

EDIC: Malpractice Insurance Leader in NC! Page 4

AN EDIC PUBLICATION
VOLUME 16 • OCTOBER 2013



Conversations with Charlie

Looking Back And Forward

I am pleased to announce that after more than twenty years at the helm of EDIC, I will be stepping down as President on December 31, 2013. EDIC was born out of the medical malpractice crisis of the mid-1980's in an effort to give our profession a way to control its own professional liability destiny.

Through the vision of Matt Boylan and the Massachusetts Dental Society, we recognized an opportunity and worked for two years to initiate a "By Dentists, For Dentists"® company. Writing our first policies in 1992, the response of our Massachusetts colleagues was outstanding. Even now, over twenty years later, we still insure in excess of 70% of the eligible members.

However, EDIC did not stop there. The company continued to grow and expand over multiple states. It also formed two subsidiaries: EDIA and EDFIA in order to offer a full array of insurance products to our profession. It offered every policyholder a chance to own and control his or her own mutual company.

The success of EDIC has indeed drawn national attention in the professional liability arena. Now writing in eleven eastern states and insuring in excess of five thousand dentists, it has become a model of professional cooperation.

The company has provided the best claims and risk management service
(Continued on page 4)



In the Spotlight

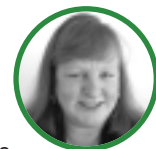
The Vision Will Continue by Hope Maxwell

I am honored to be the next leader of EDIC's team. As a long time consultant to the company, I have always been most impressed with the dedication and loyalty of the management team. Going forward I will focus on continuing to provide a culture and team that are motivated to provide you with the excellent level of service you have come to expect from EDIC.

I have worked with EDIC in a number of consulting positions since 1996. At that time, EDIC was in its inception years, with assets of just under \$15 million. Over these past 17 years, EDIC has evolved into a leading writer of dental professional liability insurance. Steady geographic expansion, very high loyalty from our policyholders, and dedication to the dental industry have been key components of EDIC's success. Today, the company is in its strongest financial position ever, with assets of over \$46 million.

This success could only have been achieved through Charlie's vision and

tenacity, and the talented and dedicated employees he has put in place. We are fortunate that Charlie will continue to serve as EDIC's Chairman of the Board of Directors, and in that role he will continue to share his extensive knowledge, vision and passion for EDIC.



As always, our "By Dentists, For Dentists"® motto remains the core guiding principle for EDIC. As a new generation of dentists enters the profession, it is critical that they understand the importance and true meaning of our motto. As the only dental professional liability carrier in the United States that is owned by its policyholders, EDIC is dedicated to providing stability in the insurance marketplace, and has the knowledge and flexibility to adjust to changes in the dentistry profession.

I am grateful to Charlie and EDIC's Board of Directors for this opportunity, and I look forward to serving you.

EDIC Fall Webinar Series - November 2013

Management of Pain For the Dentist
By: Dr. Howard Pactovis, DMD
Monday, Nov 11th, 2013, 7:00 PM, EST

**Operative Dentistry:
100 Years After GV Black**
By: Dr. Carl McManama, DDS
Thursday, Nov 21st, 2013, 7:00 PM, EST

Read Full Webinar Listings on page 4.





FYI: Case Study

Topic: Credibility vs. The Informed Consent Form



Barry Regan | Vice President of Claims and Risk Management

The patient in this case was a 43 year old female who presented to our insured, a board eligible prosthodontist, on January 26, 2010 with a chief complaint of soreness under an existing lower denture. The patient was completely edentulous, with the exception of teeth #22 and #27. Our insured took a panoramic radiograph, and advised that the two remaining teeth were periodontally compromised. The insured advised the patient that she should have the two remaining teeth extracted, and the insured recommended placing two or four implants which would then be restored with an overdenture. The insured stated that there was questionable bone availability to place any more than the four implants. The patient agreed with the proposed treatment plan.

