

Dental DATELINE

A NEWSLETTER FOR MLMIC-INSURED DENTISTS

Spring 2017

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The Noncompliant Dental Patient – A Risk Management Perspective

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The noncompliant dental patient creates potential legal jeopardy for all dentists. However, there are ways that dentists can protect themselves from such liability. The most crucial defense mechanism is documentation. This includes documenting the initial discussion that takes place between you and the patient on the recommended treatment plan or follow-up plan, as well as the purpose,

risks, benefits, and alternatives to all recommended treatment, and its importance to the patient's health and safety. You must also document any discussion of the consequences of noncompliance in much the same way as you would after conducting an informed consent discussion for a proposed treatment plan.

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Live Operators Replace MLMIC Phone Menu System

Michael Schoppmann, Esq.
President
MLMIC Services, Inc.

In adherence to MLMIC's core mission—to deliver the highest level of service to our insureds—and to assist our insureds and clients to more promptly connect with the MLMIC employee or department they are attempting to reach by telephone, MLMIC is pleased to announce that we have transitioned to live customer service operators to answer all phone calls.

These operators have replaced MLMIC's phone system of recorded messages, prompts and menus. In making this improvement, MLMIC is now able to be more responsive to callers by ensuring that they are quickly connected with their desired party or an employee who can assist them. As an added feature, callers will still be able to dial directly to an employee's phone extension. ♦

Dental Dateline is published under the auspices of MLMIC's Patient Safety & Education Committee.

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The Noncompliant Dental Patient continued from page 1

The next step is to implement a tickler system in your office. A tickler system reminds you and your staff of a pattern of missed or cancelled appointments, non-receipt of test results or consultants' reports, or failure to follow-up as you ordered. We suggest that when a patient is referred to a specialist or other consultant, your office staff should make the appointment for the patient, inform him/her of the date and time of the scheduled appointment, and document this information in the patient's chart. If, after a reasonable time period, no consultation report is received, office staff should contact the patient to determine whether or not the patient intends to comply with your recommendation.

If it appears the patient has been noncompliant, the staff should promptly bring this fact to your attention so you can determine if further action is required. Noncompliance includes not only the failure to keep or be on time for appointments or have consultations performed, but also the patient who is not taking medication pre-treatment as directed. At every visit, you must review the treatment plan with the patient and document any failure to comply with it. The reason for this failure must be explored, and you must emphasize to the patient the importance of compliance. You must also document this conversation about compliance in the dental record in order to protect yourself should the patient suffer an untoward result. Too often, noncompliant patients appear oblivious to the responsibility they have for their own care. Unfortunately, courts and juries

may overlook that lack of accountability and hold the dentist rather than the patient legally responsible.

If the patient's reason for being noncompliant is obvious, it must be addressed. At times, however, non-compliance can be directly related to cultural, educational, physical, mental, or emotional issues or language impediments. Thus, if a patient is hearing impaired, the use of an interpreter or special equipment is indicated. If there are language and/or cultural barriers, interpreters and/or individuals familiar with the patient's cultural beliefs must be used as resources to assist with your explanations. Finally, the use of plain language is key to working with noncompliant patients who have limited education. Discussions should be geared to an individual who has attained no greater than a fifth-grade education by using simple words and explanations.

If the patient has been noncompliant due to an unrecognized emotional issue or resentment of the problem resulting from the dental status, acknowledging your understanding of these emotions may be helpful to the patient. However, in all practices, some patients remain noncompliant no matter what you do in terms of communication and/or assistance. Thus, when it appears the patient will not comply and may suffer harm as a result, the patient should be discharged promptly from your practice, if it is reasonable to do so within the treatment process, to avoid the potential risk of liability these patients generate over a long period of time.

Dentists frequently ask whether a noncompliant patient can be discharged from the practice. Although

there is no single answer for every patient, generally, if the patient does not require continuous care without gap, or urgent or emergency care, it is acceptable to discontinue the dentist-patient relationship. To do so, you must send a letter to the patient notifying him/her of the discharge, citing "failure to comply with my recommendations for care and treatment" or "failure to keep multiple appointments despite reminders," whichever is applicable. If the patient's noncompliance could endanger his/her life, health, or cause serious and/or permanent injury, this should be stated in the letter as well. Attorneys from Fager Amsler Keller & Schoppmann, LLP are available to assist you should you have any questions about discharging a patient from your practice.

