GDA SM

ACTION

May · 2025

Journal of the Georgia Dental Association

FEATURES:

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GDACONTENTS

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features

in every issue

additional articles

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From the GDA Editor

Ground Yourself in the GDA

DR. RHODA J. SWORD
GDA Editor

When everything is changing around us

internationally, nationally, and locally and everything seems more chaotic, what do we do? How do we move forward keeping some semblance of our purpose and meaningful next steps? You may feel this way in your practice situation or even your personal life from time to time. There is a technique utilized during such times when all seems overwhelming, and we don't quite know where to start. It is called "Grounding." This technique was developed by Betty Alice Erickson, a daughter of psychiatrist Milton Erickson, in the 1980s.

The grounding technique includes a 5-4-3-2-1 approach to re-centering yourself. First, notice 5 things you can see around you. The 5 things could be in the same room, or even outside. Then notice 4 things you can touch in your immediate space. Then notice 3 things you can hear around you, which could include someone speaking in the next room, or even the air conditioner humming. The point of these is to slow yourself down to be more mindful. Next, notice 2 things you can smell. Fortunately, dental offices have a less distinctive smell than they did many years ago with eugenol and other commanding substances. And lastly, notice one thing you can taste. All of these techniques are forcing you, through utilizing your senses to move from a stressful, chaotic setting to a more focused and calm awareness. Try it just for 5 minutes as an experiment. What could it hurt?

Now, consider when all is moving and changing around us, what can we count on? Who do we look to for the calm presence we most need? Now think of how we work through this process *professionally*. What professional organization has been there for us for so many years and is a constant support and source of strength for thousands of amazing dental professionals?

THE GEORGIA DENTAL ASSOCIATION, of course!!

The GDA is planning an exceptional meeting at the Omni Amelia Island, FL in June! It will be the perfect solution to the chaos that may be around you.

You can See 5 things:
The beach, the Omni, the pool, the sunsets, your dental besties.

You can Touch 4 things:
The sand, the towel by the pool, the new equipment at the Exhibit Hall, the free squeezy teeth/stress balls.

You can Hear 3 things:
Amazing CE, friends calling your name, the ocean waves!

You can Smell 2 things:
The marsh on the drive onto Amelia, sunscreen.

You can Taste 1 thing:
The welcome breakfast!

The GDA, under Dr. Amber Lawson's leadership, is working steadily on an excellent legislative agenda, ensuring you can continue to practice in the way you choose. The GDA Executive

Leadership Team is bringing groups together working from the grassroots and our seven districts to encourage as much participation as possible. If you have not recently, PLEASE consider attending your district events, and even better, bring a buddy! Almost all of us began our active roles in the GDA with a simple invitation from a mentor or peer who believed in us and our potential. The GDA is only as strong as its members, and we need each of you and your dental friends and colleagues!

Thank you for your support and care for dentistry. Thank you for taking the time to share your time and your voice. Remember, when times seem chaotic and you need a little self-care or you are comforting a friend going through a chaotic time, 5-4-3-2-1! Ground yourself in the GDA, and bring all of your senses to Amelia Island! You deserve the GDA Experience!!

Take care Dr. Rhoda J. Sword


GDA
CONVENTION
& EXPO 2025
JUNE 19-22
Amelia Island, FL
Sea YOU THERE!

TOP EVENTS TO ATTEND

1. **Exhibit Hall Welcome Reception** | 4:00–7:00pm
   Wednesday, June 18
   Come explore the exhibit hall while enjoying an open bar. Door prizes will be awarded at 4:30pm and 5:15pm. A $250 cash giveaway will be drawn at 5:45pm. You must be present to win.

2. **Kickoff Brunch & Awards Ceremony** | 10:00am–12:00pm
   Thursday, June 19
   Everyone is invited to enjoy a lovely breakfast, celebrate your colleagues' achievements, and listen to an AMAZING Keynote speaker, Chad Hymas!

3. **Exhibitor Happy Hour** | 3:30–5:00pm
   Thursday, June 19
   Experience a laid-back setting to engage with our exhibitors just off the pool deck. Sip on a refreshing beverage and enjoy the casual ambiance.
   Take advantage of this opportunity to network, share insights, and build lasting connections in a comfortable environment.

4. **New Dentist/First Time Attendee Reception** | 5:00–6:30pm
   Thursday, June 19
   New dentists and first time attendees are invited to a special reception and social hour designed to facilitate networking and relationship-building. This event offers a relaxed environment for connecting with peers and gaining insights from experienced professionals all while enjoying beautiful views of the ocean. * Adults only

5. **Exhibit Hall Beer Bash & Bingo** | 3:00–6:00pm
   Friday, June 20
   Join us for an exciting Happy Hour Beer Bash and Bingo Night! Come and explore our exhibitors and try your luck at winning some amazing prizes.

6. **GDA Family Fun Night** | 6:00–8:00pm
   Saturday, June 21
   Come and join us for a fantastic Family Fun Night! Dive into exciting activities like face painting, caricature artists, and balloon creations. There's something fun for everyone to enjoy.
   Treat yourself to a variety of tasty bites from our food stations and dance along to the lively tunes of a local steel drum group. It's going to be an evening packed with fun, delicious food, and great music for the whole family.

* **PLEASE REGISTER** if you plan to attend to provide our planners with an accurate head count.

CONVENTION AGENDA

WEDNESDAY | June 18

7:00 AM — **Registration Open** | 7:00am–7:00pm

4:00 PM — **Exhibit Hall Open/Welcome Reception** | 4:00–7:00pm
– Sip, mingle, WIN!—Open bar. Apple AirPods, cash, and other cool prizes up for grabs!

THURSDAY | June 19

7:00 AM — **Sunrise Yoga on the Beach ($10)** | 7:00–8:00am

8:00 AM — **Registration Open** | 8:00–10:00am

10:00 AM — **Kickoff Event & Awards Ceremony** | 10:00am–12:00pm

check out what makes this year's keynote speaker awesome on pg. 15

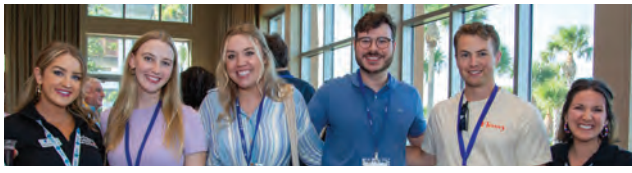
12:00 PM — **CE Courses** | 12:00–4:30pm

- **2025 Mid-Year Legal Review** | 12:30–2:00pm | Stuart Oberman
- **Creating an Inclusive Dental Experience for Neurodivergent Patients** | 1:00–2:00pm | Anita Deraney and Brittney Sherell
- **Your Practice, Your Rules: Winning at Insurance Negotiations** | 2:15–3:15pm | Patrick O'Rourke
- **Facial Aesthetic Solutions: Botox and Filler Techniques for Dental Professionals** | 2:30–4:30pm | Dr. Elizabeth Floodeen
- **How the Dental Transition Landscape Has Evolved and How to Properly Prepare for Your Ideal Exit Strategy** | 3:30–4:30pm | Matt Poppert

12:00 PM — **Exhibit Hall** | 12:00 –3:30pm
– Between CE and sun, stop by to spread some kindness. We're packing hygiene kits for Georgians in need —and we'd love your help. Scan the QR code to learn more!

3:30 PM — **Exhibitor Happy Hour** | 3:30–5:00pm

5:00 PM — **New Dentist/First Time Attendee Reception** | 5:00–6:30pm



CONVENTION AGENDA

FRIDAY | June 20

7:00 AM — **Sunrise Yoga on the Beach ($10)** | 7:00–8:00am

8:00 AM — **Registration Open** | 8:00am–2:00pm

8:00 AM — **CE Courses** | 8:00am– 4:00pm

- **Leading and Building Rock Star Teams in 2025** | 8:00–10:00am | Carol Paige, Paige Healey and Panel
- **Digital Dentistry and Materials Selection: An Update** | 8:00–10:00am | Dr. Rafael Pacheco
- **Safeguarding Smiles: Best Practices for Dental Infection Control** | 10:15am–12:15pm | Dr. Venna Pannu
- **An Update on Georgia's Dental Workforce** | 10:30–11:30am | Chet Bhasin - Georgia Board of Healthcare Workforce
- **The Bacterial Secret Invasion: Restorative Challenges & Solutions** | 2:00–4:00pm | Dr. John Comisi

12:00 PM — **ICD/ACD/PFA Joint Luncheon** (Fellows Only - $85) | 12:00–2:00pm

3:00 PM — **Exhibit Hall** | 3:00–6:00pm

4:00 PM — **Happy Hour Beer Bash and BINGO** | 4:00–6:00pm

– BINGO and Brews—your ticket to wind down and win big!

CONVENTION AGENDA

SATURDAY | June 21

7:00 AM

Registration Open | 7:00am–12:00pm

– May close early if slow traffic.

8:00 AM

GDAPAC political action committee Golf Tournament ($300) | 8:00am–12:00pm

– **Grab your clubs and meet us on the green!** Whether you're playing for bragging rights or just for fun, your participation supports the Georgia Dental Association Political Action Committee (GDAPAC), working year-round to protect and promote the profession of dentistry at the state level.

Registration is required prior to Thursday, June 19. Scan the QR code to register for Convention or modify your current registration.

8:00 AM

CE Courses | 8:00am–3:00pm

- **The Maverick Mindset: Elevate Your Success as a Dentist** | 8:00-10:00am | Dr. Karen Tindall and Dr. Laura Schwindt (The Mint Door)
- **Path to Practice Ownership** | 9:00-10:00am | Bank of America - Joe Wilson and Ray Berk
- **Sleep-Related Breathing Disorders: Hiding in Plain Site!** | 10:15am-12:15pm | Dr. Venna Pannu
- **Pharmacology and Opioid Update for Todays Dental Practice** | 10:30-11:30am | Dr. Mike Pruett
- **Prosthetic Implant Complications: Causes, Prevention, and Management** | 1:00-3:00pm | Dr. Todd Schoenbum
- **Community Water Fluoridation: Interpreting the Evidence** | 1:00-3:00pm | Dr. Scott Tomar

6:00 PM

GDA Family Fun Night | 6:00–8:00pm

– We're "drumming" up some fun for the whole family! Come ready to enjoy the beach air, in a space where everybody knows your name.

8:00 PM

Kids Jungle Night ($75) | 8:00–10:00pm

– Let the kiddos go bananas on an OMNI safari! "Zoo-keepers" (a.k.a. OMNI staff) will be on hand to lead the jungle fun—best for ages 4–12.

8:00 PM

Adult's After Dinner Social | 8:00–10:00pm

– Kick back with coastal vibes and great conversations while Georgia musicians and friends create the perfect setting to sip, connect and unwind.