On February 1, 2010, the patient returned for treatment. The patient signed an informed consent form for the extractions, and a second form for the immediate placement of the implants. The insured proceeded to extract teeth #22 and 27, and placed implants into the socket sites. The insured also placed implants in the area of teeth #19 and #30. The patient tolerated the procedure well. The insured added teeth #22 and #27 to the patient's existing denture to use as a temporary denture during the healing process. Post op instructions and a prescription for antibiotics and pain relievers were given to the patient.

The patient called the insured's office on February 5, complaining of numbness still present on her chin. The office manager advised the patient that she should come in to be seen, but the patient stated she would wait to be seen until her already scheduled follow up visit on February 8. The patient was seen on February 8, and the insured did an examination, which

revealed the area around the #27 implant was "a little numb", but according to the patient it was much better than it had been three days previously. The insured advised that sometimes the numbness can take four to eight weeks to resolve, but sometimes it can be permanent. The insured advised the patient to come into the office weekly for follow up evaluations.

On February 15, the patient reports she is feeling much better and is less numb on the lower lip. On February 23, the office staff contacted the patient by phone. The patient reported that the lip was burning, and that the numbness was less, but was still present. The insured called an oral surgeon for a consult. The insured then called the patient and explained that the oral surgeon stated that if the paresthesia is lessening, that would be a good sign that the nerves are healing. The patient was advised that the insured would continue to monitor the situation, but if the numbness didn't fully resolve, she would recommend that the patient see a neurologist.

On March 1 and March 22, the patient reports that she is feeling much better. On March 31, the patient reported she was feeling much better, and the new denture was tried in. On April 12, the patient reported she was feeling very comfortable and the new denture was inserted. On April 19 and May 10, the patient reported denture soreness on the left lingual and right buccal sides and the denture was adjusted. On July 2, the patient reported she still had some "tingling" on the right lower lip. The insured referred the patient to Dr. Oral Surgeon for a consult prior to loading the implants.

The patient returned to the insured on July 6 after seeing the oral surgeon. The oral surgeon had taken a panoramic radiograph and did some nerve testing. The oral surgeon reported that there was a response to the testing, albeit a weak one. He opined that the burning was a

symptom of the nerve tissues healing, and described the injury as inflammation as opposed to any actual damage to the nerve. The oral surgeon gave clearance to activate the implants. On July 7, the insured placed custom abutments on the four implants. On July 15 and July 30, the patient returned because the healing cap on the #30 abutment had fallen out. The insured needed to give anesthetic to replace the cap on the July 30 visit, due to the patient's complaint of soreness in the area.

The patient returned to the insured on September 7, with complaints of scratching under the chin, drooling, and burning sensation on the whole bottom lip. The insured recommended that the patient be seen by a neurologist prior to completing the restoration of the implants.

The patient was seen by a neurologist on September 30, who stated that his cranial nerve examination was normal except for a decrease pinprick sensation to the chin. The neurologist prescribed Lyrica.

The patient was last seen by the insured on November 16, 2010. The patient stated she was still experiencing numbness on her chin, and did not want to proceed to the final restoration until she completed the treatment from the neurologist.

The patient filed suit in Hudson County Superior court in New Jersey in January of 2012. She alleged that the insured was negligent in failing to obtain an adequate pre-operative radiograph; inserting implants of improper length; failure to back out the implants after complaints of numbness; failure to obtain a post-operative CT scan when the numbness didn't resolve; lack of informed consent; and failure to refer the patient to a nerve specialist in a timely manner. The case went to a jury trial in July of 2013. The patient testified that she only signed a treatment plan with the financial



information on it; there was nothing on it about the risks of the procedure, inferring that the insured had somehow altered the form. The patient broke down crying on the stand when testifying as to the effect the pain had on her life.

Our insured made a very good witness on her own behalf, testifying that because the patient was reporting signs of improvement, which were also reported in the subsequent oral surgery and neurology consults, that there was no reason to remove or back out the implants. She also testified that she went over and discussed the consent forms with the patient, but they were signed in the front office after her staff added the financial information to them.

