

CLOSING A DENTAL PRACTICE

A Guide for the Retiring Dentist or Surviving Spouse

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Managing patient records • dismissing staff • disposing of equipment and supplies • necessary notifications. Contains sample letters and tips on ways to close a dental practice at retirement or in the event of a dentist's long-term illness or death.

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.

This guide from the Council on Dental Practice of the American Dental Association is intended to provide general background information on a selected practice management topic. It is not intended or offered as legal or professional advice. Readers must consult with their attorney and/or other professional advisors for such advice, including with respect to applicable state and local laws.

The ADA is ONLINE at <http://www.ada.org>

TABLE OF CONTENTS

	<i>Page</i>
<i>Introduction</i>	5
<i>Seek Competent Professional Advice</i>	5
<i>Announcing the Closing</i>	6
<i>Evaluating Patient Records</i>	7
<i>Dental Equipment, Supplies & Medicaments</i>	9
<i>Professional Notifications</i>	12
<i>Revising Your Insurance Portfolio</i>	14
<i>Special Considerations for Professional Liability Insurance Policies</i>	15
<i>Office Overhead Expense Insurance</i>	16
<i>Contacting the Social Security Administration/ Veterans Affairs</i>	17
<i>Keeping Your Association Informed</i>	17
<i>Deciding Staff Size and Taking Charge</i>	18
<i>Collecting Outstanding Debts</i>	21
<i>Marketing the Practice</i>	21
<i>Exceptions to Ownership/ Operation Restrictions Upon A Dentist's Disability or Death</i>	22
<i>Hospice and End of Life Decision-making</i>	22
<i>Do Not Resuscitate and Other Advance Directives</i>	23
<i>Dealing with Grief Upon a Dentist's Disability or Death</i>	24
<i>Funerals</i>	27
<i>Organ-Tissue Donating</i>	27

<i>Appendix A:</i>	<i>Sample Letters</i>	<i>28</i>
<i>Appendix B:</i>	<i>Suggested Publications from the Council on Dental Practice</i>	<i>32</i>
<i>Appendix C:</i>	<i>Suggested Check Lists</i>	<i>33</i>
	<i>Closing Due to Retirement</i>	
	<i>Closing Due to a Dentist's Long-term Illness or Death</i>	
<i>Appendix D:</i>	<i>List of Constituent Dental Societies</i>	<i>36</i>
<i>Appendix E:</i>	<i>Tips at Retirement for Getting Top Dollar for Your Practice</i>	<i>42</i>
<i>Appendix F:</i>	<i>Useful Information & Documents Needed at the Time of a Sale</i>	<i>44</i>
<i>Appendix G:</i>	<i>Advisory Team Contact Information</i>	<i>49</i>
<i>Appendix H:</i>	<i>Death, Dying & Disability Links</i>	<i>51</i>

Introduction

The ADA estimates that nearly 1,000 dentists retire each year. Over 1,300 die. This publication contains useful information to help carry a retiring dentist up until the last day. Some of the information may even be useful to a dentist closing a practice due to a bankruptcy. Or it could be a valuable resource to the surviving spouse who has no prior dental administrative experience and who is suddenly left with the daunting task of selling or closing a practice. In any case, this publication contains information about informing patients & authorities, dismissing staff, deciding the fate of equipment and instruments and about how to deal with patient records issues including storage, transfer or destruction. 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.

Seek Competent Professional Advice

Dentists and others faced with closing a practice should always consider seeking professional advice. Advisors could include an attorney, accountant or dental practice valuator. (For free information to help you better select advisors see Appendix B). Keep in mind, whenever one closes an established practice that inherent value could be lost if the dentist's practice is closed, but not sold. In general, the proceeds from a practice's sale might be important for a dentist's estate or for funding a retirement. Hence, a dental practice owner, a surviving spouse or another agent acting on behalf of the dentist and who is NOT offering the practice for sale, could be missing out on an important financial opportunity.

It is always a good idea for a dentist to plan for the sale or closing of the dental practice due to their disability or death. For the benefit of the surviving spouse, collect important papers into 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. Discuss in advance with your local bank plans for quick approval of loan applicants should you die unexpectedly. Conduct a bi-annual valuation of the practice. Keep the valuation determination with your other important documents.

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.

It is generally advisable if a closing is planned, that a dentist only commence treatments that can reasonably be completed before the practice closes. However, if for some reason, a dental practice must be closed rapidly, a dentist may need to help patients undergoing extensive treatment find a new dentist who is willing and able to take the case to completion. Helping a patient locate and continue treatment with another dentist could avert an allegation of patient abandonment or other charge. Doing so may also be viewed by patients as 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. For the transfer, choose a dentist with adequate skills. Ask that dentist to let you know whether the patient completes the treatment. Information of this kind could be useful to the transferring dentist should there later be litigation about an allegation of patient abandonment or malpractice.

A proper patient transfer from a retiring dentist who must discontinue treatment in advance of completion may have at least these four requirements: 1) identifying a skilled practitioner who will accept the unfinished case; 2) providing that dentist 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 could still have trouble defending against an abandonment allegation, depending on applicable law.

