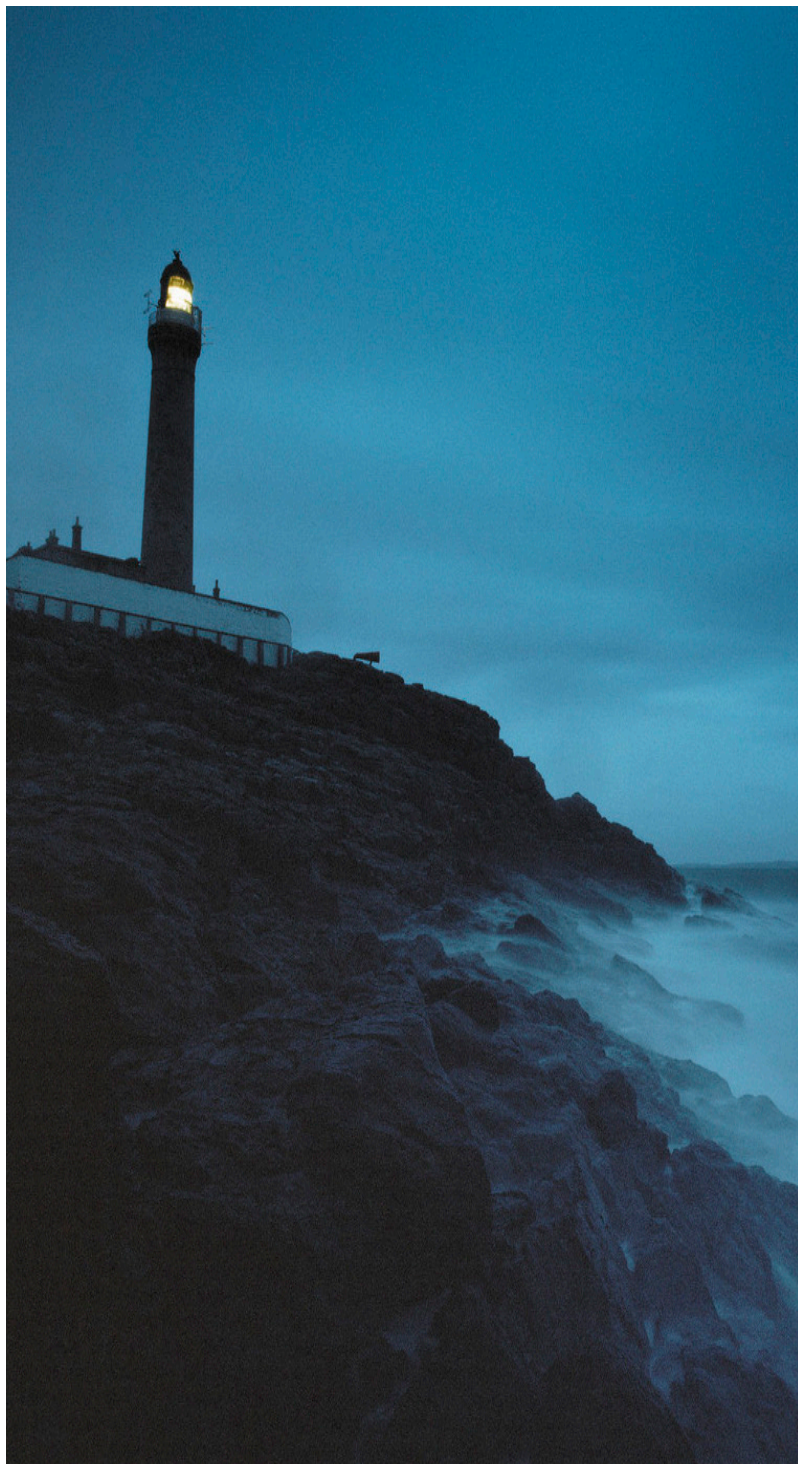


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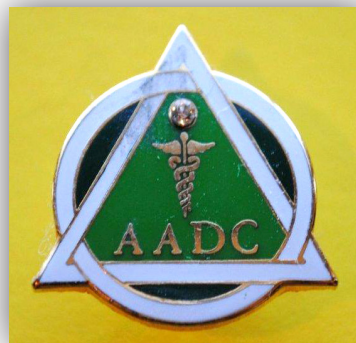
FALL 2021