The patient had an opinion from an expert oral surgeon. The expert testified that the placement of implants in the edentulous mandible presents a risk of paresthesia, even in the best of hands and with the best preoperative radiograph. He further testified that the best chance of nerve repair, after

damage, is to relieve the pressure on the nerve by removing the implant as soon as the residual numbness is noted. He concluded that our insured did neither, and therefore, her care fell below the standard of care expected of the average qualified dentist. He further testified that the insured did not obtain proper informed consent from the patient, based on the patient's testimony that she didn't remember signing the consent form, only a treatment plan with the financial information on it. He further testified that the patient was left with a permanent hypersensitivity. He explained the inconsistencies in the patient's descriptions of the numbness resolving as consistent with hypersensitivity, which patients will describe as everything from complete paresthesia at times, to a burning sensation.

EDIC retained an expert oral surgeon as well. He also testified that paresthesia is a risk of the procedure when a dentist places implants in the mandible, even with the most skilled of surgeons. He testified that this risk is covered in the informed consent

signed by the patient. He further testified that it would have been better for the insured to have a separate written treatment plan with the financial information, as well as an informed consent form that stood alone, rather than combining the two. However, our expert testified that this was not below the standard of care. He testified that all of the subsequent treating dentists and medical doctors records indicated that the patient's numbness was resolving. He stated it would not be appropriate to remove or back out the implant in the face of evidence that the numbness was improving.

The jury returned a verdict of negligence on the failure to back out the implant, and that this failure caused the patient's injury. The jury awarded the patient \$20,000.



Risk Management Comments

Credibility may be the most important factored weighed by a jury in a malpractice suit. While a jury may not understand the law, they can rely on the judge to explain it to them. While they may not understand the dentistry involved, they can rely on the experts to explain the care rendered. But jurors come into a courtroom with their own sense of values and abilities to determine when someone is telling the truth, and when someone is embellishing the facts to suit their own needs. Our insured made a credible witness, the patient did not. The patient could not overcome all of the notations in various medical and dental providers' records that the paresthesia was resolving, so we believe they accepted the insured's premise that the injury was not permanent. The patient's attempt to create sympathy for herself on the stand by crying apparently backfired on her. This very savvy jury found against our

insured on the negligence count, but awarded a minimal amount of money for the injury, apparently concluding that it was not the severe and permanent injury that the patient portrayed it as. Although this goes down in the books as a loss, the verdict amount makes this a pyrrhic victory for the patient. One risk management pointer to take away from this is not to mix the financial information in with the informed consent information. There should be two separate forms in a case like this, a written treatment plan with the financial information that can be signed by the patient, and a second separate informed consent form also signed by the patient. It is difficult to say how much of a factor this was in the verdict, but certainly an inordinate amount of time was spent at the trial trying to resolve this issue. It would not have even been an issue if there were two separate forms.

FAQ

How do I document a non-compliant patient?

As with any other record entry, it is best to document non-compliance in a factual, objective and precise manner. Subjective opinions and judgmental statements about the propriety of a patient's conduct generally are neither useful nor informative. In addition, they may serve to alienate or anger a patient who later views his or her record.

If the non-compliance consists of missed appointments or a failure to return for completion of treatment, it is important to note this

information in the patient's record. In addition, you should document steps taken to reach the patient and to reschedule the appointment. The date, time and substance of telephone calls placed to the patient should be noted, together with the identity of the person who placed the call. A note regarding a message left for a patient should reflect whether the message was left with a particular person or on an answering machine. If no return call is received following a message, follow-up calls also should be noted. If a letter is sent to a patient concerning the need for him or her to return for treatment, a copy should be placed in the chart.



(Continued from page 1)

available, has added value-added services such as webinars, original white papers, and free CEU's. It also supports dental societies, 15 dental schools in the areas in which it functions, and is still able to return premiums to its policyholder colleagues. No wonder EDIC boasts a 99% retention rate, its the highest in the industry.

