THE SCOPE

MLMIC Insurance Company
a Berkshire Hathaway company

DENTAL EDITION

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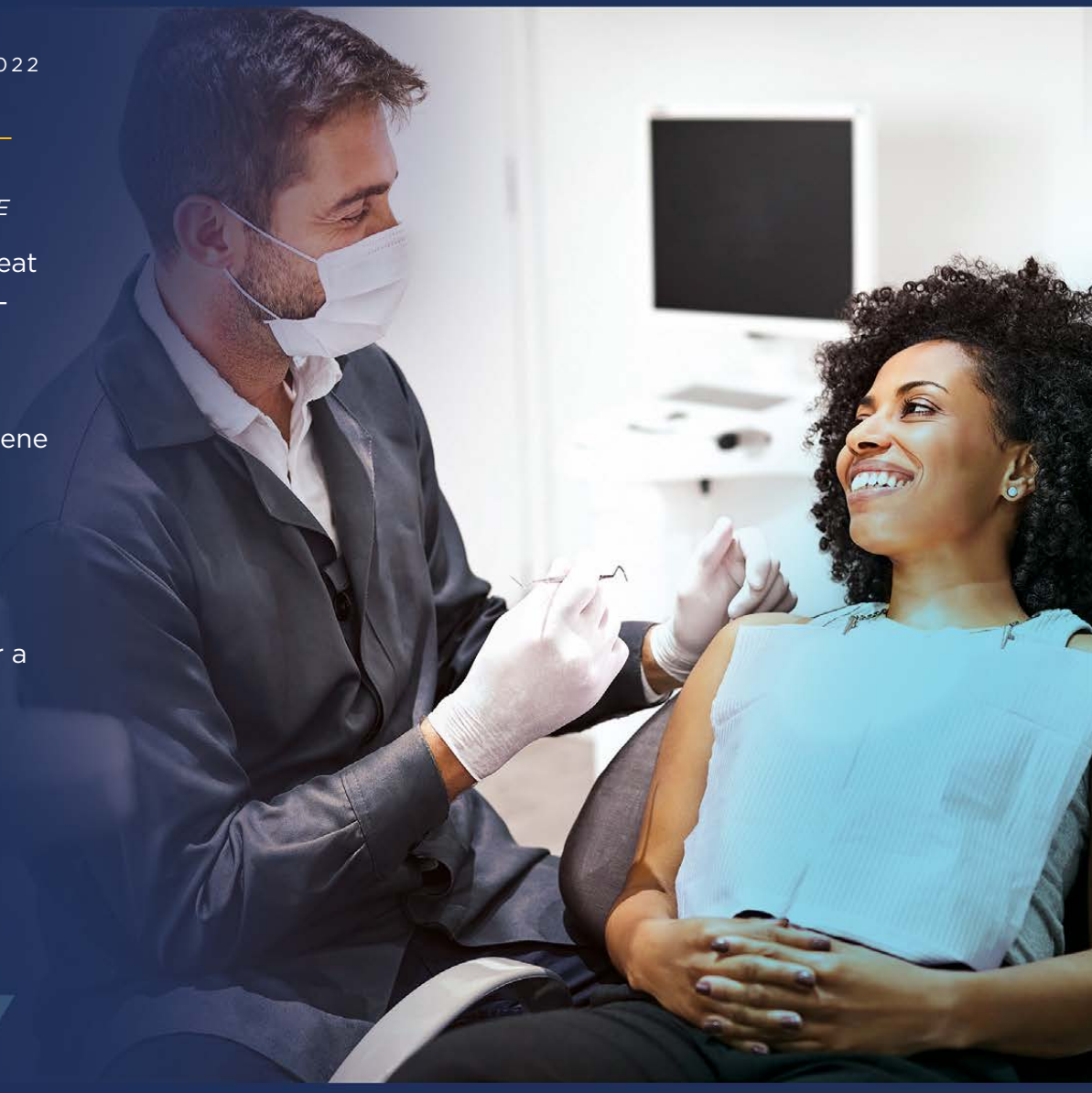
INSIDE THIS ISSUE



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INSIDE

EXECUTIVE MESSAGE

Dear Colleagues

The changes in healthcare over the past two years are almost too numerous to mention. One of the major changes, of course, has been the addition of telehealth services, both in the treatment of patients, as well as in keeping abreast of advances in our field, staying connected with colleagues, improving our risk management and other resources, and a host of other benefits. The learning process has been, at times, difficult, but, on the whole, has greatly improved our professional lives, and the health of our patients.