Retiring dentists making a transfer, should consider doing more than just writing out the name of a specialist and leaving it to the patient to initiate the contact and make the appointment. With the patient's consent, they should have the office send a copy of the record and call and make the patient's appointment at the specialist or other dentist.

Call the other dentist again to find out if the patient kept the appointment and is cooperating. Before original records are stored, record comments that you get 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. Under a circumstance of retirement, many dentists provide this service free of charge. They should not refuse to release needed patient treatment information due to the payment delinquency of the patient. 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.

Your states' laws actually govern whether a dentist must send originals, however, 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. Make a note of where 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.

Remember of course, that record retention is a matter of state law and risk management. Although, in general, records may be destroyed for inactive adult patients who have not been seen in seven years (longer in some localities) or at the expiration of the statute of limitation on contract and tort actions. The oral health record of inactive minors generally should NOT be destroyed until seven years after a child reaches majority (21 years plus 7 years, or 28 years of age in some localities). Records should be stored in a moisture and fire resistant container. Check with your attorney or state dental association to learn what is the record retention requirement in your state and with your insurance carrier for risk management ideas.

Oral health records may be preserved on microfilm in many jurisdictions. The great benefit of storing records on microfilm is that they take up less space than paper records. However, prior to completely converting to microfilmed records, a dentist should consult with his/her own attorney 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 It is best that records be kept in accordance with state retention laws. For those inactive patient records (passed the 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 shredding 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 shredder service should sign your confidentiality agreement (or HIPAA "Business Associate Agreement," if applicable) and if they will agree, indemnify you in the event of a breach in confidentiality. Most services issue a Certificate of Destruction or the company may allow you or a staff member to witness the 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.

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

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 that comes to the company. In general, the collected paper is 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. In either 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 which do not also agree in writing to adhere to the privacy policies of the practice.

Dental Equipment, Supplies & Medicaments

An estimation of the dental equipment's salvage 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 on nearly 200 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 small fee to the ADA 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 to members only at <http://www.ada.org>, members may obtain a hard copy of the publication by telephoning the Council on Dental Practice office. Non-member dentists and others are also charged 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 of minimal value, but 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. 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.

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.

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

Caution should be exercised before selling or donating dental supplies, especially chemicals and medicaments. Many supplies, most likely, will have reached or are nearly at the end of their shelf life and could be unsafe or ineffective if used. These expired, opened bottles and containers or packages often have uncertain content and should not be considered for donating. However, if unopened, many 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. Again, check with your attorney and/or state society for the requirements in your area.

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 into a sewer. Straight alcohols, ethers, and peroxides, for example, are considered flammable and should NOT be sewerred because of the possibility of explosion.

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

In some cases, disposing of large quantities 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 or your city or state government may be able to give you additional disposal information.

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 should contain instructions about how to properly discard expired, or partially used chemicals. Furthermore, the manufacturer's business telephone number generally appears. Customers can call the company if there are questions. (note: OSHA now allows a dentist, under certain conditions, to maintain this file electronically such as through use of computers with printers, microfiche machines, the Internet, CD-ROMs and fax machines.)

Undistributed Medications An unsafe or illegal practice for non-dentists could be for them 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. And while most are mouthwashes or simple analgesics for pain, 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.

Dental Managed Care If the practice participates in a dental managed care plan, prior to closing it should be determined which date is best. Under some circumstances such as advance payment that might create accounting complications or in the event of certain quarterly payment distributions, a practice could lose money by closing inappropriately.

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 however, requires specific training. A surviving spouse or family member is generally unfamiliar with proper disinfecting techniques and should not undertake 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 agree to come over and do this job for you.

Hazardous Wastes Sharps may include needles, scalpels, dental broaches, drills & reamers. 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 dripping bloody patient dressings, swabs, etc. However, if you do, please note that the disposal of infectious medical wastes needs special training. A community sanitary district garbage telephone Hotline, if one exists, or calling the local dental society, may be helpful when confronted with what to do 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.

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.

Dentists may be required by state law to inform the dental board or other professional regulators about an incapacitating condition affecting their practice of dentistry.

The 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 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.

The local dental society and the State Board of Dental Examiners should be notified as well about an incapacitated or deceased dentist. See a listing of constituent dental societies in Appendix # D of this book. 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.

Hiring a temporary dentist following the death of the dentist can be an excellent 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.

A common question is, Can the hygienist continue seeing patients before a replacement dentist is in the office? You should know that most states do not allow for the independent practice of dental hygiene in the absence of a licensed dentist. Consequently, a dental hygienist in these states must cancel hygiene appointments until such time as there is either a temporary or a permanent dentist on hand to provide supervision. Or a colleague might come in to fulfill a mutual aid promise, if one exists.

What Is A Mutual Aid Agreement? A "mutual aid agreement" is a formal contract with colleagues whereby in the event of the sudden illness 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 Council on Dental Practice has for sale information about how a dentist can organize a mutual aid group. The Council may be contacted by calling 312-440-2895.

