

Guide to Closing a Dental Practice



Contains sample letters and tips to close a dental practice at retirement or in the event of a dentist's long-term illness or death

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Dental
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The Mission Statement of the Council on Dental Practice:

The mission of the Council on Dental Practice is to recommend policies and provide resources to empower our members to continue development of the dental practice, and to enhance their personal and professional lives for the betterment of the dental team and the patients they serve.

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Introduction

The ADA membership figures indicate that in 2007 1,168 dentists retired ***A Guide to Closing a Dental Practice*** contains useful information to help a dentist with the many details involved in ending a practice. Some dentists may close their practices due to retirement; others may face other financial challenges. A surviving spouse who is suddenly left with the daunting task of selling or closing a practice will also find this guide useful.

This publication contains information about informing patients and authorities of the closing of the practice; steps to dismissing the staff; disposing of dental equipment, supplies and instruments and about how to deal with patient records. Some states have specific record retention and patient & employee notification requirements that apply whenever a dentist decides to retire or close a practice (i.e. Florida's Administrative Rule 59Q-17.001 *Required Availability of Dental Records upon Relocation or Termination of Practice, or Death of Practitioner*). Check with your state or local dental society for specific information or with an attorney who knows about the requirements in your state (see Appendix D for contact information).

Seek Competent Professional Advice

Prior to closing a practice, a dentist or surviving spouse should decide if the practice can be sold. The proceeds from a practice's sale can sometimes be an important asset for a dentist's estate or for funding his/her retirement years. Dentists and others considering closing a practice should always seek professional advice. Advisors could include an attorney, accountant or dental practice valuator. (For information that might help you better select advisors, see Appendix B). It is always a good idea for a dentist to make plans in advance for the sale or closing of the dental practice due to their disability or death. For the benefit of the surviving spouse, keep important papers in a single location; or at least, identify where essential documents can be found. Designate a "transition team" (accountant, lawyer & practice broker with dental client experience) and instruct them on how to proceed to a closing or sale depending on the circumstances.

Announcing the Closing

Closing a practice should be handled in accordance with applicable laws. If possible, the dentist who is planning to close a practice should notify patients well in advance that the practice is closing. In most states, letters (See Sample Letters in Appendix A) to patients of record or an announcement in a community newspaper are ways in which a dentist might give advance notice of a closing. Notice of 30 - 60 days is sufficient for most patients and circumstances but, again, the laws of your state will control.

It is generally advisable once a closing date is determined, that no treatments be started that cannot reasonably be completed before the practice closes. However, when a dental practice must be closed rapidly or unexpectedly, it may be necessary to help patients currently undergoing extensive treatment find a new dentist who is willing and able to take their treatment to completion. Helping a patient locate and continue treatment with another dentist could avert an allegation of patient abandonment or other charge. It is also a compassionate, thoughtful way to discontinue a professional relationship.

With the patient's permission, the dentist should release treatment information or a copy of the patient's record to the dentist accepting the case. You may wish to request notification when the patient completes the treatment. This information could be useful should there later be an allegation of patient abandonment or malpractice.

A proper patient transfer from a dentist who must discontinue treatment prior to completion should involve at least these four items: 1) identifying a skilled practitioner who will accept the unfinished case; 2) providing that dentist accepting the patient with necessary clinical information so that he/she knows enough about the patient to continue or alter treatment, if necessary; 3) the patient agreeing to the referral; and 4) the patient actually submitting to the treatment in a cooperative fashion. Short of achieving all four, a dentist may unnecessarily be exposing himself to an allegation of patient abandonment, depending on applicable law.

Retiring dentists making a transfer of patients undergoing treatment would be prudent not to leave it to the patient to initiate the contact and make the appointment. With the patient's consent, the office should call and make the patient's appointment at the specialist or other dentist and send a copy of the record. This should be notated in the patient record.

Confirm with other dentist that the patient kept the appointment and is compliant. Record this and any comments from the dentist who accepted the case.

Evaluating Patient Records

Patient records must be handled in accordance with applicable laws. However, in most states, a dentist is usually allowed to charge a patient a reasonable fee for duplicating and transferring records to another practice. When retiring, many dentists provide this service free of charge. Failure (or refusal) to release necessary information to another dentist for a patient's continuing care may be illegal and may be viewed as an unethical practice by your professional association. You should not refuse to release a patient's treatment information or records due to an outstanding payment.

Some dental practice acts or regulations issued by state boards of dentistry specify requirements for dental records. Generally, however, patient record keeping requirements are contained in laws or regulations that apply to health care professionals in general and also in more generic state legislative/regulations. Check with your state dental society for information on record keeping requirements in your state. To obtain a copy of your state dental practice act, contact either your state's board of dentistry, also known as the board of dental examiners at <http://www.aadexam.org> or go to <http://www.ada.org/ada/organizations/searchcons1.asp> to find a link to your state. Many states post their practice acts online and they are now easily accessible. (Hint: Google "[name of state] dental practice act."). Your state's laws actually govern whether a dentist must send originals. In most cases, the practice should only send copies of a patient's record to another dentist, and only with the patient's or their representative's (e.g. a legal guardian) permission. It is generally prudent to get this permission in writing. Make a note of where and when copied records are sent. Unless your state laws direct otherwise, original records should remain with the retiring dentist (or with the surviving spouse or his/her legal representative, since a dentist's estate can be sued years after a dentist's death) in accordance with a state's record retention laws.

Transferring Records

Before transferring records to another practitioner, many states require that patient consent be obtained. A simple release form for release of the record to either the patient or another health care provider may be signed by the patient and become a part of the dental record. This release form, signed by the patient, should specify to whom the records are being delivered and identifying the records. Signing such a form is generally not required by HIPAA to send records to another health care provider, but in some states consent is required before releasing health information. Check with your state dental society about what is required in your state. Your professional liability insurance company may also consider obtaining and maintaining such a release a component of good record keeping.

General releases may not suffice for records containing HIV or other sensitive material. Most state laws prohibit the disclosure of HIV status test results to a third party without a specific written authorization by the patient or the patient's representative. Any information regarding health issues should be handled with caution and special regard for the patient's privacy. Even if appropriate authorization and consent is received, dentists and other health care professionals may be legally precluded from releasing HIV/AIDS records without specific reference to that information in the release. Some states have heightened confidentiality provisions for sensitive information, such as HIV status.

Typical elements of a valid general release include:

- Patient's name and identifying information
- Address of the health care professional or institution directed to release the information
- Description of the information to be released
- Identity of the party to be furnished the information

- Language authorizing release of information
- Signature of patient or authorized individual
- Time period for which release remains valid

As patients may not respond to simply an announcement of a practice closing, you may want to request that patients reply to you in writing by checking the appropriate response: 1) send records to the practitioner specified by the retiring dentist; 2) send records to the estate of the deceased dentist; 3) send a copy of the record to the patient; or 4) sent to another dentist as specified by the patient.

Considering that patients may procrastinate or not respond at all, the notice may specify what will be done if no response is received in a reasonable time (such as 30 days); however, you should make certain that your intended disposition of the records is in accordance with the laws of your jurisdiction. The notice should state where the records will be kept, i.e., with another dentist or with the retiring dentist or representative of his/her estate, and give instructions on how to obtain a copy.

To avoid having to deal with records for all your patients in a short time span, consider using multiple methods of notification of record handling options, such as a newspaper announcement, in-office handouts, letters, a message on the practice's voice mail system and/or a practice Web site. All notices should specify how patients may obtain copies of their records if they wish to transfer.

Record Handling During Sale of a Practice

State law may also specify the obligations of buyer and/or seller regarding record ownership, maintenance and/or retention in the event of a practice sale. If the practice has been sold, the sales agreement itself may spell out the terms for record retention and access. The sales agreement clause related to patient records would typically permit the seller for a specified period of time to have access to the patient charts, records and x-ray file in connection with the practice sale transaction to allow review and making of copies for defense of malpractice litigation or to respond any inquiries from licensing or regulatory authorities.

When selling a practice, three main methods are available to the dentist for a transfer of patient records:

1. The dentist may choose to keep the original patient documents and provide the buyer with a copy of all the patient charts and radiographs. This method would provide the dentist with the best protection in the event of a future malpractice claim, since the old records would be maintained by the seller.
2. The dentist may choose to keep copies of all the patient charts and provide the original records to the buyer. This method may not give the seller the same liability protection as in the previous method.
3. The dentist could obligate the buyer, in the sales contract, to allow the seller access to the records in the event of need. The buyer is typically required to maintain these records for a set period of time after the sale. Further contract language regarding liability for records not maintained could be included. The disadvantage of such a transfer is that even with this provision, the buyer may inadvertently destroy or lose records or make access difficult. In evidence law, there is nothing better than the original document and, therefore, be sure it can be obtained in the event of a question or a professional liability claim.

Records should be stored in moisture and fire resistant containers. Check with your attorney or state dental association to learn the record retention requirements in your state and be sure to check with your risk management insurance carrier for additional information, recommendations and policy requirements.

State laws and participating provider contracts generally specify the time following the last patient visit that records must be maintained. There is usually a different requirement for the retention of records of children; these records must be kept for a certain period after the child reaches the age of majority. HIPAA also affects recordkeeping requirements for offices that are covered by generally requiring that such offices maintain patient records for six (6) years and two (2) years

after a patient's death. The dental office should have a records retention policy and all staff should understand it. The office's professional liability insurance company will likely have recommendations about retention.

In a multi-practitioner practice of any nature, determining the party responsible for maintaining the original patient record of any patient treated at the practice facility may be dependent on the type of professional corporation (PC) or structure of the practice. Unless the agreement specifies differently, the professional corporation would likely be considered the owner of the dental record, whether paper or electronic. This applies whether or not the owner was involved in the patient's treatment.

If the structure of practice is an office-sharing arrangement and the dentist is an independent contractor rather than practice employee, each dentist could be considered as practicing under a separate legal entity, such as a PC, limited liability company, partnership or sole proprietorship. Associate agreements, either for employee associates or independent contractors, should include language that provides for the associate's access to patient charts and ownership issues.

Oral health records may be preserved on microfilm or scanned in some jurisdictions. The great benefit of storing records with either of these methods is that they take up less space than paper records. However, prior to completely converting to microfilmed or scanned records, a dentist should consult with his/her own attorney and insurance carrier about the appropriateness of that decision.

Radiographs (x-rays) and the dental laboratory prescriptions of patients may be retained or destroyed in accordance with state law. In many states, the plaster study models of dentists can be destroyed pending risk management considerations.

Record Destruction

Patient records should always be maintained in accordance with state retention laws. For those inactive patient records (beyond any applicable Statute of Limitation) that will not be transferred or returned to patients, a more secure way of eliminating these unwanted records generally involves shredding. There are professional record destruction services available to do this for you or you could rent an industrial-grade shredder and destroy the records yourself. Small paper clips and staples generally do not have to be removed prior to professional shredding.

