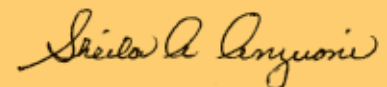


# EASTERN DENTISTS INSURANCE COMPANY



## Note From The Editor

I recently took my 3-year-old grandniece to see *"The Wizard of Oz"* and I was delighted to see that she was just as enthralled with this classic as her mother had been at her age. It got me thinking about the phrase "To stand the test of time". Time provides the test to prove whether or not an idea is worthy enough for succeeding generations to value. After almost 25 years, it is fair to say that Dr. Charles Hapcook's vision of a malpractice company "By Dentists, For Dentists"<sup>®</sup>, EDIC, has not only withstood the test of time but flourished into something far greater than any of us could have thought possible. As Dr. Hapcook passes the torch of the chairmanship to the very capable Dr. Richard LoGuercio, I hope that he will look back with pride on his remarkable legacy. It brings me right back to "The Wizard". The theme is the same. Charlie had the brains, courage, and heart to bring EDIC where it is today. So Charlie, from all of us at EDIC, best of luck on your retirement. And as Dorothy said to the scarecrow, I now say to you, Charlie, "I think I'll miss you most of all."



**Sheila A. Anzuoni, Esq.**  
Executive Vice President and COO, EDIC  
[sanzuoni@edic.com](mailto:sanzuoni@edic.com)



## Twenty-four Years at the Helm: Dr. Hapcook's Vision Will Continue

EDIC was founded in 1992 to provide malpractice insurance for dentists who were members of the Massachusetts Dental Society. The initiative of forming the company and overseeing its operations were the responsibility of Charlie Hapcook, who served as President and CEO through 2013, and will be retiring this June as Chairman. Ironically, in 1992, *"Unforgettable"* by Natalie Cole with Nat King Cole was awarded the Grammy for Song and Album of the year. It goes without saying that Charlie has had an unforgettable career with EDIC, as under his direction, the company expanded its operations to 11 states, assets exceeded \$50 million in 2014, and the company now insures over 5,600 dentists.

Throughout this edition of *On the Cusp*, we reflect back on Charlie's tremendous success, as his dental background, vision for success, and emphasis on customer service, all made EDIC what it is today. And our growing attention to dental schools and students, is a legacy to Charlie instilling the concept of EDIC being known as the only "By Dentists, For Dentists" insurance company.



**Hope Maxwell**  
President & CEO, EDIC | [hmaxwell@edic.com](mailto:hmaxwell@edic.com)



## FYI: EDIC CASE STUDY

### *Should a Corporation and Its Employees Be Insured By the Same Company?*

**Barry Regan** | Vice President of Claims and Risk Management  
[bregan@edic.com](mailto:bregan@edic.com)

Our insured in this case is a corporation, who employed Dr. General Dentist. Dr. General Dentist was not insured by EDIC. The patient, a 38 year old married female, presented to our insured's office and was seen by Dr. Dentist. In addition to several restorations, Dr. Dentist diagnosed the need for endodontic therapy on tooth #19. On 2/25/11, Dr. Dentist began the root canal therapy by opening an access and instrumenting the canals. He had the patient return on 3/15/11 to finish the therapy. In his note for this visit, Dr. Dentist stated that the sealer spread into the periapical tissues. He explained to the patient that the sealer had spread "further than expected" and advised the patient to call if she experienced any pain or swelling. On 3/18/11, the patient called the office, complaining of pain, but no swelling. Dr. Dentist prescribed a Medrol pack and Vicodin. On 4/15/11, the patient returned with her husband as she was still in pain. Dr. Dentist explained that she should continue on the steroids to see if any inflammation would resolve and relieve the pain. He recommended a consult with an endodontist, as well as with an oral surgeon to determine if the tooth should be extracted, but stated this was more due to the poor crown to tooth ratio than the overfill. The patient was seen by an endodontist, who was concerned that the sealer was in the mandibular canal, and removing it would involve risk to the nerve. The endodontist recommended an oral surgeon at the Massachusetts General Hospital (MGH) who specializes in nerve surgeries. The patient was seen by the MGH oral surgeon in early May of 2011, he found that the patient had signs of nerve paresthesia, and he recommended a two-week trial of Klonopin to calm down the nerve activity. The patient was seen again on 5/24/11 with a complaint of increased pain. Dr. Dentist suggested that they anesthetize the tooth to avoid over reliance on pain medication. On 6/2/11, the patient returned and a mandibular block was administered. The patient was seen on 6/11/11 by the MGH oral surgeon who recommended an inferior alveolar neurectomy to sever the nerve to relieve the pain. The patient was informed that the neurectomy would cause permanent paresthesia, but that would end her pain. The patient declined to proceed with the surgery.