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, but include a letter of explanation that payment for the billed service should be sent to the dentist's estate. The letter and a copy of the dentist's death certificate, might go a long way toward helping an adjuster at the insurance end understand what is being requested, and why.

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 demise of the dentist.

Revising Your Insurance Portfolio

Upon cessation of practice, a dentist should also review all insurance policies with the help of an insurance advisor 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 reconsider the amount of any term life insurance you are still maintaining. Many financial experts believe that it is not necessary to carry term life insurance beyond retirement.

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 for you to submit your 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, make sure that the executor of your estate can easily locate your 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 extended 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 this type of 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.

In the meantime, the business remains a viable practice and personal savings remain intact. Unfortunately, many dentists are unaware that this kind of insurance even exists. However if a suddenly disabled dentist does carry office overhead expense insurance you will want to invoke its protection right away.

Common features of an excellent office overhead expense insurance policy:

- **Provides** an “own occupation” definition of disability; benefits if you are partially disabled; coverage for depreciation and debt; reimbursement for a replacement dentist; and a high maximum benefit that could accommodate future practice growth.
- **Allows a waiting period** that is consistent with the practice’s cash flow.
- **Benefits that last** the expected term of the disability.
- **Policy covers major expenses** such as payroll and rent.

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. You should telephone 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.

Keeping 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.

Deciding Staff Size and Taking Charge

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 your telephone directory for a temporary help listing 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 make these calls. In fact, a collection effort that is interrupted because of a lack of staff, could mean the loss of thousands of dollars 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 the dentist will have 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, 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 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 can 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 the 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.

If the practice indeed is to be closed and not sold, you may wish to get some advice from the Internal Revenue Service which maintains a website 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. It might even be necessary for the spouse to open and close the office each day. Protecting everyone's best interest, including perhaps your own if you are the surviving spouse, may be up to you. Be aware of the feelings of others, but don't allow old sentimentalities to interfere with good judgment.

Some staff members who might be unknown to the spouse might take offense at suddenly having someone else take charge; however, under the circumstances, the spouse will indeed need to assume responsibility for making at least some of the decisions. In a crisis, almost everyone is looking for leadership.

With a little help from this guide, there is no reason why a spouse couldn't become a leader who successfully transitions 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. If you are the surviving spouse, until the practice is closed or sold,

- 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 a claimed expense or staff bonus that you cannot account for.
- Ask the accountant to do an audit as you need to know the debts (& credits) of the practice. A lien could tie-up sale of the practice and result in eventual disinterest by a potential buyer.
- Collect **all** keys & change password so that only you control access to the building (or office suite) and to the computer.

In most states, a non-dentist is prohibited from owing or continuing to operate a dental practice although at least 17 states do allow limited non-dentist ownership (see Exceptions to Ownership). Following the death of the dentist, a dentist's surviving spouse or executor should immediately seek a buyer for the practice. 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.

A better way to return or deliver these items is to ask patients to name a dentist to whom the appliance and appropriate records could be sent or as mentioned previously, seeking a volunteer dentist to come into the office for a few days to handle matters requiring a dentist. Ask the local dental society for help in locating a temporary dentist.

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, you may need to check records closely before awarding a promised salary increase claimed by a staff member that falls after a dentist's death.

In Appendix A: Sample Letters, there is a script to help a spouse or agent inform patients about the sudden illness or death of the dentist and how the practice, even in a crisis, is still well organized to help them deal with any unexpected dental emergency.

Collecting Outstanding Debts

It may be difficult to collect outstanding amounts 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.

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, for example whether a particular debt is significant. Check to see how well the practice documented the financial arrangements, previous communications and billing and payment history. Don't bother 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 lots of time and loads of potential buyers. Realistically, the ideal window from on-set to completed sale is generally no more than 4-6 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 bale out quickly while they still have confidence that they can obtain their dental records easily.

This is the point at which a good strategy to quickly sell the practice, is essential. The seller will need tax returns, patient information, 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).

Who might be interested in purchasing the practice? It is hard to say. A nearby colleague might be one of the first to inquire. Although, he/she may only be looking for a bargain. If there is too long a delay, many patients might simply drift to the nearby colleague by default. You can prevent overt solicitation by the temporary dentist if you require a non-compete agreement before they see patients.

Since showing a practice can be stressful, you may prefer to have a professional broker with pre-qualified candidates handle the sale. 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).

If there is no apparent succession plan, patients and staff will abandon the practice quickly leaving no option but to close the practice.

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

At least, seventeen (17) states, Kansas, Louisiana, Missouri, Montana, Massachusetts, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, 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.

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 services 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. Reportedly, in 2001, one in four people who died in the U.S., used hospice care.

Hospices exist in many communities across the country with as many as 3,000 operating today. The volunteer and professional staff of these facilities are skilled in dealing with the emotional, social and spiritual impact of disease or serious injury on the patient and the family.