A professional record destruction service should sign your confidentiality agreement (or HIPAA "Business Associate Agreement," if applicable) and you should seek to require them to agree to indemnify you and hold you harmless in the event of a breach in confidentiality. Most services issue a certificate of destruction.

NAID (National Association for Information Destruction, Inc.) claims that it is the international, non-profit trade association for the information destruction industry. Membership includes companies (including suppliers) and individuals involved in providing information destruction services. See <http://www.naidonline.org/members.html> for further details if you need a commercial shredder firm. You might also contact larger health care providers in your local area, such as a hospital, for a recommendation for a record destruction company.

Caution: Do not burn patient records containing radiographs as the heat could release dangerous metals. Silver recovery by a professional recovery firm that pays you for the silver content from destroying large numbers of old x-rays might be a better option. Check a phone directory or with your state or local dental society for a silver recovery firms or certified waste haulers.

Paper re-cycling is not a good option if you have to get rid of inactive paper dental and business records in order to close a practice. Under most circumstances, recycling companies merely collect then sort paper. The collected paper is likely to be bound and sold to the highest bidder weeks or months later (even years later). There is no guarantee of confidentiality and there is no way to ensure just when the paper, potentially containing confidential or sensitive information, was destroyed.

Re-cycling without destroying patient records for a retiring dentist closing his/her practice and improperly disposing of the records might be viewed as negligent by the court in the event of an allegation of breach of confidentiality or in the case of a federal complaint to the Department of Health and Human Services Office of Civil Rights (for a supposed HIPAA violation by a covered entity) as an illegal practice under the Act. Additionally, it may expose your patients to identity theft. In any case, re-cycling without documentation of destruction is an example of poor risk management.

Always insist on a certificate of destruction. Furthermore, make sure that there are no sub-contractor companies involved unless they have also agreed in writing to adhere to the privacy policies of the practice.

Retention of Other Business Records

In addition to being familiar with patient recordkeeping requirements, a dental office also needs to retain other records. These records also may have statutory retention requirements. The proper retention period will vary from state to state and, maybe from practice to practice. Here is a typical schedule of retention periods. Yours may be different. Consult with an attorney to establish your own schedule.

Business Record Retention^{i,ii,iii,iv,v}

Retention period is the number of years from the date of the tax return filed.

All information is general only and not offered as legal advice.

The proper retention period will vary from state to state and, maybe from practice to practice. Here is a typical schedule of retention periods. Yours may be different. Check with your personal advisor, such as accountant, attorney or professional liability insurance company to establish your own schedule. State and federal laws may apply, in addition to the state dental practice act.

Record Type	Retention Period
<i>Tax & Financial Files**</i>	
Accounts payable ledger & schedule	7 yrs
Accounts receivable ledger & schedule	7 yrs
Audit/accountant annual report	Permanently
Bank statements (monthly)	3 yrs
Capital asset records	Permanently*
Cash receipt journal	Permanently*
Checks (cancelled – see exception below)	7 yrs
Checks (cancelled for important payment – i.e. taxes, purchases of property; file with transaction)	Permanently
Contracts and leases (expired)	7 yrs
Contracts, mortgages & leases (still in effect)	Permanently
Deeds, mortgages & bills of sale	Permanently
Deposit books & slips (duplicate)	3 or 6 yrs*
Depreciation schedules	Permanently
Financial statements (yearly)	Permanently
General ledgers	Permanently
Income tax returns, worksheets and related documentation	Permanently
Insurance policies (expired)	3 yrs
Insurance records, current accident reports, claims, policies, etc.	Permanently
Inventory of products, materials & supplies	7 yrs
List of accounts (assets, liabilities, revenue, expenses, etc)	Permanently
Petty cash vouchers	3 yrs
Retirement plan records (documents, investment records, allocations)	Permanently
Vouchers for payments to vendors, employees, etc. (includes allowances & reimbursement of employees, etc. for travel & entertainment expenses)	7 yrs
<i>Employment Records</i>	
Applications (not hired)	3 yrs
Personnel records (after termination)	7yrs
Payroll records, taxes & summaries	7 yrs
Time sheets, cards or time clock	7 yrs
Training manuals	Permanently
Workman compensation records	5 yrs
<i>Patient</i>	
Daysheets, schedule	7 yrs
Patient billing/payment or fee statements	7 yrs
Third-party insurance claims, records & correspondence (EOBs)	7 yrs
<i>Other**</i>	
Accident reports/claims (settled cases)	7 yrs
Controlled substance copy	2 yrs
Correspondence, routine with patients or vendors	2 yrs
Correspondence (legal or important)	Permanently
Legal agreements (partnership, associateship)	Permanently
Medicare billing records	7 yrs
OSHA records (log and summary)	5 yrs past the year to which it pertains

Dental Equipment, Supplies & Medicaments

An estimation of the dental equipment's salvage or resale value can vary depending on the appraiser or on unique circumstances. Age, serviceability, difficulty of removal, and compatibility with existing systems can be principal determinants of the dollar value of salvaged dental equipment. In many cases, a professional dental equipment appraiser or a reputable supplier can provide independent estimations about the worth of particular equipment.

The ADA's Council on Dental Practice distributes a *Directory of Dental Practice Appraisers and Brokers*. This publication contains the names, locations, description of services and other background information for professional valuers. (**Note:** The descriptive information in the *Directory* is supplied by those who are listed). None of the information is independently verified for accuracy or correctness by the Council. Individuals and companies named in the publication have paid a fee to be included. The publication is offered as a service to members. A listing in the *Directory* should not be viewed as representing an endorsement by the Association. The *Directory* is available online free <http://www.ada.org/prof/prac/tools/appraisers/search/searchstart.asp>. Non-member dentists and others must pay a handling fee for mailing a hard copy of the publication.

There is some demand for used dental equipment in "excellent" condition. Typical purchasers might include new dentists who are setting up their first practice; established dentists adding a treatment room; international dentists; or dental supply companies maintaining an inventory of used equipment. Used dental equipment that is in "good" working order can sometimes be donated to a local organization providing dental services to children, the homeless or to the poor. Contact your local or state public health department. A dentist or his/her estate could receive a tax credit for donating dental equipment for charitable use. Consult your accountant who will likely advise you to have the equipment properly appraised before taking a tax credit.

Dental equipment that is very old or that is in "poor" working condition may have no value. A scrap metal dealer might be interested if the recycle value of the metal or other components exceeds the cost of disconnecting and disposing of the old equipment.

A surviving spouse should also see a tax accountant or lawyer to determine their full tax liability. Federal law requires that an estate tax return be filed within nine months of death. Final business taxes for the professional corporation, partnership, limited liability corporation or sole proprietorship must be computed and paid. If the practice is closed, the legal entity should be properly dissolved, according to state law.

Caution should be exercised before selling or donating dental supplies, especially chemicals and medicaments. Supplies that have reached or are near the end of their shelf life could be unsafe or ineffective if used. Any expired and or opened bottles, containers or packages often have uncertain content and should not be considered for donating. If unopened, some supplies might be returnable for a credit or refund. Check with your supplier.

Environmental laws in your area may apply to the disposal of various solvents and disinfecting agents that can sometimes be found in a dental office. ADA Guidelines on Amalgam Accumulations in Dental Office Plumbing are available at http://www.ada.org/prof/resources/positions/statements/amalgam_plumbing_guidelines.pdf. http://www.ada.org/prof/resources/pubs/jada/reports/report_radiography.pdf. Again, check with your attorney, state society or local governmental disposal authority for the requirements in your area.

State regulations may provide instructions regarding disposal of film-processing solutions and lead foil from the film packet. Fixer solutions may be considered hazardous waste because of their silver content and should be placed in containers and transported for recycling or to disposal sites. The EPA recommends that lead foil be disposed of in accordance with local regulations.^{vi}

It may be against the law, for example, to discard particular chemicals into a sink or toilet, or to pour them over a field or directly into a sewer. Straight alcohols, ethers, and peroxides, for example, are

considered flammable and should not be added to the public water system because of the possibility of explosion.

Additionally, many communities have implemented programs concerning the appropriate disposal of chemical wastes that may include recommendations about silver, mercury and dental amalgam particles.

In some cases, disposing of hazardous chemicals can require the services of a licensed hazardous waste hauler. Read the label on containers carefully and observe the precautions and instructions. The local office of the Environmental Protection Agency (EPA) or your city or state government may be able to give you additional disposal information. For additional information about questions to ask a dental waste recycler and a directory, go to http://www.ada.org/prof/resources/topics/topics_amalrecyclers.pdf.

Material Safety Data Sheet File: Specific information about the chemicals, medicaments, or disinfecting agents deemed to be hazardous and present in a particular dentist's office, is available in a file which OSHA (Occupational Safety Health Administration, a regulatory agency of government) requires dentists and other users to maintain, called the material safety data sheet (MSDS) file.

The MSDS file gives information about a chemical's characteristics, uses, routes of exposure, handling, first aid measures, spill and leak procedures, storage requirements and safety precautions. An MSDS sheet contains instructions about how to properly discard expired, or partially used chemicals. Furthermore, the manufacturer's business telephone number generally appears. Call the company if you have questions. (Note: OSHA now allows a dentist, under certain conditions, to maintain this file electronically such as computers, microfiche machines, the Internet, CD-ROMs and fax machines.)

Undistributed Medications: It is unsafe or illegal practice for non-dentists to sell certain undistributed medications in the office, such as sample drugs; or to take these items home for personal use.

Medicaments for direct patient usage (pills and powders) are sometimes stored in a dentist's practice. Some may be controlled substances—often narcotics—that are stored in a locked cabinet or in a safe. You should know that there are strict reporting laws governing the distribution and/or possession of controlled substances. The White House Drug Policy (www.whitehousedrugpolicy.gov) offers the following guidelines for disposing of drugs:

- Take unused, unneeded or expired drugs out of the original containers and throw them in the trash.
- Mixing drugs with an undesirable substance such as coffee grounds or kitty litter, and putting them in impermeable, non descript containers such as empty cans or sealable bags, will further insure the drugs are not diverted.
- Flush prescription drugs down the toilet only if the label or accompanying patient information specifically instructs doing so.^{vii}

Dental Managed Care If the practice participates in a dental managed care plan, consult the insurance company prior to closing to determine the best timing with any scheduled payments. The use of advance payment or certain quarterly payment distributions could create accounting complications or create a situation where significant monies are owed back to the plan.

Disinfecting Dental Equipment: Dental instruments (the hand tools a dentist uses on patients), environmental surfaces such as counter tops, and some equipment should be evaluated for disinfecting or sterilizing before they are donated, sold or destroyed. Proper disinfecting requires specific training. A surviving spouse or family member is generally unfamiliar with proper disinfecting techniques and should consult dental team members about this task.

If the practice's dental assistants are still available, they could help sanitize the office and equipment. Otherwise, a colleague and his/her dental assistants might assist.

