



MONTGOMERY-BUCKS DENTAL SOCIETY

2ND DISTRICT - Pennsylvania Dental Association

Bulletin

Volume 69

Number 2

Oct. 2021

Distinguished Speaker Series

Tuesday, Nov. 8, 2021
Normandy Farms, Blue Bell, PA



**Dr. Joseph
Greenberg,
DMD, FAGD**
*Presents
Challenging
Situations*

Challenging situations in advanced adult restorative dentistry must include a plan to restore attractive dentop-facial relationships. Where occlusal vertical dimension has been lost and occlusal relationships compromised, dentists need an arsenal of rules, tools and techniques to create and deliver a result that exceeds patient expectations. We will examine and discuss 2 patients with challenging complaints and extraordinary needs to solve pathology and restore facial balance.

Dr. Greenberg received his dental degree and post doctoral dual specialty training in Periodontics and Fixed Prosthodontics/ Periodontal Prostheses from the University of Pennsylvania School of Dental Medicine, where he taught for more than 40 years and held the rank of Clinical Professor of Periodontics. Dr. Greenberg has been appointed adjunct professor of Restorative Dentistry at The

Continued on Page 15



President's Message

Dear Friends and Colleagues:

I hope all of you, our valued members, had a wonderful, productive, and hopefully a very relaxing summer! Most of all, I hope all of you and your families are healthy and well! As we kick off the 2021 year, I am excited about our outstanding continuing educational events. Our most recent continuing education event, featuring Dr. Maria Fornatora, was a success. We had an impressive turn out from our membership, and her lecture on the oral lesions of COVID-19 was informative and interesting. It is amazing to think about how far we have come since the start of the pandemic 18 months ago. Last year we had an unknown and ever-changing flood of daily news information. Now, we are having COVID-19 lectures by leaders in our field. It is a testament to the resiliency of all of us and our profession. It is because of all of you that dentistry has proven itself to be pandemic-proof. We have shown ourselves to be leaders in infection control as we continue to practice in our "new normal". We have also eased the overall healthcare burden our country has faced by treating

dental emergencies, thus keeping many patients out of the hospital.

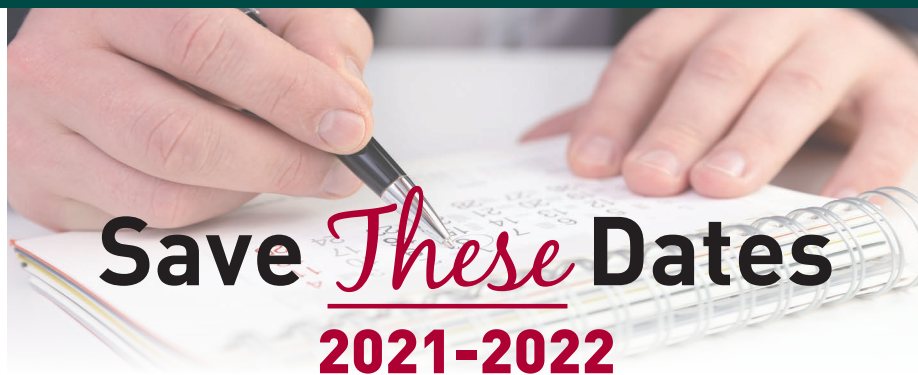
As we welcome the start of fall, I want to send a special welcome to all of our new members. I had the pleasure of meeting some of you recently at Normandy Farms. Involvement in organized dentistry is an extremely important pillar of our profession. Together we can accomplish so much. I applaud all of our new members and new dentists and I encourage all of you to get involved. All of my colleagues on the executive committee are open to ideas and suggestions, so I hope to hear from many of you throughout the year. All of our members are vital to the health of our organization. I hope that throughout this year we keep all of you engaged and informed in a way that best fits your needs- whether it be with CE, social events, family events, or business events. Your membership includes an impressive amount of CE, much of which helps to fulfill your requirements for licensure. Most importantly, in my opinion, the various programs we offer allow you to maintain camaraderie and friendships. I look forward to seeing you all throughout the year!

Best wishes,

Andrew Steinkeler

Andrew Steinkeler DMD, MD

Cocktails - 6 PM Dinner - 7 PM
Meeting - 8 PM
See page 16 for Registration form.