The patient filed suit in February of 2013. In her complaint, the plaintiff named Dr. General Dentist, claiming that he was negligent in a number of ways, which included in failing to properly perform a root canal on tooth #19. In particular, the plaintiff alleged that Dr. Dentist over prepared and excessively opened the mesial root apex, thereby allowing an excessive amount of sealer to extrude out of the apex and into the inferior mandibular canal. The plaintiff alleges various injuries, including permanent, constant pain in her left jaw, ear and neck. The plaintiff also named the Corporation, alleging that Dr. Dentist was its employee and that therefore the corporation was vicariously liable for the acts or omissions of Dr. Dentist. There were no direct claims of negligence against the corporation.

Prior to trial, the plaintiff attorney made a demand of \$1 million, the policy limit of Dr. General Dentist. The parties agreed to go to a pre-trial mediation, at which time the plaintiff dropped her demand to \$500,000. Dr. General Dentist's insurer offered \$200,000. EDIC took the position, since the demand was within the policy limit of Dr. General Dentist and the corporation was entitled to be indemnified by Dr. General Dentist, that we would make no offer. As the case could not be concluded at the mediation, the plaintiff filed an offer of compromise in the amount of \$750,000 against defendant Dr. General Dentist only.

The case commenced to trial over parts of 13 days in May of 2015. Both the plaintiff and the defendant disclosed multiple experts. The plaintiff disclosed an endodontist who testified regarding standard of care, causation and damages; a prosthodontist who testified regarding standard of care, causation and damages; and a pain management specialist who testified regarding damages and the cause of the plaintiff's pain: physical contact of the sealant material with the inferior alveolar nerve in the mandibular canal; and a neurologist who testified that the sealer was in contact with the inferior alveolar nerve and/or the branches of this nerve and the physical presence of the sealer caused her pain and will continue to cause pain permanently.

The defendant disclosed a general dentist who testified regarding standard of care, causation and damages; and a neurologist who testified regarding causation and damages. The neurologist testified that the sealant that is within the mandibular canal is within the space between the nerve and the bony canal and that there is no objective evidence of any physical contact between the sealant and the nerve.

The plaintiff's claimed injury was permanent pain in her jaw from the sealer extrusion, which she claimed was pressing on her inferior alveolar nerve. The plaintiff testified that her pain had had a significant deleterious effect on her lifestyle as she had to miss time from work and was less productive due to her pain. She was not able to do much traveling for work, household chores, and did less with her two young children. She also stated that the pain and resulting limitations brought about feelings of depression, anger, and irritability. She reported crying spells, sleep disturbance, and difficulty concentrating.

The case went to the jury on 5/28/15. The jury deliberated for less than one hour before returning a plaintiff's verdict in the amount of 4.5 million dollars. The damages were broken down as follows: economic damages in the amount of \$165,000 and non-economic damages in the amount of \$4,335,000. Because the plaintiff filed an offer of





compromise in the amount of \$750,000 against defendant General Dentist only, the court would ultimately add interest in the amount of 8% per annum from the time the case was filed until the date of the verdict, making the total judgment in excess of 5 million dollars.

Post-trial motions were filed, and contentious settlement negotiations began. The plaintiff stated they would file bad faith litigation against both Dr. General Dentist's insurer and EDIC for failing to settle when the demand was made within the policy limits. EDIC took the position that there was never a demand that exceeded the general dentist's policy, therefore, there was never a demand that would have involved our policy, and we denied acting in bad faith. We also took the position that since our negligence was vicarious only, we had a right to file an indemnification action against Dr. General Dentist and his insurer. After several months of negotiations and before any post-trial motions were heard by the court, the case was settled for less than the verdict. EDIC paid significantly less than its policy limit, and the general dentist's insurer paid considerably more.