NEW DENTIST RECEPTION

The 2025 GDA Convention & Expo

CHAD HYMAS: REDEFINING POSSIBILITY

Keynote Speaker

Chad Hymas is a powerhouse speaker who doesn't just deliver keynotes—he creates experiences that stay with audiences for a lifetime. At just 27, a tragic accident left Chad a quadriplegic, but it didn't stop him from pursuing his dreams. Instead, it launched a remarkable journey that has inspired thousands around the globe.

A best-selling author, world-class wheelchair athlete, and president of his own communications company, Chad has broken barriers—literally and figuratively. In 2003, he set a world record by wheeling his chair 513 miles from Salt Lake City to Las Vegas.

Inducted into the National Speaker Hall of Fame and honored with the prestigious CPAE award, Chad is one of the youngest ever to receive such accolades. He speaks on leadership, team building, mastering change, and customer service, traveling up to 300,000 miles annually to engage audiences at top organizations.

Chad Hymas doesn't just talk about resilience—he lives it. And he's here to show you what's truly possible.

THANK YOU To Our 2025 GDA Convention & Expo Sponsors!

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Welcome New Members

March 2025

Dr. Sudha Byreddy - NDDS

Dr. Alexis M Gibbs - WDDS

Dr. Kara Johnson - EDDS

Dr. Travis K Kimathi - NWDDS

Dr. Veerinder Pannu - EDDS

Dr. Soo Won Seo - NDDS

Dr. Tyler Slate - EDDS

Dr. Awaz Yaseen - WDDS

Dr. Shivani Shivkumar Mallishery - NWDDS

ADA Update:
Navigating Change and Advancing Dentistry

By Dr. Marshall Mann
ADA Fifth District Trustee

As we move into 2025, the American Dental Association (ADA) remains committed to shaping the future of dentistry while navigating key transitions. From leadership changes to new advocacy efforts, here's what you need to know about the latest developments in our profession.

Leadership Transition at the ADA

The ADA is undergoing a leadership transition following the resignation of Dr. Ray Cohlmia as Executive Director and Chairman of the Board of the ADA Forsyth Institute. Dr. Elizabeth Shapiro has been appointed interim Executive Director, and she will lead ADA operations while the Board conducts a search for a new Executive Director.

The ADA remains committed to forging the future of dentistry as the leading advocate for oral health. The ADA's mission remains clear: to help dentists succeed and support the advancement of the health of the public.

Navigating a Changing Dental Landscape

Dentistry, as we know it, is in the midst of rapid change, bringing both challenges and opportunities.

According to the ADA Health Policy Institute, the top concerns for dentists in 2025 include staffing shortages, insurance reimbursement, and rising overhead costs. Another pressing issue is dentist well-being. According to the ADA's 2024 Communications Trends Report, 82% of dentists report experiencing major stress in their careers.

Additionally, the profession is changing, with more dentists fresh out of dental school or near retirement. New practice models are also emerging, with higher rates of dentists working in group practice than in the past. Alongside this transformation, there is a growing push for greater collaboration between dental and medical care, reinforcing the essential link between oral and overall health.

Meanwhile, advances in scientific research and technology—such as artificial intelligence—are redefining patient care and member experiences.

The ADA is Leading the Way

As the profession evolves, so does the ADA. We're committed to ensuring that our professional community—and global oral health—thrives.

The ADA continues to drive meaningful change through legislative advocacy on the state and federal levels in the areas that matter most to dentists and patients — like insurance reform, workforce challenges, student debt relief, and licensure portability.

We're also championing wellness to support dentists facing high levels of stress and burnout, by offering free resources such as the Talkspace Go self-guided therapy app and the Mayo Clinic Well-Being Index for self-assessment.

We're also advocating for removing stigmatizing mental health questions from licensure applications.

The ADA is also improving its membership experience. With technology enhancements, the ADA is modernizing the way members connect with resources and offering new benefits to meet their needs. Additionally, a new membership and engagement model is being piloted in five states, designed to enhance value throughout every stage of a dentist's career.

Another exciting part of our new chapter has been the work of the ADA Forsyth Institute (AFI). Since its establishment in 2023, AFI has been at the forefront of groundbreaking research. From tissue regeneration breakthroughs to advanced clinical tools, AFI is shaping the future of oral health in transformative ways.

Recognizing Oral Health as a Global Priority

Under the leadership of ADA President Dr. Brett Kessler, the Association is prioritizing oral health's integration within the broader healthcare system. From community water fluoridation efforts to advocacy for oral health in federal policies, the ADA is ensuring that dentistry remains central to overall legislative discussions.

In June, the ADA will host another symposium on dental and medical integration, bringing together thought leaders to explore the role of dentistry in complete health.

Fostering a Culture of Respect and Belonging

Dentistry's progress depends on the contributions of all professionals, which is why the ADA is reaffirming its commitment to creating a welcoming environment for all members. This includes the launch of The Leadership Institutes, a program designed to cultivate a pipeline of future leaders in state and local dental societies.

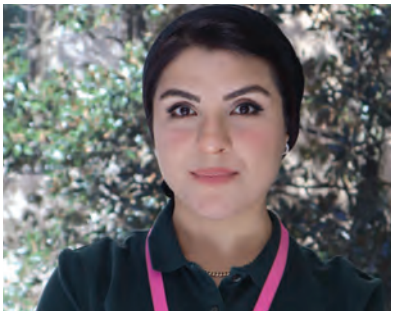
Looking Ahead

The profession is evolving, and the ADA is evolving with it. By leading scientific discoveries, advocating for legislative changes, and enhancing member support, we are positioning dentistry for a strong and successful future.

Together, we can strengthen our profession and improve the health of our communities worldwide.

SEEN&HEARD

Members making news and news for GDA members.



Dr. Ranya El Sayed, a professor from the Dental College of Georgia, was awarded a $2.8-million grant for a study that will examine the relationship between gum disease and Alzheimer's Disease. The cause of Alzheimer's Disease is unknown, but Dr. El Sayed and her team hope to understand one way this disease can develop.

GDA Celebrates Children's Dental Health Month

Governor Brian Kemp officially proclaimed February as Children's Dental Health Month in Georgia, highlighting the crucial role of oral health in children's overall well-being. To support this initiative, the Georgia Dental Association Foundation distributed over 10,000 Smile Kits to GDA members statewide for community outreach efforts. Additionally, hundreds of children received dental care at Give Kids a Smile events, ensuring access to much-needed treatment and promoting lifelong healthy habits.

GDA member, Dr. Mitzi Morris, has been named a 2025 Top Patient Rated Dentist by Find Local Doctors. She earned this honor from five-star ratings and outstanding reviews online. Dr. Morris owns a private practice in Roswell, GA. Her online reviews emphasize how compassionate and caring Dr. Morris and her team are. Congratulations, Dr. Morris!

Dr. Megan Simpson Joins Crabapple Dental

Dr. Megan Simpson, DDS, originally from Texas, joins the team at Crabapple Dental in Alpharetta, GA! She earned her undergraduate and master's degrees from Texas A&M University. She later earned her Doctor of Dental Surgery degree from the University of Texas at Houston School of Dentistry. She strives to ensure that each visit is comfortable and stress-free for her patients, while also getting to know them and making them feel like family.

SEEN&HEARD

Members making news and news for GDA members.

District Officer Visits

GDA President, Dr. Amber Lawson, continues visiting GDA Districts throughout the state to meet with members and discuss how "Teamwork Makes the Dream Work" in initiatives including GDA's new mentoring program, the GDA Hub and the Contact Dentist Program.

The Eastern District's Spring Meeting and GDA Officer's Visit was held Friday, Mar. 14 at Champions Retreat Golf Club in Evans.

Central District's meeting and officer's visit was held at Idol Hour Country Club in Macon on Friday, Jan. 17.

Dr. Anthea Mazzawi, GDA President, Dr. Amber Lawson, Dr. Troy Schulman, GDA Executive Director Kristen Morgan and Dr. Daren Becker at the Northern District's meeting at City Center in Sandy Springs on Friday, Feb. 7.

GDA President Dr. Amber Lawson and Northwestern District Dental Society's President, Dr. Antwan Treadway at the NWDDS meeting and Officer's Visit on Thursday, Mar. 27 at the Savoy Automobile Museum in Cartersville.

Hinman Dental Meeting

Members stopped by the GDA booth at the 2025 Thomas P. Hinman Dental Meeting at the Georgia World Congress Center on March 20-22. The GDA team was honored to be invited to such a well-organized and successful event!

GDA's Jon Hoin and Janelle Adams, GDA President Dr. Amber Lawson and Dr. David Howington.

GDA's Jon Hoin, Augusta University's Lesley Hamm, DCG Dean Nancy Young, Augusta University's Rhonda Banks and GDA's Janelle Adams.

GDA's Carol Galbreath, Ben Massell Dental Clinic's Emily Hunter and Amanda La Kier, and GDA's Mary Busby.

Student Outreach

GDA's outreach to students interested in careers in dentistry continued this spring.

As an exhibitor of the Georgia HOSA (Future Health Professionals) State Leadership Conference on March 1, GDA shared information and resources on careers as dental assistants, hygienists, and dentists. GDA representatives met 4,400 students, advisors and parents at this meeting held at the Atlanta Marriott Marquis.

Members of the American Undergraduate Dental Association Pre-Dental Organization at Georgia State University met with GDA staff at the 2025 Hinman Dental Meeting in March.

The Northwestern District's Dr. Amy Kuhmichel; President-Elect, Dr. Chris Rautenstrauch; and President Dr. Antwan Treadway spoke with the Kennesaw State University Pre-Dental Club about organized dentistry, dental school and other topics.

The Eastern District's Dr. Brad Hall and Dr. Frederick A Rueggeberg spoke with the UGA Pre-Dental Club on April 8. It was a great evening and a wonderful opportunity to meet future colleagues.

2025 GDA Convention & Expo Speaker

Community Water Fluoridation Is Still a Good Idea!

DR. SCOTT L. TOMAR
Professor and Associate Dean for Prevention and Public Health Sciences at University of Illinois Chicago College of Dentistry

Nature Thought of It First

A reporter recently called me to discuss community water fluoridation and her first question was, "what is fluoride, and why is it in our water?" Apparently, much of the public is unaware that fluoride is a ubiquitous mineral found at some level in rocks, soil, and nearly all bodies of water and that its role in preventing dental caries came from observing natural conditions.

The history of fluoridation started in the early 20th century with the clinical observations of Dr. Frederick McKay, a young dentist from the East Coast who moved west to Colorado Springs to set up his practice. Dr. McKay immediately noticed a prevalent brown staining on his patients' teeth and started investigating the prevalence and etiology of what was then called "mottled enamel." Several decades later, high levels of fluoride in the water supply were identified as the agent responsible for the condition subsequently called fluorosis.