Executive Council Meetings:

(held at Blue Bell Country Club Clubhouse – Thursdays)

November 11, 2021

March 3, 2022

January 1, 2022

Dinner Meetings: Cocktail hour beginning at 6:00 & dinner at 7:00

Monday, November 8, 2021 – Vertical Dimension-Restorative Dilemma

Monday, March 7, 2022 – Noise Levels & Hearing Loss

Monday, April 4, 2022 – TBA - Restorative

Friday Full Day CE. Meetings: Friday courses run 9:00 to 3:30

All CE Events are held at Blue Bell Country Club

January 14, 2022 – TBA

April 8, 2022 – TBA

May 6, 2022 – TBA

September 23, 2022 – TBA

GPVFDC Course

March 11, 2022



If you have an idea tumbling around in your head that you feel might be interesting to other dental professionals, ***I want to hear from you!*** The MBDS Bulletin is always looking for member-submitted content covering topics of

interest to our dental community such as technique tips, case studies, personal victories, etc. Bulletin articles are typically 500-1,000 words in length, and all submissions are reviewed, edited, and approved prior to publication.

My goal is to amplify your voices. I don't bite. (*Get it? Bite?*)

Yours Truly,

Rachel Lewin, DDS

MBDS Editor

DrRachelLewin@gmail.com

Deadline for November 2021 Issue: October 11, 2021

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PAINT & SIP PARTY

Learn to paint this beautiful Autumn Tray while relaxing and enjoying your favorite beverage!

This is a BYOB event!

All supplies and instructions included.

Thursday, November 18, 2021 • 6:30 - 9:00 PM

Art in the Barn

91 Rodgers Road • Fulong, PA 18924

(Just off York Road near Doyestown)

www.artinthebarn.life

Cost \$50 per person

Register at MBDS.org on the Event Page.

For Questions, please contact Anne O'Day at

odayortho@yahoo.com OR 215-794-5002.

This is a limited capacity event, so register soon!



ADAPT is a service offered through ADA Business Innovation Group to foster relationships between dentists at key points in their careers. ADAPT matches dentists who are looking to join practice with owners who are seeking a partner, associate or someone to purchase their practice.

Secure or Start Your Legacy with ADA Practice Transitions

ADA Practice Transitions (ADAPT), a service offered by the ADA, makes the process of buying, selling, or joining a dental practice more predictable and successful. However, ADAPT isn't just another listing service. Instead, it connects dentists who share a similar practice approach – which leads to more successful transitions and careers.

ADAPT Matches Like-minded Buyers and Sellers

ADAPT Advisors help practice owners find the right associate or buyer who will carry on their legacy. ADAPT also helps dentists purchase practices or find associateships where they can thrive.

ADA Practice Transitions is opening nationally!

ADAPT is not a national service. That means that no matter where you want to practice, ADAPT can help you find the perfect fit. Answer three quick questions to become an ADAPT Insider and receive early access to create your profile

How ADAPT Works

ADAPT can help you sell, buy, or join a practice in three steps.

- 1. Create Your Online Profile** - Build and submit your profile to your ADA advisor.
- 2. Work With Your ADA Advisor** - Receive matches for review, knowing you are supported every step of the way.
- 3. Achieve Transition Success** - Match with the dentist or practice that aligns best with your personal and professional goals.



Financial Planning Information

How Much Annual Income Can Your Retirement Portfolio Provide?

Your retirement lifestyle will depend not only on your assets and investment choices, but also on how quickly you draw down your retirement portfolio. The annual percentage that you take out of your portfolio, whether from returns or the principal itself, is known as your withdrawal rate. Figuring out an appropriate initial withdrawal rate is a key issue in retirement planning and presents many challenges.

Why is your withdrawal rate important?

Take out too much too soon, and you might run out of money in your later years. Take out too little, and you might not enjoy your retirement years as much as you could. Your withdrawal rate is especially important in the early years of your retirement; how your portfolio is structured then and how much you take out can have a significant impact on how long your savings will last.

Gains in life expectancy have been dramatic. According to the National Center for Health Statistics, people today can expect to live more than 30 years longer than they did a century ago. Individuals who reached age 65 in 1950 could anticipate living an average of 14 years more, to age 79; now a 65-year-old might expect to live for roughly an additional 20 years. Assuming rising inflation, your projected annual income in retirement will need to factor in those cost-of-living increases. That means you'll need to think carefully about how to

structure your portfolio to provide an appropriate withdrawal rate, especially in the early years of retirement.

