please call (917) 885-6692; or e-mail: [teacherpeg@yahoo.com](mailto:teacherpeg@yahoo.com).

**MANHATTAN:** Operatory for rent full or part time at 17th St. and 3rd Ave. Street-level entrance, 24-hour doorman building. Call (212) 228-1450; or e-mail: [gweitzer@gmail.com](mailto:gweitzer@gmail.com).

**LONG ISLAND:** Hewlett/Five Towns. Rent 1 to 5 operatories per diem or share long term in general practice. State-of-the-art, fully equipped office in professional building. Call (516) 593-2100; or e-mail: [info@nycompdent.com](mailto:info@nycompdent.com).

**MANHATTAN:** Dental treatment rooms for rent in great location on 63rd St. and Park Ave. Fully equipped; available immediately on Wed. & Fri. Please call (212) 759-6890; e-mail: [mdilonardo@aol.com](mailto:mdilonardo@aol.com).

**QUEENS:** Forest Hills/Rego Park area. Operatories available for rent in nice office. All arrangements considered. Please e-mail: [regoparkdental@hotmail.com](mailto:regoparkdental@hotmail.com).

**MIDTOWN MANHATTAN:** One or two operatories for rent in beautiful office, located at 55th St. off 5th Ave. Windows, 24-hour building, doorman, private office. Please call (212) 581-5360.

**MIDTOWN MANHATTAN:** 1 or 2 operatories available in fully equipped modern office. Historic landmark building with great views on Madison and 57th St. Includes front desk and private office space. Available immediately. Call (212) 759-7763; or e-mail: [daria@ddperio.com](mailto:daria@ddperio.com).

**MANHATTAN:** Practice with us in our newly built, specialty-only office located on Park Avenue in Midtown. Flexible arrangements and terms possible. Construction currently underway with late summer move-in. Please respond to NYSJD Box#: MY-102.

**MANHATTAN:** Bright, windowed treatment rooms with lots of storage cabinets for rent in newly built office. Nice professional building located at East 40th St., steps from Grand Central Station. Contact: (212) 683-8883.

**MANHATTAN:** Greenwich Village area. Brand new, high-tech office. General dentist offering 2 operatories for rent to specialists only. Beautiful landmark building; entrance on 5th Ave. Must see. Call for details (917) 756-5676; or e-mail: [drconstantindds@yahoo.com](mailto:drconstantindds@yahoo.com).

**CENTRAL PARK SOUTH:** Specialty office on Central Park South overlooking park. Available FT or PT. Endo, Perio, Oral Surgeon. Great location, state-of-the-art office décor and equipment. Handicap access; near all public transportation. Ideal for retired, beginner or practitioner to move. For viewing and pricing, contact: (917) 679-6013.

**BROOKLYN:** Ocean Parkway. Brand new dental office for rent. Two operatories available several days per week. Call (917) 626-8769.

**MANHATTAN:** 4,300 sq. ft. of newly renovated, spa-like, state-of-the-art dental/medical for sublet long term. 8+ operatories, conference room, private offices, consult rooms and lab. Located on Madison Ave. and 59th St. with city views from all ops. Call (212) 752-1662.

**MANHATTAN:** Park Ave. and 60th Street dental operator for rent. Great location for specialist. Please e-mail inquiries to: slee952@gmail.com.

**PATCHOGUE:** Main Street. Luxurious dental offices available for dental practice or doctor office. Ideal professional building, excellent location, offices fully equipped. Turn-key. Short- or long-term lease. 1,200 sq. ft. and 3,300 sq. ft. available. X-ray and MRI room. Affordable rent. Call (631) 828-9562 or (631) 737-2500. E-mail: Carmine.avellino@cbmoves.com.

**LOWER WESTCHESTER:** Professional dental office. 4,000 sq. ft. or will subdivide. Newly appointed, modern facilities, central air, heating included. Centrally located on ground floor of medical arts building. Ideal for dental/medical groups. Contact: (914) 723-1111 ext. 104; or e-mail: judy@bruno-associates.com.