THE BEACON

Official Publication of the American Association of Dental Consultants



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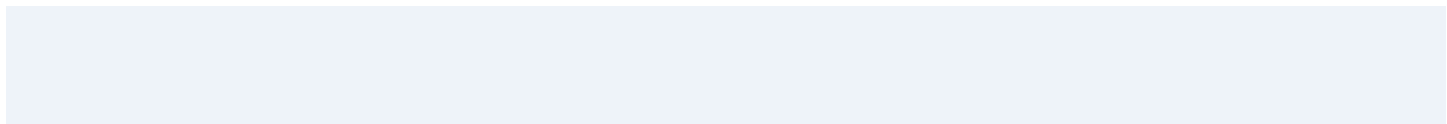
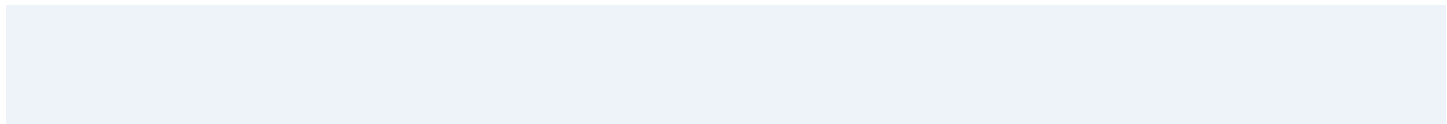


AMERICAN ASSOCIATION OF DENTAL CONSULTANTS

Updated May 2021

Terms expire annually in May

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NOTICE

Articles published in *The Beacon* represent the research, opinions, and or views of the authors and not the opinion or position of the AADC, its members, companies represented by its members, Officers, Directors, or Executive Director unless specifically stated. Articles are accepted for publication simply on the basis that they may be of interest to AADC members.

Published articles in *The Beacon* are for educational purposes only and are not intended to direct or influence dental claims payments or to be considered legal advice.



Publications: Fall 2021

President's Message

O. Andy Elliott, DMD, CDC, AHFI

President

American Association of Dental Consultants

Greetings AADC members,

Wow, what an interesting time we are experiencing; as science-based professionals, we have to be amazed at the efforts in medicine to battle this pandemic. But the battle continues. Dentistry can be proud of the measures we have put forward to protect our patients and team members. Our history of infection control in dentistry is the standard most disciplines should follow.

Many in the third-party industry and professional organizations have recognized the increased time and costs that this battle has created and have taken steps to assist. Distribution of PPE and per visit reimbursements have helped to mitigate some of the burdens practitioners have faced. Lobbying efforts to include dental offices and clinics in governmental relief programs have also addressed decreased inpatient visits and revenues and lost wages for employees. Tele-dentistry has rapidly matured and demonstrated its usefulness in this new normal.

We have adjusted to living our lives on zoom and other online platforms for meetings and continuing education, much of which will continue. We at AADC conducted a very successful virtual annual workshop and meeting. Although we were disappointed that we couldn't meet face

to face and network directly, your program committee and AADC board worked tirelessly with our executive director, Ellen Kessler, to provide our members with the best possible experience. Many thanks to all involved. A special thank you to Mitch Couret for his leadership and friendship during this pivotal time.

As we look forward to continuing our mission to serve our members, we can also be thankful for what we have accomplished in this trying time. Membership has continued to grow as dental professionals look for other opportunities outside of clinical dentistry. We have many new members who have stepped up and are serving on committees to better our services to you. Please consider how you may serve and volunteer for committees or decide to run for positions on the board. We continue to provide educational opportunities both with live webinars and recorded presentations on our improved website. The AADC program committee under the chairmanship of Cheryl Lerner and members Suzanne Achenbaugh, Julie Barna, Jeff Chaffin, Joe Lucchesi, Bob Mason, and Randi Tillman is re-energized to provide an in-person workshop in Phoenix May 4-7 at the Arizona Grand Resort. They are finalizing the speakers and tracks available to equip you better to serve your positions within the industry. The workshop will offer receptions and networking opportunities along with claims review sessions. This, our premier publication The Beacon, under Clayton Pesillo's editorship continues to highlight timely information and events available to stimulate our members educational minds and provide guidance for improvement and advancement in the industry.