Here at MLMIC, we have been evolving along with you, and although we are "well ahead of the curve," we continue to employ the "remote" environment to improve our services while, at the same time, becoming less "remote" and more personal and attentive to your wishes and needs. Underwriting, Claims, Risk Management, and other members of the MLMIC family have benefited from these changes, which should make your personal lives easier. There are certainly enough stresses on you already!

In this issue is the first of a two-part discussion on dealing with the difficult patient. While technology has advanced by leaps and bounds, these difficult patients continue to be stressful to us all and require careful management. I bet that if I asked each of you to recall a difficult patient or two, someone would immediately spring to mind. These patients tend to "stay with us," both in the office and our personal lives. If any of you would care to anonymously share your experiences with a difficult patient, I'd be pleased to read them, and hopefully share them with the group. We all have such patients, but we often feel alone in managing them.

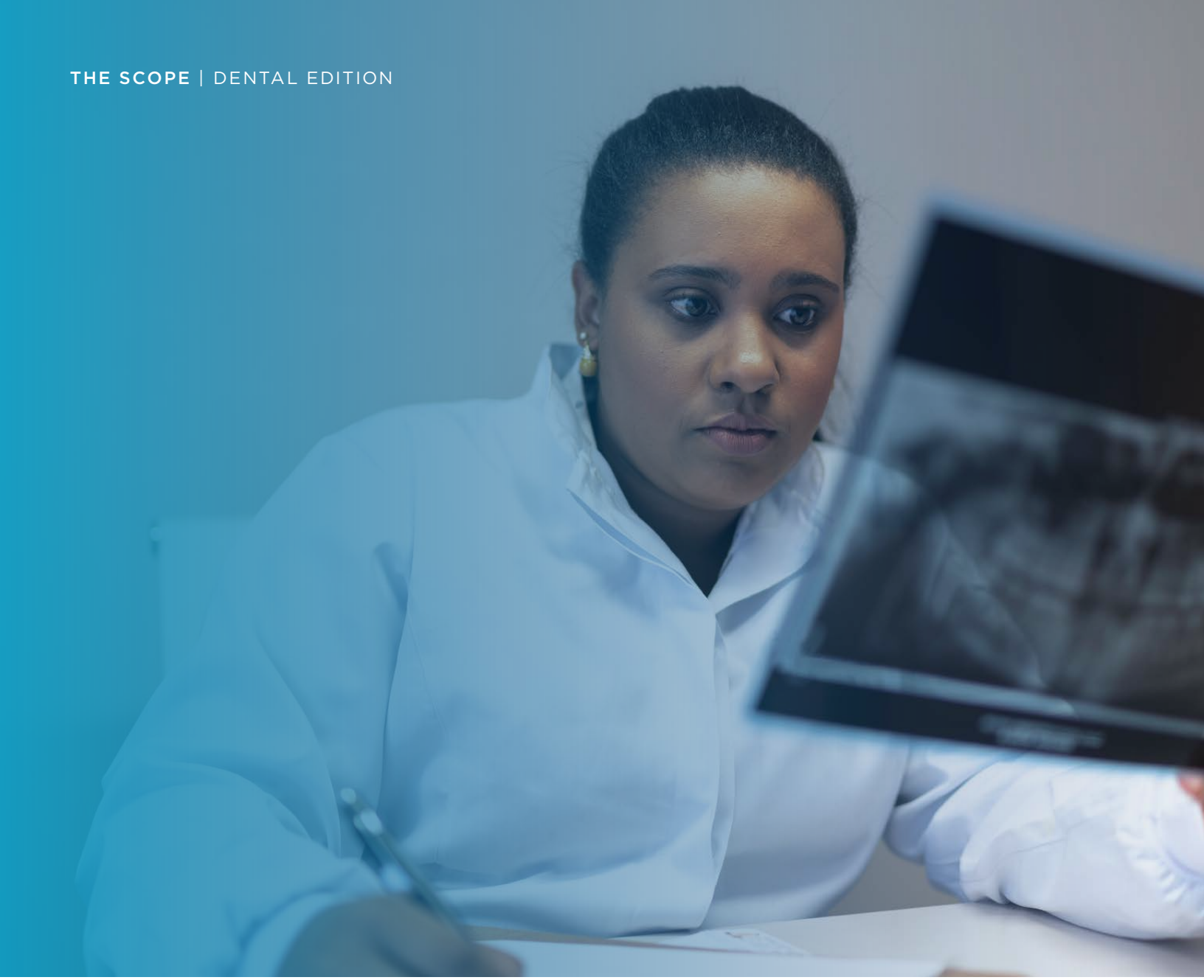
It's easy for all of us to manage the compliant and grateful patient. In my opinion, it's in the management of these difficult patients, by whatever means, that we test, and improve, our skills as doctors and dentists.