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

Choosing a hospice for a terminally ill individual such as a dentist is not an easy decision. Recommendations for a particular hospice could come from the hospital, nursing home, physician or nursing staff, or from a friend who recently had to make the same decision. 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. Use your sense of smell as one clue to finding good hospice care. A facility that smells badly generally offers poor patient care. Avoid such places for your loved-one. Another source for locating a good hospice 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.

Once you select a hospice, select and deal directly with a funeral home of your own choosing prior to admitting your loved-one since a referral from a hospice to a funeral home at the time of death may not result in the best rates. Advance planning of funeral and burial details will allow you to comparison shop while there is time to do so without too much hurry. Select the most fitting arrangement that best honors the deceased, and which respects your traditions and budget.

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 for himself. Many hospices will ask you about DNR in advance. The directive usually includes what care a dying individual wishes no matter what or conversely which care is not desired.

Do Not Resuscitate Order A do not resuscitate order is an example of an advance directive. It instructs medical personnel that if a patient's heart stops or they stop breathing, no attempt will be made to resuscitate their stopped heart (using e.g. CPR - cardiopulmonary resuscitation) or to fill their lungs with air and re-start their breathing.

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 decision options.

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 do not resuscitate 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 the state in such matters. A personal attorney, many charitable organizations and various software can supply the legal documents which could help an individual create a valid advance directive.

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 affect, 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. The rest of us may need love and support as we traverse despair to 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 you may feel sorrow, anger, loneliness, shame, anxiety or guilt. Don't be hurried to the next "stage" by seemingly, well-meaning non-professionals 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.

Which is why it may be important in some cases for a stressed-out surviving spouse to reserve time with their physician. Visiting a physician shortly after the death of the dentist, if needed, 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 a tightness in the chest or throat, these could be potentially serious symptoms and you should not delay seeing a physician.

Speaking with an experienced, professional grief counselor, if you need one, 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. In general, however, such counseling is rarely needed by most individuals although, traumatic loss could produce severe emotional stress in an individual who 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 personal mortality issues; with uncertainty about continued employment within the practice; or ways to endure a stream of potential buyers coming through the practice, each potentially with a different view of who and what might be changed following sale of the practice to them.

A surviving spouse who works outside of the spouse's dental practice within a large company and in a few smaller ones, might have an employment benefit that includes access to confidential employer-paid grief counseling. If so, you should seriously consider availing yourself (& your immediate family) of such a service, if needed.

State and local government generally have grief assistance programs as well 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. However, you will get more from group therapy sessions if you are not too overcome with your own grief to listen and comment sincerely on the grief of others.

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.

For bereaved persons of faith, counseling from a priest, rabbi or minister might provide special comfort following the death of the dentist. Most every religious establishment---church, mosque or synagogue provides faith-based counseling, if requested, following the death of a loved-one.

Funerals

A useful website to help you consider various funeral arrangements and options is at: <http://www.funeral-help.com>. The stated purpose of the site is "to educate the public on what is, and isn't, required by law in regards to funerals, as well as common sales ploys, misconceptions, and downright scams that have driven funeral costs up at a rate several times normal inflation over the past decade," so says R.E. Markin, Ph D., former director of the Alzheimer's Research Foundation (not affiliated with the Alzheimer's Association) and author of "The Affordable Funeral: Going in Style, Not in Debt," (F. Hooker Press; Virginia Beach, VA; Telephone 1-757-340-7033), 122 pages. The book is available for purchase at the website.

Topics in the book include funeral options that range from body donating to cremation, to other subjects such as: finding help; selecting a funeral home; choosing a monument, casket, cemetery, and how to avoid being ripped off. The book costs about \$19.95 plus shipping. The comments, planning forms and list of resources in the back of the book alone could be worth the price. For example, the author's comment in the Military Honors section that "virtually anyone who served on active duty in the military can receive graveside honors including a rifle salute, the playing of *Taps* by a bugler, and the flag ceremony," plus information on who you might contact in order to make these special military arrangements and how your deceased veteran might qualify for burial in a national cemetery—are comments that could be invaluable when planning the final destination of the deceased.

Some information covered in detail in the book is freely available online at the website. So it could be a good idea to check the website first for free tips and downloads. In general, however, using a funeral planning guide such as this could help you plan a dignified, but affordable funeral.

Organ – Tissue Donating

Depending on state law, an individual wishing to donate his/her own body, organs or tissues may need the informed consent of immediate family.

In general, however, people of all ages may elect to become organ and tissue donors. Physical condition, not age, is important. To learn more about organ-tissue donating, go to the official U.S. Government website at <http://www.organdonor.gov>. Common myths and facts about organ and tissue donating are discussed there.

