

The Ultimate Office Planner

Tip of the Month Children

With the increased use of fluoride, the detection of caries is not as simple as it used to be. Yet in 2009 many of us are still diagnosing caries the same way as in the early 1900s. The goal now is to be minimally invasive — to catch caries at its earliest stages and attempt to remineralize incipient caries in teeth through the use of ozone and MI paste. Decay is difficult to detect in radiographs unless larger than 2 mm to 3 mm deep into dentin, or one-third the buccolingual distance. An explorer has high specificity for caries but low sensitivity for the caries. This means a lot of incipient caries can be missed if we rely on an explorer and radiographs alone. There is a call in the literature for discontinuance of the use of the dental explorer for caries detection, as it may



Tired Teens Orthodontists Diagnose Sleep Apnea More Easily with X-Rays

Diagnosing sleep apnea -- a chronic condition that causes teen-agers to stop breathing during sleep -- is difficult and often means staying at an overnight sleep lab. A new test can spot with problem with simple X-rays, by checking the position of the tongue and hyoid bone. If the bone sits lower, patients are more likely to have the condition. In a recent study, the X-rays correctly identified 70 percent of teens with sleep apnea. pg 14-15 for more

actually cause more harm by breaking the enamel rods when forced into an incipient carious lesion.

Improved ways exist for the detection of caries, including the use of devices that detect caries through fluorescence and a low power laser to scan the tooth for decay. New methods will soon appear to improve the dentist's ability to detect caries earlier than ever before. With this enhanced knowledge, dentists will be able to establish better protocols for caries intervention and treatment. ●

[\(Dentistry IQ – December 11\)](#)

February
2010

The Biggest Question!!!



When I start a medical coding program I get the same question. How do I know what is covered by medical?

Your questions have made me a better facilitator and I need to have you ask the questions so please keep sending them. I always ask myself "What is the question behind the question?" So I want you to start to ask yourself, "What are the questions I need to ask to give the insurance company?" If you need a test, film or exam what question is necessary to answer? Remember the patient is giving you a lot of the answers needed when we ask the questions taking the medical history.

Listen, look and then answer.

This is what I have learned through my experience in doing the billing, and calling the companies for several offices through the years.

Traumatic injuries to the mouth as a result of accident are commonly billed to medical. This can include endodontic, restorative, removable and or fixed prosthetic procedures. Implant, wiring, splinting and fixation of teeth or and jaw. Just remember that you should not close a case if you are not 100% sure that the patient will not need more services. Example: A child, who falls and loses a front tooth, may need to replace that tooth several times. They may need a temporary replacement and after their growing years will need a permanent replacement.

Emergency treatment of oral infections and inflammation involving periodontal abscesses, incision, drainage, and or sores can be billed to medical. Patients receiving cancer therapies may need this treatment several times.

Exams, consultations, and diagnostic x-rays and tests performed in preparation for treatment in TMD, Sleep Apnea, Implant, periodontal surgery, extractions. Stents and follow up x-rays are also covered. Ask yourself is this necessary to treat this patient? Is it part of the service? Is it medically necessary to provide the services?

Biopsies

What are they? What are they used for? Whether it is a brush biopsy, cytology smear, surgical (removing a part of the suspicious area for evaluation, or the excision of lesion is

frequently covered by medical. Always attach the reason, and the outcome.

Sedation

IV sedation or analgesia (N2O) as well as any injected drugs are often considered for payment. Local anesthesia in not covered as it is considered part of treatment. *This is billed by the amount of time used.

Oral appliances

Are frequently covered under medical when fabricated for the treatment of temporomandibular joint dysfunction, (TMD) Sleep Apnea appliances are also covered. * You need to work with a sleep lab or MD who provides the diagnosis for sleep apnea. *We can treat but we cannot diagnosis.