## OPPORTUNITIES AVAILABLE

**BREWSTER:** Excellent opportunity to join growing practice in small lower Hudson Valley community, located just over one hour from Manhattan. PT initially with wonderful growth potential, which can include partnership. Seeking general dentist with GPR, some years of experience and ability to deal with patients. Please, no salesman—just quality professional for beautifully modern 5-chair facility. Fax CV to (845) 279-7781.

**CAPITAL DISTRICT PRACTICES:** Considering selling your practice now or in near future? We have several pre-qualified strong buyers looking to purchase immediately in this area. Call National Practice Transition Network now! Phone: (877) 365-6786. www.ntpnetwork.com.

**DENTIST JOBS:** Aspen Dental offers tremendous earning potential and practice support model that empowers dentists. We eliminate obstacles for dentists to own their own practice. Call (866) 451-7692; www.aspendentaljobs.com.

**ALBANY:** Rose Dental Associates invites general dentists to join our privately owned group practice with emphasis on quality and comprehensive esthetic treatment. Great opportunity for motivated person with excellent communication skills to fulfill professional and personal goals. Reply with cover letter and CV to: santoro.robert@gmail.com. Visit us at: rosedentalassociates.com.

**CAPITAL DISTRICT:** Scotia-Glenville Dental Center. Established group practice in upstate New York actively seeking PT orthodontist to meet practice's growing needs. 20+ years of proven administration experience allows you to practice dentistry and not worry about business decisions. Terrific opportunity for energetic, motivated orthodontist with superior people skills to join dedicated professional dental team. Six general dentists; all phases of dentistry in treatment planning including integration of orthodontics and TMJ. Join large group practice at newly renovated state-of-the-art facility in which all general dentists will ALWAYS refer to you. Send resume and salary expectations. Phone/fax: (518) 370-2380; or e-mail: helene.sgdc@gmail.com.

**MIDTOWN MANHATTAN:** Beautiful, modern, FFS practice seeks dentist wishing to relocate and sell practice. Stay as long as desired and practice stress free. Laser, digital, cone beam. All amenities, staff and specialists. Lower your overhead. Please call (917) 846-5571; or e-mail: honza44@gmail.com.

**PT/FT DENTISTS NEEDED:** Chicago-area dental practices. Base salary/percentage of production. Make \$200,000-\$250,000 annually. Relatively new equipment. Will sponsor dentists who need immigration status changed to Visa or Permanent Residency. Please e-mail resume: aqel4@msn.com.

**MIDTOWN MANHATTAN:** Two-doctor OMFS practice wishes to rent to same with plan for future partnership. Early retirement of one of our surgeons is anticipated. New office currently under construction on Park Ave. Please reply to NYSDJ Box #: MY-103.

**QUEENS:** Periodontist needed for Jamaica Estates general practice. All periodontal procedures needed, especially implants. Well run office with excellent staff. We make it easy for specialists. E-mail: rfriedm3@optonline.net.

**UTICA:** Seeking FT general dentist with experience. Excellent opportunity to join busy dental office with brand new, state-of-the-art digital equipment. Negotiable salary and FT benefit package—health and malpractice insurance, vacation and personal days, continuing education and 401K. Respond to Dr. Arora at (315) 778-2443; or amandeparora1969@yahoo.com.

**ROCKEFELER CENTER:** Beautiful office available part-time. Dental office with large- windowed treatment rooms; well equipped with modern Adtec equipment and many extras. Ideal for younger practitioner looking to eventually partner into this office or dentist nearing retirement who is slowing down and looking for situation where comfortable patient transfer is possible. Contact (212) 245-5158; or e-mail: graffdds@aol.com.

**MASSAPEQUA:** Hi-tech, 4-operator office in busy professional building available to share with senior dentist or purchase (without practice). Great location. Call (516) 313-8632; e-mail: smiles-foreverdds@verizon.net.