Hazardous Wastes: Sharps may include needles, scalpels, dental broaches, files, reamers and burs. There is the danger of puncture wounds from these items if placed into the garbage. Even if sterilized, these items should only be discarded into a puncture-proof container that is properly labeled.

Bloody Wastes: It is unlikely that a spouse closing a practice will need to deal with discarding bloody patient dressings, swabs, etc. However, if you do, please note that the disposal of infectious medical wastes needs special training. The local dental society or a community sanitary district garbage hotline, if one exists, may be helpful if it is necessary to deal with bloody wastes.

The Centers for Disease Control and Prevention (CDC) issued “Guidelines for Infection Control in Dental Health-Care Settings – 2003.” This report consolidates recommendations for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings. Applying these standard precautions requires a professional. (Information is available at <http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm>)

Professional Notifications

The Drug Enforcement Agency (DEA) in Washington, DC has enforcement responsibility for controlled substances (<http://www.DEAdiversion.usdoj.gov>). Any practitioner desiring to discontinue business activities with respect to controlled substances must notify the nearest DEA field office in writing. Along with the termination of notification of registration, the practitioner should send the DEA Certification of Registration and any unused Official Order Forms (DEA Form-222) to the nearest DEA field office.^{viii}

In order to change a dentist’s address or update other information that is kept on file, the DEA should be contacted whenever a dentist moves to a new location, ceases practicing or dies. The agency should also be contacted prior to a non-dentist removing or discarding suspicious pills or powders which are believed to be controlled substances. The DEA will advise on how to dispose of any narcotics or other dangerous drugs, registration certificates, or items such as prescription pads, letterheads and certain records. There could be state requirements as well if there is a State Commissioner of Narcotics and Dangerous Drugs. You should therefore, check locally. Pharmacies where patients most often fill the dentist’s prescriptions should be notified of the dentist’s practice closure.

Dentists may be required by state law to inform the dental board (<http://www.aadexam.org/>) or other professional regulators about an incapacitating condition affecting their practice of dentistry. The retiring dentist should determine if they plan to retain their licensure (most do) and, if doing so, be familiar and comply with continuing dental education requirements.

The practice insurance representative, accountant and attorney should be informed about the closing. These professionals are valuable sources of information and guidance about common business situations and decisions connected with closing a practice.

If the retiring dentist is a general dentist, announcements should be sent to specialists who normally receive referrals. Vice versa, if the retiring dentist is a specialist, referring colleagues should be informed. Any health care referral services, such as through a local hospital, public health office or medical/dental society, should be informed of changes.

If advance notice of the closing can be given, it may be useful to inform the landlord about the pending vacancy so that he/she can review the lease with the dentist and decide related matters such as whether or when to disconnect the gas or electric service, etc. Business leases or other interests in real estate must be addressed and resolved. Seek advice from an attorney.

The local dental society and the State Board of Dental Examiners (<http://www.aadexam.org/>) should be notified as well about an incapacitated or deceased dentist. See a listing of state (constituent) dental societies in Appendix D. Some societies have information that can help you locate temporary professionals during an emergency. Many local dental societies have information about assistance to impaired dentists through their Well-Being Committee (<http://www.ada.org/profi/prac/wellness/index.asp>).

Hiring a temporary dentist following the disability or death of the dentist can be a way to keep the practice active until a sale occurs. An active practice generally has a higher resale value than an inactive one. Keep in mind that state law may limit non-dentist ownership even in such circumstances. For more information on ownership issues, go to http://www.ada.org/prof/advocacy/issues/ownership_practices.pdf or contact your state dental society.

A common question is, can the hygienist continue seeing patients before a replacement dentist is in the office? As of this writing, forty-one states plus the District of Columbia permit general supervision of dental hygienists in dental offices. The distinguishing feature of general supervision is that the dentist need not be present when patient care is provided. Most of these jurisdictions require, as a condition of general supervision, that the supervising dentist examine the patient first, develop a treatment plan, issue a written work order and/or evaluate the hygienist's work within a fixed period of time. Other restrictions may also apply. It would be best to obtain legal advice if there is no temporary or a permanent dentist on hand to provide supervision.

What Is A Mutual Aid Agreement? A “mutual aid agreement” is a formal contract with colleagues whereby in the event of the sudden illness, injury or death of a dentist-signer to such an agreement, the other signers promise to temporarily cover for the stricken colleague until either his/her recovery, or up until the time when a deceased dentist's practice is sold. The ADA has a booklet online (http://www.ada.org/prof/resources/topics/dentalpractice_mutualaid.pdf) about how a dentist can organize a mutual aid group. You may also contact the ADA by calling the toll free number, ext 2895; direct dial 312-440-2895; or e-mail dentalpractice@ada.org.

A non-paid volunteer dentist working temporarily in the office of a recently deceased dentist as a courtesy in order to complete cases needing only a single visit (e.g. cementing a completed crown, or delivering a finished denture or partial) if asked by the patient, should sign a claim form for a billable insurance service, using his/her own name and information, as the dentist who performed services. The ADA claim form allows one field for the billing entity and a separate one for the dentist performing the services (they may not be the same). This would allow the payments to be sent to the billing entity, such as a deceased dentist's practice.

Other notifications about closing the practice could be made to the dentist(s) who have routinely accepted emergencies from the practice during the dentist's absence. Similarly, dental laboratories and certain suppliers may need to be included in any general notification about the closing of the office or of the changed status of the dentist.

Revising Your Insurance Portfolio

When closing a practice, a dentist should also review all insurance policies and terminate those that are practice and/or income-related. Disability income, disability overhead expense, professional liability insurance and practice interruption insurance should be terminated effective with the date of retirement. You may also wish to review with your financial consultant the amount of any term life insurance you are still maintaining. .

Policies covering workers compensation and employee benefits should be terminated as of the last day of work for your employees unless applicable law or the terms of employment dictate otherwise. Policies covering the contents and equipment of the dental office as well as business liability exposures should be terminated when the office is sold and/or closed (such as when a lease is lost).

In most, if not all cases, if you have paid premiums for periods extending beyond the date the policies are terminated, your insurance company will refund the unearned premium. To cancel your policies, it is generally necessary to submit a cancellation request in writing.

Special Considerations for Professional Liability Insurance Policies

Even after retirement, you will continue to be exposed to the risk of a professional liability allegation. Depending upon the state in which you were practicing, the statute of limitations for the filing of professional liability lawsuits may continue for many years. The statute may be even longer for treatments provided to patients who were minors.

While your professional liability insurance policy should be canceled effective with the date of your retirement, subject to applicable law, you should carefully retain your policy with your important records so that it is easily accessible. In the event that you learn a former patient is accusing you of malpractice, you will need to refer to your policy so that you can notify your insurer and seek its assistance in defending you from the patient's claim. Since it is also possible for a dentist to be sued for malpractice posthumously, the executor of your estate should be able to easily locate the policy. You may also wish to include the address and telephone numbers of your insurer and insurance agent among your estate documents and to update this information periodically.

Occurrence Policies: If you have been insured under a professional liability insurance policy written on the occurrence form, you need take no action upon retirement other than to notify your insurer and request a refund of unearned premium. You and your estate will be protected up to the limits of the policy for any claims brought against you after your retirement no matter when they are reported.

Claims-made Policies: If you have been insured under a claims-made professional liability insurance policy, it is essential that you secure an extended reporting endorsement, which is commonly called "tail coverage." This endorsement will provide you with continuing protection if you are sued in future years for a treatment rendered while the claims-made policy was in-force. In many cases, insurers issue this endorsement at no cost when retirement is due to a permanent disability or when it occurs after a specified age (e.g., 59) and/or providing that you were insured under the policy for a specified period of time (e.g., five years).

In the event of the death of a dentist who was insured under a claims-made policy, it is also advisable that a dentist's heirs consider securing an extending reporting endorsement as an estate may be vulnerable if the dentist is sued posthumously for malpractice. Most insurers provide the endorsement for no cost upon the dentist's death.

Whether the extended reporting endorsement is secured upon retirement or the dentist's death, it must generally be requested within a limited period of time, such as 30-days, following the date on which the claims-made policy was terminated. After this period of time, it will probably not be possible to purchase the coverage either from your former insurer or from any other company.

Depending upon the insurance company, it may be possible to purchase higher limits of liability on your extended reporting endorsement than were carried on the policy itself. If you carried relatively low limits (e.g., less than \$1million/\$3 million) you might consider purchasing additional protection. A modest one-time premium expenditure may give you additional peace-of-mind during retirement.

Office Overhead Expense Insurance

Carrying office overhead expense insurance could provide a disabled dentist with substantial protection. Unlike disability insurance, which can be expensive, overhead expense insurance is a flexible, affordable solution for small business owners, including dentists.

With office overhead expense insurance, you are reimbursed for certain monthly office expenses (such as rent or mortgage payments, utilities, a replacement dentist's salary, employee salaries and benefits, student loans and practice loans) if you are disabled. It's an influx of cash that buys time—time to recover and return to full-time clinical work, or time to weigh all the options before making a decision about selling.

Features of a good office overhead expense insurance policy:

- An “own occupation” definition of disability
- Reimbursement of all practice-related expenses, including depreciation and debt servicing as well as the salary of a replacement dentist
- A high maximum benefit that can accommodate future practice growth as well as a waiting period that is consistent with the practice’s cash flow
- Benefits that last at least one year and which are also payable in case of partial disability.

Contacting the Social Security Administration/ Veterans Affairs

A dentist at retirement age or one who is disabled may be able to apply for Medicare coverage or be entitled to benefits from the Social Security Administration (<http://www.ssa.gov/>). You should contact the social security office in your state for information.

A surviving spouse upon the death of the dentist should contact the nearest [Social Security Office](#) about Social Security benefits and if applicable, the nearest [Veterans Affairs Office](#). In either case, you may need the dentist’s Social Security Number (Veterans Affairs Number), a certified copy of the death certificate (and birth certificate), and proof of marriage or relationship.

Keep Your Association Informed

As stated previously, call your [state or local dental society](#) regarding 1) plans to retire and close the practice; 2) whenever a long-term illness occurs affecting a dentist’s ability to practice; or, 3) following the death of a dentist. Some local dental societies offer assistance with temporary coverage in the office or have knowledge of local resources.

ADA members who retire from the practice of dentistry and do not move into another dental occupation become eligible for retired membership the year following retirement. An affidavit of retirement should be submitted to your state dental society (or to the ADA, if you are a direct member). Retired members pay 25 percent of full dues/assessment (http://www.ada.org/ada/join/joinada_faq.asp).

Handling Staff

Retiring dentists should retain adequate staff even as they decrease their workload in anticipation of retiring and closing the practice. If you are the retiring dentist, you may want to tell the staff about the closing 90 or more days in advance, earlier if necessary or if required by law. Offer incentives that encourage staff members to stay until the last day. However, since some valuable staff members may still leave beforehand, a retiring dentist needs to ensure that essential personnel will remain with the practice up to the day of closing, even if it means hiring temporary employees.

