

DENTAL DATELINE

A newsletter for MLMIC-insured dentists

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CASE STUDY

Ingested Surgical Device and a Drug-Seeking Patient

Barbara Gottstein
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The NYSDA-MLMIC Insurance Program

A 37-year-old woman was seen over a two-year period by her general dentist for multiple extractions, root canals and crowns. On most of these visits, she requested and was given prescriptions for pain medications.

On May 6, 2013, the patient had an appointment for an implant at tooth #13. This was the patient's first implant procedure. An informed consent

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Don't Let Treatment Refusal Result in Legal Liability

Marilyn Schatz, Esq.
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Informed consent is a well-established ethical and legal requirement in healthcare. This common law right of patients was recognized by Justice Cardozo over 100 years ago: "Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault for which he is liable in damages. This is true except in case of emergency, where the patient is unconscious and where it is necessary to operate before

consent can be obtained."¹ Since that time, this doctrine has been codified in NY Public Health Law § 2805-d.

Obtaining informed consent reflects the modern practices of shared decision-making and patient-centered care. The doctrine recognizes that patients are autonomous and possess the fundamental right to self-determination. The partnership of a provider and a patient

1. Schloendorff v. Society of New York Hospital, 105 N.E. 92, 93 (N.Y., 1914).

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The Proper Way to Close a Dental Practice

Fager Amsler Keller & Schoppmann, LLP

When a dentist contemplates retiring or closing a practice, there are key steps which must be taken before the practice can be closed. It is particularly important that all of these steps be completed in a timely manner.

The first step is making a firm decision about when you wish to close the practice or when you have to do so, if the closing is not due to retirement. This decision will permit you to carefully plan the closure so that you provide sufficient time to notify patients, staff, vendors, and insurance companies.

Once you have determined that date, you must notify your patients of your decision. We recommend that you provide at least thirty days notice. This notice should be longer if your patients' dental conditions justify a longer period. You also need to consider whether your specialty is immediately available to your patients in your geographical area. This will permit your patients to transition to another practice without having serious gaps in care.

You also need to notify MLMIC Insurance Company's Underwriting Department of the last date your office is actually open. You should make certain that any staff that remain in the office to provide patients with access to their dental records do not provide dental advice to these patients. If you are going to practice at another site or in another part of the state, you will need to notify MLMIC of that change as well.

If another dentist will be assuming your practice, you need to advise your patients of this and enclose an authorization to transfer records with your letter. This permits this new dentist to have access to the records of those patients who choose to transfer their care. If no other dentist is assuming



your practice, refer your patients to the local dental society to obtain the names of other dentists in the area.

If you intend to store your own dental records for the appropriate statutory time periods for adults and minors, you must be able to provide copies of the records upon a patient's request, in the manner they request, pursuant to HIPAA and HITECH. Regulations governing the practice of dentistry requires a dentist to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient for at least six years and, in the case of minors, until one year after a minor patient reaches age 21.¹ Further, Education Law § 6530(40) requires dentists to provide access to the record for those persons defined as "qualified persons" under Public Health Law § 18, including patients and their legally recognized personal representatives. Thus, when a dentist leaves a practice for any reason, there must be a

plan for the maintenance of the patient's dental records and how to ensure the patient's right of access to those records.

If you intend to store your records in your home or space you rent, you must store your records or electronic media in a safe, waterproof, locked area. Do **not** give your original records to the patient, as that will make it extremely difficult to defend you later in a dental malpractice case.

If you are leaving your records in the possession of another dentist or group, the patients should be advised where to now access these records. Further, we recommend that you enter into a written agreement with that dentist or group that allows you to access a copy of these records in the event of a lawsuit, investigation, or proceeding by OPD or Medicaid/Medicare (HHS) or other governmental agency. Alternatively, you can arrange to use a record storage company to retain the records for the statutory and recommended periods for retention.

1. 8 N.Y.C.R.R. § 29.2(a)(3). Because of concerns regarding the statute of limitations in malpractice cases and health care fraud liability, Fager Amsler Keller & Schoppmann, LLP recommends retention of records for at least 10 years after the date of last treatment or service.

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Important Facts to Know About the Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is a federal law prohibiting discrimination based upon disability. Though the disability may not be obvious, this law offers protection to anyone who has a physical or mental/cognitive disorder or certain diseases. The disability must substantially limit the individual's major life activities.