The time has come for a changing of the guard. I feel that I have accomplished all that I can for EDIC and our profession. It will also provide an opportunity for new ideas and further expansion. While I will stay on as Chairman of the Board, I am most happy to announce that Ms. Hope Maxwell will be replacing me as President as of January 1, 2014. Hope is a nationally recognized authority on medical malpractice insurance and certainly will be capable of continuing EDIC's success while taking the company to the next level. She has worked as a consultant to our company for many years and clearly understands our firm commitment to the dental profession.

I am certainly proud of what EDIC has accomplished over the past twenty years. It has been a wonderful asset to all of our Eastern colleagues. I am most proud, however, of our profession. Without the unity and support of our colleagues, EDIC would never have succeeded. Because of their efforts, we no longer are at the whims of commercial companies. We have truly fulfilled our "By Dentists, For Dentists"® mission. Thank you for your support and the opportunity to serve you.

Charles P. Hapcook, DDS
President & CEO, EDIC
chapcook@edic.com

**"Famous Firsts"
CONGRATULATIONS
to our 1st and our 1000th
North Carolina
Policy Holders.**

NC Dentists Continue to Grow Our "Famous Firsts" Campaign

"Famous Firsts" is EDIC's campaign for our North Carolina colleagues and we have reached two first moments that we are happy to share with you.

On February 27th, EDIC received our first policy holder and on September 5th, we received our 1000th policy holder in NC. EDIC is continuing its rapid growth in the Tar Heel State. Our NC agent, Medical Mutual Agency, has also been working diligently to support EDIC and all of our North Carolina colleagues in this transition. Our North Carolina colleagues will benefit not only from our twenty-one year commitment to dentistry, but will also benefit from our superior customer service and our value-added services that no other company can match with our "By Dentists, For Dentists"® mission. EDIC has no doubt that we will continue to excel with our 99% customer retention rate and give back to our dental community to show our collegial support now and in the future.

To join thousands of your colleagues now, go to EDIC's website at www.edic.com or contact EDIC at 800-898-3342, or contact your in-state agent, MMIC, at 800-662-7917.



2013 EDIC Fall Webinar Series

Management of Pain For the Dentist

By: Dr. Howard Pactovis, DMD

**Monday, Nov 11th, 2013,
7:00 PM, EST**

This course is to educate the practitioner with respect to Chapter 283 amended M.G.L. Chapter 94C, section 18 (e) as required by BORID in Massachusetts. This requirement of education was amended July 20, 2011.



The course will provide a template to ensure effective pain control and management for patients. The practitioner will obtain the knowledge of the applicable laws, modalities of treatment, required recordkeeping, and patient education necessary to comply with the mandate.

Operative Dentistry: 100 Years After GV Black

By Dr. Carl McManama, DDS

— FOR EDIC INSUREDS ONLY —

**Thursday, Nov 21st, 2013,
7:00 PM, EST**

What would GV Black think about the state of operative dentistry in 2013? This practical course will focus on minimally invasive 21st century operative dentistry.



Learning Objectives: Understand what minimally invasive dentistry means, make logical decisions about when to use amalgam instead of composite, understanding the big difference between today's bonding agents and why dentin bonding is still a problem, know how to select & use matrix systems for predictable class II composites, make evidence-based decisions when dealing with deep soft dentin.

**To learn more about these webinars and to register, go to:
<http://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.



Covering College Students Away From Home Requires Care

Provided by Katherine Panikian, The Standard, September 2012

Children living away from home might not be covered by their parents' property and auto insurance. If you have a child attending college for the fall, you should carefully review your homeowners and auto insurance policies and seek advice for what is, and what is not, covered for your children.

Whether students live in college housing or an apartment, they likely will have valuables such as computers, TVs, stereos, and video game systems that could be stolen, damaged, or destroyed in a covered loss. Parents should check their homeowners policies to see whether they will cover students' possessions while away from home.

Keep in mind that vacancy rules still apply and if a dorm room is unoccupied for the stipulated policy amount (45 or 60 days, for the most part), some homeowners coverage's, such as theft coverage, may be void.