In many towns, there are temporary employment agencies, which may be able to quickly send over support staff. Some of these agencies may even be able to help you find temporary professional help, including trained dental assistants, hygienists or dentists. Consult a directory for a temporary help listing, do an online search or ask the nearest dental society or a colleague to recommend an agency.

Your normal manner of following up inquiries from insurers and patients concerning payments can continue when there is an adequate number of staff members on hand to handle these functions. If collections are interrupted because of a lack of staff, this could mean the loss of considerable monies from a dentist’s retirement fund. For those planning to retire, consider keeping the business checking account open for 90 days following the closing in order to process late transactions.

Another reason for having staff on hand up to the closing date is that this allows the dentist more time to organize the transition and suffer less stress. The dentist will be able to provide the same level of high quality service, even on the last day, if other details are continuing to be handled by the staff.

If appropriate, following the closing of the practice, thoughtful expressions of appreciation such as thank you cards, flowers, candy, or modest gifts could be sent to those businesses that have supported the dental office over the years. Staff members should be included in any expression of gratitude. Severance pay could help ease some of the financial stress that a dental team member might ordinarily experience before finding another job. The amount of the pay could be based on the number of years of service. Gifts, letters of appreciation or a truthful reference are other ways to convey your appreciation.

Be sure that the staff understands about pay and benefits prior to the last day, as a dentist may have responsibilities for staff retirement or health insurance plans.

Long before it may be needed, it may be prudent for a spouse (or trusted business associate or advisor) to be given check writing authority (a signed card on file with the practice's bank) and access to the safe deposit box of the practice. If a dentist dies unexpectedly or suffers a serious injury or illness that will create a long-term (or permanent) business interruption, then the spouse or agent of the dentist can pay bills while making preparation for closing or selling the practice.

Office Security: If the practice indeed is to be closed and not sold, you may wish to get some advice from the Internal Revenue Service (IRS) which maintains online information on closing a business. (Go to <http://www.irs.gov/businesses/small/article/0,,id=98703,00.html>). In addition, a spouse or agent could begin the closing process by first evaluating office security. Consider whether to change the external door locks and entry security code or the computer password. Protecting everyone's best interest, including your own if you are the surviving spouse, may be up to you. Be aware of the feelings of others, but don't allow sentimentality to interfere with good judgment.

Some staff members might take offense at suddenly having someone else take charge. However, under the circumstances, the spouse will indeed need to assume responsibility for making decisions. In a crisis, almost everyone is looking for leadership.

With help from this guide, there is no reason why a spouse couldn't successfully transition a practice following an emergency.

Prescription pads, partially used or empty cylinders of anesthetic gases (nitrous oxide), backup computer files, casting gold, signature stamps, cash, business stationary, diplomas & professional licenses, and business and patient records should all be accounted for and/or destroyed per regulation.

If you are the surviving spouse, until the practice is closed or sold, it may be advisable to:

- Do all the banking and check-writing yourself.
- Allow only your own name on all bank accounts.
- Request final bills from all suppliers. Examine each bill closely.
- Be suspicious of a vendor bill that is new or of an expense or staff bonus that you cannot verify.
- Ask the accountant to do an audit to determine the debts and credits of the practice. A lien could tie-up sale of the practice and result in delaying or even losing a potential buyer.
- Collect **all** keys and change password(s) so that only you control access to the building (or office suite) and to the practice management system.

Exceptions to Ownership / Operation Restrictions upon a Dentist's Disability or Death

At this writing, at least twenty-three (23) states — California, Hawaii, Illinois, Kansas, Kentucky, Louisiana, Maine, Missouri, Montana, Massachusetts, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, and Vermont — permit the estate or spouse of a deceased or incapacitated dentist to own or operate a dental practice, or to employ a dentist. Montana, for example, limits the period of such ownership to 12 months and Ohio limits it to 90 days; however, some states do not specify any time limit. New Mexico allows spouses or hygienists to own the dental practice for up to a year after the death of

the dentist. These laws can and do change, check the ADA Web site from this link http://www.ada.org/prof/advocacy/issues/ownership_practices.pdf or call your state dental society.

Unless allowed by state law, the spouse should not begin releasing recently repaired or newly made dental partials and full dentures or crowns directly to patients. Delivering or returning dental appliances requires a valid dental license. If no temporary dentist is helping the practice, a better way to return or deliver these items is to ask patients to name a dentist to whom the appliance and appropriate records should be sent.

As soon as possible following the death, impairment or serious illness of the dentist, hold a staff meeting to make plans and assign responsibilities. Decide, for instance, what will be said to patients about what has happened to the dentist or why the practice is closing.

Find out if the practice has a protocol whereby emergency and/or scheduled patients are referred to particular dentists in the owner's absence.

Avoid making blanket promises to patients or staff, since as you begin to understand more about how the office works, you could come to regret making promises that you cannot keep.

For example, after a dentist's death, personnel records may be needed to verify a promised salary increase claimed by a staff member. In **Appendix A: Sample Letters**, there is a script that could be used to inform patients about the sudden illness or death of the dentist. This could help the practice deal with any unexpected dental emergencies, even in a crisis.

Collecting Outstanding Debts

It may be difficult to collect outstanding payments from patients following the retirement, long-term illness or death of a dentist. Slow paying patients may view the dentist's changed situation as an opportunity for them to reduce their monthly payment amount or to stop paying their dental bill altogether. If affordable, it may be advisable to simply write off some or all of these bad debts. It is advisable to balance all accounts, if feasible. To avoid later claims, clarify any accounts in which the patient has prepaid for services or is on an installment payment plan.

If that is not possible, a spouse or agent may need to evaluate whether to place large delinquent accounts with an outside collection agency. Ask yourself whether a particular debt is significant. Check to see how well the practice documented the financial arrangements, patient communications and billing and payment history. It may not be worthwhile trying to collect old debts using a collection agency if you lack adequate reason and documentation. Consult your attorney, get professional collection advice and then proceed carefully.

Marketing the Practice

Ideally, the best circumstance would be to have ample time and many potential buyers. Realistically, the ideal window from listing the practice for sale to closing is generally no more than four to six weeks. However, by the second or third week in a small town, many patients are already aware of the dentist's situation and may be beginning to focus on a solution of their own.

A few patients will begin to ask questions of the staff in order to decide whether to remain in the practice or to leave while they still have confidence that they can obtain their dental records easily. If there is too long a delay for the sale, many patients might simply drift to the nearby colleague by default. Acting quickly is important because a future earnings stream is the most important thing a dentist receives when he/she purchases a practice and it has a major impact on the practice's value.

This is the point at which a good strategy to quickly sell the practice is essential. The seller will need tax returns, patient information (such as number of active patients), and current and past productivity records of the practice. A buyer typically might want to know about agreements with others who provide services to the practice and about personnel information (salaries and job descriptions).

There are many ways and sources to locate buyers including: word of mouth; dental schools; dental placement services; national, state or local dental societies; dental supply companies; dental consultants or brokers; and either print or online advertisements. Recent dental school graduates and dentists who are associates or leaving the military are often candidates.

Since showing a practice can be stressful, you may prefer to have a professional broker with pre-qualified candidates handle the sale. If you wish to use a professional to assist in the sale, the ADA offers an online resource — the *Directory of Dental Practice Appraisers and Brokers*. The *Directory* lists professional dental practice appraisers and valuers and is available at no charge online at <http://www.ada.org/prof/prac/tools/appraisers/search/searchstart.asp>. Be sure that the potential broker will undertake a complete marketing plan that can get results (including mailings, contacting new dentists through a local dental school and to local & state dental societies).

Without an apparent succession plan, patients and staff will likely abandon the practice quickly leaving no option but to close the practice.

Hospice and End of Life Decision Making

A hospice is not so much a place as it is a concept of care. The basic concept is of a facility or service(s) that provides comfort and support to patients and their families when a life-limiting illness nears its terminus and a sick individual no longer responds to cure-oriented treatment.

The goal is to provide high quality care, pain management and family support that neither prolongs nor hastens the death of the patient. In 2005 in the United States, more than 1.2 million individuals and their families received hospice care. Hospice is the only Medicare benefit that includes pharmaceuticals, medical equipment, twenty-four hour/seven day a week access to care and support for loved ones following a death. Most hospice care is delivered at home. Hospice care is also available to people in home-like hospice residences, nursing homes, assisted living facilities, veterans' facilities, hospitals, and prisons.^{ix}

Hospice programs exist in many communities across the country. The volunteer and professional staff of these programs and facilities are skilled in dealing with the emotional, social and spiritual impact of disease or serious injury on the patient and the family.

A typical hospice program is less than six months, in order to receive the Medicare Hospice Benefit. Keep in mind that a terminally ill individual's life expectancy could vary from average life expectancies for other patients with similar conditions.

Choosing a hospice for a terminally ill individual is not an easy decision. Should it be necessary to use a hospice facility rather than hospice in the home setting, recommendations for a particular hospice might come from the hospital, nursing home, physician or nursing staff, or from a friend. To narrow the selection, consider obtaining appointments that allow you to visit several facilities to inquire of staff how they provide for the terminally ill and for their family. Another source for locating a hospice program is your city, county or state department on aging.

In general, the hospice should at least provide residents with the services of a registered nurse, social worker and a chaplain. This multidisciplinary approach should be augmented by pain management specialists, the patient's own physician and bereavement counselors who are sensitive to the welfare of the family or spouse.

Do Not Resuscitate (DNR) and Other Advance Directives

The purpose of an advance directive is to let others know what kind of care is desired if an individual cannot speak or make those for himself/herself. Many hospices will ask you about a Do Not Resuscitate (DNR) directive. The directive usually spells out the type of care a dying individual wishes or conversely which care is not desired.

Durable Power of Attorney: The durable power of attorney (DPA) is an advance directive and legal construct (in most states) that in effect authorizes another individual, when an individual is unconscious or otherwise unable to speak for themselves, to legally decide their medical options. It is sometimes referred to as a Health Care Power of Attorney. Health care decisions include the power to consent, refuse consent or withdraw consent to any type of medical care, treatment, service or procedure.^x

Living Will: A living will is a third type of advance directive that allows an individual to predetermine the kind of care they desire when they cannot speak for themselves. However, there is no transfer of medical decision-making to a designated individual in this type of arrangement.

The DNR order, the durable power of attorney and the living will can each be revoked by a patient who is of sound mind and who follows the requirements of state law. A personal attorney, many charitable organizations and various software programs can supply the legal documents which could help an individual create a valid advance directive. State laws on these issues vary, as can a hospital's or other health care facilities' policy on acceptance.