## CASE STUDY

# Risk Management Comments

The decision on whether to settle a case or bring it to trial is not one that can be solely made by an insurance company. While we generally would rather settle a case where liability is clear, it must also be settled at a value that reflects the nature of the patient's injuries. However, there is no book on what any particular case is worth. EDIC has over 20 years of handling dental malpractice cases, so we have a good book of knowledge on what similar cases have settled for. It is always dangerous to allow a jury to pick a number on the value of an injury. Jurors work in a vacuum, they have no perspective to compare the injury that they are deliberating on to similar injuries. The underlying carrier in this case valued the case as being worth no more than the \$200,000 that they offered in mediation. The plaintiff attorney valued the case as being worth no less than the \$500,000 demand that they made in mediation. This forced both sides into a jury trial that went very badly for the defendants.

If you are the owner of a practice, this case can also illustrate the importance of having the corporation and the employees insured by the same company, whenever possible. Had this case not settled, EDIC on behalf of the corporation, would have had to sue their own employee for contribution and indemnification.



"The patient filed suit in February of 2013.... The case went to the jury on 5/28/15. The jury deliberated for less than one hour before returning a plaintiff's verdict in the amount of 4.5 million dollars."



## WITHIN YOUR CONTROL

### *Dealing with Patients Seeking Pain Medications*

**Debra Udey** | Risk Manager  
[dudey@edic.com](mailto:dudey@edic.com)

In the October 2015 edition of the CUSP, I wrote about the growing misuse of prescription medications. I briefly touched on the issue of patients seeking medications. In this edition, we will explore this issue and discuss methods to handle this situation.

#### **Patients asking for medications at night or on weekends**

Everyone has had a patient call in the evening hours or on a weekend complaining of pain and asking for a new prescription or a refill of pain medications. This situation can be difficult. Without an examination, it is nearly impossible to determine whether the complaint of pain is valid or not. Some good planning and protocols can help deal with this situation.

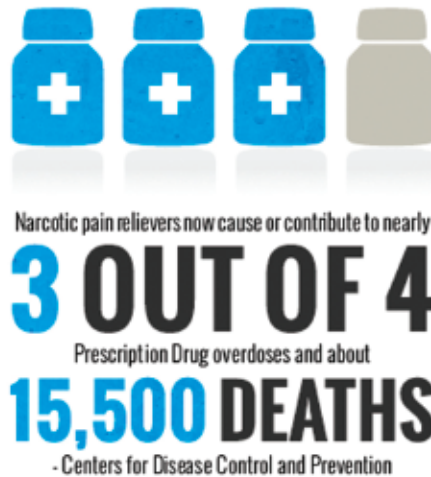
First, establish a policy. Because it is difficult to determine the true need for medications at night or on weekends, you may choose not to prescribe or refill pain medications at those times. Second, put the policy in writing. Third, distribute it to every patient. If you institute this as a new policy, be sure that it is distributed to all your existing patients. Fourth, discuss it with your patients. How you choose to explain this to patients will be determined by your communication style. Fifth, discuss the policy with every member of the staff to ensure they are aware of it. When everyone knows the policy, the chance of giving patients mixed messages is minimized.

Lastly, the policy must be strictly enforced by everyone in the office. A weakly enforced policy is meaningless. If patients know you abide by your policy, they will be less likely to try to get around it.

#### **Questionable requests for pain medications**

Patients can go to great lengths to obtain pain medications. Lines such as, "I lost my prescription again," "My sister took my medications," or "I spilled them in the sink" are thinly veiled requests for additional pain medications. It can be difficult to refuse these requests altogether, in light of the need to not ignore a patient's pain. One can give a minimal amount of medications to respond to such requests, and, based on the physical examination, advise the patient that the complaint of pain does not match the physical condition.

Another tactic is to suggest the patient see a pain management specialist. This will prevent the patient from claiming you ignored his/her pain, and will give you a means of directing the patient's request for pain medication to a specialist.