Feel free to share any of your experiences with me, as well as any other suggestions you might have about how we can improve MLMIC's service to you.

Thank you, as always, for all you do for your patients, and for each other.

Sincerely,

John W. Lombardo, MD, FACS
Chief Medical Officer, MLMIC Insurance Company
jlombardo@mlmic.com



How to Effectively Treat the Difficult Patient — Part I

In almost every dentist's practice, there are difficult patients. There is no simple solution to resolve the problems these patients present because each situation is unique. This first installment of *How to Effectively Treat the Difficult Patient* will attempt to describe some of the more common situations and provide recommendations for treating such patients.

Patients Who Demand and/or Abuse Narcotics

Patients who abuse narcotics present a dilemma for dentists. The patient may come to the office with complaints of severe pain and, as pain is often subjective, the dentist must rely on what the patient tells him/her. Some patients may demand a specific narcotic, or even a specific dose. Other patients may claim that non–narcotics have not been effective and ask the dentist to prescribe a narcotic. Before the dentist prescribes narcotics, he/she must check the I-STOP registry, which will tell the dentist if the patient has a history of seeking narcotics from multiple providers and if a narcotic has already been prescribed by another provider.

If it is contemplated that a patient is going to be treated with narcotics over a long period of time, it is recommended that the patient sign a pain management agreement.[1] The agreement sets forth the expectations for the treatment relationship and spells out the consequences for failure to adhere to the agreement. Consequences include discontinuing the prescription for narcotics, requiring drug testing, and/or discharging the patient from the practice.

Once a dentist decides to prescribe a narcotic, other issues may arise. A patient who is given medication that is intended to last for a specific number of days may call the office requesting a refill before the next refill is due. The patient may claim the prescription was lost, the medications were stolen, or something atypical such as "the dog ate my pills." Substance abusers will generally have a myriad of excuses. After a few visits, the dentist may begin to question the legitimacy of the patient's need for narcotics and become wary of the patient's excuses. This is particularly true when the pain has no obvious cause and/or no objective signs and symptoms of pain are manifested.

Obvious signs of substance abuse include: (1) the dentist learning that the patient has been obtaining narcotics from multiple sources; (2) the patient making frequent visits to an emergency department or another covering dentist to seek narcotics; and (3) a new patient demanding narcotics for pain control but refusing to authorize the release of treatment records of a prior dentist. Dentists must always be alert to the fact that patients abuse, and may even sell, the narcotics prescribed to them. The patient may intentionally divert the medication, or a family member or friend may be stealing drugs the patient legitimately needs for pain.

> **Dentists must always be alert to the fact that patients abuse, and may even sell, the narcotics prescribed to them.**

If a dentist reasonably believes that a patient is a habitual user or abuser of narcotics, is the victim of the theft of narcotics by a third party, or has stolen narcotics, the dentist must contact the New York State Department of Health Bureau of Narcotic Enforcement (BNE) and notify them of that information.[2] The dentist may also consider discharging the patient from care. If the patient has an existing appointment or cannot be discharged due to his or her condition, the dentist should advise the patient that narcotics will no longer be prescribed and refer the patient to a pain management clinic. If the patient resists, the dentist must take steps to wean the patient from the narcotic medication. In addition, all covering dentists must be advised not to refill narcotic prescriptions for that patient.

If the patient alleges that a family member is stealing the medication, a toxicology screen must be ordered to confirm that the patient is not taking the prescribed narcotic. Theft of drugs by a third party is a crime and should be reported to the police. Advise the patient that the police will be contacted.