Current Life Expectancy Estimates

	Men	Women
At birth	76.3	81.4
At age 65	83.2	85.8

Source: NCHS Data Brief, Number 395, December 2020

Conventional wisdom

So what withdrawal rate should you expect from your retirement savings? The answer: it all depends. The seminal study on withdrawal rates for tax-deferred retirement accounts (William P. Bengen, "Determining Withdrawal Rates Using Historical Data," *Journal of Financial Planning*, October 1994) looked at the annual performance of hypothetical portfolios that are continually rebalanced to achieve a 50-50 mix of large-cap (S&P 500 Index) common stocks and intermediate-term Treasury notes. The study took into account the potential impact of major financial events such as the early Depression years, the stock decline of 1937-1941, and the 1973-1974 recession. It found that a withdrawal rate of slightly more than 4% would have provided inflation-adjusted income for at least 30 years.

Other later studies have shown that broader portfolio diversification, rebalancing strategies, variable inflation rate assumptions, and being willing to accept greater uncertainty about your annual income and how long your retirement nest egg will be able to provide

an income also can have a significant impact on initial withdrawal rates. For example, if you're unwilling to accept a 25% chance that your chosen strategy will be successful, your sustainable initial withdrawal rate may need to be lower than you'd prefer to increase your odds of getting the results you desire. Conversely, a higher withdrawal rate might mean greater uncertainty about whether you risk running out of money. However, don't forget that studies of withdrawal rates are based on historical data about the performance of various types of investments in the past. Given market performance in recent years, many experts are suggesting being more conservative in estimating future returns.

Past results don't guarantee future performance. All investing involves risk, including the potential loss of principal, and there can be no guarantee that any investing strategy will be successful. Rebalancing involves selling some investments in order to buy others. Investors should keep in mind that selling investments in a taxable account could result in a tax liability. Diversification does not guarantee a profit or protect against investment loss.

Inflation is a major consideration

To better understand why suggested initial withdrawal rates aren't higher, it's essential to think about how inflation can affect your retirement income. Here's a hypothetical illustration; to keep it simple, it does

not account for the impact of any taxes. If a \$1 million portfolio is invested in an account that yields 5%, it provides \$50,000 of annual income. But if annual inflation pushes prices up by 3%, more income — \$51,500 — would be needed next year to preserve purchasing power. Since the account provides only \$50,000 income, an additional \$1,500 must be withdrawn from the principal to meet expenses. That principal reduction, in turn, reduces the portfolio's ability to produce income the following year. In a straight linear model, principal reductions accelerate, ultimately resulting in a zero portfolio balance after 25 to 27 years, depending on the timing of the withdrawals.

Volatility and portfolio longevity

When setting an initial withdrawal rate, it's important to take a portfolio's ups and downs into account — and the need for a relatively predictable income stream in retirement isn't the only reason. According to several studies done in the

late 1990s and updated in 2011 by Philip L. Cooley, Carl M. Hubbard, and Daniel T. Walz, the more dramatic a portfolio's fluctuations, the greater the odds that the portfolio might not last as long as needed. If it becomes necessary during market downturns to sell some securities in order to continue to meet a fixed withdrawal rate, selling at an inopportune time could affect a portfolio's ability to generate future income.

Making your portfolio either more aggressive or more conservative will affect its lifespan. A more aggressive portfolio may produce higher returns but might also be subject to a higher degree of loss. A more conservative portfolio might produce steadier returns at a lower rate, but could lose purchasing power to inflation.

Calculating an appropriate withdrawal rate

Your withdrawal rate needs to take into account many factors, including (but not limited to) your asset allocation, projected inflation rate, expected

rate of return, annual income targets, investment horizon, and comfort with uncertainty. The higher your withdrawal rate, the more you'll have to consider whether it is sustainable over the long term.

Ultimately, however, there is no standard rule of thumb; every individual has unique retirement goals, means, and circumstances that come into play.