Fluoride's role in caries prevention was first hypothesized by Dr. Henry Klein, the Public Health Service dentist who developed the Decayed, Missing or Filled Teeth (DMFT) index still in use today. In the early 1930s, Dr. Klein led a study of more than 8,200 Native American children living on 76 reservations across six regions of the country and observed that children in the Southwestern region had the lowest caries attack rate.[1] That was also an area that had endemic fluorosis, leading him to speculate, "perhaps a measure of the responsibility for the low caries attack rates…may be the result of the drinking of fluoride waters."

The associations between fluoride concentrations in drinking water, dental caries prevalence, and fluorosis were confirmed in a study conducted by Dr. H. Trendley Dean among 12- to 14-year olds living in 21 cities in the Midwest and Southwest.[2,3] The findings from that observational study indicated a "sweet spot" of fluoride concentration in drinking water of 1.0 mg/L, at which dental caries severity was substantially lower than in communities with a negligible amount of fluoride in their water, while the prevalence of fluorosis remained relatively low and very mild. That observation led to the hypothesis that communities might be able reproduce nature's preventive effect by adjusting the fluoride concentration in its water supply to 1.0 mg/L (the recommended fluoride concentration in the United States is now 0.7 mg/L).

The pioneering fluoridation trials in four cities began in 1945, with four nearby cities serving as control communities. After 15 years, the mean DMFT in the fluoridated communities had dropped by 50%–70% relative to the control cities.[4] Community water fluoridation grew rapidly during the following decades, and now reaches about 72% of Americans on public water. More than 95% of Georgians on community water systems receive fluoridated water.

Several recent events and reports highlighted in the press have raised questions about the safety and effectiveness of community water fluoridation. However, the science behind the headlines indicates that community water fluoridation is still a safe, effective, and cost-saving measure for reducing the burden of oral disease.

Community Water Fluoridation is Safe

The National Toxicology Program (NTP) issued a monograph on fluoride exposure and neurodevelopment in August 2024.[5]

The primary authors of that monograph published a meta-analysis that had been removed from an earlier draft of the NTP Monograph as a stand-alone paper in January 2025,[6] but the monograph and paper shared the same fundamental weakness: of the 72 studies that assessed the association between fluoride exposure and IQ, almost three-fourths of them were ranked as low quality and high risk for bias, and nearly all were from parts of China, India, and Iran with very high levels of fluoride and unknown contaminants in the water. Additional concerns about the study have been noted in an editorial published in the same journal issue.[7]

Importantly, the NTP Monograph and meta-analysis found no association between exposure to fluoride at the levels used in community water fluoridation and children's IQ. A more recent prospective cohort study from Australia also found no association between water fluoridation and children's IQ,[8] nor did other recent systematic reviews on IQ and levels of fluoride exposure relevant to water fluoridation.[9,10] The judge in the recent court case brought against the Environmental Protection Agency relied heavily on the flawed NTP report but acknowledged that there was no evidence of any harm associated with the levels of fluoride used in community water fluoridation. The available evidence indicates that the level of fluoride used in community water fluoridation is not associated with changes in IQ or any other measure of neurodevelopment.

Community Water Fluoridation is Effective

The Cochrane Library issued its latest systematic review on the effectiveness of water fluoridation in October 2023.[11] That review's stringent inclusion criteria limited it to prospective cohort studies that were started before the initiation of a new fluoridation program, and just one new study was added to its 2015 systematic review on the topic. The authors concluded that contemporary studies of initiation of community water fluoridation show slightly greater reduction in the severity of dental caries and a slightly greater increase in the proportion of caries-free children, but with smaller effect sizes than pre-1975 studies. That conclusion has been misinterpreted as meaning that community water fluoridation is no longer effective, but recent studies suggest the proportion of disease incidence prevented by water fluoridation is still in the range of 25%–40% in studies conducted during a time of widespread use of fluoride toothpaste. The absolute number of teeth or tooth surfaces spared from caries may be smaller than it once was, but the prevented fraction remains clinically and financially significant. Many recent cross-sectional studies that did not meet the stringent inclusion criteria for the main analysis were summarized in the report's Discussion section. The studies were remarkably consistent across countries in showing significantly lower caries severity in fluoridated communities compared with non-fluoridated comparison communities, for both primary and permanent dentitions. As has been shown in U.S. studies, community water fluoridation substantially reduces socioeconomic disparities in caries incidence.

Community Water Fluoridation Saves Money

At contemporary estimates of the prevented fraction of dental caries associated with community water fluoridation, it still saves money. On average, each dollar spent on community water fluoridation saves an average of about $20 in averted treatment.[12] Consistent with that finding, recent evidence from Israel and Alaska indicates that discontinuation of community water fluoridation was associated with increased rates of treatment services and costs of care.[13,14]

Bottom Line

Despite recent headlines and fearmongering, the best available evidence indicates that community water fluoridation is a safe, effective, and cost-saving approach to caries prevention. Dentistry should be very proud to champion a public health measure that reduces the need for restorative care, seemingly working against dentists' economic self-interest. To me, that commitment to disease prevention and health promotion is part of what makes us a true health profession.

Dr. Scott L. Tomar is Professor and Associate Dean for Prevention and Public Health Sciences at University of Illinois Chicago College of Dentistry. He is a member of ADA's National Fluoridation Advisory Committee. CE sessions from Dr. Tomar will be offered at the Annual Convention in June, Fall CE Conference in September and virtually via webinar on May 16.

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12. **O'Connell J, Rockell J, Ouellet J, Tomar SL, Maas W. Costs And Savings Associated With Community Water Fluoridation In The United States. Health Aff (Millwood). 2016;35(12):2224-32.**
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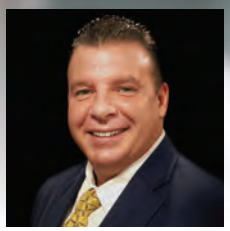
GDA **ENDORSED** PARTNER: iCoreConnect

Building Dental Revenue Cycle Management Confidence



By Robert McDermott
President & CEO, iCoreConnect

Opening or taking over a dental practice is both an exciting and daunting milestone. For many dentists, the clinical side is second nature, but when it comes to the business side—particularly managing dental revenue cycle management (RCM)—it's easy to feel overwhelmed.

Navigating insurance claims, tracking payments, and ensuring a steady cash flow can seem like a far cry from what you learned in dental school. But the good news is that mastering RCM doesn't have to be intimidating. With the right strategies and tools, you can build confidence in managing your practice's finances and focus on what you do best: caring for your patients.

Dental RCM refers to the entire financial process a dental practice uses to track patient care, from the initial appointment to HIPAA-compliant email communications and final payment. This process is crucial for maintaining a healthy cash flow in a practice by ensuring that services provided are appropriately billed and paid for in a timely manner. For new dentists, mastering RCM can feel overwhelming, but it's essential for the financial success and sustainability of a solo practice.

Additionally, unlike clinical dentistry, dentists often lack formal education in financial management and business operations. This lack of familiarity can make the nuances of RCM—such as understanding dental insurance coding, claims submission, and reimbursement timelines—seem like a maze. Missteps in these areas can lead to costly errors, delayed payments, and significant cash flow issues that jeopardize a practice's sustainability.

Not to mention, the evolving landscape of dental insurance adds another layer of complexity. Navigating the differences between in-network and out-of-network reimbursements, handling patient co-pays, and understanding denial management can feel like an endless administrative burden.

For a practice to thrive, it needs a steady and reliable cash flow to cover operational expenses, invest in new technology, and ensure the entire team is well-supported. A mismanaged RCM process can lead to delayed payments, denied claims, and revenue shortfalls, which can quickly disrupt the practice's ability to provide top-tier patient care.

Unfortunately, a poorly managed RCM system can create backlogs in billing, leading to frustration for both the practice and the patients. Patients may experience delays in receiving accurate bills, face confusion over what they owe, or even deal with surprise bills months after treatment. This not only damages patient trust but also makes it harder for the practice to retain loyal patients.

In contrast, when RCM is optimized, the administrative side of the practice runs smoothly, reducing stress for both the dentist and the team. This allows more focus on patient care rather than chasing down payments or dealing with insurance disputes.

For dentists, developing a strong command of dental revenue cycle management (RCM) is essential for long-term success. Understanding how RCM affects every aspect of the practice—from day-to-day operations to patient relationships—can be a crucial step in building the confidence needed to manage their business successfully.

Fortunately, by adopting the right

strategies, it's possible to streamline these processes and reduce the anxiety associated with managing the business side of a practice, all while remaining HIPAA compliant.

1 Invest in the Right RCM Software: Comprehensive dental RCM software can automate routine tasks like appointment scheduling, insurance verification, and claim submission. The right software provides real-time analytics, allowing you to monitor the financial health of your practice with ease.

2 Understand Dental Insurance Plans: To confidently manage RCM, it's important to understand the various insurance plans your practice accepts and how they impact your revenue. This knowledge will allow you to communicate effectively with both insurers and patients about coverage, co-pays, and out-of-pocket costs, minimizing billing issues.

3 Train Your Team on RCM Best Practices: Proper training on insurance coding, claims submission, and follow-up is essential. Regular staff education on industry updates and RCM processes ensures everyone is on the same page and working efficiently. A well-trained team can spot and prevent billing issues before they become costly mistakes.

4 Track Key Performance Indicators (KPIs): KPIs, like days in accounts receivable (AR), claim denial rates, and patient collection ratios provide valuable insights into where improvements are needed. By quickly and regularly reviewing KPIs, you can identify bottlenecks and take proactive steps to optimize your RCM process.

5 Outsource When Necessary: Outsourcing can lead to higher reimbursement rates and faster payment cycles, helping to stabilize your practice's finances and decrease the administrative burden on your staff.

6 Prioritize Patient Communication: Before treatments, provide detailed cost estimates, explain insurance coverage, and outline payment options. Automated insurance verifications can help you complete these tasks and schedule procedures and treatments before the next appointment, knowing those items are already covered.

7 Stay Updated on Industry Changes: It's important to stay informed about changes in dental coding, insurance reimbursements, and healthcare laws that could affect your practice. Subscribe to dental industry newsletters, attend relevant webinars, and network with peers to keep up with the latest developments.

With these strategies, dentists can take control of their RCM processes with confidence, ensuring their practices remain financially sound while providing excellent patient care. And, when it comes to software that can assist with dental RCM, coding assistance, which helps ensure accurate coding, including medical cross-coding for dental, can be a huge asset.