Appendix A

Sample Letters

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 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's Name)

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's Name)

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. 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 Soc.Sec. # (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:

Telephone No.:

Appendix B

Suggested Publications from the Council on Dental Practice

1. *Valuing a Practice: A Guide for Dentists*, item #J060; available only through ADA Salable Materials Department at 1-800-947-4746 for cost to members and at a higher cost to non-members. The publication discusses when you should to do a valuation; legal and tax implications of practice assets; valuation methods; and much more.
2. *Directory of Dental Practice Appraisers and Brokers*. The *Directory* lists professional dental practice appraisers and valuers. Includes useful information about background, training or education and services that each offers. A shipping and handling fee will apply. For your copy, telephone or write to the Council on Dental Practice. Ask for publication by name. The *Directory of Dental Practice Appraisers and Brokers* is also available online free to members at <http://www.ada.org>
3. *Directory of Dental Practice Management Consultants*. Contains information about how to select a dental practice management consultant or other kind of advisor that can meet the needs and objectives of the dentist. A shipping and handling fee will apply. For your copy, telephone or write to the Council on Dental Practice. Ask for publication by name. The *Directory of Dental Practice Management Consultants* is also available online free to members at <http://www.ada.org>
4. *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. A shipping and handling fee will apply. For your copy, telephone or write to the Council on Dental Practice. Ask for publication by name.
5. *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.
6. For dental practice management information write, FAX 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

Appendix C

Suggested Closing Checklist: Retirement

(*Timelines may need to vary according to state law.)

(Table 1)

90 Days	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 or you could see patients going to the temporary dentist when he/she leaves and before you have made plans to close or sell.)• Prepare a unified message for patients and others
First Month	<ul style="list-style-type: none">• 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

List of Constituent Dental Societies

Alaska Dental Society
9170 Jewel Lake Rd.
Suite 203
Anchorage, AK 99502-5381
Phone: (907) 563-3003
Fax: (907) 563-3009
Email: akdental@alaska.net
Web: www.akdental.org

Alabama Dental Association
836 Washington Avenue
Montgomery, AL 36104-3839
Phone: (334) 265-1684
Fax: (334) 262-6218
Email: contactus@aldaonline.org
Web: www.aldaonline.org

Arkansas State Dental Association
2501 Crestwood Dr.
Suite 205
North Little Rock, AR 72116-7613
Phone: (501) 771-7650
Fax: (501) 771-1016
Email: asda@aristotle.net
Web: www.dental-asda.org

Arizona Dental Association
4131 N. 36th St.
Phoenix, AZ 85018-4761
Phone: (602) 957-4777
Fax: (602) 957-1342
Email: azda@azda.org
Web: www.azda.org

California Dental Association
14th Floor
1201 "K" Street
Sacramento, CA 95814
Phone: (916) 443-0505
Fax: (916) 443-2943
Email: info@cda.org
Web: www.cda.org

Colorado Dental Association
3690 S. Yosemite
Suite 100
Denver, CO 80237-1808
Phone: (303) 740-6900
Fax: (303) 740-7989
Email: info@cdaonline.org
Web: www.cdaonline.org

Connecticut State Dental Association
62 Russ St.
Hartford, CT 06106-1522
Phone: (860) 278-5550
Fax: (860) 244-8287
Email: noel@cdda.com
Web: www.cdda.com

District Of Columbia Dental Society
502 C Street, N.E.
Washington, DC 20002-5810
Phone: (202) 547-7613
Fax: (202) 546-1482
Email: cbrown@dcdental.org
Web: www.dcdental.org

Delaware State Dental Society
The Christiana Executive Campus
200 Continental Dr., Suite 111
Newark, DE 19713
Phone: (302) 368-7634
Fax: (302) 368-7669
Email: dsds@delanet.com
Web: www.dedental.com

Florida Dental Association
1111 E. Tennessee St.
Ste. 102
Tallahassee, FL 32308-6913
Phone: (850) 681-3629
Fax: (850) 561-0504
Email: fda@floridadental.org
Web: www.floridadental.org

List of Constituent Dental Societies

Georgia Dental Association
7000 Peachtree Dunwoody Road NE
Suite 200, Building 17
Atlanta, GA 30328-1655
Phone: (404) 636-7553
Fax: (404) 633-3943
Email: phillips@gadental.org
Web: www.gadental.org

Hawaii Dental Association
1345 S Beretania St.
Honolulu, HI 96814-1821
Phone: (808) 593-7956
Fax: (808) 593-7636
Email: hda@hawaiidentalassociation.net
Web: www.hawaiidentalassociation.net

Iowa Dental Association
505 5th Ave.
Suite 333
Des Moines, IA 50309-2379
Phone: (515) 282-7250
Fax: (515) 282-7256
Email: info@iowadental.org
Web: www.iowadental.org

Idaho State Dental Association
1220 W. Hays St.
Boise, ID 83702-5315
Phone: (208) 343-7543
Fax: (208) 343-0775
Email: info@isdaweb.com
Web: www.isdaweb.com

Illinois State Dental Society
P. O. Box 376
Springfield, IL 62705
Phone: (217) 525-1406
Fax: (217) 525-8872
Email: rrechner@isds.org
Web: www.isds.org

Indiana Dental Association
P. O. Box 2467
Indianapolis, IN 46206-2467
Phone: (317) 634-2610
Fax: (317) 634-2612
Email: dbush@indentall.org
Web: www.indentall.org

Kansas Dental Association
5200 SW Huntoon St.
Topeka, KS 66604-2398
Phone: (785) 272-7360
Fax: (785) 272-2301
Email: kevin@ksdental.org
Web: www.ksdental.org