Some dentists prefer to first send a noncompliant patient a warning letter stating "if you fail to call and keep an appointment made within the next ten days, you will be discharged from my care." However, if the patient remains noncompliant, the warning letter should be followed by a discharge letter.

A discharge letter must contain certain basic information:

1. You (and your group) intend to withdraw your care, effective immediately, as of the date of the letter.
2. You will be available to this patient for emergencies only for a reasonable period of time, usually 30 days from the date of the letter. This time frame can be modified to accommodate the patient's needs and condition.
3. You should briefly state the reason(s) why the patient is being

discharged. These reasons may include: failure to keep appointments; failure to follow your advice; disruption of the relationship between you and the patient; and/or failure to seek the services of a specialist as recommended.

Further specificity is not necessary.

4. Advise the patient that you will forward the patient's records to his/her new dentist upon receipt of the patient's written authorization to do so.
5. Suggest that the patient contact the local or state dental society to obtain the name and services of a new dentist. Provide the patient with the appropriate name(s) and telephone number(s) of those societies. If you prefer to refer the patient to other dentists, we recommend that you provide at least three names. Thus, if the patient is not satisfied with one person, he/she has other options and cannot hold you liable for referral to an incompetent or otherwise inadequate dentist.
6. If appropriate, you should also state that, in your opinion, the patient requires further dental care and treatment for his/her present condition in a timely manner. If the patient has a potentially dangerous or potentially injurious condition, the risks of continued noncompliance must be spelled out, such as: "your continued non-compliance may result in serious permanent injury."

Another frequent question is how to mail the discharge letter. We recommend that you purchase a "certificate of mailing" or a "certificate of



delivery" at the post office and mail the letter there. Retain the "certificate" you receive and attach it to the copy of the letter placed in the dental record. Unless the letter is returned as undeliverable, there is a legal presumption that the patient received it, since you have proof that the letter was mailed by regular mail at the post office. (See p. 7 for more information on certificates of mailing.)

It is crucial that your staff members be reminded not to give the patient a new appointment, after the date stated in the letter. Flag this patient's name in the computer. If the patient calls and claims to have an emergency condition within the 30 day emergency period, the staff must notify you promptly so you can decide whether an office visit or referral is indicated. Good documentation is vital when dealing with noncompliant patients. You must also transfer your dental records to the patient's new dentist promptly, despite any unpaid bills for your services.

If you fail to properly discharge a patient, you may face allegations

of abandonment from the patient or his/her counsel. Abandonment of a patient is considered to be professional misconduct as defined in the New York State Education Law and regulations. Therefore, the Department of Education Office of Professional Discipline (OPD) may charge a dentist with professional misconduct for abandoning a patient. If OPD does make such an allegation against you, promptly contact the Medical Liability Mutual Insurance Company Dental Claims Unit. Dentists who are insured by MLMIC have coverage for legal representation for administrative actions brought against them by a governmental body, such as OPD, if the allegations could also form the basis of a claim for liability that would otherwise be covered under the policy.

Noncompliant patients may be nice or even well-meaning people. Unfortunately, they may also be very dangerous to their own health, as well as to your legal health. It is your responsibility to protect yourself, and it is not difficult to do. ♦

Case Study

Successfully Managing the Risks of a Noncompliant Patient

Donnaline Richman, Esq.

Fager Amsler Keller & Schoppmann LLP

Counsel to Medical Liability Mutual Insurance Company

A longtime patient presented to her dentist for a normal examination. The patient complained of irritation on the right lateral border of her tongue. The dentist identified it as an irritation from a set of partial dentures. The dentist requested that the patient return in 2 to 3 weeks and gave her an appointment. He advised the patient that if the irritation had not resolved by that visit he would refer her to an oral surgeon. The dentist documented the finding in the patient's record as "round, red, smooth and 4-5 mm in size," the location and the need for follow-up.

One week later, the dental assistant called the patient to see whether this area had improved. The patient advised the assistant that the irritation was much better. This was documented in the record. The patient then called the office and cancelled the appointment to check her tongue.

She returned to see the dentist almost 6 months after her prior visit. By that time, the area measured 6 mm, was painless, reddish-white, and looked like an ulcer. The patient was promptly referred to an oral surgeon for biopsy. The dentist documented that he informed the patient to see the oral surgeon without delay. He further informed her of the consequences of a delay and documented this as well.

However, the patient declined the referral and informed the dentist she preferred to obtain a referral through her family physician. This too was documented in her dental record.