Under the leadership of Madeline Thomas, our strategic planning committee is moving forward and building on the efforts Thad Archie had tirelessly championed for our future. We must address challenges and opportunities to consultants and the industry to facilitate the best outcomes for the patients receiving care with third-party benefits. We must manage our representative membership, particularly the need to attract younger professionals. President-Elect Bob Rosenthal continues to review and develop position papers addressing relevant and timely topics affecting dental care, dental benefits, and the patients we serve.

Take advantage of the resources AADC offers on our AADC.org site and look for future webinars to further your education. And by all means, mark your calendars for May 4-7, 2022. Don't hesitate to get in touch with me or any of your board members with comments, questions, or concerns. I can be reached at docandy5@aol.com (hey, I know it's an old email, but it still is effective).

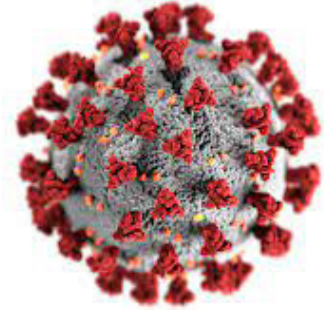
Stay vigilant and safe.



Publications: Fall 2021

Asepsis, Covid, EBD – Inconvenient Truths

Clayton O. Pesillo, DMD, CDC



Dr. Lister, as we all know, was the British surgeon who acquainted himself with the work of bacteriologist Louis Pasteur in 1865 and formed theories to account for the prevalence of sepsis as the cause for the high percentage of deaths following surgery. Between 45 and 50 percent of his amputation cases died from sepsis between 1861 and 1865. The community of surgical doctors at that time viewed the cause of deaths following surgery as “miasma”. Miasma is defined as a poisonous vapor or mist believed to be made up of particles from decomposing material that could cause disease and could be identified by its foul smell. (MedicineNet, Inc.: www.medicinenet.com). The high percent of deaths following surgeries at that time was considered an acceptable complication that was inevitable, uncontrollable, and unavoidable. To put it simply, it was cost of doing surgery.

Lister discarded the popular concept of miasma and postulated that sepsis might be caused by a pollen-like dust. While there was no evidence that he believed this dust to be living matter, he had come close to the truth. But the work of bacteriologist, Louis Pasteur, in France, brought him even closer to the truth.

Accepting the work of Pasteur in 1865, Lister attempted to interpose an antiseptic barrier between the surgical site and the air. He protected the site of operation from infection by the surgeon’s hands and instruments through the use of an effective antiseptic, carbolic acid, which had already been used as a means of cleansing foul-smelling sewers and had been empirically advised as a wound dressing in 1863. He first tried his new method on August 12, 1865. The results were dramatic as his surgical mortality rate fell from 45 to 15 percent.

My point is not to provide a historical recap of aseptic surgery. What is of historical value and relevant to today is that Lister's work was not embraced by the community of surgical physicians at the time. Why? Well, understandably, some surgeons were skeptical and wanted more scientific proof. But there was another factor. The process of asepsis prior to, during, and after surgery was onerous; time consuming and expensive. An inconvenient truth.

I am old enough to remember practicing dentistry without masks or gloves. Instruments were "sterilized" (some in household ovens) and thrown into drawers until used. A nasty deadly virus called AIDS ended all that. The CDC protocols for maintaining a sterile environment were time consuming and expensive and met with some resistance by the dental community and even some of our patients. Nevertheless, the scientific evidence supported the use of masks, gowns, gloves, disinfection, and appropriate sterilization to reduce the risk of transmission of the AIDS virus. It was indeed an inconvenient truth.

