



Dr. Chad Gehani to Receive QCDS Highest Honor



The Indian Dental Association, New York is proud to announce that our Executive Director, Dr. Chad Gehani will be receiving

the highest honor awarded by Queens County Dental Society on Saturday, January 12, 2013 at Russo's on the Bay, Howard Beach NY.

The Board of Trustees of QCDS unanimously approved the recommendation of the Honors Committee in selecting Chad Gehani, past president of QCDS and NYSDA, as the recipient of the Emil Lentchner Distinguished Service Award to be presented at the January 12 Officers Installation and Dinner Dance.

The Lentchner Award is the highest honor bestowed by QCDS to a member in recognition of outstanding character and service to the Society and the dental profession.

QCDS President Dr. Beatriz Vallejo congratulated Dr. Gehani on his selection noting he has had a long and distinguished career in service to the tripartite at all levels where his strong leadership skills were a useful asset. Dr. Gehani is a mentor and resource to many QCDS members as well as members of other components both in our State and nationally. He has held all officer positions within QCDS, is a longtime member of our Board of Trustees and

has served on virtually every QCDS committee. He has mentored and encouraged those seeking a career in dentistry and can proudly take credit for dozens of practitioners who followed his advice and encouragement. He enjoys a solid reputation for his honesty, integrity, being well informed on the issues and his ability at consensus building. He is easily approachable, believes in equality, an open door policy and empathizes with the needs and wants of the membership. In addition to having served as a member of NYSDA's Council on Nominations, Board of Governors, Executive Committee and EDPAC and Chair of the Council on Membership and Communications, Dr. Gehani has served as a member of the Board of Directors of the New York State Dental Foundation from 2005-2011. As NYSDA president, he instituted programs such as the loan forgiveness programs and new dentists conference to benefit dentists.

He is also well known at the ADA where he served on the Committee on International Programs and Development, the Council on Membership, National Summit on Diversity, Chair of the New York State Tripartite Grassroots Membership Initiative and was a member of the Reference Committee on Membership at the 2003 Annual Session of the House of Delegates.

Dr. Gehani has been at the forefront in promoting inclusivity and unity within the dental community and has been honored by many of the ethnic dental societies for his efforts.

He has long supported and has been instrumental in successfully preser-

—Continued on page 2



President's Message *Dr. Sudhakar Shetty*

One of the highlights of the year for Indian Dental association USA in terms of networking, organization, education, and fellowship is the annual convention. This year, the event took place on Oct 27 and 28th. The convention began with a dinner gala on Oct 27th at the Worlds Fair Marina. We were very fortunate to have many honored guests attend. Among them were ADA President, Dr. William Calnon, NYSDA President, Dr. Deborah Weisfuse, NYSDA President elect, Dr. Joel Friedman, and ADA trustee, Dr. Steven Gounardes.

—Continued on page 3

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ving adult Medicaid services for those in need and continues his efforts to assure that all dental patients have access to quality dental care. The New York State Dental Foundation recognized his efforts by honoring him with the Award of Excellence in Community Service in 2006.

He holds fellowships in the Pierre Fauchard Academy, the International College of Dentists and the American College of Dentists and currently serves as the Chair of the Department of Endodontics at Flushing Hospital Medical Center, and Associate Clinical Professor of Endodontics at New York University.

Dr. Gehani has extended his efforts to serve those in need both in New York as well as on the international stage. He has been President of the Indian Dental Association (USA) and has done presentations at FDI, American Dental Association, Greater New York Dental Meeting, Greater Long Island Dental Meeting, Commonwealth Dental Association, Asia Pacific Dental Congress, Spanish American Medical & Dental Society, Pakistan Dental Association, Bangladesh Dental Association, South Asian Dental Congress, Dominican Dental Association, Federation Odontologica Latin America and many others that are too numerous to mention. He received The Best Teacher award of International college of Dentists (India Section), The International College of Dentists (Head Office) honored him for his global contributions to the dental profession.

Dr. Gehani's strong values of service to the public are evidenced by his own family life where his wife, Rekha, is a successful orthodontist and their three children have chosen similar careers with two choosing dentistry and one choosing medicine. His belief that a single person can make a difference in the community is shared by each of his family members who also share his belief that actions should be governed by what is in the best interests of the patient and the profession.

QCDS Executive Director William Bayer stated that "this well deserved award is long overdue and Dr. Gehani's career exemplifies the qualities the Lentchner Award was established to recognize. I cannot conceive of a more deserving recipient."