The information in this article is not intended as tax or legal advice, and it may not be relied on for the purpose of avoiding any federal tax penalties. You are encouraged to seek tax or legal advice from an independent professional advisor. The content is derived from sources believed to be accurate. Neither the information presented nor any opinion expressed constitutes a solicitation for the purchase or sale of any security. This material was written and prepared by Emerald. Copyright 2016 Emerald Connect, LLC.

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2021

GREATER PHILADELPHIA VALLEY FORGE DENTAL CONFERENCE®

Valley Forge Convention Center & Casino Resort
King of Prussia, PA

Conference Cancelled

It is with great sadness that I inform you of the cancellation of the Greater Philadelphia Valley Forge Dental Conference scheduled for October 27-29, 2021 at the Valley Forge Casino Resort. This decision was not made lightly, but through extensive research. It was both a business decision, as well as a decision made to protect you, your family and staff during this uptick in COVID and its variants.

Be sure to mark your calendar for March 11, 2022 for the next GPVFDC event. Information to follow.

Dr. Laurene Grabill
President, Second District Valley Forge Dental Association

Registration Information:

If you have registered with TMI and paid for a course for the conference in October, 2021, you will receive a refund within 4-6 weeks in the format of your payment (credit card, check). Please call TMI with any questions or concerns at 216-342-1776.

We apologize for any inconvenience this may have caused you.

www.gpvfdc.org

Member Spotlight



William A. Rivera, DDS

Positions Held:
New Member

Dental Specialty:
General Dentistry

What is your favorite dental learning resource?

What is great about the field of dentistry is that there are so many avenues for continuing education. I really enjoy the video seminars provided by Spear and Stephen Phelan, as well as those hosted by Dr. Brady on *Restorative Nation*. Recently, I have gained useful tips from Facebook's Dental Pearls and even webinars hosted by companies, such as Garrison and Glidewell. My favorite publications include *Decisions in Dentistry* and *Journal of Cosmetic Dentistry*. I would recommend keeping interesting articles in a binder for future review!

Do you have any non-dental hobbies?

I am an avid consumer of history. I enjoy watching documentaries, reading novels and listening to podcasts that cover interesting conflicts or periods in time. I think this hobby stemmed from seeing my own father's love of World War II airplanes, as well as watching movies with him on weekends, such as *The Patriot*, *Kelly's Heroes*, *Patton*, *The Thin Red Line*, and *Saving Private Ryan*.

What is your movie and why?

My favorite movie is the 1992 film *The Last of the Mohicans*. Starring Daniel Day-Lewis, the movie follows the last members of a dying American tribe during the French and Indian War. I enjoy the movie, not only because of the interesting time period, but also the attention to detail when it comes to uniforms, setting and armaments.

What was your first car and how did it drive?

My first car was a white 1991 Buick Century inherited from a deceased neighbor. The car drove like a U.S. Navy steel gunboat and even had the suspension to match!

What do you want to say to the new dentists?

Obtain a mentor or join a study group. The most helpful thing for me, as a young dentist, has been having direct access to others in the profession to share ideas, discuss cases and answer questions.

Nancy Rosenthal, DDS

Position Held: Budget & Finance
Committee Chair

Dental Specialty: General



Do you have any non-dental hobbies?

Non-dental hobbies add balance to life. I enjoy tennis, Zumba, knitting, and cooking. I have many friends from participating in these hobbies.

Do you have a favorite tooth? If so, which tooth/teeth?

My favorite tooth is the first maxillary molar because it is so complex and diverse. Part of it has an Italian name which is romantic.

What is your favorite part of being involved in organized dentistry?

The dentists that you would never interact with outside the organized dentistry umbrella nationwide have enriched my life. Many opportunities have presented themselves to become a better leader in life and practice as a result of my participation in organized dentistry.

What do you want to say to the new dentists?

Do not be afraid to make mistakes. Use them as tools to grow and celebrate your recognition of being part of an imperfect, sometimes very confused, world. Imperfection keeps you human and challenges you to be better.

What is something you wish you could go back in time and tell yourself as a new dentist?

Going back in time, I would advise myself to take more time off and to enjoy life. Do not delay travel or enriching experiences because you have to work. Dentistry will wait for you. Spend time with people you value and learn and celebrate with them.