However you choose to address the situation, be sure to write down the patient's exact words. If you write in your chart, "patient exhibiting drug seeking behavior," you may someday be asked where you obtained your psychological training to allow you to make such a diagnosis. Using a quote from the patient will clearly show the patient's motives without making yourself subject to questioning.

#### **Dealing with on-call requests for pain medication**

One of the most difficult situations in dealing with requests for pain medications is taking a call for another practitioner. If a patient calls in the middle of the night requesting pain medication, you have no access to the patient's records, and can't truly determine if the patient is indeed suffering pain from treatment or is hoping to get medication from someone other than his or her practitioner.

Many dentists have adopted the practice of refusing to prescribe medications for patients when on call, instead directing them to a hospital Emergency Room if the pain is that severe. Others choose to prescribe a minimal amount of medications that will get them through the night until they can see someone the next day. Whichever protocol you employ, be sure to document your actions and communicate them to the dentist for whom you were on call, allowing them to be able to effectively deal with their patient.

#### **Scams**

Beware of patients who show up at the busiest time in your day or at the end of the day requesting pain medication for serious pain. Drug seekers may insist that only a specific medication and strength will work for them or have a well-rehearsed, often clinically subjective set of signs and symptoms that conveniently leads to the need for a prescription. Most of these patients will refuse an examination (claiming they have no time for it), knowing the clinical presentation may present a significant discrepancy from the severity of pain being reported.

The more long-standing a relationship you have with a patient, the better your position to evaluate these potential signs of drug seeking behavior. Be especially vigilant about patients who are not currently in your practice. Patients who travel for work and are "passing through" may claim they can't reach their dentist as they reside in another time zone.

Whatever tactics patients may use, trust your instincts and good judgment in your prescribing practices. When you consistently use safe prescribing practices, you will have done your best to limit the amount of pain medications you prescribe to those that are truly needed.

# The EDIA Success Story

Since the inception of EDIA in January 1997, EDIA has written over 3000 business and personal insurance policies within our coverage territory. The reasons for success are many.

Our member dentists have shown that they truly like the idea of one-stop shopping and the convenience of having everything under one roof.

Most of the products offered through EDIA are with the group discounts or multi-policy discounts such as: workers' compensation, automobile insurance, homeowners and renters insurance, office package policies, cyber liability insurance, and EPLI.

EDIA was created with dentists in mind.

EDIA shares a portion of all profits with any state that endorses EDIC/EDIA, thus helping to keep the dentists insured's dues down.

Service — Our team of customer service specialists are fully licensed and have extensive experience in all lines of commercial and personal insurance products. Dentists remind us weekly that the quality of service and professionalism from our customer service specialists is second to none. Our team has over 40 years of combined experience in the industry. Whether it is buying a new car or setting up a new practice, EDIC's customer service is there to help.

What started out as an idea has proven to be a tremendous benefit for our participating dentists and their staff. Join your colleagues and take advantage of EDIC's one-stop shopping for all your insurance needs.



EDIC offers the following commercial and personal insurance products to dentists in Massachusetts, Rhode Island, Vermont, New Hampshire, Maine, Connecticut, New York and Pennsylvania:

- Business Office Package
- Workers' Compensation
- Employment Practices Liability
- Cyber Liability
- Personal Auto\*
- Homeowners
- Personal Umbrella
- Renters' Insurance

\* Massachusetts only



EDIC teams up with quality companies such as The Hartford, Andover, Chubb, and Plymouth Rock Assurance, just to name a few.

## EDIC Customer Service Specialists



L to R: Debbie MacDonald, Stephanie Naughton, Liliana LeBreton, Tricia Martin

Last Name Starts With	CSR/Email Address
A-E	Debbie MacDonald dmacdonald@edic.com
F-L	Stephanie Naughton snaughton@edic.com
M-P	Liliana LeBreton llebreton@edic.com
Q-Z	Tricia Martin tmartin@edic.com

"EDIC's service is great. The convenience of having a bundle package of malpractice liability, business owners and workers' compensation insurances makes things easier to keep track of and manage for my practice. An added plus, is the great car insurance rates that EDIC offers. I can also manage my children's car insurance policies while they are home or at school. When a computer was stolen from a family vehicle, EDIC went above and beyond their duty to help me out with my homeowner's policy."