Kentucky Dental Association
1940 Princeton Drive
Louisville, KY 40205-1838
Phone: (502) 459-5373
Fax: (502) 458-5915
Email: porter_mike@msn.com
Web: www.kyda.org

Louisiana Dental Association
7833 Office Park Blvd.
Baton Rouge, LA 70809-7604
Phone: (225) 926-1986
Fax: (225) 926-1886
Email: ward@ladental.org
Web: www.ladental.org

Massachusetts Dental Society
2 Willow St.
Suite 200
Southborough, MA 01745-1027
Phone: (508) 480-9797
Fax: (508) 480-0002
Email: madental@massdental.org
Web: www.massdental.org

List of Constituent Dental Societies

Maryland State Dental Association
6410 Dobbin Road
Suite F
Columbia, MD 21045-4774
Phone: (410) 964-2880
Fax: (410) 964-0583
Email: elza@msda.com
Web: www.msda.com

Maine Dental Association
P. O. Box 215
Manchester, ME 04351-0215
Phone: (207) 622-7900
Fax: (207) 622-6210
Email: fmiliano@medental.org
Web: www.medental.org

Michigan Dental Association
230 Washington Square, N
Suite 208
Lansing, MI 48933-1312
Phone: (517) 372-9070
Fax: (517) 372-0008
Email: mda@michigandental.org
Web: www.michigandental.org

Minnesota Dental Association
2236 Marshall Ave.
Saint Paul, MN 55104-5758
Phone: (651) 646-7454
Fax: (651) 646-8246
Email: info@mndental.org
Web: www.mndental.org

Missouri Dental Association
P.O. Box 104900
Jefferson City, MO 65110-4900
Phone: (573) 634-3436
Fax: (573) 635-0764
Email: jake@modental.org
Web: www.modental.org

Mississippi Dental Association
2630 Ridgewood Rd.
Jackson, MS 39216-4903
Phone: (601) 982-0442
Fax: (601) 366-3050
Email: connie@msdental.org
Web: www.ms dental.org

Montana Dental Association
P. O. Box 1154
Helena, MT 59624-1154
Phone: (406) 443-2061
Fax: (406) 443-1546
Email: mda@mt.net
Web: www.mtdental.com

North Carolina Dental Society
P. O. Box 4099
Cary, NC 27519-4099
Phone: (919) 677-1396
Fax: (919) 677-1397
Email: ncds@ncdental.org
Web: www.ncdental.org

North Dakota Dental Association
P. O. Box 1332
Bismarck, ND 58502-1332
Phone: (701) 223-8870
Fax: (701) 223-0855
Email: ndda@olsoncichy.com
Web: www.nddental.com

Nebraska Dental Association
3120 O Street
Lincoln, NE 68510-1533
Phone: (402) 476-1704
Fax: (402) 476-2641
Email: nda@alltel.net
Web: www.nedental.org

List of Constituent Dental Societies

New Hampshire Dental Society
P. O. Box 2229
Concord, NH 03302-2229
Phone: (603) 225-5961
Fax: (603) 226-4880
Email: nhds@nhds.org
Web: www.nhdental.com

New Mexico Dental Association
9201 Montgomery Blvd. NE
STE 601
Albuquerque, NM 87111
Phone: (505) 294-1368
Fax: (505) 294-9958
Email: kcravens@nmdental.org
Web: www.newmexicodental.org

New York State Dental Association
121 State St.
4th Floor
Albany, NY 12207-1622
Phone: (518) 465-0044
Fax: (518) 465-3219
Email: info@nysdental.org
Web: www.nysdental.org

Oklahoma Dental Association
629 NW Grand Blvd.
Suite A
Oklahoma City, OK 73118-6032
Phone: (405) 848-8873
Fax: (405) 848-8875
Email: odadavis@swbell.net
Web: www.okdentassoc.org

Pennsylvania Dental Association
P. O. Box 3341
Harrisburg, PA 17105-3341
Phone: (717) 234-5941
Fax: (717) 232-7169
Email: ckc@padental.org
Web: www.padental.org

New Jersey Dental Association
One Dental Plaza
P.O. Box 6020
North Brunswick, NJ 08902-6020
Phone: (732) 821-9400
Fax: (732) 821-1082
Email: ameisel@njda.org
Web: www.njda.org

Nevada Dental Association
8863 W. Flamingo Rd.
Suite 102
Las Vegas, NV 89147
Phone: (702) 255-4211
Fax: (702) 255-3302
Email: nda@lasvegas.net
Web: www.nvda.org

Ohio Dental Association
1370 Dublin Rd.
Columbus, OH 43215-1009
Phone: (614) 486-2700
Fax: (614) 486-0381
Email: dentist@oda.org
Web: www.oda.org

Oregon Dental Association
17898 SW McEwan Road
Portland, OR 97224-7798
Phone: (503) 620-3230
Fax: (503) 620-4169
Email: info@oregondental.org
Web: www.oregondental.org