Situations involving abuse of narcotics do not lend themselves to easy solutions. If you have a concern in this area, you should contact legal counsel at **Mercado May-Skinner.**

Patients or Family Members Who Are Rude, Hostile, Abusive, or Threatening

Some patients, or their family members, have a low flash point. If they are given bad news or are inconvenienced, they may become angry or abusive. Others may make threats or become physically intimidating. When a patient makes a threat, the dentist must immediately determine

1. A sample pain management agreement is available from **Mercado May-Skinner**.

2. Public Health Law §3372. The telephone number for BNE is (518) 402-0709.

how serious the threat is, including whether the individual could potentially carry out any threat of violence. If the threat appears to be legitimate, and if it rises to the level of a criminal act, it should be promptly reported to the police. Criminal acts include trespass,[3] disorderly conduct,[4] harassment,[5] aggravated harassment,[6] stalking,[7] and menacing.[8]

Law enforcement authorities should also be immediately notified of any criminal conduct that takes place on the premises, or any criminal acts committed against the dentist and/or staff. If an individual is hostile and threatening to staff and refuses to leave after being asked to do so, the police may be contacted. If criminal charges do get filed, the dentist and/or staff member may even request the court to issue an Order of Protection, which mandates that the patient refrain from menacing conduct, or that the patient stay away from an individual's home or office. In these extreme cases, the patient (and perhaps his or her entire family) should be discharged from the office practice and referred to the emergency department for follow-up care or to the local dental society for the name of other providers.

If the conduct is less severe, such as rude or disruptive behavior, the dentist has several options. Sometimes, a direct conversation with the patient or family member will result in a change of behavior. The dentist can plainly state that the behavior is unacceptable and, if it occurs again, will result in discharge from the practice. This conversation can occur either by telephone or at the time of a visit, and it should be documented. Often, this will achieve the desired result. If a discussion with the patient is not an option, then the patient should be seen for the immediate condition and then discharged. The dentist/group also may wish to discharge other family members, such as siblings or in-laws, if it would be uncomfortable continuing to care for them under the circumstances.

The Noncompliant Patient

Noncompliant patients are some of the most difficult patients a dentist may encounter. These patients fail to comply with recommendations for treatment, testing, and referrals. Others routinely fail to keep appointments. Although these patients may be nice individuals, they can be extremely risky to the dentist's legal health. Noncompliant patients should be counseled and warned about the consequences of failing to adhere to treatment recommendations, and these discussions should be documented in the dental record. The consequences of failure to comply should also be reiterated in writing to the patient.[9] If the noncompliance persists, he/she should be discharged from care. Although patients legally have the right to refuse treatment, the dentist also has the right to discharge the patient for noncompliance. The reason for discharge must be thoroughly documented, both in the patient's record and in the discharge letter, as noncompliance with recommendations for care and treatment.

In summary, all patients, even difficult ones, must be evaluated and treated by their dentists until and unless they have been formally discharged from care.

In the next installment of *How to Effectively Treat the Difficult Patient*, we will examine Patients Who Fail to Pay Bills, The Intoxicated/Impaired Patient, and Patients Who Lack Capacity, as well as discuss the proper way to discharge a patient from care.

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3. *Trespass* is defined as knowingly entering or remaining unlawfully in or upon premises. Penal Law §140.05
4. *Disorderly conduct* is defined as engaging in fighting, violent or threatening behavior; making unreasonable noise; using abusive or obscene language or making an obscene gesture in a public place; creating a hazardous or physically offensive condition by an act that serves no legitimate purpose, with the intent to cause public annoyance, inconvenience, or alarm. Penal Law §240.20
5. *Harassment* is defined as following a person in or around a public place or engaging a course of conduct or committing acts which place a person in reasonable fear of physical injury. Penal Law §240.25
6. *Aggravated harassment* is defined as (1) communication, including communication initiated by mechanical or electronic means, with a person, anonymously or otherwise, by telephone, telegraph, mail, or any form of written communication, in a manner likely to cause annoyance or alarm; or (2) making a telephone call with no legitimate purpose for communication; or (3) striking, shoving, kicking, or other physical contact, or attempting or threatening such contact, because of a belief or perception regarding such person's race, color, national origin, ancestry, gender, religion, religious practice, age, disability, or sexual orientation, regardless of whether the belief or perception is correct. Penal Law §240.30
7. *Stalking* is defined as intentionally, for no legitimate purpose, engaging in a course of conduct directed at a specific person, with the knowledge that such conduct is likely to cause reasonable fear of material harm to a person, his/her immediate family, or an acquaintance. Such conduct consists of following, telephoning, or initiating communication or contact after the actor had been clearly informed that he/she must cease such conduct. Material harm includes physical health, safety, or property, mental or emotional health, and threats to the person's employment, business, or career. Penal Law §120.45
8. *Menacing* is defined as intentionally placing or attempting to place another person in fear of death, imminent serious physical injury, or physical injury. Penal Law §120.15
9. When a dentist sends a letter containing critical information to a patient's address, it is recommended that the letter be sent by first-class mail with a certificate of mailing purchased from the Post Office. As long as this letter is not returned as undeliverable, it may be presumed that it was received.