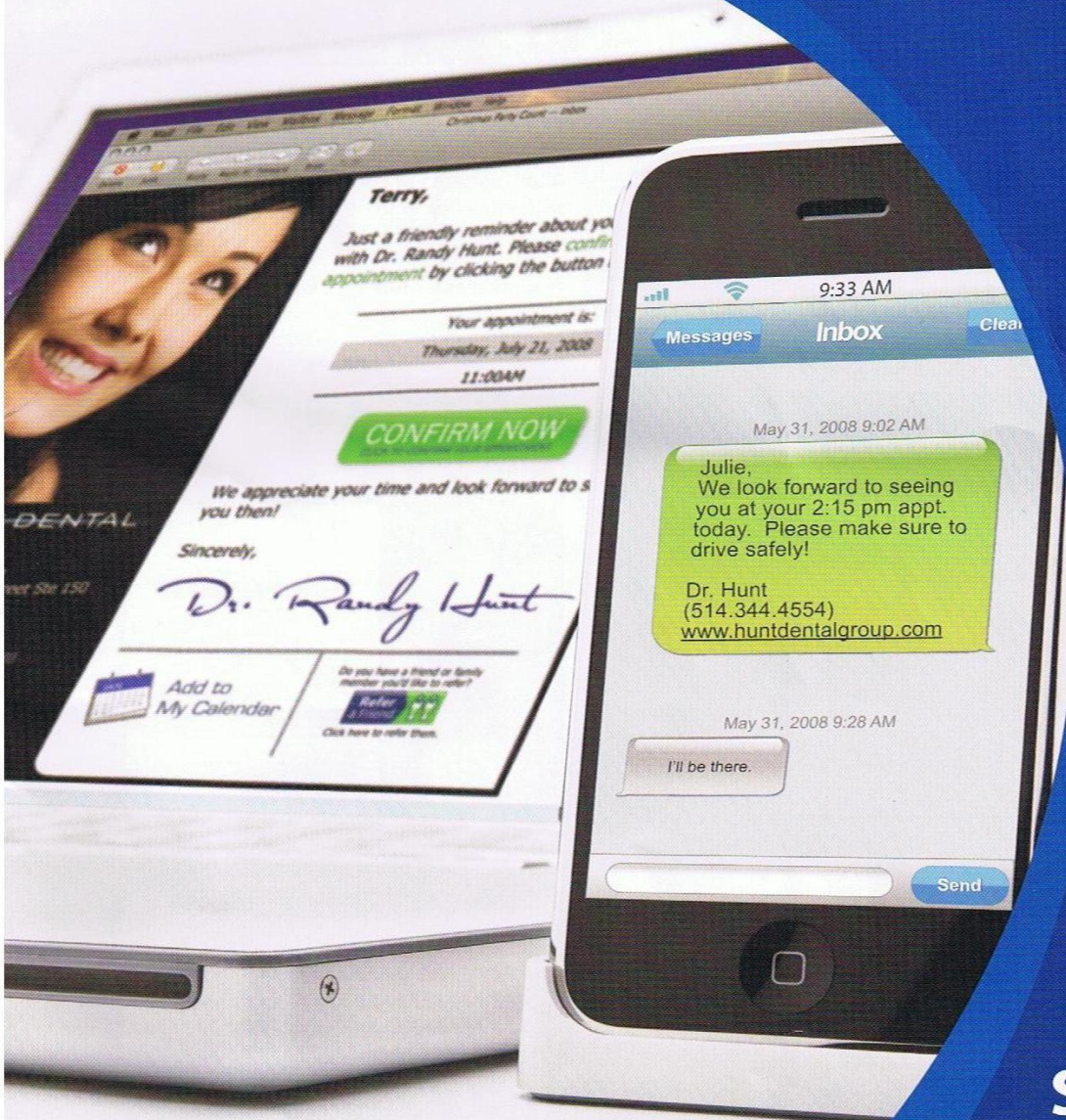
Billing medical primary and secondary the same way you would dental. Billing dental can be decided after payment or denial is received by both medical insurance companies.

- Make sure you call all medical plans to ask how to work with them if you are not a specialist or in network. I have many doctors who are not in network and providing and collecting insurance from their patients medical.
- Learn how to appeal a claim before it is sent, asking the correct questions, and providing the answers first. ●

February
2010

Building Patient Relationships

One Message at a Time[®]



Smile 
Reminder



Did you set goals last year and then this happened to you?

You set a goal. You jump in, gung ho, and move forward. Success is clearly reachable.

And then you get stuck, and look for the excuse as to why? It is always an outside reason, the team, the computer, the boss? Don't let the same excuses stop you this year, since you are the only reason your goals are not being accomplished. So move ahead and don't let anything or anyone get in your way.

Be the leader and keep your momentum up, so everyone can follow after you.

Overcoming that obstacle... ..
Regaining your momentum... These are some of the most difficult aspects of accomplishing your life's big goals.