Dealing with Grief upon a Dentist's Disability or Death

Manifestations of grief, according to experts, can range from physical responses to various emotional responses such as unexpected crying episodes, guilt and sleep disruption; even to anger that a loss causes pain; or that despite our valiant efforts the deceased left us anyway. 'Complicated' (unsuccessful) grieving can be catastrophic for some individuals and lead to suicidal ideation or behavior.

Individuals who have previously experienced great loss may be more accepting of another close loss. They, in effect, have learned how to grieve and recover. Similarly, deeply spiritual individuals and individuals who have cared for a loved one through a long illness might be more accepting of death. These individuals have worked out their grief in advance. Most of us need love and support to achieve successful grieving. Thanatologist, Elizabeth Kubler-Ross' 1969 book "On Death and Dying," (Macmillan Publishing Company) is considered by many experts in grief counseling as a seminal publication in grief theory. Dr. Kubler-Ross' Five Stages of Dying model is well-known---though not without some controversy. In her theory the dying and those who experience the death of a loved one go through the following stages:

- Denial and Isolation
- Anger
- Bargaining
- Depression
- Acceptance

Whether the dying or an individual who experienced a significant loss go directly from one stage to the next; via a circular path; or whether there are intermediate "stages" as critics of Kubler-Ross' theory argue, may be considerations best left to researchers & clinicians than to lay persons using the book simply to get a grip on their own feelings.

At some point the survivor may feel sorrow, anger, loneliness, shame, anxiety or guilt. Don't be hurried to the next "stage" by well-meaning friends or acquaintances pushing you to get on with your life. Grief takes time---as much as two years or even longer following traumatic loss---and is highly personal.

Survivors Getting Help

It may be important for a stressed-out surviving spouse to see their physician. Visiting a physician after the death of a loved one allows the doctor to check the surviving spouse's general health, look for signs of severe stress or emotional disorder, and provide appropriate care or referral to a grief counselor (usually a psychologist).

NOTE: If you as the surviving spouse are experiencing shortness of breath or tightness in the chest or throat, these could be potentially serious symptoms and you should seek medical care soon.

Speaking with an experienced, professional grief counselor could be a way for a surviving spouse (or for family members) suffering severe emotional or physical symptoms to allow themselves, under supervision, to appropriately grieve and begin recovery. While such counseling is not commonly needed, traumatic loss could produce such severe emotional stress that an individual might benefit from counseling.

If the staff is suffering in the same manner from traumatic loss, you may want to arrange grief counseling for them as well. Group sessions with a local psychologist could help severely affected employees deal with their grief; with uncertainty about continued employment within the practice; or ways to endure a stream of potential buyers coming through the practice and the changes such a sale might bring.

A surviving spouse who works outside of the spouse's dental practice might have an employment benefit, such as an employee assistance program, that includes access to confidential employer-paid grief counseling. State and local government generally have grief assistance programs that are available through the local equivalent of a department of mental or public health, or of human services. Some of these state agencies offer burial expense assistance to needy applicants (e.g. under provisions of the Medicare program).

National charitable organizations associated with severe diseases, conditions or injuries often provide counseling service to affected family members via a local support group. Ask your physician, community hospital or a social worker to help you locate a nearby support group or you may be able to find the nearest location in a local telephone directory or through an internet search. For bereaved persons of faith, counseling from a priest, rabbi or minister might provide special comfort following the death of the family member. Most every religious establishment---church, mosque or synagogue provides faith-based counseling.

Appendix A

Sample Letters

It is assumed that these letters will be printed on letterhead which contains the practice/dentist name, address and phone number necessary for a patient to contact you. Otherwise, be sure to include contact information, including days and time available, enabling patients to reach the practice.

Sample Newspaper Announcement About Closing the Practice

The dental office of Dr. _____ located at _____ phone number _____ is closing on ____ (date) ____ due to _____ (give a reason, if possible) _____. We thank you for your patronage. It has been our pleasure to serve your dental needs.

At your request, copies of the pertinent information from your record can be made available to a dentist of your choosing. If you wish to make a request regarding your patient record, please contact the office before the permanent closing day, as we shall need your written authorization to make your records available to another dentist. After that day, you will have to direct your inquiry about the record to _____ (name of dentist or record custodian) _____, located at _____.

Sample Phone Script Telling Patients About the Sudden Illness or Death of the Dentist

Telephone Caller: This is ____ (your name) ____ in Dr. _____'s office. Our records indicate that you have an appointment with the doctor. I am sorry, however the doctor will be unable to see you because ____ (give a short reason) _____. I am sorry that I cannot give you more information at this time. If you need emergency care, Dr. _____ at ____ (location) ____ has agreed to see patients from this practice. The telephone number there is _____. We may soon be contacting you with more information about our situation and instructions about your continuing care.

Thank you for your understanding.

Sample Letter to Patients About Closing a Practice

Dear [Patient]:

Our records indicate that you are a patient of record at this dental office. Due to _____ (give a reason, if possible) ____ this office will be closing on ____ (date) _____. It has been our pleasure to serve your dental needs and we thank you for your patronage. You should begin looking for another dentist. Oftentimes, the recommendation of friends and relatives or contacting the local dental society, are ways of locating another dentist. With your permission, copies of the pertinent information from your record can be made available to a dentist of your choosing. Please do not hesitate to telephone us during normal business hours before the last scheduled day, if you have questions.

After the closing date, all inquiries about the records or other matters should be directed to _____ (name of custodian) _____ located at _____.

Again, thank you for having been a part of this practice.

Sincerely,

DDS or agent of the dentist

Sample Letter to Patients about Selling a Practice to Another Dentist

Dear [Patient]:

Our records indicate that you are a patient of record at this dental office. Due to _____ (give a reason, if possible) this practice will be closing on _____ (date) _____. It has been our pleasure to serve your dental needs and we thank you for your patronage. Dr. _____ has purchased my practice. He/she is a _____ (year) _____ graduate of _____. I feel very comfortable about turning my practice over to this well-qualified dentist. Of course, you may desire to have your records sent to another dentist of your choosing. If so, please contact me by letter stating over your signature which dentist should receive a copy of the pertinent information from your record.

If you do not contact us with a request, after the close of the sale, Dr. _____ will be the custodian for all of my records and can be reached at _____ (phone number) _____. On your next visit he/she may ask you to authorize release of the record to him/her for your continuing care in the office.

Again, I have valued our professional relationship.

Sincerely,

DDS

Sample Termination of Coverage Letter to Insurance Company

RE: (Policy/certificate) # _____

To Whom This May Concern:

Please cancel my coverage under the above policy/certificate effective (date of retirement). Please send a refund of the unearned premium to me at the above address.

Sincerely,

DDS

Sample Explanation Letter to Insurance Company

To whom this may concern:

I regret to inform you that Dr. _____ located at _____ died recently. The doctor's NPI # (or T.I.N.) is _____.

The undersigned is a volunteer dentist temporarily completing billable services in memory of a deceased colleague. Attached to this letter of explanation is a dental claim form. I will not accept payment for this courtesy. Please mail any payment in the doctor's name to the following address: (indicate an address).

If you have further questions, or need a copy of the official death certificate you may contact (give a name) _____ at (address) _____ whose relationship to the deceased is that of _____.

Thank you,

Name of volunteer:

ID Number:

Dentist License No.:

Mailing Address:

Phone:

Dentist Out on Illness/Disability

Dear [Patient]::

Dr. [Name] will be out of the office due to [illness/disability] through [datetime frame.] Please be assured that during this time, [his/her] associate, Dr. [Associate's Name], will be available to meet your dental needs during this time. Dr. [Associate's Name] is highly regarded in the dental field and [he/she] has worked with Dr. [Name] for [number] years. Dr. [Name] has the highest greatest confidence in the professional skills of Dr. [Associate's Name].

If you currently have an appointment with Dr. [Name], you will be seen instead by Dr. [Associate's Name]. We think you will like him/her and that you will feel very comfortable and confident in [his/her] care.

If you have any dental problems or would like to schedule a visit, please call our office at [office number].

As always, we are committed to providing you with the best in dental care and patient service, and so we appreciate your understanding. We look forward to Dr. [Name]'s speedy recovery and return to the office.

Sincerely,

Dental Team

Retirement/Recommended Replacement (1)

Dear [Patient]::

I have received great personal reward from dentistry over the years, but the time has come for me to retire from private practice. Although I won't be seeing you in my office, you and your family will remain in my thoughts. I appreciate the confidence you have placed in me by allowing me to serve your dental needs.

I am recommending that my patients receive their future dental treatment from my replacement, Dr. [Name]. A [year] graduate of [dental school], Dr. [Name] has been practicing dentistry in [city] for [number] years.

I searched long and hard for a dentist who would provide my patients with excellent clinical treatment and caring, personal service. Dr. [Name] lives up to these high standards.

Dr. [Name] will assume my practice as of [date], and [he/she] is looking forward to meeting you and your family. Your dental records are at my office for use by Dr. [Name] unless you direct us otherwise. If so, we ask that you notify us within 30 days.

Thank you for entrusting us with your dental care needs. I have every confidence that your relationship with Dr. [Name] will be equally successful. Thanks again for making my years of practicing dentistry so memorable and special!

Sincerely,

DDS

Retirement/Recommended Replacement (2)

Dear [Patient]::

I would like to thank you for your trust and confidence in allowing me to serve as your dentist through the years. It is with mixed emotions that I am announcing my decision to retire and have another dentist acquire my practice. I would like to thank you for your trust and confidence in allowing me to serve as your dentist through the years.

Because I want to be certain that my patients continue to receive the best possible care. Therefore, I have selected Dr. [Name] to carry on my practice. I believe that [he/she] is a competent and caring person who has the qualifications and desire to continue the practice in a highly professional manner.

Dr. [Name] is from [City, State]. [He/sShe] is a [year] graduate of [sSchool] and presently practices dentistry in [City]. [Name] is a member of the [State] Dental Society, [City] District Dental Society, and the American Dental Association.

I will give Dr. [Name] your records, unless you advise us to do otherwise. I feel confident that Dr. [Name] will continue to provide you and your family with the best possible dental care. However, if you choose to seek another dental provider If you and would like your records transferred, please let us know within 30 days.

Dr. [Name] and the dental team will be contacting you for your next regularly scheduled visit if you are on the active list. If you have not had a recent check-up and we failed somehow to get in touch with you, then please call Dr. [Name] for an appointment. The number here The office number will remain the same, [office number], or [he/she] can be reached at [cell/alternate number].

Thank you again for your loyalty, confidence and friendship!

Sincerely,

DDS

Retirement from Practice/Replacement

Dear [Patient]::

Because of an increasing commitment of time and travel involved in my position at [place], I no longer feel able to continue to keep my responsibilities to my patients. For these reasons, I am leaving my private practice.

I am happy that the practice has been growing, and grateful that you have helped that growth by referring your friends and relatives to my office. My staff and I truly appreciate your trust in us.