Improving Hand Hygiene in Dental Practices to Promote Safety and Instill Confidence

Practicing diligent hand hygiene is a well-known principle of patient and healthcare worker safety and a standard precaution for infection prevention and control in healthcare organizations of all types and sizes, including dental practices. In fact, hand hygiene often is recognized as the single most important step that dental providers and staff can take to prevent the spread of infections.[1]

Now more than ever, as a result of the COVID-19 pandemic, handwashing and sanitizing is of utmost importance to prevent the spread of infectious agents and reassure patients and employees of the practice's commitment to safety. Yet, as simple as practicing diligent hand hygiene sounds, a lack of compliance with established protocols can be a vexing and persistent issue in dentistry.

> **In fact, hand hygiene often is recognized as the single most important step that dental providers and staff can take to prevent the spread of infections.[1]**

Barriers to proper hand hygiene can vary by practice setting but may include a busy environment; skin irritation and dryness from cleansing agents; a false sense of protection in relation to wearing gloves; lack of appropriate hand hygiene supplies; lack of, or poorly located, sinks; low prioritization due to other demands or the belief that infection risk is not significant; insufficient organizational protocols or lack of awareness of protocols; inadequate knowledge about disease transmission and the importance of hand hygiene; and general forgetfulness.[2]

Because hand hygiene is such a vital aspect of infection prevention and control, dental practice leaders and administrators should proactively work with providers and staff to review their current policies and develop strategies to improve compliance. Examples of proactive strategies to reduce hand hygiene risks include the following:

- Review your practice's infection prevention and control plan to verify that hand hygiene protocols are included and thorough. Ensure that your practice's plan also includes disciplinary actions for knowingly failing to follow established protocols.

1. Centers for Disease Control and Prevention. (2016, October). Summary of infection prevention practices in dental settings: Basic expectations for safe care. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Retrieved from www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf
2. World Health Organization. (2009). Hand hygiene practices among health-care workers and adherence to recommendations. In WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care (Chapter 16). Retrieved from www.ncbi.nlm.nih.gov/books/NBK144026/; Chassin, M. R., Mayer, C., & Nether, K. (2015, January). Improving hand hygiene at eight hospitals in the United States by targeting specific causes of noncompliance. The Joint Commission Journal on Quality and Patient Safety, 41(1), 4-12; Centers for Disease Control and Prevention. (2002, October 25). Guideline for hand hygiene in health-care settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Morbidity and Mortality Weekly Report, 51 (No. RR16). Retrieved from www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

- Make hand hygiene an organizational priority that is promoted and supported by practice leaders, administrators, and other influential staff members. Consider programs that offer incentives, rewards, and recognition for compliance with hand hygiene protocols.
- Motivate providers and staff members to follow hand hygiene protocols through education that focuses on the benefits of compliance (e.g., reducing adverse events, protecting patients and other employees, and setting an ethical example) and the risks associated with noncompliance (e.g., health implications for patients and staff members, disciplinary actions, loss of reputation, and potential liability).
- Consider various methods for engaging providers and staff members in hand hygiene education. For example, provide actual examples of infection control lapses that have resulted in adverse outcomes, and offer hands-on tutorials for practicing appropriate hand hygiene and donning and doffing of personal protective equipment.
- Support a culture of safety that empowers providers, staff members, and patients to speak up about hand hygiene. Post signs in visible locations that explain the practice's commitment to hand hygiene, and encourage patients to voice potential concerns and ask questions.
- Use visual cues to trigger providers, staff members, and patients to clean their hands. For example, place automated hand sanitizer dispensers in strategic locations throughout the practice (e.g., at reception, in waiting areas, and in patient care areas).
- Implement environmental modifications to support hand hygiene compliance. For example, locate glove dispensers next to sinks and hand sanitizer stations, and make sure providers and staff have ample counter space on which to place equipment and supplies while performing hand hygiene.
- Stock adequate hand hygiene supplies, including plain soap, antimicrobial soap, alcohol-based hand sanitizer, and paper towels. Consider providing lotion to combat dry and irritated skin, which is a common barrier to hand hygiene compliance. Make sure supplies are in a convenient, easily accessible location.
- Monitor staff for hand hygiene compliance, and provide constructive feedback and guidance to address observed lapses. Make sure expectations and disciplinary actions are consistently applied across the organization.[3]

Hand hygiene is a pillar of infection prevention and control efforts in dentistry. Although gaps and oversights in hand hygiene compliance may seem innocuous, they can have serious consequences for providers, staff members, and patients.