Further, full-time status may be the key to full homeowners insurance protection. Insurance Services Office's (ISO:s) standard homeowners policy (HO 00 03) defines "insured" relative to a student to mean: a student enrolled in school full time, as defined by the school, who was a resident of your household before moving out to attend school, provided the student is under the age of: (1) 24 and your relative; or (2) 21 and in your care. As long as the student who lives away from the residence premises meets the defined age requirement and is considered a full-time student by the institution in question, he or she qualifies as an insured. However, if the student drops a couple of classes and falls below the school's definition of "full time", a coverage gap is created in both property and liability protection.

Often students living in off-campus housing are not covered under their parents' homeowners policy (read the specific policy to be sure). If students plan to live in an off-campus apartment, they should consider purchasing renters insurance. Renters insurance policies often provide coverage not only for a student's possessions, but also for additional living expenses if the apartment is uninhabitable. Further benefits for students buying renters insurance now include developing a history of maintaining property insurance before making that first home purchase, which means potentially qualifying for reduced rates on their own homeowners policy.



Some home insurance policies may limit the amount of insurance coverage for off-premises belongings to 10 percent of the total amount of the coverage for personal possessions. This means if the parents have \$50,000 worth of insurance for their belongings, only \$5,000 would be applicable to possessions in the dorm. This may not cover the student's possessions, which today include tablets, iPods, smart phones, laptops, flat screen televisions, desktop computers, jewelry, bikes, musical instruments, etc.

Parents also should do more homework regarding auto insurance. If your child attends school away from home but will use the family car when home on breaks, parents should continue to list the student as a driver on their auto policy. Many insurers offer a discount if the child is attending school over a certain distance and will not have regular access to the family vehicle.

If the student will be keeping a car on campus, it is important that the insured notify the insurer of this information. If the change in garaging changes the premium the insurer would have charged, for example, if the car is now in a busy downtown area, the failure to notify the insurer may allow the insurer to deny coverage if there is a claim.

Want to Read Back Issues of On The CUSP?

On The CUSP is available as a PDF file that you may download to your desktop through the EDIC website. Archived newsletters are also available at this link. You can access case studies and office package articles that may be of help for you and your practice. Go to: www.EDIC.com/On-The-Cusp-Newsletters.html



Does your individual disability policy have a provision to insure your retirement plan contribution? Call EDFIA today to be sure that you have state of the art disability coverage.

Sources of Disability Income Protection

Your most important asset is not your home, car, or jewelry. It's your ability to earn a living. Think about it: All of your plans for the future – from buying a home to putting your kids through college to building a retirement nest-egg – are based on the assumption you will continue to earn a paycheck until you retire. But what would happen if those paychecks stopped? How would you pay the mortgage? Who would help with college tuition? Would you have saved enough to live on during retirement? That's where disability insurance comes in. It provides an income to you and your family if you are unable to work because of illness or injury. In the event you sustain a disabling injury or illness, there are a number of disability benefits you might be able to tap into. For instance, the government offers disability benefits as do many employers. You should definitely take the time to understand the benefits that would be available to you through these sources. Just be mindful that there are limitations on the benefits available through these sources and sometimes the benefits won't be sufficient to meet your income replacement needs. In those instances, you'll want to seriously consider obtaining additional coverage, either through the workplace or on your own.

Workers' Compensation

If you're employed and you suffer a disabling illness or injury, you might be able to count on Workers' Compensation insurance to replace some of your salary. All states require employers to provide Workers' Compensation coverage. It typically pays about two-thirds of your pre-disability income. However, it only pays in cases where your illness or injury is related to your work, and the vast majority of long-term disabilities are not job-related.

Social Security

The federal government administers a disability insurance program that covers most workers, but qualifying for benefits is far from a sure thing and the payment levels (determined by your salary and work history) are fairly modest. About 60% of applications for Social Security disability benefits are initially denied, and the average monthly payment of current beneficiaries, \$1,063, is barely above the poverty line.