- Maintain your excitement and motivation and operate at peak performance throughout the year...Do it day by day, and congratulate yourself and others at the end of every day.
- Fit more productive activities into each hour, and increase your potential... Learn to delegate and trust. If your trust is broken ask yourself why?
- Achieve clarity so that you can make better decisions more easily.
- Cut back on the number of hours you spend "working," and increase the time you have to spend doing the things you love with people you enjoy.
- Become so confident and knowledgeable when interacting with others, that you will earn immediate respect. When presenting a treatment plan think, why did Mrs. Smith say yes, and Mr. Jones say no. It could be how you presented your knowledge and confidence. Where you having a bad day? Never ever let your knowledge be downplayed by how you feel that day.
- Enjoy your life, have the confidence that you will accomplish all of your dreams and that you are a leader who inspires others to be their best.

In The News In The News



TMJ Disorders More Frequent In Headache Patients (24-7PressRelease.com)

Headaches are primarily a disorder of the Trigeminal Nerves and the tissues they innervate. Evidence is becoming increasingly stronger that the majority of headache patients also have symptoms of temporomandibular disorders and that treatment of these disorders is essential to management and relief. This is no surprise to Chicago Neuromuscular Dentist Ira L Shapira, a Diplomate of the American Academy of Pain Management, who has created a new resource (<http://www.ihateheadaches.org>) for headache patients looking to avoid a future plagued with pain. The site discusses neuromuscular dental treatment to eliminate and/or reduce these types of headaches.

More Than 90% of People With Gum Disease Are at Risk for Diabetes

([ScienceDaily – December 15](#))

An overwhelming majority of people who have periodontal disease are also at high risk for diabetes and should be screened for the disease, a New York University nursing-dental research team has found. The researchers also determined that half of those at risk had seen a dentist in the previous year, concluded that dentists should consider offering diabetes

screenings in their offices, and described practical approaches to conducting these screenings. The survey, conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention, was designed to assess the health and nutritional status of adults and children in the United States. "In light of these findings, the dental visit could be a useful opportunity to conduct an initial diabetes screening—an important first step in identifying those patients who need follow-up testing to diagnose the disease" says Sheila M Strauss, PhD. Dentists could screen patients for diabetes by evaluating them for risk factors such as being overweight, belonging to a high-risk ethnic group (eg, African-American, Latino, Native American, Asian-American, or Pacific Islander), having high cholesterol and/or high blood pressure, having a first-degree relative with diabetes or gestational diabetes mellitus, or having given birth to a baby weighing more than 9 pounds. Alternatively, dentists could use a glucometer, a diagnostic instrument for measuring blood glucose, to analyze finger-stick blood samples or to evaluate blood samples taken from pockets of inflammation in the gums.

**Dr. Michael Witzner DMD, MS Vice
President of National Clinical
Operations, United Healthcare**

D4910 POLICY LANQUANCE NOW READS, "Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement." This means that United Healthcare's fully insured plans will cover D4910 twice per twelve consecutive months (not twice per calendar year) following periodontal scaling and root planning (D4341 or D4342) osseous surgery (D4260-D4261) or a prior periodontal maintenance appointment (D4910) *REMEMBR: Always call or do real time benefits before you bill insurance. Each employer will buy different policv benefits.*

February
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Important Changes to Your CareCredit® Program

For over 20 years, CareCredit has provided valuable programs to help you help your patients. We continue to invest in the success of your practice by developing innovative solutions to meet the needs of you and your patients.

Recent credit card legislation* has required us to discontinue the 3 Month No Interest Payment Plan† effective Feb. 16, 2010 (our 6, 12, 18 and 24 Month No Interest Payment Plans continue to be available to your practice). In response, we have made the following enhancements to the program:

- New lower merchant fee on the 6 Month No Interest** (if paid within 6 months) Payment Plan (from 6.9% to 5.9%†).
- No minimum transaction amount on the 6 Month No Interest** (if paid within 6 months) Payment Plan. Now you can offer every patient 6 months no interest with a \$0 minimum, while only paying a 5.9% merchant fee.
- Our 12 Month No Interest** (if paid within 12 months), 18 Month No Interest** (if paid within 18 months) and 24 Month No Interest** (if paid within 24 months) Payment Plans continue to be available to your practice with no change to the merchant fee.
- The merchant fee on the 24, 36, 48 and 60 Month Extended Payment Plans will remain a low 5%!
- The Patient APR on all new Extended Payment Plans is being adjusted from 13.9% to 14.9%, remaining competitive with other credit cards' rates.
- You will be receiving an updated Participating Professional Agreement. The updates (sections 2, 5, 13 and 14) are related to emergency room/chronic care treatment, provider refunds and termination rights. No action is required.