Several weeks later, two messages, two weeks apart, were left on the patient's telephone to see if she had undergone a biopsy. The patient failed to respond to both. Another message was then left on the patient's telephone a month after the last message. Again the patient did not respond. These attempts to reach the patient were reflected in her chart.

Finally, the dentist did speak to the patient. She informed him that she did see an oral surgeon, but he did not perform a biopsy for six weeks. The pathology result from that biopsy was squamous cell carcinoma. As a result, a portion of her tongue was removed.

The patient consulted an attorney in an attempt to sue her dentist. This attorney referred the case to a well known malpractice attorney. In order to protect the statute of limitations and serve the dentist with legal papers in a timely manner, this attorney commenced a lawsuit with only a "summons with notice" without a full complaint or detailed allegations. This new attorney advised the MLMIC examiner that the first attorney whom

the patient hired had the case reviewed by a dentist. The dental reviewer believed the case had merit and hence the summons was served. However, when the current malpractice attorney sent the records to his expert for an opinion, he was told the matter lacked sufficient merit to continue the lawsuit. The discrepancy between the patient's recollections and the dentist's thorough documentation in the dental record led him to advise the patient that the lawsuit would not be successful. Therefore, the plaintiff's attorney voluntarily discontinued the lawsuit.

A Legal & Risk Management Perspective

Frances Ciardullo, Esq.

*Fager Amsler Keller & Schoppmann LLP
Counsel to Medical Liability Mutual Insurance Company*

This lawsuit was discontinued because the dentist did everything right. When the patient cancelled her appointment, and declined a timely referral, it was documented in the chart. In addition, he was careful to counsel the



patient regarding the consequences to her health if she delayed treatment, and this too was documented. Because the standard of care was met, and because the record was thoroughly documented, there was no basis to bring a malpractice case. This case also highlights the importance of having a protocol for following up on patients who present with abnormalities. When a patient has a condition which requires monitoring or follow up treatment, and the patient fails to keep or cancels an appointment, the

office should attempt to contact the patient and reschedule the appointment. If the patient persists in being noncompliant, it is critical that the patient be advised as specifically as possible about the risks to his or her health. If the patient is not in the office, then those risks should be explained in a letter. In this case, the dentist documented his discussion with the patient about the health risks of delaying treatment with a specialist, and his office made several calls to the patient to encourage her compliance with

his recommendations. Because the dental record was clear and well documented, the patient could not successfully allege that the dentist was guilty of negligence. Hence, her attorney was required to discontinue the suit. ♦

Expanded Liability for Failure to Warn of Medication Side Effects

*Frances A. Ciardullo, Esq.
Fager, Amsler, Keller & Schoppmann
Counsel to Medical Liability Mutual Insurance Company*

A little over a year ago, the New York Court of Appeals, the highest court in the state, issued a decision which expanded the potential liability of dentists to members of the general public who are not their patients. In *Davis v. South Nassau Communities Hospital*, 26 N.Y.3d 563 (2015), the

Court held that a third party who was injured in a motor vehicle accident could sue a healthcare provider directly for the provider's failure to warn the patient of the risks or side effects of medication which could impair the patient's driving ability.

In *Davis*, the patient arrived at

a hospital emergency department at 11:00 p.m. in pain. An intravenous dose of dilaudid, an opioid narcotic, and a benzodiazepine drug were administered to her. The patient was then discharged at 12:30 a.m.

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New Dental School Graduates!

Or if you know a soon to be or new grad...

MLMIC offers new graduates *a cost effective* way to obtain malpractice insurance in a *Program designed by and for NYSDA members with New York State's leading malpractice carrier.*

Our NYSDA-MLMIC Program offers a flat rate premium of *\$50 for first year claims made coverage*, or \$172 occurrence coverage, at limits of \$1 Million/\$3 Million, to qualifying newly graduated dentists entering private practice for the first time immediately following the completion of training.

Other new dentists who do not qualify for the flat rate premium may be eligible for a 75% discount off the standard rates for their first year of either claims made or occurrence coverage.

And, subsequent to the first year, claims made policies are also eligible for the following discounts:

- 60% 2nd year claims made rate
- 25% 3rd year claims made rate
- 10% 4th year claims made rate

These new dentist discounts, together with MLMIC's personalized service, solid protection against claims, and benefits such as access to a variety of legal services related to the health professions provided by Fager Amsler Keller & Schoppmann, LLP, counsel to MLMIC, make *MLMIC a solid choice for new dentists just starting out.*

Only MLMIC policyholders enjoy the *stability and security* of a financially strong, reliable and experienced professional liability carrier.