I am recommending that my patients receive future dental treatment from my replacement, Dr. [Name]. I have great confidence in Dr. [Name]'s abilities and I am confident that you will be comfortable and well served. Your dental records will remain at our office for use by Dr. [Name] unless you direct us otherwise. If so, we ask that you notify us within 30 days.

I have enjoyed my practice over the years, and I want to thank you again for your help in making it successful. I also hope that your relationship with Dr. [Name] will be equally successful. Dr. [Name] is looking forward to meeting you and your family, and setting up a regular dental treatment program.

Again, thank you for being our valued patient, and we look forward to seeing you soon!

Sincerely,

DDS

Practice Closing – No Replacement

Dear [Patient]:

It is with a mixture of sadness and anticipation that I announce the closing of my dental practice upon my retirement in [month/date]. I have practiced dentistry in this community for [number] years, and I have chosen to bring my active practice to a close to spend more time with my family.

I am very fortunate to have practiced dentistry in a community that supports my efforts so greatly. I have enjoyed our friendship and your commitment to oral health over the years. It has been my pleasure to meet the dental needs of you and your family.

If you would like a recommendation for a new dentist, please do not hesitate to contact me at [number]. For questions about how to retrieve your dental records, please call our office at [office number] by [retirement date].

I wish you and your family all the best!

Sincerely,

DDS

Appendix B

Suggested Publications from the Council on Dental Practice

1. *Valuing a Practice: A Guide for Dentists*, item #J060; available only through ADA Catalog at 1-800-947-4746. The publication discusses when to do a valuation; legal and tax implications of practice assets; valuation methods; sample contracts and much more.
2. *Transitions Navigating Sales, Associateships & Partnerships in Your Dental Practice*, item #J043; is a comprehensive 116-page book that guides the dentist through practice transitions. Sales, mergers, partnerships, and associateships are covered. Related issues such as financial feasibility, preferred timing, and emotional roadblocks are also addressed. Available through ADA Catalog at 1-800-947-4746 or online at www.adacatalog.org.
3. *Directory of Dental Practice Appraisers and Brokers*. The *Directory* lists professional dental practice appraisers and valuers and is available at no charge online at <http://www.ada.org/prof/prac/tools/appraisers/search/searchstart.asp>. Includes useful information about background, training or education and services that each offers. A shipping and handling fee applies for printed copies; call the ADA toll free number, extension 2895.
4. *Directory of Dental Practice Management Consultants*. Contains information about how to select a dental practice management consultant and is available online at <http://www.ada.org/prof/prac/tools/practice/search/searchstart.asp>. A shipping and handling fee will apply for printed copies; call the ADA toll free number, extension 2895.
5. *Guidelines for the Development of Mutual Aid Agreements in Dentistry*, gives useful information about how a small group of dentists can formally agree to temporarily cover each other's practice in the event that a participant to the agreement is stricken with long-term illness or dies. The *Guidelines* are and is available online at http://www.ada.org/prof/resources/topics/dentalpractice_mutualaid.pdf. A shipping and handling fee will apply for printed copies; call the ADA toll free number, extension 2895. .
6. *General Guidelines for Referring Dental Patients*, revised June 2007, available at http://www.ada.org/prof/resources/topics/referring_guidelines.pdf.
7. *Dentist Well-Being Directory*. To obtain dentist wellness assistance information from the American Dental Association, telephone ADA's telephone toll-free number ext. 2622 or 1-312-440-2622 or view it online <http://www.ada.org/prof/prac/wellness/substance.asp>.
8. *Dental Records* provides helpful information for dentists and the dental team about the dental record, including the components of a dental record, ownership of the record, how to make entries, how to transfer records, how long records should be kept and disposal information. Available as a free online resource is the Dental Records (<http://www.ada.org/prof/resources/topics/dentalpractice.asp>), with a detailed table of contents to help users quickly locate
9. For dental practice management information write, fax, e-mail or telephone the Council on Dental Practice.

Council on Dental Practice
211 East Chicago Avenue
Chicago, IL 60611-2678
Fax 1-312-440-2924
Telephone 1-312-440-2895
E-mail: dentalpractice@ada.org

Appendix C

Suggested Closing Checklist: Retirement

(*Timelines will vary according to state law requirements. Make sure to seek appropriate professional advice for the then-current requirements of your jurisdiction)

(Table 1)

90 Days	• Contact personal attorney and accountant • Set closing date and notify staff • Inventory supplies and adjust future orders • Appraise and decide fate of dental equipment
60 days	• Send closing announcement letter to patients • Begin incentives in order to retain staff • Restrict new non-emergency cases to those that can routinely be completed before the closing date or that could be done in phases
30 Days	• Telephone DEA, Board of Dentistry, State & Nat'l Dental Association to report planned office closing • Sort patient records into active, inactive and minors. Discard or store records appropriately. • Notify utilities

Closing Checklist: Dentist's Long-Term Illness or Death (Table 2)

First Day	• Assemble staff and relay what is known • Clarify what will be said to patients about the dentist's condition or situation • Cancel appointments for the day
First Week	• Hold a staff meeting and make work assignments that ease the panic • Send non-essential staff home until needed • Control access to the office and to records • Telephone attorney and accountant. Consider hiring a practice broker. • Arrange for colleagues to see emergency patients or for a temporary dentist to cover the practice until owner's recovery or until sale (Be sure to obtain a covenant not to compete to prevent patients continuing care in the office of the temporary dentist.) • Prepare a unified message for patients and others
First Month	• Duplicate records for other dentists upon written request from patients • Evaluate staffing requirement • Monitor accounts receivable • Have the practice valued for a possible sale • Obtain a real estate appraisal • Develop & implement comprehensive marketing plan to obtain bids if the practice is to be sold. • Begin showing the practice, if for sale. Don't discontinue marketing effort with first offer.
Last Month	• Sort patient records into active, inactive and minors. Discard or store records appropriately • Inform landlord about potential vacancy or sale • Announce who to contact for information about dental patient records that will be stored • Decide the fate of equipment • Offer incentives to keep staff
Last Week	• Disinfect countertops, equipment and instruments prior to removal • Properly dispose of chemicals

Appendix D

Tips at Retirement for Getting Top Dollar for Your Practice

1. Hire and keep ambitious associates by treating them fairly and compensating them well. Today's dental associate(s) could be tomorrow's practice purchaser. After all, who other than yourself and the associate(s) knows more about the practice or wants more to secure its future? To learn more about this business arrangement, see the ADA publication *Associateships: A Guide for Owners and Prospective Associates* (J045, telephone ADA Catalog at 1-800-947-4746 or www.adacatalog.org).
2. Plan to sell and retire from the practice while practice growth and earnings are high. This generally means sooner rather than later; and younger rather than older.
3. In the years leading up to retirement and sale of the practice, keep a good patient mix with higher incomes. Don't let your typical patient's profile grow old with the practice. Aim for twenty new patients each month. Take continuing education courses throughout your dental career and keep up with new technology and techniques.
4. Excellent personal contacts and visibility within the community and profession can help to ensure a good image that later could translate into higher goodwill at a sale.
5. Strive to keep costs down. This will distinguish your practice and boost the bottom line while increasing its attractiveness to potential buyers.
6. Keep excellent patient records. They are among the first items that a potential buyer will review.
7. Gather information for potential buyers about the community, including population data, demographic trends and economic factors. You should be prepared, for example, to tell a potential buyer factual financial information about your town's leading employer. A public library, Chamber of Commerce or the U. S. Census Bureau (<http://www.census.gov/>) may be able help you obtain information about your town.
8. Know how your practice differs in the competitive environment of your community. List what is special about your practice and patients.
9. If you have had a long-term relationship with a bank, find out if it is willing to provide financing for a buyer for your practice.
10. An updated appearance is important, however, sometimes too much emphasis is placed on the importance of new equipment. Be prepared to demonstrate that your equipment is in good working order. Show receipts that document the repair history of key equipment or components and warranty the equipment.
11. The practice should appear clean and orderly. Prior to a sale consider painting, changing the wallpaper or light fixtures, etc., but don't overspend. You may not be able to recover excessive refurbishing costs.
12. Consider introducing a serious buyer to the staff, if appropriate.
13. State your willingness to write a letter of introduction to patients and/or a newspaper article that endorses the new owner. Indicate your willingness to host a party that includes all of the patients to announce your retirement and introduces the new practice owner.
14. A protracted negotiation that fails could hamper getting a good or better deal with another buyer later if your staff or patients leave out of insecurity.
15. Obtain the services of an experienced dental practice broker. This individual will screen potential buyers, place advertisements and represent your interests during negotiations.

16. To market your practice, professional societies, dental schools nearby, dental residency programs and dental suppliers can be good resources. However, blanketing your community with news of your practice's potential sale or closure could backfire with early patient losses and reduced income long before a buyer is found.
17. Consider offering a long term buy-in strategy of up to ten years prior to retirement and later staying on as an associate for a short time.

Appendix E

List of Constituent Dental Societies

Alabama Dental Association

836 Washington Ave.
Montgomery, AL 36104
Phone: 334.265.1684
FAX: 334.262.6218
E-mail: contactus@aldaonline.org
Web: www.aldaonline.org

Alaska Dental Society

9170 Jewel Lake Rd. #203
Anchorage, AK 99502
Phone: 907.563.3003
FAX: 907.563.3009
E-mail: akdental@alaska.net
Web: www.akdental.org

Arizona Dental Association

3193 N. Drinkwater Blvd
Scottsdale, AZ 85251
Phone: 480.344.5777
FAX: 480.344.1442
E-mail: rick@azda.org
Web: www.azda.org

Arkansas State Dental Association

2501 Crestwood, Suite 205
N. Little Rock, AR 72116
Phone: 501.834.7650
FAX: 501.771.1016
E-mail: asda@aristotle.net
Web: www.dental-asda.org

California Dental Association

1201 K Street
Sacramento, CA 95814
Phone: 916.443.0505
(in CA) 800.232.7645
FAX: 916.443.2943
E-mail: info@cda.org
Web: www.cda.org

Colorado Dental Association

3690 S. Yosemite, Ste 100
Denver, CO 80237-1808
Phone: 303.740.6900
FAX: 303.740.7989
E-mail: info@cdaonline.org
Web: www.cdaonline.org

Connecticut State Dental Association

835 W. Queen St.
Southington, CT 06489
Phone: 860.378.1800
FAX: 860.378.1807
E-mail: noel@csda.com
Web: www.csda.com

Delaware State Dental Society

The Christiana Executive Campus
200 Continental Dr., Suite 111
Newark, DE 19713
Phone: 302.368.7634
FAX: 302.368.7669
E-mail: dsds@dol.net
Web: www.dedental.com