New Materials Arriving Soon Via FedEx — Action Required!

Updated CareCredit materials with new terms will arrive in your practice by early February 2010. To comply with Federal Legislation, please immediately discard your current CareCredit materials and replace them with the new materials in the upcoming FedEx.

If you have questions or need additional information, call the Practice Support Center at (800) 859-9975.

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The ADA's eighth annual national Give Kids A Smile event Friday, Feb. 5, 2010 and we're planning another year of growth.
<http://givekidsasmile.ada.org>

The 2010 Give Kids A Smile day is Friday, Feb. 5. Sign-up now! Detailed Instructions on the sign up process are available. Product request was available October 1-November 13, 2009. Albert Pujols joins GKAS team.

Program Web site launched St. Louis Cardinals first baseman Albert Pujols has joined the Give Kids A Smile team! The 2008 National League's Most Valuable Player donated his time in recording a public service announcement that was launched nationwide Feb. 22, 2009. The PSA, which briefly explains GKAS, is available for viewing on a new Web site developed to highlight the ongoing challenges low-income families face in finding dental care. Visit the new GKAS Web site at <http://givekidsasmile.ADA.org>.

Give Kids A Smile Letter to the Editor An excellent example of taking the opportunity to tell the "Give Kids A Smile" story is Dr. Richard Wiberg, president of the Minnesota Dental Association, opinion piece to the editors of the St. Paul (Minn.) Pioneer Press. It was printed by the daily newspaper on January 23 and titled, "Two days of free dental care for needy kids helps, but won't solve the problem."



Cashing in on the Electronic Revolution

Economic Benefits of converting your office to Digital Dentistry

By Christine Taxin



You might be surprised to learn that “saving the planet” and reducing your carbon footprint are just the “tip of the iceberg” on the thousands of real dollar reasons for making a digital transition in your dental practice. Yes, by using more electronic media you can make a positive change for the environment and your community, however, you can also feel good knowing this is a very profitable decision for your practice. Here’s the how and why:

Cell Phones & E-mail

One of the best ways to reap the financial benefits of going paperless, and save a few thousand trees, is by implementing an electronic patient communication service. Your patients are no longer tied to their home phones or traditional forms of print communication. They are using cell phones and email as their primary means of contact. If you can reach them where they are at, you have an opportunity to build strong patient loyalty and consequently make your practice more profitable.

US Cell Phone and Email Statistics

US Cell Phone Statistics

86% of Americans own a cell phone¹

Text messaging has increased 37% every 6 months since 2003¹

The median age for a cell phone owner is 38. (Half older/ half younger)¹

Text messages have a 95% read rate and 90% are read within 9 minutes.²

US Email Statistics

88% of all adult Internet users have personal e-mail accounts³

76% of Internet users check their email at least once per day.⁴

[Sources: ¹Cell Signs, ²MyTalkingBizCards.biz, ³Lyris email, ⁴UCLA Internet Report]

Not to mention, saving thousands of dollars in print costs for throw away postcards and ad campaigns.

Electronic Patient Messaging Services typically allow you to send out, appointment reminders, recall notices, educational newsletters, patient surveys, referral requests, and promotional offerings. The economic impact can be astonishing. Take, for example, this case study of a Louisiana doctor who uses Smile Reminder:

Ryan Haygood, DDS (2 medium-sized practices)

- \$17,000 / year in savings from print media and office time

- for phone calls
- \$78,240/ year in recare income
- Thousands in new appointments in response to electronic newsletter and email promotions
- Missed appointment reduced by 30%

Actual financial benefits from electronic patient communication will vary from office to office based on client base, fees, etc, but the overall effect will be a net decrease in money spent and significant increase in incoming revenue, if properly implemented.

Cashing in on the Electronic Revolution

continued...