Volunteer to be Featured in — Member Spotlight

If you're interested in becoming a "Featured Member" and sharing your ideas/experiences in one of our upcoming Newsletters, please contact Rachel Lewin at DrRachelLewin@gmail.com or send us a message to any of our Social Media pages and we'll be in touch!

THE REALITY OF MEDICARE PART B DENTAL & WHY EVERY DENTIST IN PENNSYLVANIA SHOULD CARE

Right now, Congress is considering a Medicare dental benefit in Part B. You may think this will not affect your dental practice, but you would be wrong. We can't ignore what is happening right now in Washington DC.

Every dentist will be negatively impacted if Congress adopts Medicare Part B dental. The Medicare Dental Coverage Act of 2021 claims to be a generous dental benefit for all eligible seniors, those age 65 and older. **The reality is that this program will not bring dental care to those seniors most in need and will damage the dental profession for every dentist.**

PATIENT LOSS

Patients age 65 and older will likely want the free Medicare dental benefit and leave your practice if you opt out of Medicare. Dentists currently participating in commercial Medicare Advantage plans may see patients drop the coverage and migrate to traditional Medicare.



DRIVE INSURANCE FEE SCHEDULES DOWN FOR ALL DENTISTS



Look at physicians to see the devastating impact Medicare had on commercial medical insurance. As in medicine, Medicare will become the benchmark for commercial dental insurance rates. Even if you are a pediatric dentist, you will still feel the effects of Medicare dental when commercial insurance reimbursement rates are drastically cut, driving reimbursement far below the actual cost of providing the dental care.

UNDERFUNDED AND ADMINISTRATIVE NIGHTMARE

The current proposal includes **ALL** Medicare eligible seniors, even for wealthy seniors (like Warren Buffett and Bill Gates!) with **INSUFFICIENT** funding. This makes zero sense.

Medicare Part B was created for physicians, not dentists. Dental does not fit into Medicare Part B. Dentists are the surgeon, anesthesiologist, and hospital.

Congress could cut funding to private Medicare Advantage Plans to offset the cost of the new Medicare dental benefit. Seniors could lose their dental benefits, have benefits reduced, and lose other non-dental services from their Advantage plan.



FRUSTRATED PATIENTS, FRUSTRATED DENTISTS



The most vulnerable seniors will not receive the help they need because their out-of-pocket fees will be unaffordable. If Congress implements cost-sharing, low-income seniors will still not be able to afford their portion of the Medicare dental benefit. They will continue suffering and going to emergency rooms for dental pain and infection.

OPINION



by Cary Limberakis, DMD

Honorable Congresswoman Dean,

I am a dentist of 43 years, practicing all that time within your Congressional District, and I am writing to you to express my grave concern regarding the expansion of the 2022 Budget to include a dental benefit for all senior citizens to Medicare Plan B.

Firstly, Plan B Medicare is for physicians, and medicine and dentistry have never operated similarly with respect to insurance, public or private. Secondly, given the reimbursement rates of Medicare to physicians, dental care delivery, as you know it in this country, whose overheads exceed 65-70%, would never be able to survive economically if Medicare reimbursements to dentists mimicked that of physicians. Thus, any dental benefit plan in Medicare should be sufficiently funded and efficiently administered to ensure access to care. The dental benefit should include a range of services necessary to achieve and maintain oral health for beneficiaries whose income is up to 300% the federal

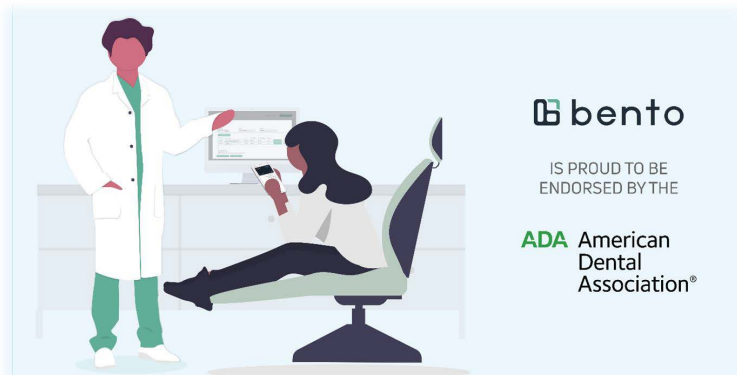
poverty level in alignment with the ADA's policy on financing oral health care for adults aged 65 and older. This would allow the 47% of seniors who do not see a dentist due to cost constraints, to be able to do so. Lastly, to remove the beneficiary's freedom to choose their own dental provider is antithetical to healthcare. Allow freedom of choice for patients to seek care from any dentist while continuing to receive the full program benefit.