Employer-Sponsored Coverage

The main source of disability income protection in the United States is coverage provided or sponsored by employers. Many employers, especially larger ones, provide their employees with group insurance coverage. There are two forms - short-term disability (STD), which replaces a significant percentage of your income for about three months in most cases, and long-term disability (LTD), which typically pays 40% to 60% of your base salary (pre-tax) for longer periods.

FOUR SOURCES OF PROTECTION

1. Workers' Compensation
2. Social Security
3. Employer-Sponsored Coverage
4. Individual Disability Insurance

Often, employees will be given the option to add to the baseline coverage that their employer provides. Some companies don't provide disability coverage but help their employees by giving them the opportunity to purchase coverage on a voluntary basis. With this type of program, employees, rather than the employers, pay the full cost of the coverage. A benefit of purchasing disability coverage at the worksite is that it's generally easier to qualify for than coverage you purchase on your own. Check with your employer's human resources department or benefits manager to see what coverage and purchase options your company's plan provides.

Individual Disability Insurance

The most flexible and reliable source of coverage is an individual disability insurance policy you purchase on your own. A privately owned policy is portable, meaning you won't have to worry about losing coverage if you change jobs. Generally, most individual plans will pay between 40% to 65% of your pre-disability gross salary. When paid with after-tax dollars, benefits are received income-tax free. These individual plans can be tailored to fit your specific budget needs.

If you become disabled you will not be able to fund a retirement plan. Your insurance benefit will generally stop at age 65. At this point, you may not have enough assets in your retirement plan to replace the insurance payment. Some policies have provisions to insure your retirement plan contribution. This will help you arrive at retirement on time and fully funded.

EDFIA represents all major insurers and can help you design the most efficient disability program to meet your specific needs. Most providers offer discounts for EDIC members. Call today at 508 836-4204 for more information and a quote.

Disability Income Insurance policies have limitations and exclusions. Features and costs vary by insured's occupation, age, health and state of residence. For costs and complete details of coverage, contact your personal insurance broker/agent. The information presented here is not specific to any individual's personal circumstances and is provided for general information and educational purposes based upon publicly available information from sources believed to be reliable. We cannot assure the accuracy or completeness of these materials. The information in this article may change at any time and without notice.

EDIC Has Gone Virtual: The ADEA Dental Student Virtual Fair 2014



EDIC's affiliation with the American Dental Education Association (ADEA) has allowed us the opportunity to sponsor a new online Virtual Fair for dental students on February 22, 2014. This fair is held online, live, and free to all attendees. Dental students from across the country can visit booths from various dental professional groups, chat live with booth representatives, view presentations on cutting-edge topics in dentistry and connect with other students in network-

ing forums...all from the comfort of their home, apartment, dorm or work place.

These virtual "booths" will provide attendees information that every dental student needs. Online chat sessions with our EDIC team will be available during the Fair as well as downloads of materials, student-driven testimonial videos, a download of our EDIC New Dentists Transition Guide, and much more. The Fair lasts for 5 hours, but allows each attendee to download materials from booths up until May 2014.

Over 600 students attended the 1st Annual Dental Student Virtual Fair in 2013 and ADEA expects many more attendees for February 2014. To learn more and to visit EDIC at our virtual booth, go to <http://adea.expos2events.com/> Registration is free.

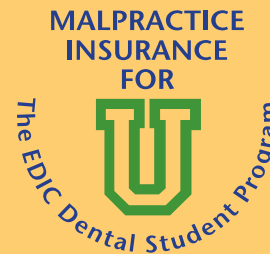
Join EDIC at the ADEA Dental Student Virtual Fair
Dental Specialties, Post-Graduate Opportunities, and Resources for the new
dentist. Saturday, February 22, 2014 • 12:00 p.m. – 5:00 p.m. ET
Pre-registration is required and FREE.