To mitigate risks associated with poor compliance with hand hygiene protocols, dental practices should assess their current policies, work with providers and staff members to identify and address barriers to compliance, and implement strategies to promote diligent hand hygiene practices. To learn more about infection prevention and control in dentistry, check out these **resources**.

MedPro Group
a Berkshire Hathaway company

Laura M. Cascella, MA, CPHRM

Laura is the Medical Writing and Publications Management Lead for MedPro Group's Risk Solutions team. She has 20 years of experience developing health-related content and materials for various audiences, including healthcare professionals, patients, caregivers, and the general public.

3. Centers for Disease Control and Prevention, Summary of infection prevention practices in dental settings: Basic expectations for safe care; Chassin, et al., Improving hand hygiene at eight hospitals in the United States by targeting specific causes of noncompliance; Zimmerman, B. (2016, December 7). A culture of support: 4 ways to improve hand hygiene compliance. Becker's Clinical Leadership & Infection Control. Retrieved from www.beckershospitalreview.com/quality/a-culture-of-support-4-ways-to-improve-hand-hygiene-compliance.html

DENTIST PATIENT RELATIONSHIP — CHECKLIST #3

MANAGEMENT OF PATIENT NONCOMPLIANCE

Patient noncompliance may be a difficult challenge for dentists. Noncompliance may include missed appointments, failure to follow the plan of care, take medications as prescribed, or obtain recommended tests or consultations. The reasons given by patients for noncompliance vary from the denial that there is a dental problem to the cost of treatment, the fear of the procedure or diagnosis, or not understanding the need for care. Dentists need to identify the reasons for noncompliance and document their efforts to resolve the underlying issues. Documenting noncompliance helps to protect dentists in the event of an untoward outcome and allegations of negligence in treating the patient.

	YES	NO
1. An office policy is in place to notify dentists promptly of all missed and cancelled appointments. This is done on a daily basis.	☐	☐
2. A formal process is in place for follow-up with patients who have missed or cancelled appointments, tests, or procedures. This process includes recognition of the nature and severity of the patient's dental condition to determine how vigorous follow-up should be. • The dentist makes a telephone call to the patient as a first step when the patient's condition is serious. • If the patient's dental condition is stable or uncomplicated, staff contacts the patient to ascertain the reason for the missed or cancelled appointment. • All attempts to communicate with the patient are documented in the record. • If no response or compliance results, a letter is sent, by certificate of mailing, outlining the ramifications of continued noncompliance.	☐	☐
3. During patient visits, the importance of following the plan of care, taking medications as prescribed, and obtaining tests or consultations are emphasized.	☐	☐
4. The patient's input is sought when establishing a plan of care. Socioeconomic factors may contribute to the patient's noncompliance.	☐	☐
5. To reinforce patient education, simple written instructions are provided regarding the plan of care. The teach-back method is used to confirm that the patient understands the information and instructions provided.	☐	☐
6. With the patient's permission, family members are included when discussing the plan of care and providing patient education in order to reinforce the importance of compliance.	☐	☐

The attorneys at Mercado May-Skinner (MMS), in-house Counsel to MLMIC Insurance Company, are available to discuss continued patient noncompliance and the possible discharge of a patient. They can be reached at **(844) MMS-LAW1** (844-667-5291).

Is Your Policy Due for a Checkup?

Throughout the pandemic, MLMIC has strived to be a resource and support system to our healthcare heroes by helping them navigate some of the unique challenges of practicing during such an unprecedented time.

Now, with most COVID-19 restrictions being lifted and practices returning to normal, we realize that while your professional liability insurance policy may not be the first thing on your mind, it is important that you review your policy and update underwriting of any changes to ensure proper coverage is in place.

Many dentists had to significantly reduce their hours or close their practices entirely during the pandemic, and their policies were endorsed to reflect these changes in risk. Others have found new office locations, joined groups, or made changes to the services they offer. Please review the following checklist to determine if you should reach out to MLMIC with an update.