Over the past year another virus, COVID, interrupted our lives. As deadly as AIDS, but, far more transmissible. The COVID pandemic sent the scientific community worldwide into research mode; identifying the virus and its characteristics; researching effective vaccines and treatments; and providing recommendations to avoid exposure. Like Lister's and Pasteur's scientific research on the origins of septic diseases, acceptance was far from universal. Even defiant and political. Why? Because it was inconvenient. Close to home, our AADC had to cancel our 2020 spring workshop and our 2021 workshop

had to go virtual. The inconveniences to dental offices were even greater. Try doing dentistry with NO aerosol! But most recognized the alternative of joining over 600,000 of our fellow citizens. Indeed, an inconvenient truth.

Evidenced based dentistry often forces us into inconvenient truths. At times evidence-based research is highly supportive of what we do. At other times what we do is challenged by the scientific research and may support long held traditions/treatments as having little or no health value.

The question we must all ask and answer to ourselves: do you accept evidence-based science? Or do you reject any scientific truths that may be inconvenient.



Publications: Fall 2021

Guest Editorial: The Difference Between Opinion & Science

Jim Shultz, CNHI News

Editor's Note: The following "guest editorial" is reprinted with permission from the author. It was a column printed in our local newspaper, The Daily Item in Sunbury, Pennsylvania. Ignoring any "political" overtones (we are not a political organization) I thought the article was on target as it relates to "opinion" vis-à-vis "science". As an advocate of evidence-based dentistry, (we are an organization supportive of scientific evidence), I thought the article hit the mark. Clearly the author is applying "opinion" vs "science" to global issues such as climate change and COVID. But this division between evidence-based science and "junk" science or opinion, exists in our world as well in our effort to protect subscribers, dental plans, and dental plan purchasers from harm and/or financial waste.

From ancient history to present day, there have always been foolish things that people have believed based on fantasy:

"The world is flat. If you go sailing to the horizon you will sail right over the edge."

"Smoking cigarettes is good for you. It helps with digestion and makes you alert."

"COVID is going to disappear. One day, it's like a miracle, it will disappear."

What saves us from such nonsense is science. But we live in a moment when it seems like a lot of people have forgotten what science actually is.

Science is not opinion. It is real knowledge gained by having a theory, testing that theory with experimentation, and arriving at provable fact.

Most of us learned about scientific method in school. Here is a quick refresher: One morning you flip the switch on your coffee maker and it doesn't turn on. You need to figure out whether it's the coffee maker that's broken or the electrical outlet, so you try an experiment. You plug the toaster into the same outlet. It toasts bread just fine. Scientific Conclusion: The problem is not the outlet, it's your coffee maker.

Variations on this basic process are how we discovered that the world wasn't flat. It is how we learned that smoking causes lung cancer. And it is how we know that COVID does not disappear like a miracle and that we need to vaccinate ourselves to prevent getting deeply ill and getting people we care about deeply ill.

We should consider ourselves lucky to have scientists on our side. On issues ranging from auto safety to climate change, they develop theories, construct serious and complex experiments, and learn useful things such as putting seat belts in cars keeps 15,000 Americans a year from dying horribly in car crashes.

But despite how much education, effort and time it takes for scientists to do this work, the nation is awash in people who think they know better—on the basis of something they saw on Facebook or cable news.

Consider the recent report from the United Nations' International Panel on Climate Change. More than 200 of the most capable and credible scientific minds in the world wrote the report. It is based on thousands of scientific studies carried out over many years—measuring temperature changes in the ocean, carbon levels in the atmosphere, contaminant levels in car exhaust pipes and factory smokestacks, and hundreds of other indicators and causes of a changing Earth.

Their conclusions were unequivocal and devastating: The record heatwaves, wildfires, and flooding around the world are just a preview of what is to come, the result of humanity pouring heat-trapping carbon into Earth's atmosphere for 100 years. And, the scientists warned, unless we act aggressively and immediately, large parts of the planet will become uninhabitable in our children's lifetime.