I ask you to be receptive to the American Dental Association policy adopted by the 2020 House of Delegates with respect to funding an elder care dental benefit in Medicare. Please take time to research this complex matter, and I would ask you not to rush to a politically expedient decision. The future of dental care delivery in this country is at stake, and so is the oral healthcare of its citizens.

Respectfully,
Cary J. Limberakis, DMD

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Are Month-to-Month Leases Good or Bad?

By Brian Madden
CARR Healthcare

While some healthcare tenants find themselves in a month-to-month lease arrangement, it doesn't usually happen on purpose or with a specific strategy in mind. Month-to-month leases are often a byproduct of a lease that has expired when neither the tenant nor the landlord took the initiative to define renewal terms.

Also called periodic tenancy, a month-to-month lease means that either party may terminate the arrangement at any time with notice (30 days is typically required, but varies per state). In most cases, it's an unnecessary and avoidable risk that, if realized, could cost a tenant six to seven figures in financial loss.

Why Might a Tenant Choose a Month-to-Month Lease?

One of the most common reasons a tenant ends up in a month-to-month lease is because their initial lease has expired and turned into periodic tenancy without the tenant knowing. Healthcare providers are busy running their practice. As a result, the majority don't know when their lease expires. If their rent is paid on time, the landlord stays out of their way, and they typically don't give it any thought.

Some tenants, however, are aware of their lease situation but fear the possible disruption caused by a lease renewal. They're content with their current lease payment and fear that addressing a lease renewal could result in less favorable terms, namely a rate

increase. So, they employ the old "let sleeping dogs lie" mentality.

For those who actively choose periodic tenancy, they often do so to "keep their options open." The thought is that they can move at any time should they want or need to, potentially avoiding the penalty of breaking a lease early.

However, a month-to-month lease is a high risk for a tenant, especially for medical practices. Unlike retail or startups with a much higher failure rate and often unknown future, medical practices are one of the most stable tenants and rarely relocate. As a result, having a long-term lease that suits their long-term stability plays hand-in-hand.

If you're in a month-to-month lease, or have considered entering one, there are several concerns you should be aware of, as your practice's foundation could be at risk. This is not to say that you should never enter into such a lease, but it's rare that circumstances would justify subjecting your practice to this otherwise precarious position.

Five Risks of a Month-to-Month Lease Arrangement

1. Eviction Without Reason

Does this ever really happen? Yes, more often than one might think, and for several reasons:

- I. The landlord has a better and longer-term deal on the table

- I. The building ownership changes
- III. A neighboring tenant wants to expand
- IV. Or... numerous other reasons that often catch tenants off guard

Imagine the consequences of your landlord telling you to vacate your office space within 30 days. For most healthcare practices, this would be a logistical nightmare. But logistics aside, it would be equally difficult and nearly impossible to research, locate, negotiate and build out another suitable space in 30 days. Inevitably, this would result in months of lost revenue for a practice and a significant loss in patients.

2. No Time to Competitively Procure Other Options

There's a proven strategy to achieve the best possible terms on your lease: negotiate on multiple properties at least 6-12 months in advance of your lease expiration. Research, touring, negotiations and legal review can easily take three to four months. Design, permitting and construction, on average, take another five months. Now consider trying to fit this into 30 days.

Having a weak negotiation posture and inadequate time to shop the market and leverage your options would result in a six-to-seven figure loss for most practices over 5-10 years.

3. Raised Rent or Term Changes

In any given month—and without the consent of the tenant—a landlord in a periodic tenancy lease can change the lease rate and terms. If the lease rate increases substantially, what leverage does the tenant have to dispute it? None. The only way to level the playing field is to have another option fully negotiated that allows them to relocate immediately.