The GDA endorses iCoreExchange encrypted HIPAA email software by iCoreConnect. HIPAA compliant iCoreExchange enables practices to securely communicate patient information without fear in an intuitive interface. Book a demo at iCoreConnect.com/GA24 or call 888.810.7706. Members receive substantial discounts on iCoreExchange!

EXCLUSIVE **PARTNER PERKS** for GDA Members:

RECOGNIZING **Our Endorsed Partners**

Did you know GDA members enjoy exclusive benefits from all endorsed partners? Below is a selection of these partners along with their related savings and offerings. Make sure to bookmark this page for easy reference!

If not a GDA member and interested in learning more about membership benefits, please reach out to our membership team at ***membership@gadental.org***.

CareCredit®
Making care possible...today.

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Patient financing resources for GDA Members. When you add the CareCredit credit card for only $30 (a $165 savings), your patients may be more likely to accept recommended treatments not covered by insurance. That's good for your patients' health and your bottom line. Get FREE tools and resources to help your practice thrive. Connect with your CareCredit Practice Development Team at *carecredit.com/dental*.

HealthFirst®

Scan QR code to access member benefit. ⋙

Is your dental practice prepared for a medical emergency? Common medical emergencies including allergic reactions, asthma, and diabetic emergencies can occur anywhere, including dental offices. GDA members save 10% with access to exclusive deals and special offers!

For this issue, explore companies that help individuals manage the cost of medical care and support practices in operating more efficiently and cost-effectively.

Scan QR code to access member benefit. ⋙

Reward your practice with the ADA® Business Rewards Visa Signature® Card. You can earn points faster where your practice spends the most – dental supplies. Earn from Benco, Schein, Patterson, TDSC, and more! Plus take advantage of No Annual Fees or No Foreign Transaction Fees! Earn points fast when you use your card for business and everyday purchases. There is no limit on the total points you can earn! Redeem your points for travel, merchandise, cash back in the form of statement credit, and more.

Scan QR code to access member benefit. ⋙

The world moves fast – and your ADA UPS® Savings Program has the tools you need to help your dental practice move even faster. They're here to help you push envelopes and ride the edge of what's possible. They'll be right by your side with everything you need to keep blazing forward. Plus, members save up to 65% on all shipments.

Ready to discover more member benefits?

Explore the many ways to save on top-quality products and services for your practice, home, and life—just scan the QR code now!

Choose with confidence, knowing these resources have been carefully researched and endorsed for members of the American Dental Association and/or the Georgia Dental Association.

GDA foundation FOR ORAL HEALTH

Help Change a Life

NOMINATE

a Patient for *Share a Smile*!

Share a Smile is a program funded by the Georgia Dental Association Foundation for Oral Health. It provides access to free, comprehensive dental care for underserved and underinsured Georgians.

SHARE A SMILE® GDA foundation FOR ORAL HEALTH

Step 1: **Scan the QR code to the left and help your patient complete the application.** If the patient is completing the application on their own, provide them with the referring dentist name, phone number and email.

Step 2: **Patient uploads proof of income and signs the liability waiver.** The patient will receive an email with a link to complete this step.

Step 3: **Referring dentist uploads treatment plan.** The referring dentist will receive an email with a link to complete this step once the patient has completed Step 2.

Step 4: **Application review and notification.** Once the application is reviewed, both the referring dentist and patient will be notified of the status.

Step 5: **Treatment begins for funded applicants.** Volunteer dentist treats *Share a Smile* patient in their office.

Step 6: **Volunteer dentist completes post-care form and submits lab expenses for reimbursement.** Once treatment is complete, volunteer dentist uploads lab invoice for reimbursement up to $1,000 and shares before and after pictures.

Questions? Please contact Carol Galbreath at *carol@gadental.org* or call the GDA at 404.636.7553.

Why Participate in the *Share a Smile* Program? Volunteer dentists make a difference in their community by providing help and hope to those in need, ensuring they receive the essential oral health care they deserve and empowering them with the knowledge and resources to maintain a healthy smile for life.

Share a Smile — Now Accepting NOMINATIONS

The GDA Foundation's *Share a Smile* program is now accepting nominations!
This special initiative gives GDA members the opportunity to provide life-changing dental care to neighbors in need—right from their own offices.

By participating, you can:

- Nominate a patient in need of dental treatment
- Provide treatment in your office
- Receive lab fee reimbursements for approved cases

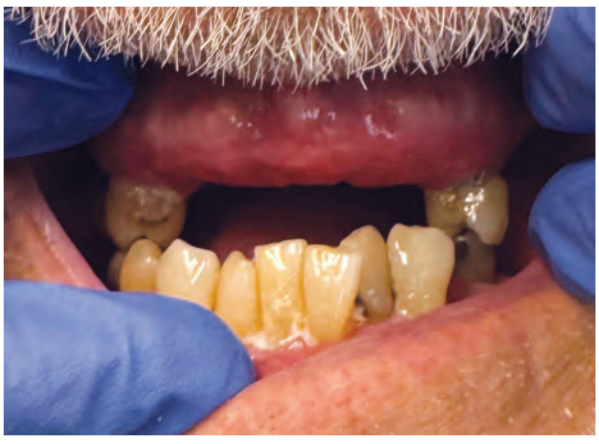
This dentist-led program brings essential dental care to Georgians who might otherwise go without. *Share a Smile* is a powerful way for dentists to give back—helping to relieve pain, prevent serious health issues, and restore confidence.

Patients are selected through an application process, with the GDA Foundation covering lab material costs up to $1,000 per patient.

We're looking for volunteers from all GDA districts! **Scan the QR code on the adjacent page** to get involved and help build a healthier Georgia—one smile at a time.

Share a Smile Spotlight

Danny, who is deaf, communicates through his smile. However, a severe dental infection took a toll on it. Without the means to seek treatment, his ability to express himself was impacted. Recognizing a need, Dr. Amber Lawson nominated him for the *Share a Smile* program. Over several weeks, she extracted infected teeth and restored his smile. Now, his most powerful form of communication shines brightly once again. A heartfelt thank you to Dr. Lawson for giving Danny his smile back!

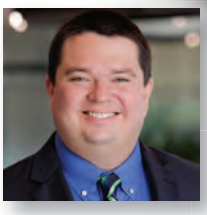


BEFORE

AFTER

CONTINUING EDUCATION

STATE-LEVEL Dental Health Policy in 2025



Jon Hoin,
GDA Senior Health Policy Manager

Traditionally, around this time of year, Action Magazine features updates on what's happening under the Gold Dome, but we do not always get to see what's happening in the rest of the country. Several policies have begun to go through other state legislatures, and understanding what is popular elsewhere provides ideas and warnings about future legislative work in Georgia.

Georgia Dental Association (GDA) historically focuses on policy initiatives that can be sorted into several different buckets: strengthening the dental workforce, striving for dental insurance reform, enhancing dental benefits in Medicaid, improving dental public health and furthering the dental profession. In a nutshell, GDA's advocacy goals are to create good policy for dentists and their patients.

The policy created in Georgia often takes inspiration from elsewhere, but that does not mean that new proposals brought to Georgia are identical to their place of origin. A person does not have to work in public policy for long to see the truth in Justice Louis Brandeis's point about a major feature of federal systems of government: States are laboratories of democracy, able to try out novel experiments without risk to the rest of the country. Laboratories are, by design, places of learning by iteration. While policy proposals may find their way to Georgia from outside the state, very few make it through the legislative process without critique and amendment informed by what has come before. As the legislative season wraps up for the year, this is an opportunity for reflection on the broader world.

Community Water Fluoridation

Adding fluoride to the water has become a hot topic over the past year, and several states have seen efforts to alter or eliminate regulations allowing the fluoridation of drinking water. The public debate stems from a recent meta-analysis of studies that report an association between fluoride and children's IQ.[1] Experts on water fluoridation have criticized the methodology of the analysis. The analysis did not find an effect at the levels of fluoridation used in the United States and other developed countries, but that has not prevented the recent controversy from attracting policymakers' attention.[i]

The most notable effort to reduce community water fluoridation is Utah's HB 81, which prohibits the addition of fluoride to public water systems in the state. It also includes a provision adding fluoride to a list of drugs or devices that a pharmacist may prescribe to help address designated public health concerns. As of this writing, the bill is awaiting the signature of Utah Governor Spencer Cox, and the governor has indicated that he will sign it.

HB 81 represents a substantial departure from previous public policy on community water fluoridation, which is determined locally in many parts of the country. Community water fluoridation in Georgia is likewise determined locally. While the Georgia Board of Natural Resources has the power to require by regulation fluoridation of potable public water supplies, counties and municipalities can hold a referendum to exempt themselves or to opt back in (O.C.G.A. § 12-5-175). Only time will tell how HB 81 will influence other states related to water fluoridation policy, but Utah should expect an uptick in the need for dental care in the meantime.[2,3]

Workforce Policy

Addressing dental workforce needs is a major topic of conversation around the country. Health Resources and Services Administration (HRSA) models project national hygienist supply will meet only 85% of demand by 2037.[4] For Georgia, that same HRSA model shows a decline from 83% adequacy to 76%.[4] Recent data from the American Dental Association (ADA) suggests that more dental assistants are also needed to keep up with the demand for dental care. A majority of dentists polled already find it difficult to recruit dental hygienists and assistants.[5] Georgia will need to learn from the successes and failures of other states in the coming decade.

Some states are addressing workforce needs by focusing on education. With a donation from Delta Dental, the University of Maine opened an expanded dental education clinic. Vermont has sought $4.2 million in federal funding to help launch the University of Detroit Mercy - Vermont campus. Vermont does not have a dental school, and launching a satellite campus to provide dental

[i] For more on current academic discussions about fluoride, check out Dr. Tomar's article on page 24.

Have a topic you're interested in?

Share your thoughts with the GDA Government Affairs team!

students with a local way to complete their dental education in-state could help retain new dentists. In 2023, Oregon saw a proposed bill, HB 2979, that would have appropriated millions of dollars in state funds to establish grants designed to promote the training, recruitment, and retention of dental hygienists and assistants. The bill stalled in Oregon's House Budget and Finance Committee.

Other states are going further afield to attempt to address their workforce needs. Besides finding ways to add more people to the workforce, policymakers have also explored options that may promote the efficient use of existing dental personnel. Introducing Oral Preventative Assistants (OPA) is one proposal gaining traction. OPA bills allow dental assistants to provide supragingival scaling and polishing following the completion of certain educational and training requirements. They typically allow OPAs to work under the direct supervision of a registered dental hygienist or a dentist, and they restrict OPAs to providing care to adults and children diagnosed as periodontally healthy or with mild gingivitis. More advanced care would remain in the hands of dentists and hygienists.