Dr. Gehani had the pleasure of working with Dr. Lentchner and learned much from him stating "I am both honored and humbled by the recognition of my colleagues from the QCDS in awarding me this high honor. We are an extended family and I cherish their support and encouragement over the years. I thank them very much"

—Continued from page 1

President's Message

The speeches were very warm and heartfelt, and attested to the longstanding and valuable relationship that these respected colleagues have with our Executive Director, Dr. Chad Gehani and with the "IDA family". NYSDA President, Dr. Deborah Weisfuse, spoke about the important issues that the Dental profession is facing and how we can benefit from organized dentistry to mobilize our efforts. Dr. Chad Gehani recognized the vision and foresight of Dr. Amrit Patel, founder of IDA, who in turn reminisced about the growth of the Organization under the dynamic leadership of Dr. Chad Gehani. IDA also recognized former IDA President and President-elect of the 2nd District Dental Society, Dr. Amrish Parikh for his distinguished service to the profession by presenting him with a plaque. All speakers lauded Dr. Gehani's exemplary contributions to the dental profession thus far, and wished him greater success as he moves on to becoming ADA Trustee and ADA President in the near future.

A colorful cultural program, including a Bharatnatyam performance by the twin daughters of Dr. Revathi Narayan was most entertaining!

On Sunday Oct 28th, continuing education lectures were conducted at the Saklad Auditorium at NYU. Over 80 registrants attended. Dr. Manraj Bath spoke on Advanced concepts in Implant Dentistry – meeting the demands of today's implant patient. Next topic, The Dealing with Dental codes and Dental Insurance by Dr. Andrew Vorrasi ended in a lively discussion with the audience. Finally, Dr. Michael Bral lectured on the topic, Periodontics for the General Dentist. All lectures were very well received by attendees.

I would like to urge new graduates and students to join IDA and encourage existing members to help in this effort. These young dentists will be the future of our profession and we can all benefit from interacting with each other- either through teaching and imparting experience, or learning of new technology and ways to improve practice efficiency. I encourage all members to attend the upcoming General Body Meeting to be held on Dec 9th 2012 and voice your suggestions and ideas on how to improve and make IDA more relevant to the younger generation. I plan to use Facebook more effectively towards this end.

The day after the convention, we in the Tristate area experienced the devastation brought on by Hurricane Sandy. I sincerely hope that you and your loved ones are safe and managing through the recovery efforts.

For those who have suffered losses to their homes and businesses, it is important to know that NYSDA, ADA and your local components are working to help you through this disaster.

On the NYSDA website you will find information that will direct you to **ADA DISASTER RELIEF ASSISTANCE** and **GRANT APPLICATION**.

Information is also available on how to access **FEMA** relief.

There are 3 ways to apply for assistance through **FEMA** –

-Apply online at DisasterAssistance.gov

-Apply via a smartphone at m.fema.gov

-Apply by phone.

Call 800-621-3362 or call TTY (800)621-3362 for people with speech or hearing disabilities.

Happy Holidays!

Dr. Sudhakar Shetty
President

Changes to the Medicaid Program May Increase Managed Care Solicitations:

Are You Prepared?

Judith L. Shub, Ph.D.

by Judith L. Shub, Ph.D. appeared in the NYSDJ Volume 78 Number 4 June/July 2012. It has been reprinted with the permission of the author and the New York State Dental Journal.

State governments across the nation are turning to managed care to control the ever-increasing financial liability associated with public healthcare programs. Unlike Medicaid, neither the Child Health Plus (SCHIP) nor the Family Health Plus programs provides funding (benefits) for actual healthcare. Instead, the state purchases benefits in total or in part for eligible program recipients from third-party payers. These programs purchase benefits through managed care companies/organizations (MCOs).

In 1996, New York State received a waiver from the federal government allowing it to enroll Medicaid recipients in managed care. Since then, the Department of Health (DOH) has entered into contracts with a number of MCOs and has attempted to enroll Medicaid recipients in these plans for their medical and dental care. Up until now, MCOs were not required to offer dental treatment to Medicaid recipients. For those that did, orthodontic treatment was carved out of the required treatment offerings. It is these two policies that are scheduled to change in the months ahead.

DOH's policy calls for the transfer of all Medicaid recipients into managed care. The requirement that MCOs provide both medical and dental treatment services, including orthodontic services, to Medicaid enrollees will have the immediate effect of forcing MCOs contracted with New York State to have a sufficient panel of participating dentists to ensure access to their Medicaid enrollees. This should result in MCOs competing to create or expand their panels of participating dentists and should improve the ability of dentists to achieve more favorable terms when negotiating managed care contracts. It may also have the unintended consequence of expanding the presence of MCOs in the benefit marketplace. Both of these factors underscore the importance of dentists understanding managed care before entering into legal contracts with MCOs.