**Dr. Robert Guen, DMD, MA Dentist, EDIC insured**

Once again EDIC customer service rep Debbie MacDonald always clarifying and answering my questions. Debbie has always done so, as well as everyone else I have had the pleasure of talking to at EDIC. Your work and professionalism does not go un-noticed or unappreciated.

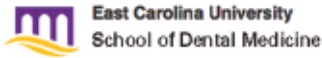
**Dr. Paul Dengelegi, DMD, CT Dentist, EDIC insured**

## TESTIMONIALS

# 2015/2016 EDIC Dental Student Scholarship Awards Granted by Dental Schools

Many students benefit from contributions to the dental schools and it is up to the dental community to support our colleagues in their future careers. EDIC will continue to support this great mission.

Congratulations to the following recipients.



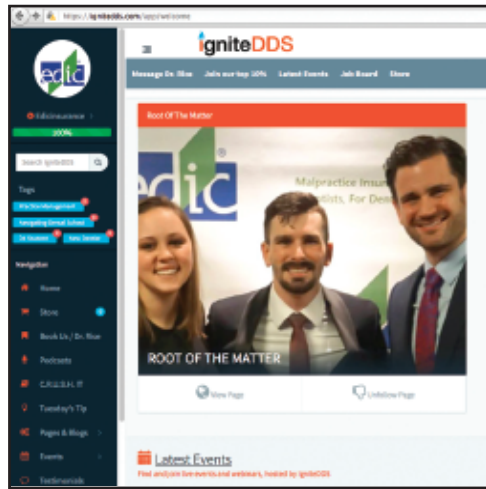
**Zaneta Carver**  
DMD Class of 2018



**Farrell Irons**  
DDS Class of 2018



**Hillary Creed**  
DMD Class of 2018



## EDIC New Blog: Root of The Matter

In January, EDIC joined forces with igniteDDS and ignite Founder, Dr. David Rice, DDS, to use their online blog platform to focus on providing a voice to all young dentists on topics such as risk management, practice management, clinical news, and discuss the good, bad, and the ugly of being a dental student. We teamed up with dental student members of the EDIC Young Dentists Advisory Committee as well as EDIC's Risk Manager, Deb Udey, and they will be providing inside blog discussions on topics that are important to today's dentists. This is an exciting opportunity for EDIC and young dentists to work together to network, mentor,

and have open discussions on matters in dentistry, hence the name, **Root of the Matter**. Take a moment to follow our Blog online and participate in discussions. The more we work together as a team, the better care you can provide to your patients.

If you are a dental student or resident in one of the 16 dental schools EDIC is affiliated with and enjoy writing, join our team of student blog writers. Contact Jessica Chaffee at [jchaffee@edic.com](mailto:jchaffee@edic.com) to learn more. **To read our blog, go to: [www.ignitedds.com](http://www.ignitedds.com), Root of The Matter.**

## EDIC Boots, Bull & BBQ Event ASDA Annual Session, Dallas

Gilley's Dallas set the backdrop on March 4th for our Annual EDIC sponsored event with the ASDA Annual Session Districts 1, 2, 3, & 4. EDIC also welcomed igniteDDS as a co-sponsor this year to help us celebrate the students and schools in our territory who support EDIC's "By Dentists, For Dentists"® mission. With 186 dental students, EDIC's Jessica Chaffee and Gina Harrold, and Dr. David Rice from igniteDDS, the students enjoyed mechanical bull riding and country line dancing lessons for entertainment for the evening. At the end of the night the students separated into Districts to battle it out in a line dance dance-off competition that had every District in full competition mode to earn a cash prize. All dance videos are posted to EDIC's Facebook page at [www.facebook.com/edicinsurance](http://www.facebook.com/edicinsurance) to earn votes for best District dance. Winner was announced on March 17th.