Private dental offices are considered to be places of public accommodation and must comply with both state and federal discrimination laws. We recommend that all dentists carefully assess their offices to determine whether they meet safety and disability requirements (see Spring 2016 *Dateline*). Additionally, how one documents or releases records may be affected if the patient has a protected condition under the ADA.

Hearing-Impaired Patients

A frequent telephone call received by Fager Amsler Keller & Schoppmann, LLP involves the need to provide interpreters for the hearing-impaired. Interpreters or communication devices for deaf patients must be provided at the expense of the dentist. The modality for interpretation must be acceptable to the patient, and the choice of the patient takes precedence. Dentists must retain translators who provide "effective communication."

However, "certified" interpreters are not required. Proper interpretation is particularly important when informed consent is being obtained. If the patient files a complaint with the Equal Employment Opportunity Commission (EEOC) or the New York State Division of Human Rights, malpractice policies cannot and do not provide a defense or pay damages for such claims by governmental agencies, as this is against public policy. However, if other allegations against the dentist are made, MLMIC should be notified to determine whether they fall within the policy coverage.

Service Animals

Another frequent question is whether a practice must allow service animals on the premises for blind and otherwise disabled individuals. The use of service animals has now been extended to persons with post-traumatic stress disorder (PTSD), which is considered a mental disability. When patients come to the office with service animals (service dogs or horses only), these animals are permitted to be in public areas of the office. However, they can be excluded from interior examination and treatment rooms due to concerns about infection control. If that occurs, the patient must be provided with an alternative reasonable accommodation.

Service animals can also be excluded from the premises when they are disruptive or are a "direct threat" to the health and safety of others that is not eliminated by a reasonable accommodation, i.e. the animal is not housebroken, is out of control, is not restrained by a leash or tether, or has hygiene problems. The fact of the "direct threat" must be documented.

Finally, there are only two questions which can be asked of a patient who brings a service animal to a dentist's office: 1) Is the animal required due to a disability?; and 2) What tasks has the animal been trained to perform?

In summary, treating patients protected under the ADA and New York State Human Rights laws can be costly and difficult at times. However, patients must not be refused service or discharged solely due to a disability. Dentists must fully comply with applicable federal and state laws regarding the protection of patients with disabilities in order to prevent claims of discrimination. For a more detailed examination of the Americans with Disabilities Act, please review the Spring 2016 issue of *Dateline*.

CASE STUDY **continued from page 1**

discussion was performed, and the patient was advised that the procedure might not be 100% successful. It was the dentist's custom to inform patients that implants can and do fail. Part of this discussion described the placement of a metal cap over the implant for approximately four months to allow the site to heal. The dentist stated the patient was further advised that these caps can loosen or unscrew and that,

occasionally, a patient can accidentally swallow the cap. However, none of this consent discussion was documented in the patient's dental record. Rather, the dentist later claimed this was merely "regular" office protocol. Further, the patient did not sign a consent form before the procedure.

Device Ingested

The implant was placed uneventfully.

At the conclusion of the procedure, while the dentist was placing the cap using a surgical hex, this screwdriver accidentally slipped into the patient's mouth and she swallowed it. The patient was sent immediately to the emergency room for evaluation and given a prescription for 40 Percocet 10/325 to be taken every four hours.

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Six days later, the patient returned for suture removal. The site appeared to be healing. However, the patient complained of pressure in tooth #12. She was given a prescription for 30 Percocet 5/325. When she returned two weeks later for treatment on another tooth, she informed the dentist that she had undergone a laparoscopy and enterotomy to remove the foreign body. She claimed that she still had continuous epigastric pain and difficulty swallowing. The dentist then gave her a prescription for 40 Percocet 10/325 to be taken every four hours for pain. One week later, the patient called requesting even more pain medication. The dentist again prescribed 40 Percocet 10/325 for her to be taken every four hours. The patient was last seen by the dentist in the spring of 2014.

Lawsuit Commenced

The primary means of communication between the patient and dentist were cellphone text messages. Specifically, she sent texts regarding her pain with requests for more opioid prescriptions. The dentist also responded to the patient by texting her personal cellphone. After a lawsuit was commenced, the defense counsel asked the dentist to retrieve and print these text messages. The dentist could not do so as the cellphone in question had been damaged and was replaced. Thus, most of the text messages were lost.