To learn more about Claims Made vs. Occurrence coverage, go to www.MLMIC.com/dentists/malpractice-coverage/.

Contact our Underwriting Department at one of our regional offices to see if you qualify for the new dentist discount: NYC 1-800-683-7769; Long Island 1-888-263-2729; Syracuse 1-888-744-6729. ♦

Note to Our Dentist Policyholders

Please be advised that dentist premium rates are *unchanged* for the 2017 policy year.



How Long Should Dental Impressions be Retained?

Pursuant to an opinion of the New York State Dental Board dated June 8, 2016, models and impressions are considered part of the patient's dental record and must be retained in accordance with general record retention requirements. Patient records must be retained for

at least six years, with the exception of records for minor patients, which must be maintained for at least six years *and* for one year after the minor patient reaches the age of 21, whichever is longer. It is, however, recommended that dental records be retained for 10 years from the

date of submission of the last claim for payment. The longer time period is recommended in view of state and federal statutes and regulations pertaining to malpractice and healthcare offenses, such as insurance fraud. ♦

An Alternative to Certified Mail

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Whenever you must send an important communication to a patient, it must be in writing and sent by means of a reliable delivery method. In the past, many significant written communications—discharge letters, or warning letters to noncompliant patients—would be sent to the patient by certified mail, return receipt requested. The certified mail process requires a signature from the patient or another person who lives at the address, thus providing evidence that the communication was, in fact, received.

Unfortunately, not only has the cost of certified mail dramatically increased, but it is increasingly common that certified mailings are returned to the dentist's office without a signature. This could occur either because the patient refused to sign for the letter, or because the patient was never home to receive it. It can take several weeks for a letter to be returned as "refused" or "unclaimed." The dentist must then begin the notification process all over again in order to make an attempt to convey the communication to the patient. This delay could result in additional risk to the dentist, especially if the he/she wished to discharge the patient from the practice.

As a result of these issues, Fager Amsler Keller & Schoppmann, LLP has revised its recommendation con-



cerning the method by which written communications should be sent to patients. It is still suggested that the letter and envelope be marked "personal and confidential." However, certified mail, return receipt requested, is not the only reliable method of mailing which can be used. Instead, the notification should be sent using the "certificate of mailing" process offered by the US Postal Service. This requires you or a staff member to go to the post office to mail the letter via first class mail to the patient's last known address. At the time of mailing, a "certificate of mailing" is purchased. The form (PS form 3817) can be downloaded from about.usps.com/forms/ps3817.pdf, but it must be brought to the post office to be placed in an official post office depository.

The post office accepts the letter and stamps the form with the date the

letter is mailed. Since the letter is sent via first class mail, it does not require a signature, and, if necessary, it will be forwarded to the patient's new address. It cannot be refused by the patient and will not be returned by the post office unless the address itself is invalid. The date-stamped certificate is proof that you mailed the letter at the post office, and this constitutes presumptive evidence in court that the letter was received by the patient in the normal course of business. Thus, if the first class letter is not returned as undeliverable, you may assume the patient has received the letter and have proof it was mailed. A copy of your written communication to the patient and the certificate of mailing should be retained in the patient's medical record. ♦

Documenting Follow-Up of Noncompliant Patients

Donnaline Richman, Esq.

Pat Ward, Paralegal

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Counsel to Medical Liability Mutual Insurance Company

Tip:

It is important to follow up on and document missed or cancelled appointments.

The Risk:

A missed or cancelled appointment, and the failure of a practice to follow up with or contact the patient, may result in a serious delay in diagnosis or treatment and a subsequent risk of liability for the provider.

Recommendations:

A pro-active system to follow up with patients about missed or cancelled appointments allows dentists to promptly assess and respond to clinical situations, thereby maintaining continuity of patient care.