## EQUIPMENT FOR SALE

**GENDEX:** Genex CB500-HD Cone Beam Scanner for sale. Like new; less than 7 months old. Competitively priced. For more info, call (212) 988-6725; or e-mail: rcohen@nycomfs.com.

**EQUIPMENT FOR SALE:** Complete E4D system for sale, including design cart and milling unit. Bought in Jan. 2009 for \$116,000. Will sell for \$75,000. Phone: (315) 794-2189.

**HANDHELD X-RAY UNITS:** Our office has purchased intraoral wall, mobile, handheld X-ray units, implant motors. Need only half of them now due to downsizing. Brand new, still in box, two-year manufacturer warranty. \$1,500 each. Call (561) 703-1961; or e-mail: NYCfreed@aol.com.

## SERVICES

**MOBILE TEK DENTAL LABS:** Same day and next day crowns. Manhattan/NYC. Convenient Midtown location. Simple, easy, no special equipment. EMAX, BruxZir, PFM. Intro. discount for NYSDA members! Call David (917) 747-7519; or e-mail: david@mobileteklabs.com.

**TAXES:** Your office, business or personal. Specialty dentists. Personable CPA. Call Stuart A. Sinclair, CPA, at (516) 935-2086. Offices located at 1120 Old Country Rd., Plainview, NY 11803.

**SELLERS:** We customize a transition plan that's right for you. We offer free consultations and charge only 6% commissions. Local rep right in your area. Contact National Practice Transition Network at (877) 365-6786 (NPTN). For details, visit: www.ntp-network.com.

**DEBT COLLECTION:** Low-cost debt collection for one flat fee per account. NCSPlus will get the job done for you. Unlike other collection agencies, NCSPlus does not charge percentage fees - and unlike other national, fixed-fee collection agencies, NCSPlus incorporates telephone collections, letters, attorney contact and debtor audits. Call (800) 363-7215 ext. 6400; e-mail: wspencer@ncsplus.com.

## ASSOCIATESHIPS AVAILABLE

**CAPITAL DISTRICT:** GP or specialist needed to join modern, growing, full-service dental group. Potential for partnership. FT and PT positions available. Excellent salary and benefits. Office has been doubled in size and renovated. Call (518) 526-0177; e-mail: dr.backer.sgdc@gmail.com.

**ROCHESTER:** FT/PT associateship leading to partnership. Excellent opportunity at well-established practice with multiple locations. Please call Dr. Sam Khalil (585) 530-7036; or e-mail: drk@parkwooddental.com.

**SYRACUSE AREA:** General dentist. Growing, modern, digital X-ray, guaranteed per diem up to \$900/day. No administrative responsibilities. Malpractice, vacation, health insurance, student loan assistance. Contact: korr@canalviewdds.com; fax: (315) 593-1896; www.northeastdentalsite.com.

**ALBANY:** Dentist wanted. Seeking experienced, ambitious, entrepreneurial doctor to join and ultimately purchase a multi-doctor dental practice to secure your financial future. All systems are in place to allow you to become successful. Senior doctor approaching retirement. E-mail confidential resume to: doctorad610@hotmail.com.

**WATERTOWN:** Well-established (25 years), very successful dental group seeking part-time orthodontist. Offering state-of-the-art equipment in 13 operatories and strong, established patient base. Contact: (315) 788-1070; or e-mail: drpepe@mac.com.

**ALBANY:** Rose Dental Associates invites general dentists to join privately owned group practice with emphasis on quality and comprehensive esthetic treatment. Great opportunity for motivated person with excellent communication. Cover letter and CV to: santoro.robert@gmail.com. Visit: rosedentalassociates.com.

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## ASSOCIATESHIPS WANTED

**GENERAL DENTIST/PROSTHODONTIST:** Seeking FT motivated individual to join high-quality FFS specialty/general practice in Woodbury, Long Island. Association will lead to partnership. E-mail CV: estheticdds@aol.com; or call (516) 921-0222.