Colegio de Cirujanos Dentistas
de Puerto Rico
Avenida Domenech #200
Hato Rey, PR 00918
Phone: (787) 764-1969
Fax: (787) 763-6335
Email: dentista@ccdpr.org
Web:

List of Constituent Dental Societies

Rhode Island Dental Association
200 Centerville Rd.
Warwick, RI 02886-0204
Phone: (401) 732-6833
Fax: (401) 732-9351
Email: info@ridental.com
Web: www.ridental.com

South Carolina Dental Association
120 Stonemark Lane
Columbia, SC 29210-3841
Phone: (803) 750-2277
Fax: (803) 750-1644
Email: zornh@scda.org
Web: www.scda.org

South Dakota Dental Association
711 E. Wells
Suite 240
Pierre, SD 57501-1194
Phone: (605) 224-9133
Fax: (605) 224-9168
Email: paul@sddental.org
Web: www.sddental.org

Tennessee Dental Association
P. O. Box 120188
Nashville, TN 37212-4917
Phone: (615) 383-8962
Fax: (615) 383-0214
Email: 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
Email: marykay@tda.org
Web: www.tda.org

Utah Dental Association
1151 East 3900 South
Suite B160
Salt Lake City, UT 84124-1216
Phone: (801) 261-5315
Fax: (801) 261-1235
Email: uda@uda.org
Web:

Virginia Dental Association
7525 Staples Mill Road
Richmond, VA 23228
Phone: (804) 261-1610
Fax: (804) 261-1660
Email: dickinson@vadental.org
Web: www.vadental.org

Virgin Islands Dental Association
Med Arts Complex - Suite 10
St. Thomas, VI 00802
Phone: (340) 777-5950
Fax: (340) 775-4172
Email: jawdocvi@netscape.net
Web:

Vermont State Dental Society
Suite 18
100 Dorset St.
South Burlington, VT 05403-6241
Phone: (802) 864-0115
Fax: (802) 864-0116
Email: ptaylorvt@aol.com
Web: www.vsds.org

Washington State Dental Association
1001 Fourth Ave.
Ste. 3800
Seattle, WA 98154
Phone: (206) 448-1914
Fax: (206) 443-9266
Email: wsda@wsda.org
Web: www.wsda.org

List of Constituent Dental Societies

Wisconsin Dental Association
111 East Wisconsin Avenue
Suite 1300
Milwaukee, WI 53202-4815
Phone: (414) 276-4520
Fax: (414) 276-8431
Email: dmcguire@wda.org
Web: www.wda.org

West Virginia Dental Association
2003 Quarrier St.
Charleston, WV 25311-2212
Phone: (304) 344-5246
Fax: (304) 344-5316
Email: wvrds@aol.com
Web:

Wyoming Dental Association
1637 S. Spruce St
Casper, WY 82601
Phone: 307 237-1186
Fax: 307 237-1187
Email: wyodental@msn.com
Web: www.medicinebow.org/wyodental

Appendix E

Tips At Retirement for Getting Top Dollar for Your Practice

1. Hire and keep ambitious associates. 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 Sales at 1-800-947-4746).
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 consider adding 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 look at.
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 may be able help you obtain information about public companies in town.
8. Or you could look for information about some public companies on-line using a computer that is connected to the World Wide Web.

9. How does your practice differ in the competitive environment of your community? Know what is special about your practice and patients.
10. If you have had a long-term relationship with a bank, find out if it willing to provide financing for a dentist desiring to buy your practice? Telephone your banker and ask for an appointment.
11. A modern appearance is important, however too much is usually made about the importance of new equipment. Demonstrate that your equipment is in good working order. Show receipts that document the repair history of key equipment or components. Warranty the equipment.
12. The practice should appear clean and orderly. Prior to a sale consider painting, changing wallpaper or light fixtures, etc., but don't overspend. There is no guarantee of recovering excessive refurbishing costs.
13. State your willingness to write a letter of introduction to patients about a competent buyer and/or to author a newspaper ad that endorses the new owner. Indicate your willingness to host a retirement party that invites all of the patients. Introduce the new practice owner at the party.
14. Consider introducing a serious buyer to the staff.
15. A protracted negotiation that fails could hamper getting a good or better deal with another buyer later on if many of your staff or patients leave out of insecurity.
16. Obtain the services of an experienced dental practice broker. This individual will screen potential buyers, devise advertisements for dental journals and represent your interests during negotiations. Dental schools that are near you, professional societies, dental residency programs and dental suppliers can be good sources of potential buyers. However, blanketing your community with news of your practice's potential sale or closure if no buyer is found, could back fire with early patient losses and reduced income long before a decision is reached.
17. Consider offering a long term buy in strategy of up to ten years prior to retirement, and later staying on yourself as an associate for a short while.

Appendix F

Useful Information and Documents Needed at the Time of a Sale

The following list of documents from a practice management viewpoint, are 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, including

Description

Year Of Manufacture

Brand Name

Model Number Or Type

Capabilities/Capacity

Serial Numbers

Repair History/Maintenance Record

Warranty

Owner's Operating Manual

Inspection Record (License/Permit)

Business Office Equipment, including

Computer, Printer And Copier

Service/Help(Support) Desk Number

Serial Number, Age

Warranty

Repair History/Maintenance Record

Capacity (Can System Be Upgraded Economically?)