Right on cue the nation's voices of nonsense equipped with nothing more than political ideology, announced that they knew more than all the scientists and all the

research. Visitors to the Fox News Web site offered their responses online:

"This is an absolute joke. There is no such thing as man-made climate change—these 'scientists' have an agenda and have to justify their budgets!!!"

"How do they plan on taking care of the Earth's axial precession, the REAL driver of climate change?"

"I am old enough to remember when scientists used science to tackle a problem. Now they just call AOC and write their article."

You also hear a lot of folks like this about how they are ignoring the experts and thinking for themselves. Thinking for yourself is good. I'm all for it. But thinking you are an expert in things you know nothing about is very dangerous. Trust me, you do not want me fixing your plumbing or drilling your teeth.

Actually, nothing is further from "thinking for yourself" than deciding what is fact-based on whether you think the messenger is on your political team. The COVID vaccines were developed under President Donald Trump who I didn't care for much. That didn't stop me from signing up for my Moderna shot at the earliest opportunity I could.

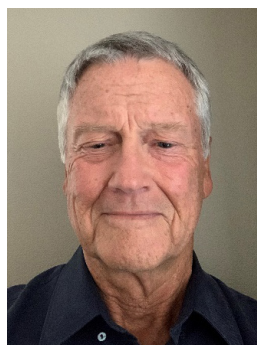
If some people want to dive down the rabbit hole of conspiracy theory and nonsense we can't stop them. But in a time when the dangers around us are deadly real—from extreme weather to a resurgent virus—the public decisions that we make need to be driven by hard science. Only a fool changes the outlet without trying the toaster first.

Jim Shultz is the founder and executive director of the Democracy Center and a columnist with the Lockport, New York, Union-Sun & Journal. He can be reached by email at: JimShultz@democracyctr.org.

SPOTLIGHT

RICHARD W. PORTUNE, DDS, CDC

Past President AADC



I was born in Cincinnati, Ohio but grew up in Dayton where I graduated from the University of Dayton with a BS in 1967. Phyllis and I were married in 1968 before my second year of dental school at "The" Ohio State University, graduating in 1971 with a DDS degree. That was before "The" became part of the name. I graduated on a Friday. The following Tuesday our daughter Lisa was born. Two days later I took my boards. Busy week.

Following graduation, I served two years active duty as a captain in the US Army Dental Corps. At my enlistment I requested a station in Europe. The Army in its infinite wisdom, sent us to Fort Dix, NJ. This turned out to be a blessing since the post was the east coast APO processing station for troops going to and coming from Vietnam. Because of troop volume the post had multiple clinics and Walston Army Hospital, with all dental specialties represented. The on-post lectures from the specialists and the opportunity to work with them constituted a two-year dental residency. During my second year of duty, I was selected to run the perio clinic for all cadre. We conducted early research on cyanoacrylate as a tissue graft adhesive in conjunction with Walter Reed Medical Center. This gave me the chance to coordinate studies with Dr. Surindar Bhaskar (Major General and chief of the US Army Dental Corps).

After being discharged in 1973 Phyllis and I decided to return to Dayton where I began a solo practice. Timing is everything! 1973 was the start of a recession in Ohio, with Dayton's largest employer, General Motors, laying off entire shifts of workers. Nevertheless, we got through it and the practice became quite successful.

In the spirit of giving back, I served as president of the Dayton Sister City program for fifteen years. This led to lifelong friendships in and travels to, Augsburg Germany, Oiso Japan and Monrovia Liberia. I also served on the board of the Dayton Dental Society.

In the mid 80's I went on several medical mission trips with a physician friend to the Central American jungles of Belize. We spent most of our time in the village of Crique Sarco, near the Guatemalan border, reachable only by a 30-mile boat trip up the Temash river. Living with and performing rudimentary dentistry on adults and children of the Q'eqchi people gave me an undying appreciation of their fortitude and the advantages of living in the US.