Managing Records, Cash Flow, & Patient Trust

What about electronic patient files? After Katrina the government instituted The National Health Information Infrastructure Act, which requires all patient records to be electronic by 2014. This will help protect against loss of patient histories, contact information, lab results, x-rays and claim filings. Loss of patient information can be devastating to your practice and can even mean you might have to close your doors. Moving to digital records and backing up at a secure location can protect your income and your patients' records.

Day-to-day financial benefits can also be achieved with electronic record processing. If your office processes claims electronically, you know you can process claims faster and have a better idea of which claims are rejected and for what reasons. This makes it easier to predict spending and reduces the amount of times claims wait to be paid out from months to weeks, keeping the cash in the practice. Another paperless tool is in-office educational videos, great for getting your patients involved in choosing their healthcare options. Movies explaining the benefits of various dental procedures in the waiting room or at the chair side are said to increase

per patient revenues by up to 25%.⁵ Sometimes hearing about the procedure from a third party (like the person on the video) can give all the extra needed reassurance that this is the right decision.

Trends in Consumer Internet Use

It's time to take the jump from the yellow pages to the Internet. The old school advertising methods are not paying out. For instance, a full page Yellow Page ad can cost between \$8,000 and \$50,000 per year depending on the size the market! And consumers are moving away from using the yellow pages. Now, over 60 percent of consumers search for local businesses on the Internet, and only 33 percent use the yellow pages. [Source TMP Directional, 2007]⁶.

One new tool I like to recommend for getting word of mouth advertising up on the Internet and getting found in the search engines is vSling by Smile Reminder. vSling software facilitates recording video patient testimonials in the office or patients can record one at home using a webcam .

After testimonials are submitted they are automatically tagged with key words and you can approve

the testimonials for distribution online to popular video sharing sites like YouTube[®]. I know of practices whose video testimonials are listed higher in Google than their own web sites within days of being posted.

The Bottom Line

The digital dentist office should be commended for its environmentally friendly practices and congratulated for its financially savvy decision-making.





“One of a Kind” Dental Office Manager’s Web Programs”

Each web program will be 60 minutes. By buying several programs at once you will have a better understanding of the topic. When it comes to medical billing there will be separate course modules. Each group listed is one program. Each course is \$99.00, visit www.links2success.biz/school.htm for more information.

Introduction to Medical Billing

February 15, 2010

- Why and When to Bill Medical
- Types of Medical Insurance
- Understanding the two code sets

Introduction to Sleep Apnea

February 3, 2010

- Who can treat a sleep apnea patient
 - What training to you and your team need
 - What are the benefits of adding sleep apnea to your practice
- Sponsored by Sleepgroupsolutions.com
Presenter: Paul Taxin

Visit our site to sign up: www.links2success.biz/school.htm

“Many claims are denied for some common, easily correctable reasons.”

1. Incomplete / inaccurate / unreadable claim information

This is by far the No. 1 reason for claims being denied, delayed, and returned. Ensure that all the claim form fields are completed and accurate. Make it a habit to have patients review their benefits whenever they come in for a recall visit so your information remains current. Remember, although patients may have the same employer as their last visit, their benefits coverage and group number may have changed.

In addition, as insurance companies move to streamline their processes, they are relying more and more on OCR (electronic scanning) to input their claims. That means, besides being accurate, the information must be legible. Smearred or too-light writing may not be scanned correctly, leading to delay or denial of your claim.

2. Missing tooth clause

This is the second most frustrating denial. A patient presents with a missing tooth. He states that he has dental insurance. You place a fixed bridge, file the insurance form, and the bridge is denied because the missing tooth was extracted prior to the patient's dental coverage and its replacement is not a covered benefit. Suddenly, the patient owes you a lot more money than anticipated.

This can be avoided by knowing a patient's benefit status before performing any complex procedures. Once treatment extends beyond simple restorative to crowns, fixed or removal prosthesis implants, etc., my suggestion is to file a predetermination so everyone knows his/her fiduciary responsibility up front.

3. Contractual clinical denials

Some dental contracts just do not cover certain services. Sometimes the non-coverage of those services makes sense, such as cosmetic services like bleaching or placement of purely aesthetic veneers. If patients want to look better, they should accept responsibility for the cost. However, sometimes the lack of coverage does not make clinical sense -- for example, splinting. Remember that noncovered

Billing Dental Codes
Correctly Leads to
Confidence
By Charles Blair,
D.S.S.