4. Losing Out on Concessions

Month-to-month leases, and even terms fewer than five years, result in the loss of tremendous concessions, such as free rent periods, lower rates, build-out allowances and more. At CARR, we negotiate thousands of healthcare leases every year and encounter many landlords who will offer three times the amount of concessions on a 10-year deal as they will on a 5-year deal. This makes sense: The landlord is willing to invest in the space for long-term security. If a tenant wants to save money and gain substantial concessions

on a lease, it's likely to only come from a multi-year lease.

5. Devaluing the Practice

If a practice sale is in your near future, having a month-to-month lease could actually devalue the practice. One of the most common causes of an acquisition falling apart is the real estate. Landlords can hold the seller and prospective buyer over a barrel, demanding terms that the prospective buyer cannot accept. If the deal does work out, the increased lease rate or lack of concessions needed to improve the space can eat into the sale price of the practice.

The Bottom Line

While all of these risk factors are true, there is one scenario that might prove to be a legitimate reason to continue a month-to-month lease: If you intend to move very soon (meaning within the next six months with relocation options actively being researched and negotiated). Even then, a short-term lease would provide better security.

Let's put it this way: A practice that is in a month-to-month lease is equivalent to owning an asset that produces six figures in profit every year and carrying no insurance on that asset. You might escape the need for an insurance claim, but not having insurance would be an unnecessary and easily avoidable risk that could result in a devastating loss.

If you find yourself currently month-to-month or soon to be, it's in your best interests to consult with an expert healthcare real estate advisor, who can help you develop a customized real estate strategy to maximize your profitability and protect your practice.

CARR is the nation's leading provider of commercial real estate services for healthcare tenants and buyers. Every year, thousands of healthcare practices trust CARR to achieve the most favorable terms on their lease and purchase negotiations. CARR's team of experts assist with start-ups, lease renewals, expansions, relocations, additional offices, purchases, and practice transitions. Healthcare practices choose CARR to save them a substantial amount of time and money, while ensuring their interests are always first.

Visit CARR.US to learn more and find an expert agent representing healthcare practices in your area.

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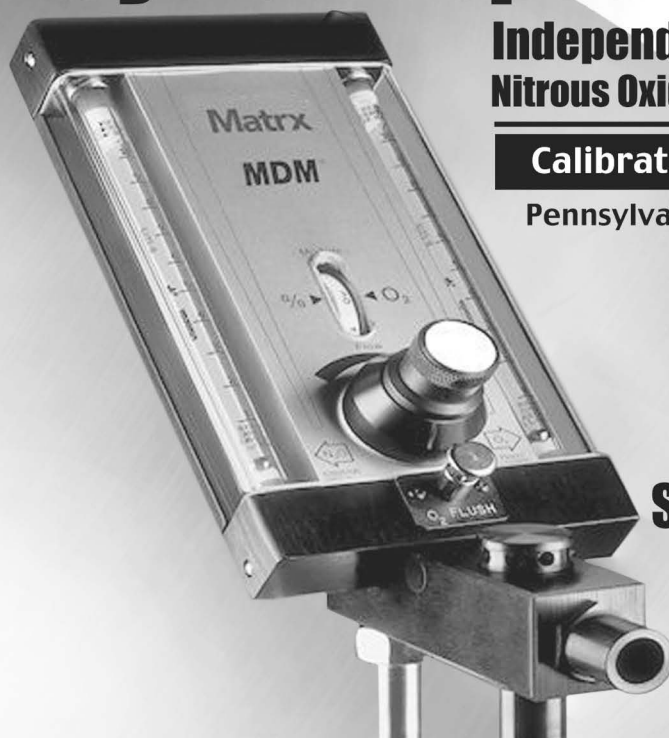
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Montgomery Bucks Dental Society
Meeting Minutes are posted and available on
our website: www.mbds.org
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"For Dentists" tab on the left and then
the "Meeting Minutes" tab
and clicking on the button there.

Important Contact Information:

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Ms. Betty J. Dencler 800-860-3551
Pennsylvania Dental Association 717-234-5941
American Dental Association 312-440-2500
Phila. County Dental Society 215-925-6050
Pennsylvania State Board 717-783-7162



Dr. Robert Singer (1932-2021)

Bob Singer, a past president of Montgomery-Bucks Dental Society and the Second District Dental Association, passed away in September of this year. Bob was a graduate of Temple University School of Dentistry and practiced in Montgomery County for more than 50 years.

His most recent office was in Elkins Park and he was in a partnership with Bernie Dishler for 40 years.