As New York State struggles to meet increasing

Medicaid costs, DOH is looking to managed care to reduce and control these costs. DOH will require all managed care companies to offer dental coverage (except orthodontia) to their Medicaid enrollees on July 1. DOH plans to end the carve-out of orthodontic services by requiring patients enrolled in an MCO to obtain their orthodontic care through their MCOs beginning in October. Patients who are not enrolled in an MCO will continue to receive their dental benefit through the current "fee-for-service" Medicaid program.

Immediate Transition

While DOH has set dates for two dental patient transitions into managed care plans, it has not announced how these transitions will occur. Nor has it revealed whether the current protocols for eligibility screening for orthodontic patients in New York City will be discontinued or what arrangements will be made for orthodontic patients who are currently in treatment.

Regardless, this change underscores the need to verify the eligibility and payment source for every Medicaid patient at every appointment. Dentists who do not have participation agreements with a patient's managed care plan will not be eligible to receive Medicaid reimbursement for that patient's treatment.

Managed Care Model

The managed care model was developed as an alternative health care delivery and payment prototype. Its goals were to improve healthcare delivery and better control healthcare costs. Managed care is appealing to government policymakers because it results in healthcare costs that are controlled and predictable. Unlike the traditional Medicaid program, where DOH administers claims and pays providers through its contractor, by contracting with MCOs, the state's financial risk is defined. The costs incurred by the state are fixed over a contract period regardless of patient demand and amount of

treatment services rendered.

In contrast, physicians, dentists, hospitals and other healthcare providers do not enjoy inherent benefits from their participation in MCOs. In fact, because the model transfers financial risk from the payer to the provider, healthcare providers can suffer economically unless there are certain assumptions that are stipulated contractually. In all managed care relationships, the third-party payer transfers some of the financial liability usually borne by the third party and patient to the healthcare provider. It achieves this goal in a variety of ways, including reduced fees and other limitations on payment.

Before entering into any contract with an MCO, it is imperative that dentists understand the terms of the offering and that they confirm that the contract includes any modifications necessary to protect dentists' legal and ethical responsibilities—as well as their livelihood.

When the state contracts with an MCO to provide services to Medicaid patients, the MCO must demonstrate that it can provide the services it is paid to provide. Most health maintenance organizations (HMOs) contract with other MCOs—typically, independent practice associations (IPAs) that have contracted panels of participating dentists. It is incumbent upon the IPA to have contracts with a sufficient number of dentists to provide treatment to enrolled patients. As a result, dentists should expect to receive offers from IPAs to enter into participating provider agreements. These companies will be seeking to expand their dentist panels to meet the needs of the Medicaid program. Dentists considering such contracts should understand what managed care is, key elements and clauses in participation contracts, and how these contracts will affect their practices.

Dental Managed Care Plans

What makes a benefit plan “managed care?” It is not whether the dentist is paid on a capitation or fee-for service basis. It is whether the dentist is engaged in a contractually based relationship with a third-party benefit payer—a relationship that is based upon the transfer of financial liability from the plan to the dentist.

HMOs are the primary managed care entity. The HMO is a form of integrated group practice with two distinct aspects. First, HMOs share many of the

same privileges as other forms of integrated professional practices, i.e., professional corporations (PC) and limited liability companies (LLC). They are regulated by the DOH and have responsibilities for the provision of healthcare. Second, they perform the function of third-party payers. They are a type of healthcare benefit plan that assumes risk for the healthcare costs of enrollees.

Solicitations from Managed Care Companies

When an MCO sends a contract to a dentist, that contract represents an offer. It is up to the dentist to understand, evaluate and negotiate the terms of that offer. These contract offerings are written by attorneys working for the MCOs with the MCO's

Announcement

Dr. Sudhakar Shetty and his wife Vinitha, celebrated the marriage of their daughter Nitasha to Amar Manvar, son of Drs. Buddhadev and Dolly Manvar on September 8th. The Hindu ceremony took place on the lawns of the historic Hempstead House, which recently celebrated its 100th year. The ceremony combined tradition from the families' Mangalorean, Gujarati, and Kashmiri roots. The celebration continued with a Reception at the Brooklyn Museum of Art. Nitasha and Amar are both physicians currently completing residency training.

Dr. Prabha Krishnan was inducted as a Fellow of the American College of Dentists on Oct. 18, 2012 in San Francisco during the Annual Convention of the American Dental Association. Congratulations to her on a well deserved honor!!!