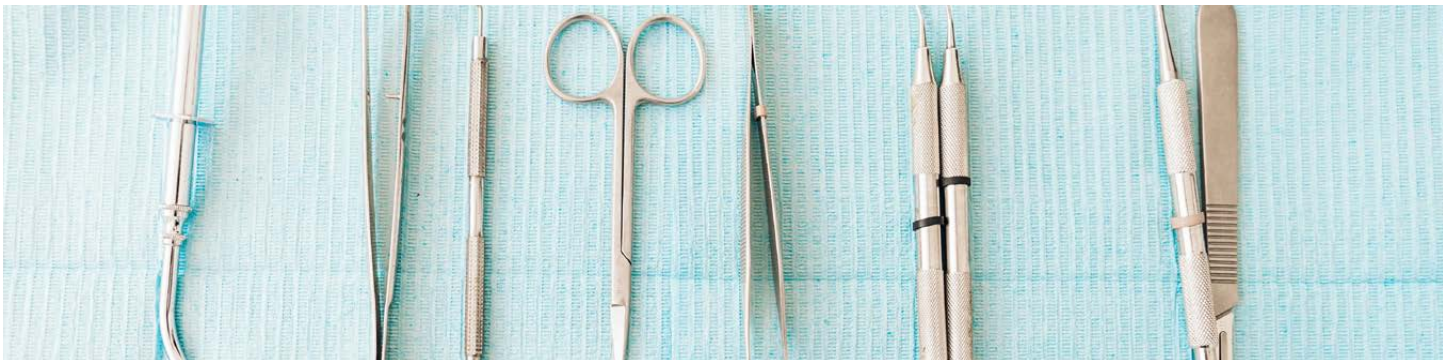
- **Office Staff** — Have you hired additional practitioners or staff?
- **Weekly Hours** — Have you now resumed full-time hours, or, instead, decided to remain part time permanently?
- **Practice Situation** — Has your practice situation changed? Have you joined another practice, incorporated your practice, formed a partnership, or are you now sharing office space with others?
- **Office Location** — Has your office changed its location since your last underwriting update? Do we have your most current office address(es)?
- **Services Provided** — Have you added or eliminated any services that you provide? Have you started practicing teledentistry?
- **Contact Information** — Have you updated your home address, preferred phone number, and/or email address recently?
- **Communication Preference** — Would you like to enroll in paperless communication?
- **Reopening of Your Practice** — Did you suspend or cancel coverage while your office was closed and you are now reopening?

If you answered yes to any of the above questions, please call Luisa Fernandez at (212) 576-9611 or James Simons at (212) 576-9660, to inform us of the change(s). If you prefer, you may email them at **lfernandez@mlmic.com** or **jsimons@mlmic.com**.

Many updates can be made by you, 24/7, by accessing our insured portal. In addition to having the ability to access policy documents and invoices, as well as make payments, you can also provide us with updates to your name, contact information (e.g., phone number or email address), and communication preferences. You may sign up, or access your existing account, by visiting **www.mlmic.com/dentists** and clicking “Log In.”

Need live assistance navigating the portal? Have any questions or concerns? We’re here to help and would love to hear from you. Please contact us at (800) ASK-MLMIC.

‹ How to Effectively Treat the Difficult Patient — Part I, continued from page 4



Case Study

The Legal Pitfalls of Patient Noncompliance

This case involves a 76-year-old male who presented to the MLMIC-insured dentist's office on referral from an oral surgeon. The patient had a history of seeing many different providers for treatment. He previously had 10 implants placed, some of which had failed and been redone. Upon examination by the dentist, it was noted that two of the implants were not functional as they were too deep. All the patient's teeth had bone loss and class II mobility.

The treatment plan consisted of a total mouth restoration (teeth #3-14 and #19-30), including extraction of #7, root canal of #8, splint #3-14 (porcelain fused to gold), a 12-unit upper bridge, splint #19-30 (porcelain fused to gold), a 12-unit lower bridge, and the removal of the nonfunctional implants.

> **Upon examination by the dentist, it was noted that two of the implants were not functional as they were too deep.**

Impressions were made for upper and lower arches at this first visit. Over the next few weeks, #2-14 and #18-21 were prepped and temporary crowns placed. The dentist attempted to remove the two bottom implants but was unable and broke them. However, he advised the patient it would not interfere with the lower bridge. Almost three months later, the patient began to complain about #22. Adjustments were made over the next few visits, with the temporary bridge being sent back to the lab to re-porcelain.

One month later, the dentist removed the mandibular bridge and noted that implant #20 was fractured and #18 and #19 needed custom abutments. The patient again complained about #22 as being sharp. The dentist noted in the chart that the "…patient is very unreasonable and complains constantly. Patient was told to brush, floss, and improve oral care. Patient owes the office $10,000 and is making excuses not to pay. He is rude to staff and treats them poorly. Second opinion is recommended." This was the last time this dentist saw the patient. At the time, the patient had three upper and three lower bridges.