Bob taught at the University of Pennsylvania for 32 years and many of our members were fortunate to have Bob as a clinical instructor. Bob was a Fellow of the Academy of General Dentistry, the American College of Dentistry, the International College of Dentistry, and the Pierre Fauchard Academy.

Bob was on the original steering Committee of the Harcum College Hygiene Program. He started the PA Direct Reimbursement Corp, an attempt to have employers self-insure dental programs. Bob volunteered at the HealthLink Dental Clinic for 18 years and was honored by the Clinic as a Volunteer of the Year.

Bob was an active member of the PA DMORT Committee and went to New Orleans and helped identify bodies from dental records after Hurricane Katrina. When the ADA discovered that there was inadequate dental care in South Dakota Native American Reservations, Bob volunteered to help provide care.

One of Bob's passions was the Montgomery Bucks Patient Relations Committee. When most of the Locals were eliminating this Committee, Bob said he would volunteer to Chair ours. He would interview and discuss patient complaints, and he would work with the dentists in question. He was successful in solving many disputes and kept the cases out of the courts.

Bob loved animals and was a docent at the Philadelphia Zoo. Bob loved to travel. Many of you might remember the PDA Journal cover a few years ago- it featured Bob in a tuxedo, face to face with a penguin in Antarctica. Bob was a skier, tennis player, bicyclist, table tennis player, skater, and Pickleball player.

As you can see, Bob was very active, but most of all he was a caring, ethical, and superb dentist. He was loved by his patients and respected by his colleagues.

Distinguished Speaker Series (Continued from Page 1)

Kornberg School of Dentistry at Temple University, where he was course director of Advanced Restorative Dentistry. He has served on editorial boards of professional and related health magazines and has contributed more than 30 original articles to dental literature. In addition, he has served as team dentist to the Philadelphia 76ers, and has maintained a private practice in suburban Philadelphia for more than 35 years. He has been a Rotarian for over 25 years.

Dr. Greenberg holds fellowships in the American Academy of Esthetic Dentistry, the Greater New York Academy of Prosthodontics, the College of Physicians and Surgeons of Philadelphia, and the Academy of General Dentistry.

Dr. Greenber has recently been appointed to serve on the Pennsylvania Department of Health State Oral Health Plan Advisory Group, the Pennsylvania Dental Association Access to Oral Health Advisory Group, and the Chairman of the College of Physicians Fellowship Advisory Committee on Special Events and Lectures.

MBDS is looking for members to get involved in our committees, as well as online surveys and focus groups. It's a great way to get involved without a significant commitment of your time.

**If interested, contact:
mbdsdr@comcast.net**

We look forward to welcoming you!

Handouts & Wi-Fi for CE Courses

Any relevant handouts for the MBDS continuing education series lectures will be posted on the MBDS Continuing Education webpage shortly before each session.

If attending a course, please check the webpage:

<http://www.mbds.org/Education.html>

and print out the handout pages.

There is also Wi-Fi available on-site so you could also bring a device and view them during the presentation if you desire.

Our mission is to encourage the improvement of the health of the public, foster excellence and ethics in dentistry, to provide a network of informed, proactive dentists, to enhance the image of the profession to the public, to provide education and services to the members, to support the growth and professional success of the members, and to represent the interest of the dental profession and the public which it serves.

Membership Benefits in the Montgomery-Bucks Dental Society include:

General Membership Meetings

- Meet with your colleagues at these evening dinner meetings offering lectures by a variety of speakers.
- Members receive one complimentary dinner annually.
(Prospective members are able to arrange to attend one evening program free of charge.)

Continuing Education Programs

- Fulfill All CE Credit Requirements
- Grow professionally by attending our superb CE programs featuring nationally known speakers. Members attend at discounted rates. New dentists receive substantial discounts for all courses..
- Accumulate the required CE credits in one year through various programs and meetings offered by MBDS while enjoying the camaraderie of your colleagues who represent a diversified membership.

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- Experience a top-rated dental meeting featuring three days of scientific sessions, as well as, a full range of exhibitors. Enjoy nationally known speakers, auxiliary programs and exciting social activities.
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Doctor Attending Menu Selection: ☐ Fish ☐ Chicken ☐ Vegetarian

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Name: _____

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