OPA legislation gained new attention when the Missouri Dental Association announced that a state-backed pilot project would officially launch in 2025, and Arizona's SB 1124 sets it up as the next state to introduce OPAs.[6,7] As of this writing, SB 1124 has passed Arizona's senate, and it is headed to their house. Arizona's bill requires 120 hours of training, CPR certification, coronal polishing and radiography certification, and national board certification or graduation from an accredited program.

Further work on dental workforce policy will help to address a changing landscape and a major generational transition.[8] The results of Missouri's pilot, and Arizona's bill, may prove to be enlightening. In the meantime, the American Dental Association already included OPAs in the model workforce bill that they submitted to the American Legislative Exchange Council last year. OPA authorization was the second of 3 parts, including provisions for expanded duties assisting and teledentistry. Work to ensure the training and deployment of enough dental personnel to adequately meet dental care needs will continue to be an ongoing effort.

Dental Insurance Reform

As is always the case, several states are working on reforms that touch on dental insurance regulation. Proposed reforms range in scope and type, and states are working on everything from regulating the use of artificial intelligence tools to protecting dentists from being required to accept payment solely through virtual credit cards. One popular measure has been legislation implementing medical loss ratio requirements for dental insurance plans.[ii] As of this writing, 16 states have pending loss ratio legislation. Most states have proposed loss ratios over 80%, meaning insurance plans would have to spend over 80% of the premiums they collect on patient care.

Arkansas, California, and Maryland are weighing the merits of regulating the use of artificial intelligence, particularly as it relates to utilization review. Arkansas' HB 1297 would require specific disclosures about the use of artificial intelligence algorithms and prohibit insurers from making decisions about the care of enrollees based solely on "results derived from the use or application of artificial intelligence." Maryland's HB 820 also sets bounds on the use of artificial intelligence in the context of utilization review.

[ii] Find out more about MLR in our last issue of Action.

Coming to a Theater Near You

Not all policy reforms will be right for Georgia, but Georgia policy makers can learn something from any reform. Some policies have clear drawbacks, and others may have mixed effects. At the end of the day, experiments can sometimes blow up or produce miracles. As the policies discussed above are implemented around the country, GDA's government affairs team will be paying close attention.

1 **Levy SM. Caution Needed in Interpreting the Evidence Base on Fluoride and IQ.** *JAMA Pediatr.* Published online January 6, 2025. doi:10.1001/jamapediatrics.2024.5539

2 **Meyer J, Margaritis V, Mendelsohn A.** Consequences of community water fluoridation cessation for Medicaid-eligible children and adolescents in Juneau, Alaska. *BMC Oral Health.* 2018;18(1). doi:10.1186/s12903-018-0684-2

3 **Levy DH, Sgan-Cohen H, Solomonov M, et al.** Association of Nationwide Water Fluoridation, changes in dental care legislation, and caries-related treatment needs: A 9-year record-based cross-sectional study. *J Dent.* 2023;134. doi:10.1016/j.jdent.2023.104550

4 **Workforce Projections. Health Resources & Services Administration. 2025. Accessed March 12, 2025.** https://data.hrsa.gov/topics/health-workforce/workforce-projections

5 *Economic Outlook and Emerging Issues in Dentistry 4th Quarter, 2024.*; 2024. Accessed March 12, 2025. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/dec2024_hpi_economic_outlook_dentistry_main.pdf?rev=aab34e78adae45b0831a576f29cd551c&hash=EF4D6C37FC57E5393B897606E947F111

6 *An Overview of the Oral Preventative Assistant Pilot Project.*; 2023. Accessed March 12, 2025. https://www.modental.org/docs/statemissouridentalassociationmolibraries/default-document-library/membership/advocacy/workforce/opa-how-does-the-pilot-program-statute-affect-the-design-of-an-opa-pilot-project.pdf?sfvrsn=f6b9e5b4_1

7 **OPA EFDA Pilot Project. Missouri Dental Association. 2025.** Accessed March 12, 2025. https://www.modental.org/member-resources/advocacy-pac/opa-pilot

8 **Vujicic M, Flynn B, Munson B.** We are in the midst of a major generational transition in dentistry. *Journal of the American Dental Association.* Published online January 1, 2024. doi:10.1016/j.adaj.2024.10.011

GDIS

Choosing the Right Malpractice for Your Dental Career

As a dentist, purchasing malpractice insurance is the best way to protect your career and practice. Whether you're an associate, practice owner, or near retirement, understanding the difference between policy types can help you determine which coverage is right for you.

The average dentist is sued at least once in their career, and most never see it coming. That's why having malpractice insurance is an essential part of practicing dentistry. A malpractice policy offers coverage and defense against accusations of negligence that may be brought against you. Malpractice insurance is the best way to protect yourself from the threat of lawsuits that can jeopardize your career, practice, and financial stability.

Purchasing dental malpractice insurance requires some strategy. To make an informed decision, you should:

1. Compare policies
2. Regularly assess your business needs
3. Consult a professional for guidance

It's crucial to understand the available policy types before choosing a specific one.

What Are the Different Malpractice Policy Types?

There are two main malpractice policy types dentists can choose from: Occurrence and Claims-made. To decide which one will best meet your unique needs, you must first understand each policy's benefits and limitations.

- A **Claims-made policy** covers claims that are brought against you during the policy period, regardless of when the incident occurred. Your protection ends at the end of the policy term. If you leave a practice or retire, you'll most likely need to purchase tail coverage.
    - **Tail coverage** (sometimes called an Extended Reporting Endorsement) keeps you covered for any claims made against you once you stop practicing or end your Claims-made policy. Tail coverage can be expensive, sometimes double or triple your current annual premium.
- An **Occurrence policy** covers incidents that occur during the policy period, even if the claim is made after the period ends. Occurrence coverage doesn't end when the policy ends. If someone files a claim against you, your Occurrence policy from the year of the incident will cover you. Each year you renew your policy, you have a new set of limits to protect you from any future claims that result from incidents occurring that year.

  Though Occurrence policies are generally more costly upfront than Claims-made policies, when the cost for tail coverage is factored in, Occurrence is often cheaper than Claims-made coverage in the long run.

As your insurance needs evolve over time, you'll need to review your policy regularly and make adjustments as needed. In doing so, you can ensure you always have the right coverage for your current circumstances.

Other Policy Factors

Consider these additional aspects of a policy before signing on the dotted line.

Policy Limits: The maximum amount an insurer is willing to pay for a claim filed against you.

- For Claims-made coverage, you must renew your policy annually to remain protected by claims, even if the incident

happened in the past when you had coverage.

- Occurrence coverage provides a separate set of limits for each year you buy the policy. These limits never expire. If someone files a claim, you will still be covered by your policy from the year of the incident.

No matter the coverage type, make sure your limits are high enough to protect you throughout your career. Certain risks are better supported by higher limits. Consult with an insurance expert to determine how high your limits should be to best suit your practice.

Additional Coverages: Added policy benefits such as cyber liability, HIPAA coverage, audit coverage, and billing errors coverage. Remember to check these add-ons to make sure your practice is appropriately protected with the necessary additional coverage options.

Pure Consent Provision: A detail on your insurance policy that determines whether you have the right to refuse to settle a claim. Make sure the consent provision in your policy gives you that power without exceptions.

GDA**MEMBER**PROFILE

This column highlights GDA members talking about their path to dentistry and the value they find in GDA membership. This month we hear from **Dr. Slade Wallace Lail.**

GDA

Dr. Slade Wallace Lail

DR. SLADE WALLACE LAIL

GDA DISTRICT:
Northern District Dental Society

PLACE OF WORK:
Lail Family Dentistry

DENTAL SPECIALTY:
General Dentistry

What or who inspired you to seek a career in dentistry?

My father was the inspiration for me to seek a career in dentistry. At age 13, I began my "dental career" as the nightly janitor of his dental office, which continued until graduating from high school. I guess you could say I started at the bottom and worked my way up!

What surprised you in your early days of practice?

The thing that surprised me in my early days of practice was how appreciative patients were when I did something that they perceived as going "above and beyond." For example, meeting a patient after hours or on the weekend to treat an emergency. I assumed all practitioners did that, but evidently not. I still have patients that bring this up a decade or more later.

Has there been something through the years that became a game changer for you and your patients (technology, tools, resources, etc.)?

There have been many game changers over the years. When I started, there were no computers. Appointments were written in a book, and day sheets were on a pegboard. Then digital radiography came along which turned 7 minutes (to process an X-ray) into 7 seconds! Today it is the scanner. The advancements in technology have brought about the biggest changes for me in my practice. All these things have made dentistry easier and more efficient and fun.

You have served your community in many volunteer roles. What does giving back to your community mean to you?

To me, giving back is about leveraging my skills, experience, and passions to enrich the lives of others and strengthen the community around me. Serving on various boards with the city of Duluth has enabled me to have a direct impact on the city where I live and practice. I obviously have a vested interest here and would like to see my community flourish, making it a better place to live, raise a family, and practice dentistry.

Along with this, I currently serve as the president of the Hinman Dental Society where we have a direct impact on giving back to our profession, primarily through scholarships to dental students, assistants, hygienists and lab technicians. We are the only major dental meeting in the nation whose primary goal is to give back in this way, and I am honored to be a part of it. To add to this, I have been a

GDA member for 27 years and serve on the Gwinnett Technical College board for their dental assisting program. I recently became an adjunct professor at the Augusta University College of Dentistry

Another hat I proudly wear is that of a conservationist. My tree farm in Hancock County has allowed me to be involved in timber management, water quality improvement, recreation and community/state outreach. We recently hosted a statewide FFA forestry invitational where 130 students from several schools from across the state were tested on their forestry skills. Together, these endeavors illustrate that giving back, to me, means creating a legacy of service, education and stewardship that uplifts people, places and the environment for future generations. After family, giving back to the community is what it's all about. I was always taught to leave things better than you found them and this is what I try to do in everything I am involved in.

What do you value about your GDA membership?

The GDA is valuable in many regards. Whether advocating for our profession under the "gold dome" or providing the best rates for malpractice insurance, the GDA today is doing everything it can to help us and our profession.

What advice would you give to a dental student?

The advice I would give to a dental student is to focus on your patient. Treat them how you would want to be treated. Also, get to know your patients on a personal level. If you truly care, these things will come naturally, resulting in your overall success as a practitioner as well as a person. Also, realize that your dental school education is a starting point for learning about our profession. Always seek knowledge from continuing education and your colleagues.

What do you enjoy doing to decompress?

To decompress, I enjoy the outdoors. I have a tree farm in Hancock county where my focus is on wildlife, conservation and timber management. Whether I am doing a timber harvest, replanting trees, performing controlled burns or hunting and fishing, this is my release. And if I were on a plane right now, I would be heading to this property.