Operating Manuals

Transfer Of Phone Number

Practice Numbers You Should Know

Number Of Active Patients

Dentist & Hygiene Production

Accounts Receivable

Number Of New Patients Per Month (and Referral Source)

Production Per Patient

Production Per Hour

Case Acceptance Rate

Collection Rate

Fee-For-Service Vs. Managed Care Patients

Total Number Of Hours Worked---Dentist, Hygienist

Valuation Documents, Including

Appraiser's Name, Address, Phone Number

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

Covenant Not To Compete Covenant (Either the seller; or a temporary dentist hired/voluntary during a crisis)

Federal Tax Return (Last Three Years, 1040 & 1120 and All Appropriate Schedules)

Balance Sheet

Accounts Receivable Aging Information

Fee Schedule

Legal Information About Any Outstanding Judgments Or Claims

Policy & Personnel Records

Office Personnel Policy Manual

Fee Schedule

Staff Member's:

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, Curriculum Vitae (CV), Certification Or License, Affiliations, Continuing Education & Training, Documentation Of Malpractice Coverage.

OSHA & Other Federal Compliance

Hazard Communication Program

List Of Hazardous Chemicals

MSDS Sheets

Emergency Action/Fire Prevention Plans (Eleven Or More Employees)

Occupational Injury Log (OSHA Form 101 Or An Equivalent and Form 200 From Previous 5 Years)

Medical Records For Employees Having Occupational Exposure

HIPAA Privacy Policies and Procedures

Exposure Control Plan

Partnership Agreement

Dental Laboratories Used

Installed Major Dental Equipment Supplier

Original Architect/Contractor-Builder

Mutual Aid Agreement With Colleagues

Anesthetic Gas Supplier

Badge Monitoring Service (Nitrous Oxide Or X-Ray)

Waste Hauler For Garbage And/Or Hazardous Wastes

Capitation Plan, PPO (Preferred Provider Organization Agreement), or Dental Management Services Organization Agreement

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 and Sales Agreement

Cash Flow Projection

Strategic Plan

Agreements

Agreement To Employ Seller

Not to Compete agreement (from seller)

Appendix G

Advisory Team Contact Information

Accountant

Name _____
Office Address _____

City _____ State _____ Zip _____
Telephone _____ FAX _____ Email _____

Attorney

Name _____
Office Address _____

City _____ State _____ Zip _____
Telephone _____ FAX _____ Email _____

Dentists in my mutual aid group (*Locum Tenens*)

Name _____ Office Address _____ _____ City _____ State _____ Zip _____ Telephone _____ FAX _____ Email _____
Name _____ Office Address _____ _____ City _____ State _____ Zip _____ Telephone _____ FAX _____ Email _____
Name _____ Office Address _____ _____ City _____ State _____ Zip _____ Telephone _____ FAX _____ Email _____
Name _____ Office Address _____ _____ City _____ State _____ Zip _____ Telephone _____ FAX _____ Email _____
Name _____ Office Address _____ _____ City _____ State _____ Zip _____ Telephone _____ FAX _____ Email _____

Practice Appraiser

Name _____
Office Address _____

City _____ State _____ Zip _____
Telephone _____ FAX _____ Email _____

Practice Broker

Name _____
Office Address _____

City _____ State _____ Zip _____
Telephone _____ FAX _____ Email _____

Landlord/Leasing Company

Name _____
Office Address _____

City _____ State _____ Zip _____
Telephone _____ FAX _____ Email _____

PPO/DHMO

Company Name _____
Office Address _____

City _____ State _____ Zip _____
Telephone _____ FAX _____ Email _____

Insurance Agent

Company Name _____
Agent's Name _____
Office Address _____

City _____ State _____ Zip _____
Telephone _____ FAX _____ Email _____

Banking Institution

Name _____
Office Address _____

City _____ State _____ Zip _____
Telephone _____ FAX _____ Email _____

Appendix H

Death, Dying & Disability Books and Links

BOOKS

Markin, R.E. The Affordable Funeral: Going in Style, Not in Debt.
F.Hooker Press: Virginia Beach, VA, 2004. Tel 1-757-340-7033.

Montgomery, Bob and Morris, Laurel Surviving: Coping with a Life Crisis.
Fisher Books: Tucson, AZ, 2000.

Tatelbaum, Judy The Courage to Grieve. Harper & Row: New York,
1980.

LINKS

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/griefandloss> e-mail: griefandloss@aarp.org

Alliance of the ADA

To receive 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 Hospice Foundation

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

Independent Living Centers for the Disabled

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

Mayo Health

Mayo Clinic

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

Medline

Free access to National Library of Medicine's database

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

National Cancer Institute

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

Partnership for Caring

Website contains free Living Will & Medical Power of Attorney Documents

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

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/>