Dist. of Columbia Dental Society

502 C. St. NE
Washington, DC 20002
Phone: 202.547.7613
FAX: 210.546.1482
E-mail: info@dcdental.org
Web: www.dcdental.org

Florida Dental Association

1111 E. Tennessee St., Ste 102
Tallahassee, FL 32308-6913
Phone: 850.681.3629
FAX: 850.561.0504
E-mail: fda@floridadental.org
Web: www.floridadental.org

Georgia Dental Association

7000 Peachtree.Dunwoody Rd.
Ste. 200, Bldg. 17
Atlanta, GA 30328-1655
Phone: 404.636.7553
FAX: 404.633.3943
E-mail: phillips@gadental.org
Web: www.gadental.org

Hawaii Dental Association

1345 S Beretania St.
Honolulu, HI 96814
Phone: 808.593.7956
FAX: 808.593.7636
E-mail: hda@hawaiidentalassociation.net
Web: www.hawaiidentalassociation.net

Idaho State Dental Association

1220 W. Hays St.
Boise, ID 83702-5315
Phone: 208.343.7543
FAX: 208.343.0775
E-mail: info@isdaweb.com
Web: www.isdaweb.com

Illinois State Dental Society

1010 S. 2nd St.
P.O. Box 376
Springfield, IL 62704
Phone: 217.525.1406
FAX: 217.525.8872
E-mail: rechner@isds.org
Web: www.isds.org

Indiana Dental Association

P.O. Box 2467
401 W. Michigan Street
Indianapolis, IN 46206-2467
Phone: 800.562.5646
Or 316.634.2610
E-mail: dbush@indental.org
Web: www.indental.org

Iowa Dental Association

5530 West Parkway, Ste. 100
Johnson, IA 50131
Phone: 515.986.5605
FAX: 515.986.5626
E-mail: info@iowadental.org
Web: www.iowadental.org

Kansas Dental Association

5200 SW Huntoon St.
Topeka, KS 66604-2398
Phone: 913.272.7360
FAX: 913.272.2301
E-mail: kevin@ksdental.org
Web: www.ksdental.org

Kentucky Dental Association

1940 Princeton Dr.
Louisville, KY 40205-1873
Phone : 502.459.5373
FAX: 502.458.5915
E-mail: mike@kyda.org
Web: www.kyda.org

Louisiana Dental Association

7833 Office Park Blvd.
P O Box 261173
Baton Rouge, LA 70809
Phone: 225.926.1986
FAX: 225.926.1886
E-mail: info@ladental.org
Web: www.ladental.org

Maine Dental Association

P.O.Box 215
Manchester, ME 04351
Phone: 207.622.7900
FAX: 207.622.6210
E-mail: info@medental.org
Web: www.medental.org

Maryland State Dental Association

6410F Dobbin Road
Columbia, MD 21045
Phone: 410.964.2880
FAX: 410-964.0583
E-mail: mddent@msda.com
Web: www.msda.com

Massachusetts Dental Society

Two Willow St. #200
Southborough, MA 01754
Phone: 508.480.9797
FAX: 508.480.0002
E-mail: madental@massdental.org
Web: www.massdental.org

Michigan Dental Association

230 Washington Sq. N., Ste. 208
Lansing, MI 48933-1312
Phone: 517.372.9070
FAX: 517.372.0008
E-mail : mda@michigandental.org
Web : www.michigandental.org

Minnesota Dental Association

2236 Marshall Ave.
Saint Paul, MN 55104
Phone: 651.646.7454
FAX: 651.646.8246
E-mail: info@mndental.org
Web: www.mndental.org

Mississippi Dental Association

2630 Ridgewood Rd., Ste. C
Jackson, MS 39216-4903
Phone: 601.982.0442
FAX: 601.366.3050
E-mail: connie@msdental.org
Web: www.msdental.org/cms

Missouri Dental Association

3340 American Ave.
Jefferson City, MO 65109
Phone: 573.634.3436
FAX: 573.635.0764
E-mail: jake@msdental.org
Web: www.modental.org

Montana Dental Association

17½ S. Last Chance Gulch
Helena, MT 59624
Phone: 406.443.2061
FAX: 406.443.1546
E-mail: mda@mt.net
Web: www.mtdental.com

Nebraska Dental Association

3120 "O" St.
Lincoln, NE 68510-1533
Phone: 402.476.1704
Fax: 402.476.2641
E-mail: info@nedental.org
Web: www.nedental.org

Nevada Dental Association

8863 W. Flamingo Rd., Ste. 102
Las Vegas, NV 89147
Phone: 702.255.4211
FAX: 702.255.3302
E-mail: nda@lasvegas.net
Web: www.nvda.org

New Hampshire Dental Society

23 South State St.
Concord, NH 03301-2229
Phone: 603.225.5961
FAX: 603.226.4880
E-mail: nhds@nhds.org
Web: www.nhdental.com

New Jersey Dental Association

One Dental Plaza
P.O. Box 6020
North Brunswick, NJ 08902-6020
Phone: 732.821.9400
FAX: 732.821.1082
E-mail: ameisel@njda.org
Web: www.njda.org

New Mexico Dental Association

9201 Montgomery Blvd. NE, Ste. 601
Albuquerque, NM 87111
Phone: 505.294.1368
FAX: 505.294.9958
E-mail: kcravens@nmdental.org
Web: www.newmexicodental.org

New York State Dental Association

20 Corporate Woods Blvd., Ste. 602
Albany, NY 12211
Phone: 518.465.0044
FAX: 518.465.3219
E-mail: info@nysdental.org
Web: www.nysdental.org

North Carolina Dental Society

P.O. Box 4099
Cary, NC 27519
Phone: 919.677.1396
FAX: 919.677.1397
E-mail: info@ncdental.org
Web: www.ncdental.org

North Dakota Dental Association

P115 N. 4th Street
Bismarck, ND 58501-1332
Phone: 701.223.8870
FAX: 701.223.0855
E-mail: ndda@midconetwork.com
Web: www.ndental.com

Ohio Dental Association

1370 Dublin Rd.
Columbus, OH 43215-1009
Phone: 614.486.2700
FAX: 614.486.0381
E-mail: dentist@oda.org
Web: www.oda.org

Oklahoma Dental Association

317 NE 13th St.
Oklahoma City, OK 73104
Phone: 405.848.8873 or 800.876.8890
Fax: 405.848.8875
E-mail: information@okda.org
Web: www.okda.org

Oregon Dental Association

8699 S.W. Sun Place
P.O. Box 3710
Wilsonville, OR 97070-3710
Phone: 503.218.2010 or 800.452.5628
FAX: 503.218.2009
E-mail: info@oregondental.org
Web: www.oregondental.org

Pennsylvania Dental Association

3501 North Front St
Harrisburg, PA 17105-3341
Phone: 717.234.5941
FAX: 717.234.2186
E-mail: ckc@padental.org
Web: www.padental.org

**Colegio de Cirujanos Dentistas
de Puerto Rico**

Avenida Domenech #200
Hato Rey, PR 00918
Phone: 787.764.1969
FAX: 787.763.6335
Email: administratdor@ccdpr.org
Web: www.ccdpr.org

Rhode Island Dental Association

200 Centerville Rd., Ste 7
Warwick, RI 02886-0204
Phone: 401.732.6833
FAX: 401.732.9351
E-mail: info@ridental.com
Web: www.ridental.com

South Carolina Dental Association

120 Stonemark Ln.
Columbia, SC 29210-3841
Phone: 800.327.2598
or 803.750.2277
FAX: 803.750.1644
E-mail: lathamp@scda.org
Web: www.scda.org

South Dakota (CRDTS)

P.O. Box 1194
804 N. Euclid Ave., Suite 103
Pierre, SD 57501-1194
Phone: 605.224.9133
Fax: 605.224.9168
E-mail: info@sddental.org
Web: www.sddental.org

Tennessee Dental Association

660 Bakers Bridge Ave.
Suite 300
Franklin, TN 37067
Phone: 615.628.0208
FAX: 615.628.0214
E-mail: tda@tenndental.org
Web: www.tenndental.org

Texas Dental Association

1946 South IH.35, Suite 400
Austin, TX 78704
Phone: 512.443.3675
FAX: 512.443.3031
E-mail: stefanie@tda.org
Web: www.tda.org

Utah Dental Association

1151 E. 3900 S., Ste. 160
Salt Lake City, UT 84124
Phone: 801.261.5315
FAX: 801.261.1235
E-mail: uda@uda.org
Web: www.uda.org

Vermont State Dental Society

100 Dorset St., Ste. 18
South Burlington, VT 05403
Phone: 802.864.0115
FAX: 802.864.0116
E-mail: info@vsda.org
Web: www.vsds.org

Virgin Islands Dental Association

Med Arts Complex – Suite 10
St. Thomas, VI 00810
Phone: 340.777.5950
FAX: 340.775.4172
Email: jawdocvi@netwcape.net
Web:

Virginia Dental Association

7525 Staples Mill Road
Richmond, VA 23228
Phone: 804.261.1610
FAX: 804.261.1660
E-mail: Dickinson@vadental.org
Web: www.vadental.org

Washington State Dental Association

1001 Fourth Ave., Suite 3800
Seattle, WA 98154
Phone: 206.448.1914
FAX: 206.443.9266
E-mail: info@wsda.org
Web: www.wsda.org

West Virginia Dental Association

2016 ½ Kanawha Blvd. E.
Charleston, WV, 25311-2204
Phone: 304.344.5246
FAX: 304.344.5316
E-mail: info@wvdental.org
Web: www.wvdental.org

Wisconsin Dental Association

6737 W. Washington St.
Suite 2360
West Allis, WI 53214
Phone: 800.364.7646 or 414.276.4520
FAX: 414.276.8431
E-mail: mpaget@wda.org
Web: www.wda.org

Wyoming Dental Association

1637 S Spruce St.
Casper, WY 82601-4155
Phone: 307.237.1186
FAX: 307.237.1187
E-mail: wyodental@msn.com
Web: www.wyda.org

Appendix F

Useful Information and Documents Needed at the Time of a Sale

The following list of documents may be helpful when buying or selling a dental practice. You may also want to consult with your attorney or accountant about additional items that may be particular to your transaction.

Dental Equipment	
Description	
Year of manufacture	
Brand name	
Model number or type	
Serial number	
Capabilities/capacity	
Repair history/maintenance record	
Warranty	
Owner's manual	
Inspection record (license/permit)	

Business Office Equipment	
Computer/printer/copier	
Service/Support contact	
Brand name	
Model/serial number	
Capabilities/capacity	
Repair history/maintenance record	
Warranty/date purchased	
Owner's manual	
Software version	

Practice Numbers You Should Know (per year for last three years)	
Number of active patients ^{xi}	
Dentist & hygiene production	
Account receivable	
Number of new patients per month (and referral source)	
Capabilities/capacity	
Production per patient	
Production per hour	
Case acceptance rate	
Collection rate	
Fee-for-service/managed care ratio	
Total number of hours worked per month	
Dentist	
Hygienist	

Valuation Documents
Appraiser's contact information
Date and purpose of valuation
Valuation methodology and determination
Other Documents:
• Mortgage or copy of lease agreement • Copy of sales agreement or contract including warranties & non-compete covenants • Covenant (either the seller; or a temporary dentist hired/voluntary during a crisis) • Mutual aid agreement • Capitation plan, preferred provider organization (PPO) agreement, or dental management services organization agreement • Federal tax return (last 3 yrs, 1040 & 1120) • Balance sheet • Accounts receivable aging information • Fee schedule • Any outstanding legal judgments or claims
Policy & Personnel Records
• Employee office manual • Fee Schedule • Staff - Job descriptions, responsibilities, payroll records, time sheets, injury and safety records, worker's compensation records, health/insurance participation, retirement plan, medical savings account, salary information, resume, certification or license, affiliations, continuing education & training, documentation of malpractice coverage.