Without saying "I am a dentist" what would you say if someone asked you what you do for a living?

Without saying I am a dentist, if someone asked me what I do for a living, my answer would be helping others and leaving people and things better than I found them.

GDA HUB

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CALL FOR 2026 Award Nominations

The GDA's Awards Council is actively seeking nominations for 2026 award recipients for Honorable Fellow, Community Service, Oral Discoveries and Inventions, and Award of Merit. All nominations should be submitted to the GDA office by November 1, 2025.

In order to be considered for one of these awards, candidates should exhibit the following qualifications:

Honorable Fellow:
Distinguished service to the GDA, either through active participation in the GDA or the local component society. Candidates must have active membership in the GDA for at least 10 consecutive years.

Oral Discoveries and Inventions:
A GDA member who has made significant contributions in the area of oral discoveries or inventions. Self-recommendations will not be accepted.

For more information or to nominate a colleague please visit the GDA website:

Community Service:
This award recognizes GDA members who distinguishes him or herself by extraordinary service to the quality of life and health of persons in their local, state, national, or international community via the field of dentistry. Qualifications include contributing significantly to enriching the quality of life and improving the health of those served, and outstanding leadership and humanitarian volunteer accomplishments. Candidates must have active membership in the GDA for at least 10 consecutive years.

Award of Merit:
It is the intent that this award be given only when a candidate has truly exhibited service and merit above recognized standards and may not necessarily be given each year. It is not necessary that the exemplary service and merit shall have been exhibited in the specific year of consideration. It is the intention that the GDA Award of Merit be the highest honor that the GDA can bestow upon a member, and in keeping, the standards for judging a candidate shall be the highest possible.

Don't miss the chance to recognize excellence within the dental community!

Being "bankable"

How to prepare yourself financially to purchase or start a dental practice

By Ray Berk, VP, Regional Business Development Officer, Bank of America Practice Solutions[1]

As one of the largest lenders to private dental practices, we routinely encounter borrowers at various stages of their financial lives. They may have just graduated and are anxious about what seems to be insurmountable student loan debt. They may be a 5-year associate who is focused on becoming an owner and is more established financially. Or they may already be a practice owner who is looking to expand and add locations to an already thriving business and personal financial status.

No matter where you may be in your financial life, take a moment to consider these tips. That way, when you take that leap to buy or start your first (or additional) dental practice, you can be better prepared to meet with your banker to talk about financing.

Know your production capability

As an associate, it's important to know and understand your dental production when you begin to think about whether you're ready to buy or start a practice.

When it comes to buying or starting a practice, a lender will want to hear from you and see (through reporting) what type of procedures you're performing and what your dental production has been as an associate.

If your compensation plan has a bonus tied to it, then it's a great idea to get the reports that correlate to your bonus. Annual production reports are a good idea too. It's smart to have benchmarks for yourself to see if your production and procedures are growing and evolving as you get more comfortable as an associate.

If you are seeking to buy an existing practice, one of the first questions a lender will ask you is, "Do you think you can handle the non-hygiene production being done in the practice?" Having a good storyline with key data points on your dental production will bring a great sense of comfort to the lender you are working with as opposed to just winging it.

Keep up-to-date financial books and records

Similar to an associate knowing their production abilities and capacity, as an owner you already have created a track record of how well you operate a practice. You can demonstrate that to a bank through accurate and up-to-date financial reporting.

Spending a little extra time on the books before engaging with a lender is a great idea. When you work with a lender, demonstrating a sound understanding of your practice's financial performance is always a plus.

The typical bank package will include business and personal tax returns, current year profit and loss statements, and a background on each location you own. This should include the date the practice started, dental versus hygiene production, number of equipped and plumbed operatories, staff, etc.

Invest the time to ensure your financial systems are up to date, work with your accountant to complete a financial review, and make sure your taxes are current. These are all important when you're considering expansion and financing needs.

Establish and maintain a rainy day fund

Whether you are an associate or an owner, banks like to see that you have some personal liquidity to weather any financial headwinds you may experience.

For example, well-capitalized owners and associates have historically demonstrated they are able to "weather the storm" of slower months, illness, and even pandemics, without having to dip into credit cards or lines of credit. They can come out the other end with comparatively less or little debt. Establishing personal savings helps demonstrate to a lender that you are a sound financial risk with a back-stop of savings to help with a financial challenge – personal or economic.

Pay down (the right) debt

Many associates finish dental school with several hundred thousand dollars of student loan debt. It is not uncommon for associates to focus on paying that debt down faster with any extra income they have. After all, it's a large amount of debt, and let's be honest, it's scary!

We would caution you to think about debt a little differently and focus on several other areas before tackling those student loans. The same goes for current owners; tackling debt correctly makes you a better risk to lenders and more "bankable."

1. Pay off your credit card debt

If you have credit card debt, pay it down first and as quickly as possible. This debt usually carries the highest interest rates and has the greatest effect on your credit score.

2. Establish that rainy day fund

As discussed earlier, don't pay down your debt without first establishing your rainy day fund. Or do both at the same time.

3. Tackle highest-rate debt first

If you have done the above, then it may make sense to pay down your student loans. A good idea would be to tackle the loans with the highest rates first since they cost you the most money.

Know your credit score

In today's world, access to your FICO credit score is widely available to you, but do you know what it means? In general, a credit score above 700 is considered a "good" score, while scores in the upper 700's-800+ are considered to be "excellent."

If your score dips lower than 700, it could be due to slow payment of debt obligations, an increase in debt (think credit card balances), or perhaps you have applied for credit several times in a short span of time.

Monitoring your score, paying your obligations on time, managing your revolving debt, and only applying for credit when you have a significant need are great ways to ensure the score you have is "good" or better.

The bottom line

Spend some time to prepare yourself financially, so when you do sit down to discuss financing your ownership or expansion opportunity, you'll be more bankable and, in turn, have more choices in the lending you can receive.

BANK OF AMERICA

Let's talk

Ray Berk

Vice President, Regional Business Development Officer 941.330.7145 | raymond.berk@bofa.com

2025 Legislative Successes

☑ **HB 567–Tele-Dentistry (Rep. Katie Dempsey):** This bill allows Georgia Licensed Dentists practicing in Georgia to use telehealth systems and methodologies to extend their reach. It creates new opportunities to connect patients with dental homes as well as to allow for consultation, triage, and emergency services. The bill also includes commonsense guardrails to ensure Georgians continue to receive quality care.

☑ **HB 322–Faculty Licenses for Foreign Trained Dentists (Rep. Lee Hawkins):** This bill creates a process for the Dental College of Georgia (DCG) to hire internationally trained dentists as clinical instructors for the dental college students.

☑ **HB 144–Income Tax Credit for Dentist Preceptors (Rep. Mark Newton):** This bill allows dentists who serve as community-based faculty preceptors to dental students outside of the DCG clinics to earn a $1,000 tax credit for every 160-hour rotation the dentist completes. The program is administered by the statewide Area Health Education Centers office at Augusta University.

☑ **HB 68–Medicaid Fee Reimbursement Rate Increases and Other Funding:** The GDA secured a 2.5% increase for all 140 dental codes covered by Medicaid and Peachcare for Kids (CHIP). The state's share of this increase is approximately $1.6 million, and the total value of the increase is $4.8 million. The Ben Massell Dental Clinic in Atlanta received $500,000 in funding for operational assistance.

☑ **SB 68 and 69–Tort Reform Package (Sen. John F. Kennedy):** The Governor's tort reform package was designed to help lower the costs of lawsuits by allowing for key procedural reforms such as trial bifurcation, limitations on the use of arguments intended to "anchor" noneconomic damages to arbitrary values, and evidentiary rules to better present the true cost of paying for health care. There is also a provision to limit the amount of third-party litigation funding.

Defeated Legislation

X **HB 251- CRNA Scope Expansion (Rep. Lauren McDonald):** This bill made changes to the scope of practice for CRNA's and would allow them to administer anesthesia without direct instruction from an anesthesiologist. HB 251 failed in committee and is effectively dead for the rest of 2025-2026 biennium.

Looking Forward to 2026

HB 573- Remove Dentists from participation with Care Management Organizations (Rep. Ron Stephens): This bill would remove dentists from the contracting process with Care Management Organizations (CMOs) and Medicaid services would only be paid for through Fee for Service. While this bill never got a hearing in the 2025 Session, it is still eligible to go through the legislative process in 2026.

We Want you!

Would you like to become a part of our grassroots efforts under the Gold Dome? Sign up to become a Contact Dentist and be the direct line between your legislator and the profession of dentistry.

Visit *www.gadental.org/advocacy/contact-dentist-program* to sign up!

2025 Legislative Receptions

During the off season, each of the Georgia Dental Association's Dental Districts hosts a legislative reception to network with their district's legislators and dentists. The goal is to build relationships with our legislators so that when bills come before the General Assembly, these legislators can reach out and get information from the dentistry experts.

2025 Legislative Reception Dates (subject to change)

OCTOBER 7:	EDDS – Athens
OCTOBER 9:	GHC/NDDS – Chattahoochee Country Club
OCTOBER 21:	EDDS – Augusta
NOVEMBER 6:	SWDDS – Valdosta
NOVEMBER 13:	SWDDS – Albany
DECEMBER 2:	CDDS – Brickyard Golf Club
DECEMBER 3:	NWDDS – Fish Fry
DECEMBER 4:	SEDDS – Golf Club or Yacht Club
TBD:	WDDS

Please check the GDA website to confirm dates and locations.

2025 GDA Convention & Expo Speaker

NON-SURGICAL FACIAL REJUVENATION PART 1: Botulinum Toxin (Botox®)

DR. ELIZABETH FLOODEEN, DDS

Senescence is a sensitive subject, especially in a country obsessed with youthful beauty. Aging is a reminder of mortality, and it can be disconcerting for a person to gaze in the mirror and find that the face looking back at them does not reflect internal feelings of energy and vitality. This relationship with aging has led to the wide success of the non-surgical facial aesthetic market, which, in 2023, was a $20.8-billion industry. This market includes dermal fillers, chemical peels, and botulinum toxin treatments. You may already be offering these treatments to patients or interested in doing so. In a two-part series from Dr. Elizabeth Floodeen, we'll cover the history and the latest on patient selection, administration, and possible complications of these widely sought-after treatments.