Dr. Divakar and Mrs. Pratibha Chokshi are thrilled to announce the union of their daughter Nikki to Dr. Advait Shah, Son of Mr. Vijay and Meena Shah. Advait practices dentistry in Queens and Long Island, NY and is also a gifted musician. The wedding took place on September 29th at the Hyatt in Long Island, NY. The newlyweds honeymooned in Hawaii and now reside in Bayside, NY.

Dr. Hemali Ajmera, daughter of Drs. Dina and Mukesh Ajmera and Mr. Nikhil Surana, son of Drs. Manju and Ashok Surana were wed on August 25th, 2012 at the Surf Club in New Rochelle. The two met through a mutual friend when they were on holiday in the Hamptons two years ago. They enjoyed a one year courtship before getting engaged. They enjoy dining and nightlife in the city, boating, and ofcourse socializing with close family and friends. The couple resides in Manhattan and enjoys weekend trips and vacations few times a year. They have taken a deep interest in wine tasting and have sought out interesting vintages over these past few years to start their collection.

best interests, legal restrictions and goals in mind. They do not include language that will protect a professional's legal and ethical obligations or the business interests of an individual dentist.

Through the ADA Contract Analysis Service, NYSDA has been able to provide free legal analyses of unsigned participating provider contracts for its members. Dentists are encouraged to review such contracts with their own attorneys and to use an attorney in their negotiations with any MCO. NYSDA members can utilize the services of the NYSDA Legal Services Panel, attorneys with expertise in professional contracting who offer significant discounts to Association members.

Until a contract is signed, it is "in negotiation." While a number of dentists have successfully modified contracts to best protect their interests, others have simply signed the proffered contracts they received from MCOs with only a glance at the initial fee schedule included with the contract. Some have complained that they have called an MCO and been told that the company will not negotiate. "Take it or leave it" is not a promising statement from a company that needs dentists. Negotiations are properly conducted only in writing, not over the telephone.

There are few legal limitations on what terms these contracts include other than those contained in the DOH's Managed Care Guidelines and in the Public Health Law. Neither significantly addresses the financial terms. The financial terms most directly affect the profitability of a dental practice.

Contracts are legally binding. For most dentists, this is new and unfamiliar territory that requires expertise beyond what is typically acquired in a dentist's training. Medicaid managed care plans must offer patients all of the same services mandated by New York State's Medicaid program and follow the DOH's policies as well. The plans can be less restrictive in the services they provide and must make the criteria for coverage known to their contractors and patients.

Contracting with Managed Care Companies

Participating provider contracts include either a discounted fee-for-service reimbursement schedule or a capitated per-member-per-month fee (PP/PM). Generally, the initial fees offered may be less than a dentist's usual and customary charges. Unlike the fee-for-service Medicaid program, dentists contracting with an MCO for Medicaid services

are not required to accept the current Medicaid dental fee schedule or other discounted schedule. Presumably, in order to attract participating dentists to meet the increased demand, MCOs will need to offer competitive fees.

It is important in evaluating a contract offer to compare the proffered fee schedule to the doctor's usual office fees. It is equally important to consider other clauses in these contracts that determine the actual reimbursement the dentist can expect to receive. For example, among other terms, these clauses usually stipulate that the MCO may unilaterally change the reimbursement terms upon prior notice to the dentist. Doctors may also wish to include language that will help make payment predictable, such as clauses that ensure increases in reimbursement at defined intervals, prohibit changes in payment methodology and limit the MCO's ability to make changes in the relationship without the dentist's ability to review and accept these changes within a reasonable time period.

In addition, as most panels are not specific to a particular insurance policy, doctors may wish to specify whether they are willing to provide services under the terms of the contract to any other plans administered by the company with which the dentist is contracting. Are there requirements that the company notify the dentist when additional plans are added or when the terms of the agreement change? Will the contract require the dentist to treat patients enrolled in Child Health Plus, Family Health Plus or other plans at the same discounted rates? Does the contract best meet the needs of a dentist who practices in more than one location or employs other dentists in his or her practice? Are any limitations and the criteria for coverage for specific treatment procedures provided? The contract establishes all of the rights and obligations of both the dentist and the MCO. All communications and negotiations with an MCO should be conducted in writing, not over the telephone. If it isn't written into the contract, it is unenforceable. Individual doctors are responsible for negotiating reimbursement rates and terms that are adequate to enable them to continue to provide necessary care to their patients profitably. Until the dentist signs a contract, it is in negotiation. Once the dentist has signed, it is assumed that the dentist understands the meaning of the terms of the contract and has accepted those terms. The first question to resolve when considering any participating pro-

vider agreement is, “Why did the company send this contract to me?” The answer is straightforward. The company needs dentists on its panel. The marketability of a discounted dental plan relies upon the number of dentists on the panel and the amount of the discounts it can offer plan purchasers, i.e., New York State.