Is the “Go To” Dental Insurance Guide Is the Best Guide to correct dental billing? He includes Coding correction, coding watch, Comments/Limitations, Tip/Narrative, and so much more. Dental billing does change every two years so make sure you know the different rules.

services are just that: services not covered whether it is logical or not. Consult the patient's benefit booklet or the company's Web site for these services.

4. Contractual limitation denials

These are nonclinical circumstances that do not allow payment of benefits. Examples include:

- **Age:** Many insurance contracts do not allow certain procedures on patients based on their age. These procedures may include crowns, removable/fixed prosthesis and periodontal work, endodontic, and sealants. Obtain the cutoff date for each patient as these restrictions can vary from carrier to carrier.

Frequency: Most dental contracts place a limit on how much time must elapse before certain procedures can be repeated on the same tooth. The most common frequency limitations are for examinations (usually twice a year), prosthetics (with individual crowns and removable/fixed bridges the amount of time that must elapse between placement can vary from five to 10 years depending on the insurance carrier and individual plan), and periodontics (limitations usually exist on how often scaling, root planning, and osseous surgery can be performed on the same arch).

- **Waiting periods:** Some plans have a waiting period between a patient becoming covered and when benefits for certain services are eligible. For example, one large insurer requires all new employees to have all basic services (restorative, endodontic, periodontics, and extractions) completed before coverage begins. Even then, patients are not eligible for prosthetics for one year.

5. Unreadable documentation

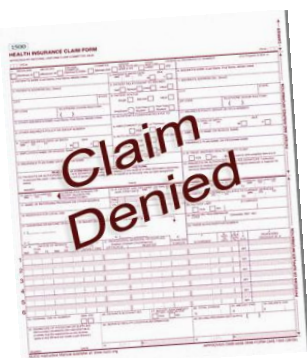
X-rays and charting that are difficult to read or interpret causes many claims to be delayed or denied. Make sure to send the correct x-rays (don't send a film for No. 3 instead of No. 14) and that they are mounted, labeled (right/left), and readable. The same applies to periodontal charting. A good rule to follow is to only submit documentation that you would feel comfortable presenting to your study club.

6. Student verification

Many claims are delayed because of inadequate documentation of a student's status. Be sure and check with your carrier to fully understand the requirements, which usually include a copy of the student's class schedule for that semester. * If they are students we need a paid in full bill with curriculums to send to insurance companies. If they are not students check the age children can be covered.

7. Nonresponsive from office

another common reason for claims to be denied is nonresponsive from the office. In today's busy dental office, it's no surprise that queries from insurance companies can go missing or get lost. If they go unanswered, however, the claim may be automatically closed or denied based on lack of response. Ensure that your office has a process that tracks and addresses insurance company inquiries in a timely manner.



8. No explanation for replacement

just because a crown or fixed or removable bridge is over the contractual frequency time limit does not mean that it is eligible for replacement. The functionality of the restoration must be compromised as well (open margins, decay under margins, etc.). If you can't demonstrate this need via an x-ray or narrative, your replacement service will not be approved. Make sure you complete the appropriate section on the claim form, including when it was originally placed and why you feel replacement is clinically necessary.

9. Incorrect CDT coding

CDT-2009-2010 (Current Dental Terminology) is the ADA's current code set that should be used for reporting all dental procedures you perform. If you use any other codes, or old discontinued codes, expect those services to be denied. Common coding mistakes include confusing the codes for single crowns (2000 series) and prosthetic retainers (6000 series), forgetting to use a code at all, improper application of the periodontal codes, and using the X999 (unspecified procedure) rather than submitting a definitive code for the procedure you performed. Every two years there are codes deleted and added. Make sure you know the changes.

10. Duplicate service

A lot of time, paper, and postage are spent on filing claims for duplicate services. This situation can occur when, instead of inquiring about an aging submitted claim that hasn't been paid, an office files a new claim for the same services and treatment dates. My suggestion is to inquire about the old claim rather than file a new one to prevent the second one being processed as a duplicate of the first and not paid.

Another example is in the case of exams or prophys, in which the services were performed and paid to a previous office and the six-month frequency, has not been met. Check a patient's benefits availability before performing any services.