History

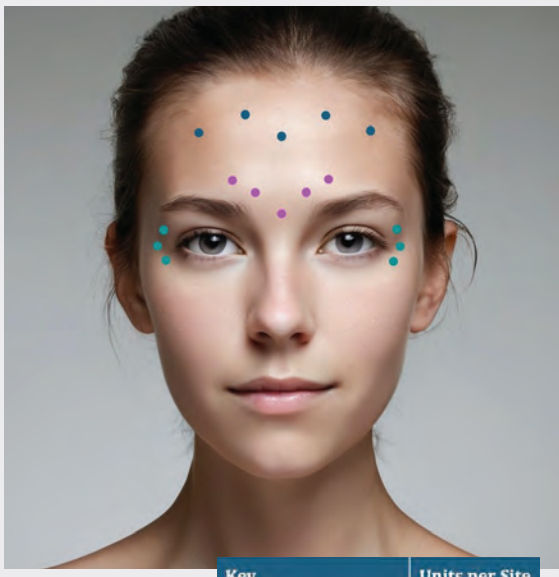
Botulinum toxin (BoNT), commonly known by the first commercially-available brand name Botox®, is an endotoxin produced by the anaerobic Gram-positive rod Clostridium botulinum. It is a neuromodulator that inhibits the exocytosis of acetylcholine from peripheral nerve cells at the neuromuscular junction, resulting in partial muscle paralysis.[1] BoNT was first discovered in 1897 as the cause of botulism. It was not until a hundred years later that the first reports of its use in cosmetics were published in 1994[2].

There are seven serotypes of BoNT (labeled alphabetically A) with types A and B available for clinical use. For facial cosmetic use, there are currently five FDA-approved formulations of onabotulinumtoxin A (BoNT-A), which are approved for the treatment of upper facial rhytids or wrinkles (see Table 1)[3]. Non-cosmetic uses include chronic migraines, cervical dystonia and spasticity, strabismus, primary axillary hyperhidrosis (sweating), and adult bladder dysfunction.

Patient Selection

To discuss patient selection for BoNT-A, it is important to review the continuum of facial aging. In early adulthood (20s), the skin is generally smooth and flat at rest, with only mild dynamic rhytids seen with muscle movement. Over time (30s – 40s), the continued and repetitive movement of the facial muscles will eventually transition dynamic rhytids into static rhytids. Once patients reach their 6th or 7th decade, these static rhytids are often deep at rest, and BoNT-A may not be able to alter the appearance of these lines. In addition, as one ages, there is atrophy of the supporting facial fat pads, muscle and bone atrophy, and skin becomes less elastic due to collagen loss.[4]

When offering BoNT-A therapy, it is important to set appropriate patient expectations. A patient in their 20s or 30s with only dynamic rhytids will receive the full benefits of preventing the progression of dynamic rhytids to static rhytids with consistent use. A patient in their 40s or 50s can expect to have less pronounced static rhytids with the decreased muscle pull achieved with BoNT-A. However, a patient with deep static rhytids is not the best candidate for BoNT-A therapy and may be better suited for surgical rhytidectomy.



Key	Units per Site
= Frontalis	2-5 units
= Corrugators	4-5 units
= Orbicularis oculi	2-4 units

Figure 1: Injection points and recommended dosing for botulinum toxin A for the treatment of upper facial rhytids

Before administration of BoNT-A, patients should also understand the onset and duration of this medication, often explained with the 'rule of three.' The onset of the effect is typically seen in 3 days, the peak effect is around 3 weeks, and BoNT-A lasts approximately 3 months. With repeated use, patients can often go longer than three months between treatments as the target muscles will atrophy with consistent use.[3]

Reconstitution

Botox® comes as a vacuum-dried powder supplied in single-use vials, either 50 or 100 units. The unopened vials must be stored in a refrigerator at 2º- 8º Celsius before use. When ready to administer, reconstitute with sterile unpreserved saline solution (0.9% sodium chloride for injection). For cosmetic procedures, it is best to use a concentrated solution as overly diluted Botox® poses a greater risk for migration to undesired areas. The manufacturer's recommended concentration for cosmetics is 4 units per 0.1mL, which is achieved by injecting 2.5mL

Table 1: Current FDA-approved formulations of onabotulinumtoxin A in the US; approved for treatment of upper facial rhytids

Subtype	Onabotulinum	Abobotulinum	Incobotulinum	Pradotulinum	Daxibotulinum
Brand Name	Botox	Dysport	Xeomin	Jeuveau	Daxxify
Manufacturer	Allergan, Inc.	Galderma	Merz Aesthetics	Evolus Pharma	Revance Therapeutics
Year Available on Market	2002	2009	2010	2019	2022
FDA Approved Cosmetic Use	Glabella, forehead, crow's feet	Glabella (<65 years)	Glabella	Glabella	Glabella
Units per Vial	50u or 100u	300u or 500u	50u or 100u	100u	100u

Table 2: Potential complications of onabotulinumtoxin administration, the cause, and recommended prevention or treatment

Complication	Muscle Affected	Cause	Prevention or Treatment
Upper eyelid ptosis	Weaken of the levator palpebrae superioris muscle	Diffusion of solution beyond the orbital septum	Keep injections at least 1cm above the bony orbital rim. Treat with 0.5% apraclonidine drops
Ptosis of the eyebrow	Over treatment of the lower portion of the frontalis muscle	Stay 1.5-2cm above the eyebrow when treating the frontalis	No great treatment. Will improve with time
"Surprised" appearance	Over treatment of the depressor supercilia	Weakening of the corrugators without treatment of the frontalis muscle can cause over-elevation of the eyebrows	Administer Botox to the medial frontalis to balance with the corrugators
"Spock" appearance	Treatment of the glabellar complex with/o treatment of the lateral frontalis	Muscle pull from the lateral frontalis will elevate the lateral eyebrow	Administer additional Botox to the lateral frontalis
Diplopia	Extrinsic eye muscles	Diffusion of solution into the orbit (usually lateral)	Keep 1cm distance from the lateral canthus when treating crow's feet
Lagophthalmos	Orbicularis oculi muscle	Weakening of the muscle responsible for eyelid closure; can lead to corneal damage over time	Prevent by remaining 1.5-2cm above the eyebrow. Treat with lubricating eye drops and taping eye shut at night

of dilutant in a 100-unit vial. It is important to inject the dilutant slowly, as bubbling or vigorous agitation will denature the neurotoxin. Once mixed, the solution should be clear, colorless, and free of any particulate matter. Draw up the desired amount into a Tuberculin syringe with a 30-gauge needle for accurate dosing.

Administration

The current FDA-approved facial cosmetic applications for Botox® therapy include the forehead (frontalis muscle), the glabellar region (paired corrugators and procerus muscles), and lateral crow's feet of the eyes (orbicularis oculi muscle). Injection points and dosing for treating these muscles are shown in Figure 1. The most important consideration when administering Botox® is ensuring the neuromodulator is injected intramuscularly. If the solution is injected too superficially or too deep, it can lead to the solution not reaching the desired muscle, or, more concerning, there may be migration of the fluid to another anatomical region where it may affect unintended muscles.

Before administration, ask the patient to animate their face by raising the eyebrows, furrowing the brow, and smiling to activate the frontalis, corrugators, and orbicularis oculi, respectively. Take a mental note of how their face moves, the orientation and pull vector of the muscles, and any particularly deep rhytids; this will help guide the optimized location for administration.[5] Prep the skin with an alcohol wipe in the location for injection. Avoid marking the injection points as passing the needle through ink may tattoo the skin. Next, this author prefers to grasp the belly of the muscle intended for injection between the non-dominant thumb and index finger, while the dominant hand administers the Botox®. You should feel the needle pass through the skin, subcutaneous tissues, and then into the muscle itself. Some providers prefer the technique where the needle is inserted through the full depth of soft tissues until it strikes bone, then the needle is withdrawn slightly, where it will be just above the periosteum and in the deep muscle layer. However, this technique can often be very painful for the patient as the periosteum is highly innervated, and sounding to the bone will dull the needle very quickly and make successive injections increasingly painful.

Post-op instructions for the patient should include avoiding make-up application for 4-8 hours following administration. Do not rub or massage the face in the areas of Botox® administration. Avoid strenuous activities for 24 hours, and do not lay down for 4 hours as this may cause the solution to diffuse to unintended areas. It is okay for the patient to animate their face normally, and they may use ice or over-the-counter analgesics for discomfort.

Complications

Following BoNT-A administration, a myriad of complications may arise (see Table 2). Post-injection, patients may experience headache (5.4%), sensitivity reaction (2.9%), and slight bruising or swelling (<1%).2,6 Rarely, patients may notice facial asymmetry, usually related to an unequal distribution of BoNT-A. One of the more dreaded complications is ptosis, or drooping, of the upper eyelid, which occurs due to the neurotoxin's diffusion beyond the septum of the orbit and resulting in the weakening of the levator palpebrae superioris muscle. To avoid this complication, it is important to remain 1cm above the supraorbital rim and to avoid injecting large (dilute) volumes of BoNT-A.[1,6] Lid ptosis can be temporarily treated with 0.5% apraclonidine drops, activating Muller's muscle and elevating the lid margin approximately 1-2mm.

Patients can also experience ptosis of the eyebrow due to over-treatment of the frontalis muscle. To avoid this complication, remain 1-2cm above the eyebrow when treating forehead rhytids. The reverse is if the paired depressor supercilii muscles are overtreated, the patient will have hyper-elevation of the medial eyebrow, resulting in a 'surprised' look. This can be corrected with additional BoNT-A to the medial portion of the frontalis to re-establish balance between these muscles. In the event of a complication, it is important to follow up with the patient and remind them that BoNT-A's effects are temporary, and most will see correction within about three months.

Conclusion

For the right patient population, BoNT-A is a wonderful way to prevent or reduce the appearance of facial rhytids. With proper and regular administration, BoNT-A is a simple, safe, and effective way to extend the youthful appearance of the face. It should also be mentioned that there are additional off-label uses for Botox in the facial region, including treatment for bruxism, myofascial pain, temporomandibular joint disorder, hypersalivation, and auriculotemporal disorder (Frey's syndrome). Still, these are beyond the scope of this article. There are also additional off-label cosmetic uses for the mid-face and lower face, including relaxing muscles around the lips and chin; however, muscles in these regions are much smaller, and injections are technique-sensitive. However, cosmetic treatment of the upper face with BoNT-A remains one of the most popular treatment areas and can be highly rewarding for both the patient and provider.