In the spring of 2014, the dentist became uncomfortable with the patient's persistent requests for pain medication. Additionally, the patient's pharmacy was so concerned about the amount of Percocet being prescribed by this dentist that the pharmacy notified the United States Drug Enforcement Agency (DEA) and advised the dentist that they had made this report. The dentist subsequently contacted the patient and advised her that no more pain medication would be prescribed. The patient then stopped coming to the dentist's practice for care and commenced a lawsuit due to her alleged injuries caused by swallowing the screwdriver.

Expert Reviews and Settlement

This case was reviewed by the dentist's District Claim Committee. The dentist admitted to failing to drape the hex and claimed there was no place on this instrument to tie floss. The Committee members noted it was not unusual for patients to swallow foreign bodies during a procedure. The Committee, however, questioned why the patient was taken to surgery so quickly and whether this surgery was medically necessary. They noted that even after the patient swallowed the hex, she returned to the office to have more implants. The dentist did advise the Committee that the patient refused to be treated or seen by any other

dentist in the practice. The dentist also claimed that the patient constantly called and texted that she was in a great deal of pain. The dentist admitted to the Committee that this situation "got out of control very quickly" and that the office staff was "relieved" when the patient stopped returning to the office, as the staff was very uncomfortable with the patient's constant demands for pain medication.

Although the Committee opined that it was not unusual that a patient might accidentally swallow an instrument, they determined that this case was problematic due to the large doses of Percocet prescribed not only for a long period of time but also for non-dental complaints. One Committee member questioned whether the patient's rush to undergo immediate surgical intervention after swallowing the hex was a way to ensure she could continue to receive more pain medication. Finally, the Committee determined that the missing texts, together with the large number of prescriptions for controlled medications, made the case indefensible and they recommended settlement.

The patient's attorney initially demanded \$675,000 to resolve this case, which was ultimately settled on behalf of the MLMIC-insured dentist for \$160,000.

CASE STUDY

A Legal & Risk Management Analysis

Mirsade Markovic, Esq.

*Fager Amsler Keller & Schoppmann, LLP
Counsel to MLMIC Insurance Company*

Lack of Informed Consent

A number of serious issues emerged in this case that led to the eventual settlement. Crucially, the dentist failed to have any documentation supporting an informed consent discussion with the patient. Although the dentist claimed

to have had her routine consent discussion, this is not an effective defense. Most likely, the jury would deem this to be self-serving. Procedures which are invasive, high-risk or irreversible require an informed consent discussion. Any treatment of a patient, even with

due care by the dentist, may lead to unwanted results and/or unforeseen mishaps. Those possibilities must be presented to the patient and also documented in writing. Therefore,

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the patient should not only have had a discussion with the dentist with the opportunity for asking questions, but also an informed consent form should have been prepared and signed.

Additionally, dentists must document in the dental record that an informed consent discussion has occurred. The discussion of the risks, benefits, and alternatives, including no treatment and the risks of the alternatives, must be included in this documentation. Because this documentation becomes part of the dental record, it is permanent and can be used as a defense against an allegation of a lack of informed consent. If there is no documentation, the memories of this discussion are fallible and subject to being forgotten, which will hurt the defense of the dentist.

Foreign Body Ingested

The aspiration or ingestion of foreign objects are potential complications that can and do occur on occasion during dental procedures. Precautionary measures must be taken to avoid such situations. When such events occur, despite precautions, early recognition and diagnosis are key to preventing serious consequences. Any delay in the proper management and timely intervention of such accidents may cause severe sequelae and can even be lethal. When the accidental ingestion of a foreign object occurs, the dental practitioner should immediately confirm that there are no signs of obstruction to the throat or breathing. The dentist must then explain the situation to the patient and promptly refer him or her to the emergency room for radiographic examination to locate the exact position of the object. In this case, the dentist should have taken appropriate preventative measures prior to the treatment, including draping, but did not do so. However, the dentist did send the patient to the emergency room promptly for evaluation and possible treatment.