In the summer of 1986, I was approached by a steering committee exploring the development of a local Independent Practice Association (IPA). In preparation for the possibility of capitation plans being introduced at GM and other Dayton businesses, a small group of dentists decided to be proactive in the changing dental insurance environment. If we could attract enough dentists to join the IPA, we would be offered a proposal to co-market with Western Ohio Inc.-- a regional HMO.

For the next year this became my second career as I was still running a busy solo practice. The recruiting of dentists for our IPA encompassed a ten-county area and we met with every dentist that would listen to the benefits of an Individual Practice Association based on fee for service. The company we created became Superior Dental Care, Inc. and eventually encompassed five states. We became one of the more successful IPAs in the country and eventually had our own in-house sales and IT staff.

After five years of co-marketing with the medical HMO, we parted ways to become a stand-alone dental benefits company offering multiple plan models. I eventually served as president followed by chairman of the board of Superior Dental Care (SDC). SDC still exists today, but as a wholly owned subsidiary of Medical Mutual of Ohio. I continue to serve as SDC's dental director.

In 1988, SDC's CEO told me about an organization that she encouraged me to join. By that time, I was the dental director, reviewing claims several times a week and overseeing several consultants while still operating my dental practice. The organization was AADC. In 1989, Phyllis and I flew to Scottsdale and were introduced to Arizona and the Mountain Shadows Resort. To say I was impressed by AADC would be an understatement. To be greeted and accepted so graciously by those I came to know as the giants of dental benefits was a bit overwhelming. Not only did they become mentors but friends. My list includes, Mort Rennert, John Thorpe, Tom Limoli, Don Mayes, Dave Wesley and many more.

Then, as now, the sessions reviewing claims were so helpful to someone in the early stage of benefit

determinations. I also discovered that other consultants dealt with the same problems I encountered.

I returned to Ohio a changed person. The following year I took the CDC certification exam and made a presentation at the Spring workshop about the success of our IPA. It was true then and is probably true today, "if you see one IPA, you've seen one IPA".

AADC was an organization with which I wanted to become more involved. In 2000 I was asked by the board to draft a code of ethics for AADC and the dental benefits industry in general. With the help of Larry Hoffman and Thad Archie we wrote the code that exists today. The three of us are proud of that contribution.

In 2001 I was elected to the board of directors, serving for three years. Then in 2004 I had the honor of serving as president of AADC. During my term, which followed Ed Schooly and preceded Jerry Blum, I chaired what became known as the LFBME (ask some of the old guys what that means!)

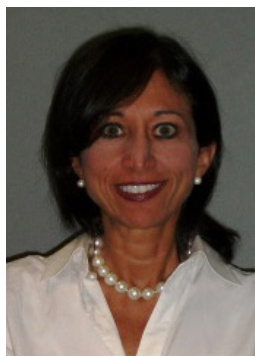
This organization has had a big impact on my and Phyllis's lives. We have made many dear friends and having discovered Arizona we now make our home northeast of Scottsdale in Rio Verde. The organization also influenced my dealings with providers and the evolution of benefit plans within our company. When I would run into a tough decision, I simply asked myself "what would Mort do?"

I want to thank our editor, Clay Pesillo, for "Spotlighting" me in this issue of the Beacon. It is an honor to be included with him, Scott Navarro, Linda Vidone and Larry Hoffman.

Hope to see you all next Spring in Phoenix.

"Dick"

Richard W. Portune, DDS, CDC



Publications: Fall 2021

Dental Insurance and AI: The Revolution Has Begun

**Linda Vidone, DMD, CDC
on behalf of the Dental AI Council**

Innovation in dental technology has usually been gradual and incremental. But now we're coming to grips with an innovation that could better be described as revolutionary. I'm talking about Artificial Intelligence.

AI came upon the dental scene very suddenly. We had never heard much about it and then, at the 2020 meeting of the National Association of Dental Plans, three or four companies were offering AI tools for identifying fraud, waste and abuse.

Considering how quickly these products had been developed, they were surprisingly good. But they still missed some of the nuances. For example, you used to look for the scaling and root planing claims, and extractions being upcoded from simple to surgical. As dental technology has become more sophisticated, so have the types of fraud, waste and abuse. Even fillings are fair game; claimants add more surfaces or combine them with other codes. But AI is all about learning; it will master those nuances soon enough.