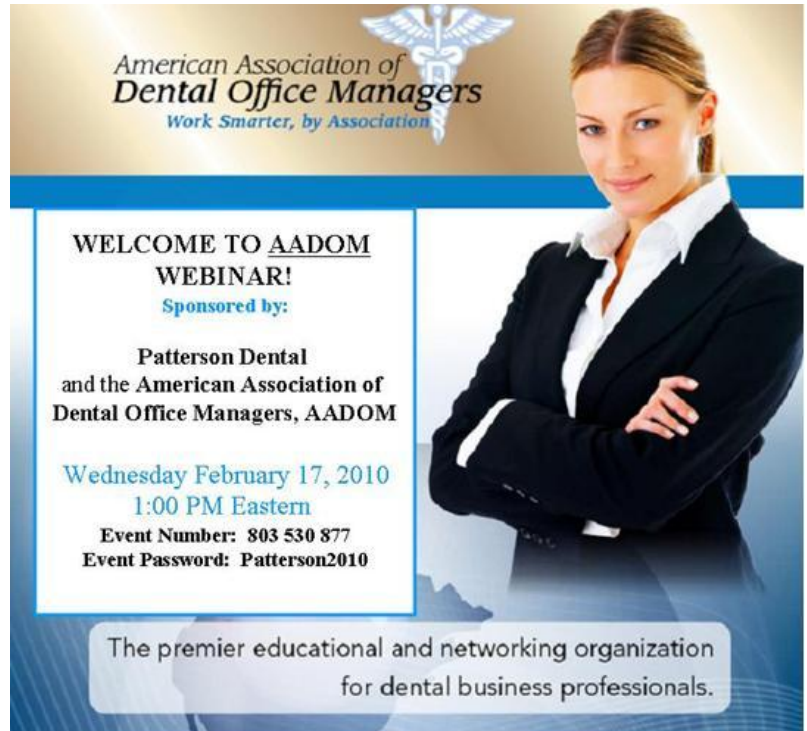
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The Biggest Challenge ahead of us!!!

Under new HIPAA Rules there are some very difficult issues to deal with. Among these are requirements to report these breaches to your patients and to HHS in a timely prescribed manner. The best summary that we have found is available through the Groom Law website (this is not an endorsement)
http://www.groom.com/assets/attachments/Breach_Notification_Chart.pdf
All of your docs should carefully read this chart.
For further information the ADA has an e-book available

What is Sleep Apnea?

When a sleeping person stops breathing for 10 or more seconds, they have "apnea." OSAS, or obstructive sleep apnea syndrome, is one type of sleep apnea. Lack of adequate breath during sleep reduces airflow, causing the brain to tell the body to wake up and breathe. In some cases, sleep apnea patients only move into a lighter stage of sleep, while other times, patients wake completely

CLEVELAND--Being a teenager is tough these days, but it's especially tough if you're always tired. Now a simple X-ray taken at your children's orthodontist could hold the key to helping them sleep better.

Sixteen-year-old Andrew Dudash would come home from school each day and go straight to bed. "I actually got a detention in school for sleeping during a class," he says. Doctors diagnosed him with sleep apnea, a chronic condition that causes him to stop breathing during sleep. Diagnosing the condition is difficult and often means staying at an overnight sleep lab. But orthodontist Mark Hans wants to make that diagnosis easier. He's studying whether the same X-rays teens get before getting braces will help determine if they're at risk for sleep apnea.

"We're trying to give the sleep doctor a better chance of examining the right patients for this condition," says Dr. Hans, of Case Western Reserve University School of Dental Medicine in Cleveland.



Dr. Hans looks at the position of the tongue and hyoid bone. If the bone sits higher, patients are not at risk for sleep apnea. If it falls lower, they are more likely to have the condition.

In a recent study, the X-rays correctly identified 70 percent of teens with sleep apnea. Dr. Hans says, "When you identify chronic illness early and treat it early, you really prevent more long-term problems."

Case School of Medicine pediatric pulmonologist and sleep specialist Carol Rosen, says the X-rays would help. "This would add another feature that we would look for in our evaluation." So teens like Dudash can get the treatment they need.

"There's definitely a difference in my sleep because I'm not waking up much during the night," Dudash says. And his sleep is not something he's willing to gamble on.

Dr. Hans says there's no disadvantage to performing the X-ray other than a minimal dose of radiation, which is equivalent to a day in the sun. He says most insurance covers the X-rays, which cost about \$100. A sleep lab evaluation could cost thousands.

Sleep Apnea continued...