OSHA & Other Federal Compliance
Hazard communication program
List of hazardous chemicals
Material safety data sheets (MSDS)
Emergency action/fire prevention plans (eleven or more employees)
OSHA injury log (OSHA Form 101 or an equivalent and Form 200 from previous 5 years)
Medical records for employees having occupational exposure
HIPAA privacy/security policies & procedures
Exposure control plan
Partnership agreement
Dental laboratories
Major dental equipment supplier
Original architect/contractor-builder
Anesthetic gas supplier
Badge monitoring service (nitrous oxide or x-ray)
Waste hauler for garbage and/or hazardous wastes
Managed care plans/agreements

Suggested Documents/Information Supplied by the Buyer
Personal documentation, such as:
Copy of dental license
Federal tax returns (last 3 years)
Line of credit
Business/Marketing Plan
Copy of purchase/sales agreement
Cash flow projection
Strategic plan
Agreements
Agreement to employ seller (optional)
Non-compete agreement (from seller)

Appendix G

Advisory Team Contact Information

Accountant				
Company Name:			Contact:	
Office Address:				
City:	State		Zip	
Telephone:	Fax	E-mail		
Web site:	Contract?	Yes	No	

Practice Management Consultant				
Company Name:			Contact:	
Office Address:				
City:	State		Zip	
Telephone:	Fax	E-mail		
Web site:	Contract?	Yes	No	

Practice Broker				
Company Name:			Contact:	
Office Address:				
City:	State		Zip	
Telephone:	Fax	E-mail		
Web site:	Contract?	Yes	No	

Practice Appraiser				
Company Name:			Contact:	
Office Address:				
City:	State		Zip	
Telephone:	Fax	E-mail		
Web site:	Contract?	Yes	No	

Landlord/Lease holder				
Company Name:			Contact:	
Office Address:				
City:	State		Zip	
Telephone:	Fax	E-mail		
Web site:	Contract?	Yes	No	

Risk Management insurance Carrier				
Company Name:			Contact:	
Office Address:				
City:	State		Zip	
Telephone:	Fax	E-mail		
Web site:	Contract?	Yes	No	

Patient Insurance Carrier (PPO, HMO or other)				
Company Name:			Contact:	
Office Address:				
City:	State		Zip	
Telephone:	Fax	E-mail		
Web site:	Contract?	Yes	No	

Practice Healthcare Insurance Carrier (PPO, HMO or other)				
Company Name:		Contact:		
Office Address:				
City:		State	Zip	
Telephone:		Fax	E-mail	
Web site:		Contract?	Yes	No

Credit card Company				
Company Name:		Contact:		
Office Address:				
City:		State	Zip	
Telephone:		Fax	E-mail	
Web site:		Contract?	Yes	No

Practice Bank or Financial Institution				
Company Name:		Contact:		
Office Address:				
City:		State	Zip	
Telephone:		Fax	E-mail	
Web site:		Contract?	Yes	No

Practice Software Company				
Company Name:		Contact:		
Office Address:				
City:		State	Zip	
Telephone:		Fax	E-mail	
Web site:		Contract?	Yes	No

Web Site Design Company				
Company Name:		Contact:		
Office Address:				
City:		State	Zip	
Telephone:		Fax	E-mail	
Web site:		Contract?	Yes	No

Other				
Company Name:		Contact:		
Office Address:				
City:		State	Zip	
Telephone:		Fax	E-mail	
Web site:		Contract?	Yes	No

Other				
Company Name:		Contact:		
Office Address:				
City:		State	Zip	
Telephone:		Fax	E-mail	
Web site:		Contract?	Yes	No

Dentists in Mutual Aid group (*Locum Tenens*)

Dentists in Mutual Aid group (<i>Locum Tenens</i>)		
Dentist:		
Office Address:		
City:	State	Zip
Office Telephone:	Fax	
Home/Mobile phone	E-mail	
Dentist:		
Office Address:		
City:	State	Zip
Office Telephone:	Fax	
Home/Mobile phone	E-mail	
Dentist:		
Office Address:		
City:	State	Zip
Office Telephone:	Fax	
Home/Mobile phone	E-mail	
Dentist:		
Office Address:		
City:	State	Zip
Office Telephone:	Fax	
Home/Mobile phone	E-mail	
Dentist:		
Office Address:		
City:	State	Zip
Office Telephone:	Fax	
Home/Mobile phone	E-mail	
Dentist:		
Office Address:		
City:	State	Zip
Office Telephone:	Fax	
Home/Mobile phone	E-mail	

Appendix H

Web Sites

Tips for Evaluating Information on the Internet

The Internet touches every aspect of our lives, whether we use it to keep in touch with friends and family, research a question, shop for a gift or just read the news. But with all of the available information, how do we know what is trustworthy? To help evaluate and recognize Web sites that are providing credible information, consider the following tips:

- Is it clear who is responsible for the contents of the page?
- Is there a link to a page describing the purpose of the sponsoring organization?
- Is there a way of verifying the legitimacy of the page's sponsor such as a telephone number or postal address to contact for more information?
- Are informational sources clearly available for verification by another source?
- Is it clear who wrote the material and are the author's qualifications clearly stated?
- Is the information presented as an opinion and clearly stated as such? Is the source a qualified professional or organization?
- Can you easily determine when the site was last updated to determine if the information is current?
- Does the information contain several grammatical, spelling and typographical errors? Such errors indicate a lack of quality control and can actually produce inaccuracies in information.
- Does the site have a privacy policy? If not, the site should not ask for personal information.
- If a copyright protects the material, who holds it?

If the Web site or the information contained within the Web site is not consistent with these guidelines, make sure you check another source to ensure you are getting the most accurate information available.^{xii}

Alzheimer's Association

<http://www.alz.org/>

AARP Bereavement Outreach Program

One-on-one peer counseling using recently bereaved, trained volunteers http://www.aarp.org/families/grief_loss/

Alliance of the ADA

Surviving Spouse Package
1-800-621-8099 ext. 2865
<http://www.allianceada.org/>

American Academy of Family Physicians

Information on Do Not Resuscitate (DNR) and Advance Directives
<http://familydoctor.org/003.xml>

American Bar Association Pro Bono Directory

<http://www.abanet.org/legalservices/probono/directory.html#>

American Cancer Society

Cancer information and referrals
<http://www.cancer.org>

American Dental Association, Health & Wellness

<http://www.ada.org/prof/prac/wellness/program.asp>

American Dental Association, Disability

<http://www.ada.org/prof/prac/wellness/disability.asp>

American Hospice Foundation

<http://www.americanhospice.org/>

Business Resources for Disabled People

<http://www.disabilityinfo.gov/digov-public/public/DisplayPage.do?parentFolderId=500>

[Disabilityinfo.gov](http://www.disabilityinfo.gov)**Healthfinder**

<http://www.healthfinder.gov/>

Independent Living Centers for the Disabled

<http://www.jik.com/ilcs.html>

Mayo Health

Mayo Clinic
<http://www.mayohealth.org/>

Medline Plus

Free access to National Library of Medicine's database
<http://medlineplus.gov/>

Material Safety Data Sheets

Compiled by the ADA Division of Science

- Laboratory Safety Institute –
MSDSs and other chemical information sources <http://www.labsafety.org/cheminfo/links.htm>
This is a large index with links to ATSDR Toxfaqs, NIOSH Safety Cards, and a number of MSDS sites.
- Oklahoma State University, Online Safety Library–
Material Safety Data Sheets
<http://www.pp.okstate.edu/ehs/links/msds.htm>
Has links to MSDS sites and other chemical databases, plus an excellent section with safety training handouts.
- University of California, San Diego–
Material Safety Data Sheets (MSDS)
<http://blink.ucsd.edu/Blink/External/Topics/Policy/0,1162,4304,FF.html>
An index with links to MSDS and chemical fact sheets.

National Association for Information Destruction, Inc.

<http://www.naidonline.org/members.html>

National Cancer Institute

<http://www.nih.nci.gov>

National Institutes of Health

<http://www.nih.gov/>

Partnership for Caring

Website contains free Living Will & Medical Power of Attorney Documents

<http://www.partnershipforcaring.org/HomePage/>

PubMed

<http://www.ncbi.nlm.nih.gov/sites/entrez>

Rehabilitation Institute of Chicago

Amputee, Stroke, MS, and Spinal Cord injury support groups; legal clinic referral, health resource center for disabled women

<http://www.ric.org/>

Social Security Administration

<http://www.ssa.gov/>

Social Security Disability Benefits

<http://www.ssa.gov/dibplan/dqualify.htm>

Veteran's Memorial Benefits

<http://www.cem.va.gov/>

WebMD

<http://www.webmd.com/>

Endnotes

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- ⁱⁱⁱ Paoloski, Susana, DDS, "When is it safe to pitch office papers," Journal of the Greater Houston Dental Society, Sept 2002.
- ^{iv} Presavento & Pesavento, LTD, CPAs, "Records retention schedule," Collier, Sarner and Assoc Newsletter, Berwyn, IL, May 15, 2005.
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- ^{ix} Wikipedia, <http://en.wikipedia.org/wiki/Hospice#Concept>, accessed August 26, 2008.
- ^x Wikipedia, http://en.wikipedia.org/wiki/Durable_power_of_attorney, accessed August 26, 2008.
- ^{xi} ADA Policy, (Trans. 1991:621).; As defined by policy of the American Dental Association, (Trans. 1991:621), an active dental patient of record is any individual in either of the following two categories: Category I - patients of record who have had dental service(s) provided by the dentist in the past twelve (12) months; Category II patients of record who have had dental service(s) provided by the dentist in the past twenty four (24) months, but not within the past twelve (12) months. An inactive patient is any individual who has become a patient of record and has not received any dental services(s) by the dentists in the past twenty four (24) months.
- The above definition is typically used in practice appraisals and may not be the same definition of an active patient used in a dental office in records maintenance.
- ^{xii} American Dental Association, "Tips For Evaluating Information On The Internet," <http://www.ada.org/public/media/presskits/fillings/tips.pdf>, accessed August 29, 2008.