As AI systems process increasing numbers of claims, their insight into the practices of dentists increases. It takes a great many cases, and



mountains of data, to train an AI system. But AI has the advantage over human Special Investigative Unit workers that it can instantly access unlimited amounts of data. Humans forget. Take a simple example: a dentist submits the same x-ray, repeatedly, for several different patients. Unless there is something extremely arresting about the x-ray -- and of course the dentist is smart enough not to allow that -- a human examiner is highly unlikely to spot the duplication. AI gets it effortlessly.

AI will also be good at separating cosmetic from medically necessary work. At present, insurers don't require that x-rays be submitted for some basic types of services, like simple fillings. Dentists often submit x-rays with those claims anyway, but they seldom get reviewed. AI can assess the medical need for even minor work; but it would be necessary to require imagery in all cases.

One of the likely effects of AI's superhuman performance in spotting fraud, waste and abuse is that the amount of fraud, waste and abuse is likely to diminish. Getting away with such abuse will just become too difficult.

The fact that different insurers have different criteria for evaluating claims is a complication that computer system easily handle, but it's probable that with the availability of more precise methods of evaluating claims the practices of different carriers will tend to converge. It may be unrealistic to expect standardization across the insurance industry, but we can realistically aim for consistency and accuracy within each organization.

Consistency is key. It's notorious that if you show an x-ray to five dentists, you're likely to get five different diagnoses and plans of treatment. They may all be "right" in one way or another, but for patients the sense that there's any arbitrariness at all is discomforting. With clearer standards of care supported by AI and large

statistical databases, and enforced by insurers, much of that inconsistency will disappear.

Naturally, as with everything, there are down sides. In an ideal world all data from all providers would be available to AI systems. But it is very difficult to de-identify patient data, and so, apart from what you might call its "general knowledge" derived from data in the public domain, AI systems will be limited to each user's in-house data. Still, that will consist of millions of claims.

There is also the question, which is one of the first ones to be raised in any discussion of AI, of whether it is going to eliminate jobs.

I think it's more likely to change the character of some jobs than to eliminate them. Dental consultants are going to be doing more of what they should be doing such as: less administrative review and more clinical review. AI will supplement, not supplant, what we do today. It will identify all those duplicate x-rays right away -- so that they do not find their way to a dental consultant in the first place. It will identify which x-rays do not show what the consultant needs to see, which ones are incorrectly exposed or of the wrong type. It will not so much identify more claims to review as identify the right ones.

The bottom line for all of us, and that includes not only providers of dental services but also the insurers who pay for them, is patient satisfaction. Is AI going to make the customers happy? Well, nobody is happy to need dental work, but if AI helps reduce or eliminate fraud, waste and abuse, and thereby brings costs down, and if it makes possible greater consistency in diagnosis, treatment and end cost, then at the very least, a lot of unnecessary dissatisfaction is going to be avoided.



Publications: Fall 2021

Certified Dental Consultant Examination

Linda Vidone, DMD, CDC

Chairperson Certified Dental Consultant (CDC) Committee



Are you a Certified Dental Consultant? Now is the time!

Choosing to become a Certified Dental Consultant is making the choice to further your career and is strongly encouraged by the AADC. Show that you are a leader in the dental benefits industry!

To be eligible for certification you must be employed as a dental consultant. Additional requirements can be found on the American Association of Dental Consultant website at: www.aadc.org. Once you have fulfilled the requirements, simply fill out the application also available at the website. Once approved to take the exam, begin to study! Questions for the exam are taken from the previous two years of The Beacon (especially the position papers); AHIP Dental Benefits, Part A ("An Overview of Dental Benefits and Dental Plans"); and Don Mayes' book Dental Benefits: A Guide to Managed Plans, Third Edition, authored by Cathye L Smithwick.

Test your knowledge: Below are questions from previous AADC Certification Examinations and some may appear again on future exams.