Lost Text Messages

Another very serious deficit in the dentist's care was the use of texting as the main means of communication with the patient. Unfortunately, the dentist also failed to place those texts into the dental record. The loss of these texts resulted in an incomplete dental chart, making the defense of this case even more difficult. There may well have been texts that could have been useful to assist in the dentist's defense. A text message containing protected health information (PHI) that relates to the patient's treatment must be made a part of the dental record. Since these communications with a patient would legally be considered part of the dental records, dentists need to be mindful of messages that sit in their cellphone's

...dentists need to be mindful of messages that sit in their cellphone's inbox and texting record.

inbox and texting record. The longer texts are maintained on the cellphone, the higher the risk for intrusion, theft, or, in this case, loss of data. Furthermore, when a text message includes PHI, the dentist must be compliant with all applicable laws that govern the handling of this information, including the Health Insurance Portability and Accountability Act (HIPAA). Therefore, you must retain the text messages for the legally required period of time as part of the dental record. The greatest concern of the reviewer was that the cellphone used was not secure, which is a concern under HIPAA.

Drug-Seeking Patient

The most detrimental facts in this case were the dentist's continued prescription of large doses of pain medication. This dentist even prescribed opiates

for the patient's pain that was due to GI complaints and unrelated to the dental treatment. This patient's behavior showed all the typical signs of a "drug-seeking patient." These signs included the patient's refusal to see any other dentist in the practice and her constant calls and texts to the dentist demanding pain medication, despite the fact that the pain never seemed to resolve. It was also suspicious that the patient underwent unneeded surgical intervention, possibly as a means to obtain more pain medication. If the dentist had stopped providing prescription pain medications to this patient at the onset of treatment, the patient may not have even presented for the implant procedure. Thus, the dentist could have avoided all of the sequelae that resulted.

Dentists who prescribe opioids for the treatment of dental pain need to be alert to the inherent abuse potential of opioids. The American Dental Association (ADA) has determined that nonsteroidal anti-inflammation drugs are just as effective for the conditions for which opioids have previously been prescribed. Therefore, dentists should always consider these drugs as a first-line treatment for pain before prescribing opioids. Additionally, in March 2018, the ADA announced a new policy that supports mandatory continuing education regarding the prescription of opioids and other controlled substances. It also supports statutory limits on opioid dosage for a duration of no more than seven days for the treatment of acute pain. Finally, the ADA has supported dentists registering with and using their state's Prescription Drug Monitoring Programs to promote the appropriate use of opioids and deter their misuse and abuse.

A Reminder from NYSDOH About Opioid Treatment Plan Requirement

The New York State Department of Health (DOH) recently issued a **letter to all practitioners and facilities** reminding them of a change to the Public Health Law that became effective April 1, 2018. At that time, the law was amended to require that a written treatment plan be placed in the patient's record when a practitioner prescribes opioids for pain management for longer than three months or past the time of normal tissue healing. The exceptions are:

- cancer that is not in remission;
- hospice or other end-of-life care; and
- palliative care.

DOH requires documentation of treatment plans, at a minimum annually, and they must include:

- goals for pain management and functional improvement based on a diagnosis and a discussion on how opioid therapy would be tapered to lower dosages or tapered and discontinued if the benefits do not outweigh risks;
- a review with the patient of the risks of alternatives to opioid treatment; and
- an evaluation of the risk factors for opioid-related harms.

MLMIC is always available to support our insureds and has resources to assist

our policyholders with compliance, including **Risk Management Tips** that can be beneficial in formulating a plan and properly documenting the care and treatment of these complex patients:

- Risk Management Tip #10: **Managing Patients with Chronic Pain**
- Risk Management Tip #14: **Managing Drug-Seeking Patients**

Additionally, the attorneys at Fager Amsler Keller and Schoppmann LLP are available to provide guidance on the use of pain management contracts and further advice on relevant issues.

Underwriting Update

Updating Your Underwriting Information is Important!

Just like having patients periodically update their health histories, MLMIC needs your cooperation to ensure that we have the latest information on file regarding your practice.

In mid-September 2019, MLMIC sent out requests to approximately one-third of our dentist policyholders asking them to complete their on-line Dentist Underwriting Update Application. We plan on sending these requests to one-third of our dentists each year on a rolling basis, so if you did not receive a request, you can expect one at some future point.

Having the most accurate underwriting picture of your practice is important

since changes could impact your coverage. And verifying that there have been no changes is equally important. Therefore, please do your part and complete your Underwriting Update Application as requested.

However, if there has been a change in your practice, don't wait for us to ask! Please call or email our dental underwriting team to advise of any change(s): contact Luisa Fernandez, Senior Dental Underwriter, 212-576-9611, lfernandez@mlmic.com, or James Simons, Dental Underwriter, 212-576-9660, jsimons@mlmic.com. We look forward to hearing from you.