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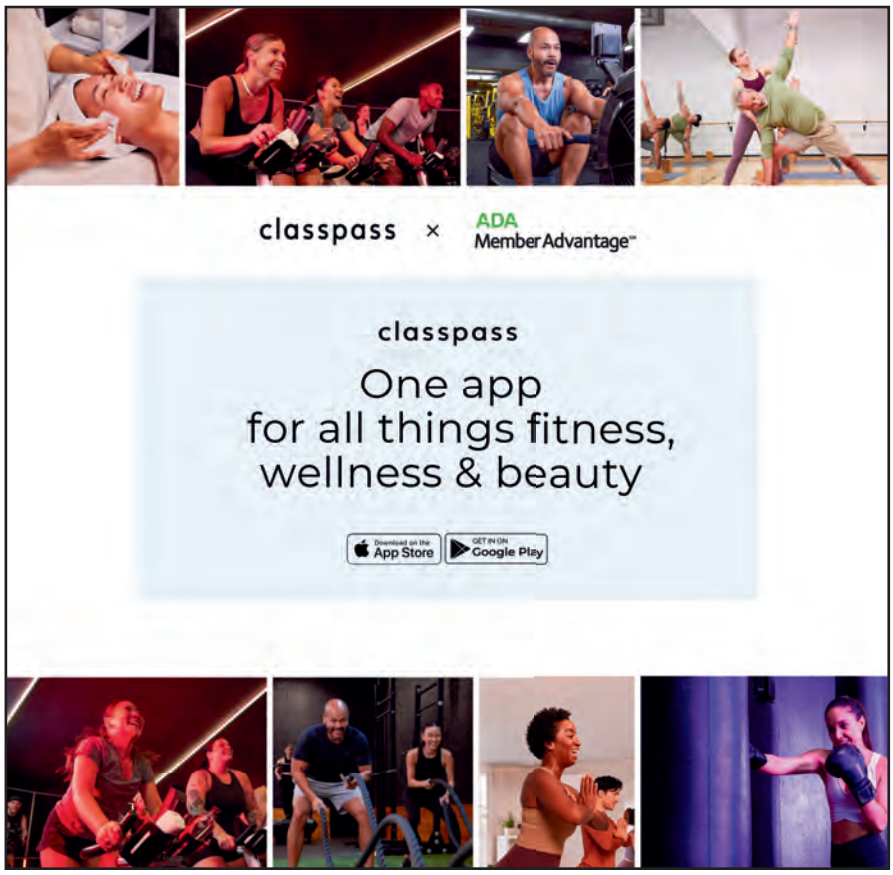
Leadership GDA Class of 2025

GDA is pleased to announce the Leadership GDA class of 2025.

Leadership GDA is an exceptional leadership training program dedicated to developing member dentists who aspire to lead authentically and elevate their visibility within Georgia's dental community.

Participants engage in interactive workshops, network with colleagues, establish sustainable management practices and expand their organizational impact. For the first time in 2025, GDA welcomes two students from the Dental College of Georgia into Leadership GDA.



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Claire Meeks, DDS
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Sara Twardy, DMD
Northern District

Donielle Williams, DMD
Northwestern District

Tristan Bennett
Dental College of GA, Class of 2025

John Senat
Dental College of GA, Class of 2025

The program will kick-off on
Friday, May 16,
at the GDA headquarters in Marietta, GA.

To apply for a future Leadership GDA class or nominate a colleague, please visit the GDA website.

ADVOCATING FOR the Future of Dentistry as a D1

By Tate Allen
DMD Candidate at the Dental College of Georgia

I've always felt a strong sense of duty to serve, whether it be my fraternity, my country, or, most recently, my profession. This year, I had the opportunity to represent the Dental College of Georgia at the American Dental Association's Lobby Day in Washington, D.C., as a first-year dental student. I was joined by seven upperclassmen - Tristan Pugh, Aws Al Tibi, Arezoo Kalan, Anna Parviainen, Wes James, Danijela Lazic, and Haley Harden. We arrived in the capital on Saturday, March 29th, and spent the afternoon taking in the city's history, landmarks, and stunning cherry blossoms. Standing at the Lincoln Memorial and gazing at the Capitol building set the tone for what would be a fantastic long weekend.

Sunday was dedicated to preparation. We attended breakout sessions led by experts in policy and advocacy, discussing key issues like community water fluoridation, student loan deferment during residency, and restricting insurers from dictating prices for services they don't cover. That afternoon, we networked with several dental organizations like the Academy of General Dentistry, the American College of Dentists, the International Association for Dental Research, and many others. That evening, the ADA hosted a welcome reception where we had the chance to connect with dental students and practicing dentists.

On Monday, we had the privilege of meeting with Georgia's U.S. Senators, Jon Ossoff and Raphael Warnock, alongside several dedicated Georgia dentists and GDA Senior Health Policy Manager Jon Hoin. We shared our stories, addressed the financial realities of dental education, and advocated for preventive care and insurance reform. That night, the GDA graciously hosted our group for dinner at the Unconventional Diner. It quickly became the highlight of the trip — not just because of the incredible chicken parmesan, but because of the conversations I shared with Drs. Benson, Shirley, and McCullough. Hearing their stories, their advice, and their perspective on the evolution of dentistry helped me envision the kind of provider and leader I hope to become. Their mentorship left a lasting impression.

On Tuesday morning, Wes and I joined Dr. Brett Kessler, ADA President, on his annual "Kessler Run" to the Lincoln Memorial. As the sun rose over the National Mall, Dr. Kessler took a moment to reflect on the legacy of Dr. Martin Luther King Jr., whose iconic "I Have a Dream" speech was delivered on those very steps. He reminded us that advocacy is about more than policy - it's about standing up for what's right, lifting our communities, and being agents of change, just as Dr. King was. It was a powerful and grounding way to begin our final day in Washington. Later in the day, we took our advocacy to the House side of the Capitol, meeting with Representatives Andrew Clyde, Richard McCormick, Rick Allen, and Barry Loudermilk. With many dentists returning home, we students took the lead. It was empowering to take the helm in those meetings and speak directly with lawmakers about the real challenges and hopes of the next generation of dentists.

While the meetings and networking were the heart of the experience, one moment stands out as particularly surreal. As Wes and I returned to the airport, we were abruptly stopped while crossing Pennsylvania Avenue - only to watch the presidential motorcade pass right in front of us! It was a perfect, unexpected finale to a truly unforgettable trip. I returned to Augusta feeling energized and more motivated than ever to stay engaged in organized dentistry. As a future Army dentist, I recognize how vital it is to understand the intersection of healthcare and policy - and how important it is to advocate for our patients. I'm already looking forward to returning next year, hopefully with my wife by my side to share in the experience.

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[1] All programs subject to credit approval and loan amounts are subject to creditworthiness. Some restrictions may apply. Bank of America may prohibit use of an account to pay off or pay down another Bank of America account.

[2] Bank of America may prohibit use of an account to pay off or pay down another Bank of America account.

[3] For Owner-Occupied Commercial Real Estate loans (OOCRE), terms up to 25 years and 51% occupancy are required. Real Estate financing options are subject to approval and product availability is subject to change. For SBA loans, SBA eligibility and restrictions apply

GDACLASSIFIEDS

PEDIATRIC DENTIST WANTED IN COLUMBUS, GA
Join a Fun, High-Energy Team!

Hey, Pediatric Dentists! Are you ready to step into a thriving, high-energy practice where kids love coming to the dentist? At Pediatric Dentistry of Columbus, we don't just care for smiles—we create happy, confident dental experiences that last a lifetime! We're on the lookout for a passionate, playful, and skilled Pediatric Dentist to join our dynamic team. If you love working with kids, value work-life balance, and want to be part of an established, high-growth practice, keep reading!

Why You'll Love It Here:

Kid-Approved Atmosphere – Our office is designed for fun, with TVs above every chair, a playful waiting area, and a team that knows how to keep little ones giggling while delivering top-tier care!

No Corporate Pressure – We're an independent practice that believes in quality over quotas. Here, you can focus on patient care without production stress.

Your Time Matters – We respect work-life balance and offer flexible scheduling options so you can enjoy your time inside AND outside the office.

Competitive Pay & Perks – We offer a highly competitive compensation package ($200,000-$350,000 plus), including bonuses, benefits, and growth opportunities.

A Rockstar Team – You'll be surrounded by a collaborative, upbeat crew that loves what they do and supports each other like family!

What You'll Do:

- Provide comprehensive dental care for children, from toddlers to teens
- Educate families on the importance of oral health in a fun, engaging way
- Work alongside an experienced and friendly team that supports you
- Build trust with kids (and their parents!) by making dental visits stress-free and enjoyable

What We're Looking For:

- DMD/DDS + Pediatric Residency (Board-certified or eligible)
- Georgia Dental License (or ability to obtain one)
- A kid-friendly, energetic personality – we want someone who LOVES working with children!
- A team player with strong communication skills
- Someone who believes in positive reinforcement and making the dentist's office a happy place!
- Come grow with us, have fun, and make a difference—one little smile at a time!

Ready to Join Us? Let's Chat! We'd love to meet you! Send your resume and a short note about why you'd be a great fit to *smile@pediatricdentistryofcolumbus.com*. Learn more about us at *pediatricdentistryofcolumbus.com*

WE ARE LOOKING FOR A FULL-TIME GENERAL DENTIST
to add to our team. Private Practice!! Monday thru Thursday.

Well-Established. An implant-certified doctor (or willing to obtain). Provide quality, comprehensive dentistry in a busy, well-established FFS private practice in beautiful Olde Town Conyers. You should be confident in your abilities to practice general dentistry alongside other dentists in a successful team environment to offer a full range of cosmetic and general dental services. We take pride in knowing that our team has the highest standard of care enriching the lives of our patients and the community. Currently, we are a one-doctor 3 hygienist, fully staffed, well-established, growing practice. The sky is the limit on earnings, no restrictions. Currently, closing out at almost 2M per year. Are you the one to join our amazing team?

What we offer:

- Unlimited annual compensation based on personal production.
- Family-friendly practice hours, no nights or weekends, 4 days a week.
- Well-established, long-standing practice, strong patient base.
- Mentorship in Endo and Implants.
- Potential Partnership opportunity (buy-in option)
- Work with a well-established and successful dental practice.
- Build valuable relationships with your patients while providing exceptional dental care.
- Seasoned team to provide exceptional support.
- Demographically growing and desirable marketplace.
- Patient care focused.
- People First Culture.

As an Associate Dentist, you will have the opportunity to work in a dynamic dental office where you can utilize your skills and expertise to provide high-quality dental care to patients. We offer a competitive compensation package. Join our team and make a difference in the oral health of our community.

PLEASE CONTACT

conyersdentalofficemanager@gmail.com
770-760-0036 phone, 770-760-9100 fax,
972-310-9992 cell

Malpractice insurance that's all about you.

As a dentist, you face unique challenges every day. That's why at MedPro Group, we created an industry-leading malpractice policy that keeps you safe. Here's what else you can expect with MedPro on your side.

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Protect your good name.

The average dentist is sued at least once in their career, which is why we're in your corner when it matters most. We lead the industry with a 95% dental trial win rate (plus 8 out of 10 claims close without payment).

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