1. Develop policies and procedures in your practice for following up with patients who have missed or cancelled appointments.
2. You must be made aware of all missed or cancelled appointments. The staff should inform you of these patients at the end of the day and have the dental records ready for your review.
3. You should assess the clinical importance of the appointment, the severity of the patient's condition, and the risk(s) associated with the missed or cancelled appointment.
4. A reminder telephone call from the office staff may suffice for patients at minimal risk. The time and date of the telephone call and the content of the message or conversation must be documented in the patient's dental record.
5. A telephone call from you may be indicated for patients at higher risk. You should emphasize the importance of follow-up care and the risks inherent in failing to obtain it. This telephone conversation must also be documented in your dental record.
6. If there is no response from the patient, or the patient develops a pattern of not keeping or missing appointments, a letter should be mailed to the patient using a certificate of mailing to advise him/her of the risk of noncompliance. A copy of the letter and the certificate of mailing must be maintained or scanned into the patient's dental record.
7. All efforts to contact the patient, either by telephone or letter, must be documented in the dental record. This provides written evidence that the patient was clearly made aware of the importance of continuing dental care.
8. The staff must be familiar with the patient follow-up policies and procedures in your practice. Conduct periodic record reviews to determine staff compliance and to evaluate the effectiveness of the processes you have implemented.
9. Continued failure of patients to keep appointments may be deemed noncompliance with treatment. Consideration should then be given to discharging the patient from your practice, since patient noncompliance may increase your risk of liability. The attorneys at Fager Amsler Keller & Schoppmann, LLP are available to assist you to determine how and when to properly discontinue the dentist-patient relationship due to patient noncompliance. ♦

Expanded Liability *continued from page 5*

The patient was not warned that the side effects of the medication would impair her ability to operate an automobile. Nor did hospital personnel ask the patient if she drove herself to the hospital. The patient was discharged approximately 90 minutes after receiving the medication and drove her car across a double yellow line, striking a bus. The bus driver sued both the facility and the physicians who cared for the patient. He alleged that these defendants owed him a legal duty to warn the patient that the medication she received impaired her and that her ability to drive an automobile safely could also be impaired. The Court agreed and held that the physicians owed a legal duty to third parties to warn the patient of that danger.

This holding was a departure from previous cases, which generally did not impose a duty of care running from providers to the general public unless there was a close family or other special relationship. It expands the potential liability of dentists who administer sedation or medication to patients in the office. In order to satisfy their legal duty, dentists should not only warn patients of the risks of medications they receive, but also clearly document in the dental record that the patient has been warned of both the risks of the medications and not to drive or use heavy machinery after receiving such medications. The outcome of the *Davis* case would have been very different if the physi-



cians at the hospital had obtained informed consent from the patient regarding the risks of the drugs she received and then clearly documented this discussion in the patient's medical record.

Dentists must clearly warn the patient *before* administering a medication which could impair the patient's ability to drive. Patients should be advised in advance to bring a driver to the appointment when such medication is to be used, although experience shows that patients are not always compliant with these instructions. You cannot prevent a patient from leaving your office after administering medication that may result in impairment, and, in fact, there is no legal justification for retaining an unwilling patient in the office. Prudence, however, would dictate that a patient who could be impaired by medication administered

in the office should be sent home by taxi or encouraged to wait until a driver can arrive.

Dentists are able to manage their expanded liability risk by clearly and specifically documenting in the dental record that the patient was counselled and informed of the risks and side effects of the medication administered including any impairment in driving ability. If the patient is undergoing a procedure, the consent document for that procedure should outline these risks in plain language understandable to the patient. The law firm of Fager Amsler Keller & Schoppmann, LLP has a number of informed consent forms available for standard dental procedures which incorporate these warnings. The firm is also available to MLMIC insured dentists to review and provide legal advice on procedure consent forms. ♦

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The attorneys at Fager Amsler Keller & Schoppmann, LLP are available during normal business hours to assist MLMIC insureds with a wide range of legal services, including, but not limited to, advisory opinions concerning healthcare liability issues, liability litigation activities, lecture programs, and consulting services.

Healthcare law, regulations, and practices are continually evolving. The information presented in Dental Dateline is accurate when published. Before relying upon the content of a Dental Dateline article, you should always verify that it reflects the most up-to-date information available.