BACKGROUND: Researchers at Case Western Reserve University in Cleveland, Ohio, have identified two key factors in sleep apnea in teenagers. They used radiography (an imaging technique used by orthodontists) to study a group of teens to determine if they were likely to suffer from the condition. The technique will be used for earlier diagnosis for sleep apnea in teens before they become adults.

THE STUDY: The investigators studied the case histories of 590 patients between 7 and 8 years of age attending the orthodontic clinic at Case Dental School. Sixty of these patients -- a group least at risk and a group most at risk for sleep apnea -- underwent unattended in-home sleep monitoring.

WHAT IS SLEEP APNEA: Sleep apnea is a temporary suspension of breathing during sleep, which can have potentially serious consequences. People with sleep apnea can stop breathing for 10 to 30 seconds at a time, as many as 400 times a night. Most sleep apneas are the result of something blocking the passage of windpipe of the throat that brings air into the body. The tongue, tonsils, or uvula (the little piece of flesh that hangs down in the back of the throat) can all sometimes produce blockage, as can severe obesity: excess fat can block the airway. Some 12 million Americans suffer from sleep apnea, but men and those over 40 years of age are more likely to have the condition. Risk factors include heavy snoring, excess weight, high blood pressure, and any physical abnormality in the nose or throat.

WHAT ARE X-RAYS: X-rays are light waves.

The only difference between X-rays and the light that we see is that the X-rays have a higher energy level, and a shorter wavelength, making them undetectable to the human eye. Because they have so much energy, the particles that make up light, called photons, in X-rays can pass through most materials. It all depends on the size of the atoms that make up the material; larger atoms absorb X-ray photons. But smaller atoms do not, and the X-rays pass right through.

The soft tissue in the body is made of smaller atoms and doesn't absorb X-rays very well, but calcium atoms in the bones are much larger and do absorb X-rays. A camera on the other side of the patient records the patterns of X-ray light passing through the patient's body.

It's the same basic technology as that used in an ordinary camera, but X-ray light, instead of visible light.



Sleep Apnea & Airway
Management
<http://sleepgroupsolutions.com>

February
2010

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Dental Essentials Workshop II

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"The... patient should be made to understand that he or she must take charge of his own life. Don't take your body to the doctor as if he were a repair shop."

Quentin Regestein
Psychiatrist and associate professor Caries Detection in the 21st Century
NIGHTINGALE.COM

Christine is available for team webinars on the following topics:

- Marketing Your Practice
- Insurance Coding
- Management
- Implant Dentistry
- Neuromuscular Dentistry

Christine Taxin – Owner and President of Links 2 Success. Christine Taxin has over 20 years as a practice management professional. Her passion for communication, team training, and goal setting has helped practices meet their potential, and increase profitability. Her strengths include specialties in administrative systems, marketing, financial planning, medical/dental insurance cross code billing, and consulting. She has trained in management at LVI, is a member of Coach Training Alliance, Speaking Consulting Network and the Academy of Dental Management Consultants.

Proud member of:



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1  Send Valentine Cards to your Patients. Brought to you by Smile Reminder	2	3 "Introduction to Sleep Apnea" Webinar Dr. Paul Taxin	4 Intro to Cross-Coding from Dental to Medical Insurance Christine Taxin & Kim Diamond	5	6
7	8 Study Club, Norton, MA Michelle Kratt "Medical Billing" Christine Taxin	9	10	11	12 Linda Miles Nat'l Speaking Association Atlanta, GA Feb 12-14	13 ADA Code Revision Committee Meeting Christine Taxin ADA Headquarters, Chicago
14  Give a red Carnation to your patients	15  Presidents Day How about a children discount for morning appointments for the month Intro to Medical Billing Links2success Webinar	16	17	18 Linda Miles Sonja Lauren Foundation Richmond, VA OPTIONS Inventory Mgmt Webinar Maureen Wouters	19	20
21	22	23	24 NYU Dental School Adjunct Professor Christine Taxin	25 Ridgewood/Bushwick Dental Study Group lecture	26 Linda Miles 5 th District of NC Greenville, NC	27
28	March 1	2	3	4	5 Study Club, Reno, NV Cheryl Fraga Christine Taxin	6

January

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31						

Upcoming March Programs

Soft Tissue Therapy & Insurance Billing
 Janet Press & Christine Taxin
 Woodbury, N.Y, March 24-25

March

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