### Board of Directors

- Peter Arsenault, DMD
- Robert Bartro, DDS
- Barry Brodil, DDS
- Ronald Bushick, DMD
- Michael A. Cooper, DMD
- Armond Enos Jr., DDS
- John P. Fisher, DDS
- Charles P. Hapcook, DDS
- Barbara C. Kay, DMD
- Richard LoGuercio, DDS
- John S. Olmsted, DDS
- Andrea Richman, DMD
- Christopher Salierno, DDS
- Derick White, CPA

### EDIC Officers

- Charles P. Hapcook, DDS**  
Chairman
- Hope Maxwell**  
President and CEO
- Sheila A. Anzuoni, Esq.**  
Executive Vice President and COO
- Stephen W. McKenna, DMD**  
Secretary
- Constantinos A. Levanos, DDS**  
Treasurer
- John P. Dombek**  
Vice President of Sales and Company Relations
- Lauren C. Leahy**  
CFO and Vice President of Finance
- Barry J. Regan**  
Vice President of Claims and Risk Management



**The winner for the EDIC/igniteDDS Video Dance-off contest was District 3. Congratulations!**

# EDIC Student Spotlight — Spring 2016

## Mike Mayr

Class of 2016 | DMD  
Boston University Goldman  
School of Dental Medicine



Outside the dental clinic in Esteli, Nicaragua February 2016 (L to R) Dr. Nidia, Janine Lipski, Kayla Cuddy, John Costello, Dr. Loren Wilson and Mike Mayr

Mike is a D4 dental student at Boston University Goldman School of Dental Medicine. A previous mission in Guatemala was one of the most rewarding experiences Mike experienced. Now, knowing that he would be able to provide dental care was an added incentive for applying to this mission trip to Esteli, Nicaragua in February where he focused on restorative. Within five days, Mike and his team saw over 60 patients and with his fluency in Spanish, the team was able to educate patients on oral health. Mike's most memorable case was a 16 year-old boy and his sister, who traveled two days in a row to receive treatment. When Mike asked the young man his concern, he smiled and pointed to the rampant decay on all of his front teeth, top and bottom. Over the two-day period Mike proceeded to restore all eight incisors. Some might say it was a miracle that they were able to save those teeth, Mike says it was mega-miracle that a 4th year dental student was able to do it in less than two hours. This was one of many great successes they had on their mission trip, and even more of a testament to the mission's importance.

## Dee Dee Morell

Class of 2018 | DDS  
UNC School of Dentistry



The 2016 UNC Philippines Project Team (L to R) Noah Menaker, Dennilyn Morell, Wendy Song, Robert Long

Dee Dee is a D2 dental student at UNC School of Dentistry. Her passion for dentistry revolves around caring for others just as much as others have cared for her, and using her gifts to continue to give to everyone else. Dee Dee is a member of the UNC Philippines Project. This summer, Dee Dee will travel to the island of Bohol with three dental school classmates and an attending dentist from North Carolina. They all share the common view that being a good dentist involves more than excellent hand skills and scientific knowledge, but a genuine compassion for helping others. Over the span of two weeks, they will travel throughout local schools in Jagna, Bohol to promote sustainable oral health education and to provide dental care to thousands of underprivileged school children and their teachers. All the supplies and efforts will be made possible through donations and funds that they have raised. Although they will only be in the Philippines for two weeks, they hope to leave with the knowledge that they have made a measurable impact on the lives of the local people, and with the tools to continue their work even after they return to Chapel Hill.

## Rohan Prabhu

Class of 2017 | DDS  
College of Dental Medicine  
Columbia University



Rohan at the Cambodian Organization for Living and Training, an orphanage that is home to young adolescents who volunteered to serve as translators for Kids International Dental Services.

Rohan is a D3 dental student at Columbia College of Dental Medicine. He was terrified of treating kids. After assisting the residents at Columbia's pediatric dental clinic in August 2015, Rohan took a look at pediatric dentistry to see if he could overcome his fear of children. After a few days of acclimating himself in the clinic, Rohan started asking the dentists what pushed them towards pediatric dentistry. Dr. Kim Leal, a second year resident, mentioned her experience with Kids International Dental Services, an organization responsible for various dental mission trips all over the world. With Rohan's newfound fearlessness in child patients, and a longstanding interest in Oral Surgery, he was intrigued with the organization. Under the guidance of several well experienced dentists, Rohan was thrown into the belly of global healthcare. His experiences have taught him the importance of taking risks and pushing yourself out of your comfort zone. Rohan is looking forward to returning to Cambodia in the future to continue his mission to give back to children in need.