**BROOKLYN:** Seeking Board Eligible/Board Certified Oral Surgeon full time/part time. Call (718) 272-8300.

**NORTHERN GREENE COUNTY:** Busy private practice seeks Associate 3-4 days; no evenings/weekends. Requires experience in perio, endo, crowns, bridges and removable prosthetics. New facility, 2 CEREC machines, CBT, panoramic and digital X-rays, two intraoral cameras. E-mail: mgertzbergdds@mhicable.com; or fax CV to Lisa: (518) 731-9974.

**ROCHESTER:** Part-time position in modern computerized office. Opportunity to perform all areas of care, including exams, pedo, endo, oral surgery and restorative. Great support staff. Contact: eric@ericbensondds.com.

**SOUTHERN TIER:** Associate leading to partnership in busy group practice. Looking for skilled and compassionate clinician. 12 ops, digital X-rays, laser, in-house denture lab, well-trained staff. Large, well-educated patient base. Call (607) 937-5341; or e-mail: cda@stny.rr.com.

**SOUTHWEST NASSAU CO:** Associate wanted. Unique opportunity for self-starter. Potential buy-in/buy-out of 35-year-old complex restorative and general practice. No insurance. Computerized, lasers, digital X-rays, etc. Must have GPR and 3 years' experience. E-mail resume to: nassaudentist@yahoo.com.

**UPSTATE:** Beautiful, 2-college town, 30 minutes from Baseball Hall of Fame seeks associate/partner/future buy-out. Well-established, \$1-million+ practice. Fast-paced, state-of-the-art, newly remodeled office. High-tech, fully computerized. Exciting opportunity in great area. Experience preferred. Fax resume/CV to: (607) 433-1786.

**CAPITAL DISTRICT:** Compassionate, skilled GP 3 to 4 days per week for busy, established (35+ years) group practice. Experience preferred. Potential buy-in. Confidential. Send cover letter and CV to: PO Box 3247, Albany, NY 12203.

**MIDTOWN MANHATTAN:** Beautiful, modern, FFS practice seeks dentist wishing to relocate and sell practice. Stay as long as desired and practice stress free. Laser, digital, cone beam. All amenities, staff and specialists. Lower your overhead. Please call (917) 846-5571; or e-mail: honza44@gmail.com.

**BROOKLYN:** Seeking general dentist part time Wed. and/or Fri. Minimum 3 years' experience, excellent molar endo and cosmetic skills. Base salary with 35% average. CAP, PPO, private. Fax CV to (718) 748-3673.

**NASSAU COUNTY:** Seeking Associate/Partner with possible buy-out in Southwest Nassau County. Long-established, modern, friendly office seeks motivated, caring individual competent in all phases of general dentistry to start part time. Let's talk! Please call (516) 764-9866; or e-mail: decor888@aol.com.

**SYRACUSE:** Well-established (50 years) FFS general practice in eastern suburb of DeWitt seeks highly motivated, highly skilled professional for associateship. Modern facility; 10 ops. Excellent compensation and benefits. Reply to: mjfiore@twcny.com.

**NEW YORK STATE:** Seeking dentists to join our Albany, Rochester, Syracuse offices. Excellent compensation and benefits, including 100% paid health insurance and much more. Call Jenna at (719) 562-4462; or e-mail: jlkochenberger@csh.com. Visit us at: www.csh.com.

**SCHENECTADY:** Seeking motivated individual with excellent communication skills to join busy practice located in historic Triangle District. Recently renovated office has 5 ops, digital panoramic and X-rays. Competitive salary and

benefit package. Inquiries to: DrKenSchwartz@verizon.net; or call: (518) 374-1935.

**BREWSTER:** Excellent opportunity to join growing practice in small lower Hudson Valley community, located just over one hour from Manhattan. PT initially with wonderful growth potential, which can include partnership. Seeking general dentist with GPR, some years of experience and ability to deal with patients. Please, no salesman. Just quality professional for beautifully modern, 5-chair facility. Fax CV to (845) 279-7781.