Pay Your Premium Online!

MLMIC Insurance Company's policyholder portal at MLMIC.com now has automated clearing house (ACH) capability. With direct ACH payments, you can pay your premiums electronically instead of having to cut and mail a check. ACH payments also process faster than traditional payments and are more secure.

When signing in for the first time, policyholders will be asked to update their MLMIC.com login credentials to gain access. Those needing assistance logging in or with any other question should call MLMIC at (888) 234-0752 or contact us electronically.

should consist of a communication process wherein the dentist describes the diagnosis, prognosis, and treatment options, as well as the risks, benefits, treatment alternatives and the risks of the alternatives. The patient must be given an opportunity to ask questions, as well as adequate time to reflect on available approaches to treating their dental condition. Since treatment plans offered to patients should include the risks and benefits of no treatment at all, how should a dentist proceed if this is the very option a patient selects? Under these circumstances, it is imperative that the dentist obtain an informed refusal.

Dentists should engage in the same process of communication, disclosure and documentation for obtaining informed refusal as they do for informed consent. Both concepts recognize respect for a patient's decisions, which must be balanced with a provider's duty of care to the patient. However, a patient's decisional capacity must continuously be assessed throughout ongoing communications and interactions. These evaluations will assist in the determination of whether the patient has an accurate understanding and appreciation of the nature of the proposed treatment, as well as the implications of available alternatives. If there is any doubt about a patient's mental capacity, providers should consider obtaining a psychiatric consultation.

It is important to recognize that a patient's refusal imposes responsibilities on a dentist, who must be able to show that the patient's decision to refuse treatment was based on a full understanding of all facts necessary to make an informed choice. The teach back method is a beneficial approach to use during these discussions with patients. It enables a dentist to assess whether patients have a full grasp of the material facts in order to reach a reasonable and rational decision regarding their choices of treatment. Documentation of



this process may provide the very basis for establishing that consent or refusal was truly "informed."

A detailed dental record that clearly reflects the decision-making process can be pivotal to the defense of a lawsuit based on the ramifications of treatment refusal. To avoid liability or to offer evidentiary value to a defense, progress notes should include:

- an assessment of a patient's capacity to refuse;
- descriptions of discussions regarding why the recommended treatment is necessary and the risks of this treatment;
- descriptions of discussions regarding the available treatment alternatives and their attendant risks and benefits;
- descriptions of discussions regarding the consequences of refusal;
- documentation of other individuals or healthcare personnel who were involved in the treatment discussions; and
- the patient's reasons for refusal.

Finally, a signed treatment refusal form

must be incorporated into the patient's record.² Should the patient refuse to sign this form, this fact needs to be documented on the signature line of the form, as well as in the progress notes.

Appropriate management of a patient who refuses care should include compromise and negotiations to encourage compliance. Consider and address any factors which may negatively impact on the patient's decision making: depression; fear; finances; family member influences; religion; culture; psychosocial factors; or prior experiences. It may be helpful to explore external influences to assist the patient in diffusing their apprehension. Attempt to allay fears or concerns by asking the patient to involve a close friend or relative in these discussions.

Dentists should recognize that any divergence in treatment approaches could lead to a deterioration in the relationship with a patient. Avoid coercion, intimidation, or threats to discontinue the professional relationship. Engage in further discussions to address concerns and explain your own. Maintain a tactful and sensitive demeanor to reach a suitable decision that is in the patient's best interest. Clarify, negotiate, compromise, document, and, finally, do not take refusals personally.

2. A sample refusal form may be obtained by contacting an attorney at Fager Amsler Keller & Schoppmann, LLP.

All of this written information as well as answers to your specific questions can be obtained by contacting an attorney at one of the offices of Fager Amsler Keller & Schoppmann, LLP (FAKS) at the numbers listed below. For instance, there are memoranda containing guidelines for closure of a practice and retention of records, a template letter for notification of patients, and a template agreement for retention of your records by another dentist or group, which we recommend be reviewed by your business counsel before proceeding with it. If the office closure is due to an unanticipated health condition or death, FAKS can also provide legal advice about closing the office.

Finally, you will need to contact your business counsel for direction on

how to notify all dental insurers with whom you participate, including your premises liability insurer and any other relevant carriers, and also for information regarding your responsibilities to your employees and office.