The patient filed a lawsuit alleging that the defendant: failed to take proper films; failed to appreciate the significance of periodontitis; failed to diagnose and treat overhanging margins; failed to diagnose bone loss; placed a bridge over damaged implants; failed to refer the patient to a periodontist; and allowed multiple teeth to become hopeless. It was claimed that, due to our insured's negligence, the patient sustained broken implants, advanced periodontal disease, and bone loss, resulting in the need for a full mouth reconstruction.

After the patient left the care of our insured, he was seen by multiple dentists, including five prosthodontists, two oral surgeons, and two general dentists in New York, Florida, London, and Dubai. During his deposition, the patient indicated that the reason he saw so many providers was that he disagreed with their treatment plan, and thought they were "crooked" or had "personality conflicts." He did not go to periodontists because "he did not like them" and he stated periodontal cleanings were "torture." The patient ultimately had the two broken implants removed, root canal therapy to all his remaining natural teeth, and implants, crowns, and new bridges placed.

The MLMIC-insured dentist believed that the patient made up his complaints to avoid paying the substantial balance. He attributed recurrent decay as the direct result of poor home care and claimed that he repeatedly discussed and instructed the patient on proper hygiene. However, this dentist was missing a portion of the chart and films due to multiple office moves; therefore, the only entry regarding the patient's noncompliance was at the time of the last visit.

> However, this dentist was missing a portion of the chart and films due to multiple office moves; therefore, the only entry regarding the patient's noncompliance was at the time of the last visit.

Our experts noted that photos documented the patient's poor oral hygiene. Although the dentist did not cause the patient's pre-existing periodontal disease with bone loss, they felt he should have addressed it by referring the patient to, and coordinating treatment with, a periodontist. The experts also noted the restorations displayed significant open margins and overhangs and were not cleansable.

The District Claim Committee was critical of the insured's inability to explain his treatment, which was only made more difficult due to the missing portions of the chart and films. They also noted that while this may have been a difficult patient with pre-existing periodontal disease, this condition was never adequately addressed prior to or during treatment, causing all restorations to fail and ultimately needing to be redone.

The patient's demand was $950,000, and the case was ultimately settled on behalf of the dentist for $260,000.

Linda Pajonas is a Claims Specialist with MLMIC Insurance Company.

lpajonas@MLMIC.com

Donnaline Richman, Esq. is an attorney with Mercado May-Skinner.

drichman@mmslawny.com

Marilyn Schatz, Esq. is an attorney with Mercado May-Skinner.

mschatz@mmslawny.com

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FROM THE BLOG

MLMIC's dental blog provides ongoing and up-to-date news and guidance on important events and announcements that affect the practices of our dentist and oral surgeon policyholders. You can also sign up to receive MLMIC's Dental Impressions — featuring the latest MLMIC Insurance Company news, and links to relevant and valuable industry articles.

MARCH 7, 2022

What Dentists Need to Know About the 21st Century Cures Act

The 21st Century Cures Act was signed into law back in 2016, and there are now certain milestones approaching that dentists must be ready to meet. By and large, the Cures Act has a greater impact on medical practices, but there are certain aspects of the law that matter for dental practices, as well.

READ MORE

MARCH 28, 2022

Your Dental Patient Doesn't Take Your Advice. What Now?

Throughout their years of practice, dentists will occasionally encounter a dental patient who refuses to take their professional advice. So, what is the best course of action for dentists to both prioritize patient safety and minimize liability?

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APRIL 11, 2022

Making Sense of Your First Employment Contract After Dental Residency

When dental residents finish training and are faced with their first contract, they may be overwhelmed by the amount of information to sift through. We'll help you sort through the most important elements of employment contracts and negotiations, starting from the time you are recruited.

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Expanding your practice?

MLMIC offers a $50 policy for new dentists!

Don't pass up BIG savings from New York's leading dental professional liability insurance.

If you're looking to add newly graduated dentists to your practice, MLMIC Insurance Company offers substantial savings — with a flat-rate premium of $50 for either a first-year Claims Made policy or an Occurrence policy — at limits of $1,000,000/$3,000,000 for those who qualify.

See how much you could save.
Call (800) ASK-MLMIC or contact your broker today.

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Latham, New York 12110

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