**ROCKLAND COUNTY:** Well-established, high-quality, FFS general practice seeking associate interested in becoming partner. Great opportunity for the right person. Please respond with detailed resume to: gr8break@gmail.com.

**ORANGE COUNTY:** Recent graduate needed for modern practice leading to associateship. No administrative responsibilities. Very supportive staff. Please call (845) 856-4002; or fax resume: (845) 858-1127.

**CAPITAL DISTRICT AREA:** Associate dentist wanted FT/PT or treatment rooms available to rent. We have fully trained staff or bring your own. Modern office, great location. Call Joyce at (518) 452-0655 or (518) 489-8541.

**MANHATTAN:** General dentist with over 10 years' experience and great interpersonal skills seeks associateship or partnership leading to buyout. Call (917) 282-1604; or e-mail: hdadental@gmail.com.

**PERIODONTIST:** 34 years' experience in high-volume, union-oriented NYC offices seeks PT associateship with general or specialty practice in Manhattan. Excellent references. Very productive. Call (212) 679-2472 or (212) 580-4790.

**WESTCHESTER/SOUTHERN CT:** Tufts graduate seeking FT/PT general dentist position. Excellent experience from multi-disciplinary practice. Very skilled with implant restoration, root canals, C&B, partial dentures, fillings, extractions, Invisalign and composite & porcelain veneers. CV available. Contact: nygeneraldentist@gmail.com.

**LONG ISLAND:** Experienced general dentist with postgraduate training seeks associateship position. Please call (516) 308-2230.



## Your Dental Scrap continued from page 12

### Business Model and Competitive Pricing

Does your dental scrap company subscribe to a business model that focuses on reducing costs and passing on these cost savings in the form of competitive scrap returns? Or, does your dental scrap company have a huge layer of overhead that may prevent it from having a competitive return?

The same reason why books are cheaper when you buy them online as opposed to going to the bookstore may also be applicable to your scrap metal return—overhead costs. The same business principles apply across all industries—lower costs mean more competitive pricing, whether it is books or dental scrap. Don't be misled into thinking that the best returns will come from the companies that send out the most direct mail pieces or whose collection jar you receive most often in the mail.

In short, bigger may not be better. Bigger may just mean more overhead, higher costs and compromised scrap returns.

### Reputation, Reputation, Reputation

While most precious metals companies employ similar equipment and processing techniques, it comes down to integrity and reputation. Ask your colleagues for feedback and input. Call your dental association to see who they endorse or recommend.\* The dental associations have done due diligence on your behalf and have chosen their endorsed partner for a reason.

With precious metal prices at historical highs, do not settle for heavily discounted cash settlements. Rather, establish a direct relationship with a precious metals company you can trust and rely on for years to come. ☘

\*NYSDA Support Services, Inc., endorses Scientific Metals to handle members' precious metals refining needs. Members may call Scientific Metals directly (888-949-0008), log on to its website, [www.scientificmetals.com](http://www.scientificmetals.com), or call NYSDA (800-255-2100) for information.

## Taking the Next Step

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over several years. A fourth strategy is to expand the geographic area you'll consider in order to find more practice opportunities. A reasonable approach is to consider a 75-mile radius of where you're willing to practice. This can open up many more opportunities.

The good news is that financing for practice purchases is still available at attractive rates and terms. To qualify, you need to have good credit and be able to demonstrate that you can produce the volume of the practice you'd like to purchase. In addition, the bank wants assurance that you will be making sufficient profit to maintain your lifestyle while paying back the loan.

So, while today's environment for practice transitions is more challenging than in the recent past, there are still lots of opportunities for dentists who think creatively about their options and then pursue the one that makes the most sense for their future. ☘

Martin and Risë Mattler are the principals of Countrywide Practice Brokerage, a Manhattan-based practice sales and appraisal firm. Visit their website at [www.ddsbrokers.com](http://www.ddsbrokers.com), or contact them at (800) 222-7848.