Fager Amsler Keller & Schoppmann LLP telephone numbers are:

Long Island: (516) 794-7340

Latham: (518) 786-2880

Syracuse: (315) 428-1380
or toll-free (877) 426-9555



physician litigation stress resource center

The Physician Litigation Stress Resource Center is a not-for-profit website that provides physicians, dentists and other healthcare professionals with the resources they need to understand and cope with the personal and professional stress created by involvement in a professional liability case or an adverse outcome that may result in litigation. This site directs practitioners to articles, books, and websites addressing the process of litigation; suggests strategies for coping with the stress of litigation; and lists resources that may provide support for healthcare practitioners throughout the ordeal of litigation.

2020 Marketing Calendar Dental Event

In 2020, MLMIC will be participating in the following events throughout New York State. For more information on MLMIC's involvement in these events and others, please contact Pastor Jorge, Manager, Marketing Services, at 212-576-9680.

New York County Dental Association

2020 Annual Officer's Installation

January 23, 2020 (The Penn Club, NYC)

Fifth District Dental Society - 2020 Winter Seminar

January 24, 2020 (Marriott Syracuse Downtown, Syracuse, NY)

Suffolk County Dental Society

2020 Officer Installation Gala Dinner Dance

January 25, 2020 (The Watermill, Smithtown, NY)

Nassau County Dental Society - (GKAS) Give A Kid Smile Day

February 1, 2019 (Cradle of Aviation, Garden City, NY
@ 7:30 AM - 1:30 PM)

New York County Dental Association - (GKAS) Give Kids A Smile

February 7, 2020

Third District Dental Society - CE Seminar Series

March 6, 2020 (Holiday Inn Express, Latham, NY)

Ninth District Dental Association - 2020 General Meeting

March 11, 2020 (Villa Borghese, Wappingers Falls, NY)

Big Apple Dental Meeting - 1 Day Meeting

March 25, 2020 (Maestro Caterers @ 1703 Bronxdale Avenue, Bronx, NY)

Greater Long Island Dental Meeting (GLIDM)

2020 54th Annual Session

March 31, 2020 - April 1, 2020 (Hilton Hotel, Melville, NY)

New York County Dental Association

General Membership Reception

April 6, 2020 (NYCDA's Headquarter @ 5:30 PM)

Columbia University College of Dental Medicine

2020 Spring ASDA Vendor Fair

April 17, 2020 (Bard Basement of Columbia's Campus, 60 Haven Avenue, NYC)

2020 Marketing Calendar Dental Event *continued*

Dutchess County Dental Society - All Day Seminar 2020 Major Continuing Education Event

April 29, 2020 (The Grandview, Poughkeepsie)

Third District Dental Society - 2020 CE Seminar

May 1, 2020 (Holiday Inn Express, Latham, NY)

Fifth District Dental Society - 2020 Spring Seminar

May 8, 2020 (Hampton Inn Cazenovia)

Fourth District Dental Society - Saratoga Dental Congress

May 14, 2020 - May 15, 2020 (Saratoga Springs City Center, Saratoga Springs, NY)

Ninth District Dental Association - Frills & Drills -

Celebrating Women in Dentistry

May 20, 2020 (The Doubletree Hotel, Tarrytown, NY
@ 6:30 PM to 9:30 PM)

Ninth District Dental Association - 2020 General Meeting

May 22, 2020 (Villa Borghese, Wappingers Falls, NY)

NYSDA House of Delegates

2020 Annual Session & Dinner Dance Gala

May 28, 2020 - May 31, 2020 (Binghamton, NY)

New York County Dental Association General Membership Reception

September 14, 2020 (NYCDA's Headquarter @ 5:30 PM)

Ninth District Dental Association - 2020 General Meeting

September 16, 2020 (The Grandview, Poughkeepsie, NY)

Fifth District Dental Society's

2020 (CNYDC) 39th Central New York Dental Conference

September 24, 2020 - September 25, 2020 (OnCenter, Syracuse, NY)

New York County Dental Association

General Membership Reception

November 2, 2020 (NYCDA's Headquarter @ 5:30 PM)

Ninth District Dental Association - 2020 General Meeting

November 18, 2020 (Westchester Country Club, Rye, NY)

Fifth District Dental Society - 2020 Fall Seminar

November 20, 2020 (Marriott Syracuse Downtown, Syracuse, NY)

Greater New York Dental Meeting -2020 96th Annual Session

November 27, 2020- December 2, 2020 (Jacob Javits Center, NY)

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