EDIC Supports UCONN School of Dental Medicine's New Outreach Initiative

For over 16 years, EDIC has been contributing toward academic medicine at UCONN School of Dental Medicine to better our future colleagues. When a new outreach initiative, "Share the Care", was developed this past year at UCONN, we knew we wanted to be a part of it to give back to our dental community.

Share the Care allows donors to contribute to raise money for dental services for at-risk, low-income adults and children in the community, regardless of their ability to pay. EDIC has stepped forward and donated \$10,000 to support this mission. We hope that with our donation, more people will come forward and help support a wonderful cause to give back to people in the community who would not normally have access to dental care.

To read the full article that was written by the UCONN Foundation, go to: <http://www.foundation.uconn.edu/stories-of-giving/2013-09-dental.html>



Malpractice Insurance
By Dentists, For Dentists®

Dental Student Fall Event Calendar 2013

- Oct 3** UNC Lunch N Learn
- Oct 17** UPITT Steel City Dental Expo
- Oct 22** TEMPLE Fall Vendor Fair
- Oct 23** UPENN Fall Vendor Fair
- Oct 26** UPENN Diwali Event
- Oct 29** UPENN Lunch N Learn
- Oct 30** TEMPLE Lunch N Learn
- Nov 6** UCONN Lunch N Learn
- Nov 15** ASDA National Conference Chicago

SAVE THE DATE:

Jan 29 - Feb 2, 2014
Yankee Dental Congress
Boston

UNC Spurgeon Dental Society Vendor Day - Sept 12, 2013



(L to R) UNC Dental School 4th year students, Kristen LaBianca and Ashley Porter.



(L to R) UNC Dental School 3rd year students, Josh Zuckerman, Brenda Lopez, Rosie (Trang) Nguyen, Katie Payne, and Rebekah McPherson.

Note From the Editor



EDIC Officers

Charles P. Hapcook, DDS
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

Board of Directors

- Robert Bartro, DDS
- Barry Brodil, DDS
- Ronald Bushick, DMD
- Armond Enos Jr., DDS
- John P. Fisher, DDS
- James B. Hanley, DMD
- Charles P. Hapcook, DDS
- Barbara C. Kay, DMD
- Richard LoGuercio, DDS
- Stephen W. McKenna, DMD
- John S. Olmsted, DDS
- Andrea Richman, DMD
- Arthur I. Schwartz, DMD
- Derick White, CPA

A Vision Becomes a Legacy

I can still recall my initial interview with Charlie Hapcook over 21 years ago when he laid out his vision for the, then, nonexistent EDIC. I hitched my wagon to his star that day and never looked back. I am so glad I did. It has been a fun and exciting ride. And I have been privileged to witness that vision of Charlie's become his legacy as he retires. Today, EDIC is a robust company serving the professional liability needs of over 5,000 dentists in 11 states. The "By Dentists, for Dentists"® dream has been realized.

I know I speak for the entire staff in wishing Charlie good health and much happiness in his retirement. We will certainly miss our fearless leader, the fierce competitor and the fiery advocate for the company. Mostly, we will miss a big-hearted friend who just happened to be our boss. So, all the best to you, Charlie, as you retire.

I now hitch my wagon to Hope Maxwell's star and I am fastening my seat belt. I sat in on Hope's interviews with the Selection Committee and the Board of Directors and I am confident that she will bring the company to new heights during her tenure. Her breadth of knowledge and her vision sort of reminded me of another interview 21 years ago. So welcome, Hope, and all the best to you as you start this new adventure.

Sheila A. Anzuoni, Esq.
Executive Vice President and COO, EDIC
sanzuoni@edic.com



We welcome your comments about *On the Cusp*. Please contact our editor, Sheila A. Anzuoni, at sanzuoni@edic.com, or call at 1-800-898-3342.



Join Our Community!

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

NORTH CAROLINA
DENTAL SOCIETY



RHODE ISLAND
DENTAL
ASSOCIATION



MASSACHUSETTS
DENTAL SOCIETY



ENDORSED BY

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

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