If you have any questions regarding the examination, please reach out to me at lvidone@yahoo.com

True/False Questions

please circle T or F

1. Four quadrants of CDT Procedure Code D4341 (periodontal scaling and root planning-four or more teeth per quadrant) done on the same day is generally considered to be within the standard of good dental practice. T / F
2. The Alternate Benefit Provision is a common contractual provision with most dental plans? T / F
3. According to the birthday rule, the plan of the older spouse is considered primary for the dependent T / F
4. In voluntary insurance plans, employees pay the entire premium. In referral plans, employees pay the total cost of services to dentists who discount their fees. T / F
5. Generally, dental insurance companies retain the option to modify or amend the terms of participation contracts with dentists including the right to amend reimbursement mechanisms, which can result in decrease in reimbursement. T / F
6. Informal consultation with other dentist about an insurance participation agreement, which results in a de-participation by the dentist, could be a basis for an illegal agreement under the antitrust laws. T / F
7. The term "Unbundling" refers to the separating of a dental procedure into component parts so that the cumulative charge of the components is greater than the total charge to patients who are not beneficiaries of a dental benefit plan for the same procedure. T / F
8. CDT code D1354 was developed exclusive for the application of Silver Diamine Fluoride or SDF. T / F
9. An ASO contract is an arrangement under which a third party, for a fee, processes claims and handles paperwork for a self-funded group. This frequently includes all insurance company services (actuarial services, underwriting, assumption of risk, benefit description, etc.)..... T / F

Answer Key

- | | | | | |
|------|------|------|------|------|
| 1. F | 3. F | 5. T | 7. T | 9. F |
| 2. T | 4. T | 6. T | 8. F | |



Publications: Fall 2021

SPRING WORKSHOP 2022

Cheryl Lerner, DMD
AADC: Together Again
Program Chair



Hello from my home office!

The surge of the Delta variant keeps the Program Committee on its toes, while our fingers are crossed tightly for an in-person event next May. All CDC protocols and directives will be taken to make our 2022 AADC Spring Workshop safe, productive and FUN! We have added some new folks to the committee to get fresh ideas and perspectives and hopefully be more representative of our association. We welcomed some guys to our team: Jeff Chaffin, Joe Lucchesi and Bob Mason, joining veterans Suzanne Achenbaugh, Julie Barna, Randi Tillman and me. Working with Ellen, we collectively arrived at our theme for the meeting which puts smiles on all of our faces!

AADC: Together Again

There were some lively discussions about how to update the golf event and potential themes for the workshop. We are currently firming up our speaker and topic roster. We are still open to ideas for speakers and sponsors, so please submit them to Ellen Kessler (ellen@aadac.org) for consideration. We are mindful of the various types of positions our membership holds and the longevity in the industry we each have and are using that data to inform our decisions on the multiple tracks of lectures we will provide. There will be something for those who are claim reviewers, policy makers, medical-dental benefits folks, as well as a nice overview of the insurance industry's parts and how they im-

pact all that each of us do as claims review contractors, dental directors and independent practice consultants. This is a great way to level set across the board and will offer up ideas for endurance in the administrative dental profession.

The Program Committee will continue to hold regular meetings through May, when we celebrate with everyone in Phoenix, Arizona. Thanks to each one of you who responded to our various surveys, as they help us design the best possible program for our 2022 AADC workshop, and as always, please feel free to reach out to me (cheryl.lerner@carefirst.com) with any ideas, questions or general feedback about our 2022 program. We will keep you updated via *The Beacon* and any critical e-blasts that need more timely distribution. Take care and enjoy a safe and beautiful autumn!

“AADC: Together Again”
**Make Plans to Attend Our Spring
Workshop**



Arizona Grand Resort and Spa
Phoenix, Arizona

May 4 — May 7, 2022



Tentative Schedule

- May 4:** Golf Outing, CDC Exam, New Member Seminar, New Member Reception
- May 5:** Keynote, CE Program, Claims Review I, President's Welcome Reception
- May 6:** CE Program, Annual Meeting, Claims Review II
- May 7:** CE Program, Claim Review III

The American Association of Dental Consultants

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