2017 Event Calendar

MLMIC representatives will be in attendance at the following events:

APRIL

- 4/21/17 Onondaga County Dental Society All-Day Meeting (Syracuse)
- 4/22/17 UB Dental Run for Smiles – 5K (Buffalo)
- 4/25-26/17 Greater Long Island Dental Meeting – GLIDM (Melville)
- 4/26/17 ASDA Stony Brook – 2017 Leo Sreebny Symposium & Research Day (Stony Brook)
- 4/26/17 Ninth District Dental Association New Dentist Spring Mixer (Hawthorne)
- 4/28/17 New York State Dental Association New Dentist Conference (Manhattan)

MAY

- 5/1/17 Nassau County Dental Society General Meeting (Mineola)
- 5/3/17 New York County Dental Society Young Professionals Event Series
- 5/5/17 Third District Dental Society CE Seminar Series (Latham)
- 5/5/17 Fifth District Dental Society Spring Seminar (Cazenovia)
- 5/6/17 UB School of Dental Medicine – 125th Anniversary Gala (Buffalo)
- 5/7/17 Nassau County Dental Society – 50 Shades of Dentistry (Farmingdale)
- 5/10/17 Suffolk County Dental Society General Meeting (Hauppauge)
- 5/10/17 Ninth District Dental Association General Meeting (Wappingers Falls)
- 5/11-12/17 Fourth District Dental Society – Saratoga Dental Congress
- 5/12/17 Sixth District Dental Society General Meeting (Binghamton)

JUNE

- 6/22/17 New York County Dental Society Young Professionals Event Series

SEPTEMBER

- 9/8/17 Fourth District Dental Society Annual CE & GOLF
- 9/11/17 New York County Dental Society Membership Meeting
- 9/12/17 Onondaga County Dental Society
- 9/13/17 Ninth District Dental Association General Meeting
- 9/14-15/17 Fifth District Dental Society's Central New York Dental Conference
- 9/23-24/17 Queens County Dental Society World's Fair of Dentistry
- 9/26/17 Ninth District Dental Association New Dentist Reception (Port Chester)
- 9/27/17 Suffolk County Dental Society General Meeting

OCTOBER

- 10/2/17 Nassau County Dental Society General Meeting
- 10/3/17 Queens County Dental Society General Meeting
- 10/5-6/17 Sixth District Dental Society General Meeting
- 10/10/17 Onondaga County Dental Society
- 10/11/17 Nassau County Dental Society Scrubs & Stilettos

NOVEMBER

- 11/3/17 Fifth District Dental Society Fall Seminar
- 11/6/17 New York County Dental Society Membership Meeting
- 11/6/17 Nassau County Dental Society General Meeting
- 11/14/17 Onondaga County Dental Society
- 11/15/17 Suffolk County Dental Society General Meeting
- 11/15/17 Ninth District Dental Association General Meeting
- 11/26-29/17 Greater New York Dental Meeting

MLMIC DECLARES 20% DIVIDEND FOR 2017

We're pleased to let you know that MLMIC's board has declared a new 20% general dividend for policyholders. The dividend – which will apply to policyholders who are insured on May 1, 2017, and maintain continuous coverage through July 1, 2017 – will be based upon the annual rate of premium in effect on May 1, 2017. It will provide meaningful financial relief to policyholders.

The new dividend is separate and apart from MLMIC's agreement to become part of the Berkshire Hathaway family of companies. That process takes a while and is on track to be completed by next year's end. In the meantime, MLMIC's strong financial performance enables it to offer a 20% dividend.

Become insured by May 1, 2017, and take advantage of MLMIC's 2017 dividend.

New York's #1 dental liability insurance provider. See what MLMIC can do for you.
Call (888) 830-4808 to learn more.



The NYSDA-MLMIC Program for Dental Professional Liability Insurance

Exclusively Endorsed by NYSDA



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MLMIC.com



The MLMIC.com Blog

For the latest company news and insights into hot topics in the industry affecting dentists today, sign up for the MLMIC blog.

See what the blog can do for you. Visit mlmic.com/blog

The screenshot shows the MLMIC.com website interface. At the top left is the MLMIC logo. To its right are buttons for 'SEARCH', 'LOGIN', and 'Report a Claim'. Below these are navigation links: 'HOME', 'ABOUT', 'PHYSICIANS', 'HOSPITALS', 'DENTISTS', 'BLOG', and 'CONTACT US'. The main content area is titled 'Blog' and features two article teasers. The first article is dated 'MAR 13' and titled 'Politico NY Reports Loss of Revenue for Major Medical Malpractice Insurance Carrier'. The second article is dated 'MAR 1' and titled 'MLMIC's 2016 Annual Report Now Available'. On the right side of the blog section, there is a 'Search Blog' input field, a 'GET A QUOTE' button with a play icon, and a sign-up form for the latest blog posts, including an 'Email *' field and a 'Choose area(s) of interest' section with a checkbox for 'Physicians'.