To read the full submission of each spotlight student, go to:

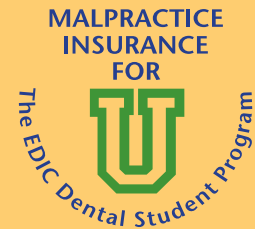
<http://edic.com/for-dental-students/spotlight-program/>

or click on the links on the EDIC facebook page to read their stories.

[www.facebook.com/edicinsurance](http://www.facebook.com/edicinsurance)

If you are a current dental student or resident and would like to be featured in the EDIC Student Spotlight Program, submit your story 500 words or less, to Melissa Surprenant, Director of Marketing at EDIC. [msurprenant@edic.com](mailto:msurprenant@edic.com).

## EDIC Student Events



- April 6 Buffalo Vendor Fair
- April 9 UNC Best of Dentistry Gala
- April 13 BU Lunch N Learn
- April 14 VCU Vendor Fair
- April 21 UCONN Vendor Fair
- April 27 UPENN Vendor Fair
- April 27 Stony Brook Vendor Fair
- April 28 UPENN Lunch N Learn
- April 29 Columbia Vendor Fair



Inquires for Lunch and Learns, School Events, the EDIC Student Program, and Educational Seminars should be directed to Jessica Chaffee, EDIC Dental School Coordinator [jchaffee@edic.com](mailto:jchaffee@edic.com).

## — Mass Dental & EDIC — Matt Boylan Scholarship Award



Recipient of the Matt Boylan Scholarship Award at Yankee Dental Congress 2016. L to R: Dr. Huw Thomas, Dean, Tufts University School of Dental Medicine; EDIC Vice Chairman, Dr. Richard LoGuercio; Mandy Alamwala, D4 student at Tufts University School of Dental Medicine.



200 Friberg Parkway, Suite 2002  
Westborough, MA 01581-3911

**1-800-898-EDIC**  
**www.edic.com**

ENDORSED BY



RHODE ISLAND  
DENTAL  
ASSOCIATION

PRSR STD  
U.S. POSTAGE  
**PAID**  
HOLLISTON,  
MA  
PERMIT NO. 72

Join Our Community!



## 2016 EDIC Spring Webinar Series

**ADA CERP®** | Continuing Education  
Recognition Program



### **Fraud Allegations Against the Health Care Provider: A Personal Experience**

***Dr. Leonard Morse,  
DDS, FICD***

**Tuesday, May 17, 2016  
7:00 PM, EST**

#### **EDIC INSUREDS ONLY**

The numbers of audit and fraud investigations being launched against health care providers are soaring. While dishonest providers may be caught in this dragnet, those who are truly honest could also easily find themselves snared by a criminal "justice" system in which due process and Constitutional guarantees can be easily bypassed.



### **7 Deadly Sins of Smile Design**

***Dr. David Rice, DDS***

**Thursday, June 9, 2016  
7:00 PM, EST**

From veneers, to crowns, to composite... whether you use that term or another, we all have patients who want and need dentistry in the anterior segment. We've also all had patients whose expectations were just a tad too high. Join us and learn how to evaluate, treatment plan and avoid the 7 deadly sins of smile design.



### **Oral Pathology Affecting Children and Adolescents**

***Dr. Robert D. Kelsch,  
DMD***

**Wednesday, June 15, 2016  
7:00 PM, EST**

This course will focus on pathologic lesions of the oral soft and hard tissues that occur primarily in the pediatric and adolescent age group, starting at birth. The format will be both in lecture form and as case presentations. Topics included will include 1) infectious diseases, 2) mucosal diseases including aphthous ulcerations, 3) soft tissue pathology 4) developmental/genetic diseases of teeth and 5) odontogenic and non-odontogenic neoplasms of children. Treatment modalities will be discussed as pertinent.

**For full course descriptions and to register for these FREE webinars, go to: [www.edicevents.webex.com](http://www.edicevents.webex.com)**

EDIC is an ADA-CERP recognized provider, and dentists may earn two CEU credits per session and be eligible for risk management insurance discounts.