There are a number of important questions to answer when evaluating a contract offer, including:

1. Would the plan’s initial fee schedule be profitable?
2. Is there a percentage of patients in the practice above which the fee schedule would not be profitable?
3. When and how could the reimbursement change?
4. Under what conditions will the dental office not be paid?
5. Are there circumstances where the dentist may seek payment from patients and, if so, at what fees?
6. Does the contract contain clauses applicable to employees and practice associates, multiple practice locations or other characteristics of the dentist’s practice?
7. Can the dentist comply with the terms of the contract without violating the laws, regulations or the Code of Ethics governing professional conduct?
8. What does the dentist receive in return for the concessions sought by the managed care company, i.e., what benefits does the contract promise the dentist?
9. Are there unanswered questions or situations that are not clearly delineated in the contract?

Contract limitations may result in forfeiture of payment. Dental managed care plans only reimburse for services that are covered and for patients who are eligible on the date of service. When claims are denied, there may be contractual or practical limitations on the dentist’s ability to collect reimbursement from patients directly. If a dentist verifies patient eligibility but the plan later determines that the patient was not eligible for benefits on the date of service, the contract will determine whether the claim will be denied and if and how the dentist will be paid. When plans do not maintain accurate real-time eligibility data, there may be barriers to a dentist seeking payment from the patient.

Again, MCOs that contract with DOH must follow

current Medicaid policies; however, they can be more liberal in their coverage. Unlike “fee-for-service” dental Medicaid providers, dentists contracting with an MCO to provide Medicaid services are not required to accept the current Medicaid dental fee schedule. They can negotiate higher fees with the MCO.

Antitrust

As changes in New York’s Medicaid program could result in a number of dentists in a particular region receiving offers from MCOs, dentists who receive such contract offers must be cautious not to discuss the offers they receive and the fees negotiated with their colleagues. Federal and state antitrust laws prohibit competitors from joining together to unfairly restrict trade and inflate costs by engaging in boycotts or price-fixing. As a result, individual doctors are prohibited from jointly negotiating fees either as a private group or in contract negotiations.

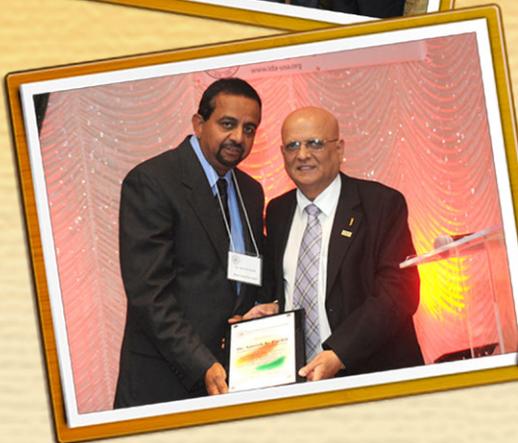
Conclusion

It is likely that dentists in New York State will receive solicitations as MCOs compete for contracts with DOH to provide services to Medicaid enrollees. These agreements are legal contracts that delineate the rights and obligations of parties, the dentist and the payer. They have obvious implications for the business side of the dental practice and the dentist’s livelihood. As such, they should be taken seriously. It is advisable to negotiate any contract with good legal advice.

Ultimately, a dentist cannot understand the impact any participation agreement will have on the dental practice without an understanding of the actual practice overhead and demographics. Contract offerings are developed by MCOs from their perspective, not from the perspective of the dentist. There are many important considerations in negotiating any contract. The doctor’s own attorney should be able to point out significant clauses in a specific contract and help guide the dentist to consider the potential impact with respect to the doctor’s unique practice concerns.

The time to check the contract and negotiate its terms is before signing. The most frequently asked questions NYSDA staff receive from members dissatisfied with an MCO’s payment or other practices are, “Is it legal? Isn’t there a law that they can’t do that?” Usually the answer is, “It’s contractual.

IDA Convention, Oct 2012



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**NOTE: This is a good opportunity for a Family to move upstate
in a quiet and hassel free environment with good schools.
(I did this thirty years ago)**



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inspiring confidence

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Indian Dental Association (USA) Inc.
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General Body Meeting & Lunch

Date: Sun, Dec 9th, 2012
Time: 11:30 am

Place: Akbar Restaurant
2 South Street
Garden City, NY 11530

Event is FREE!
Registration is required

RSVP by email: idausamemberservices@gmail.com

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