

ORACLE

NAPA-SOLANO DENTAL SOCIETY NEWSLETTER



Jan/Feb 2016

Inside This Issue:

Billing Cellphone Calls	2
Trustee Report.....	3
CDA Cares Update.....	3
Tobacco Tax Information and Fact Sheet.....	5
Medicare.....	7
Waiving Co-Payments	7
Give Kids A Smile.....	8
C.E. Courses.....	9
New Members.....	9
In Memoriam.....	9

Prepare for 2016 dental procedure code changes

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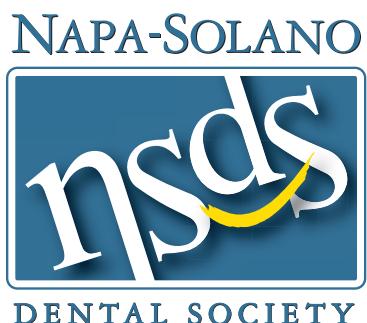
Dentists need to ensure that their practices are prepared for dental procedure code changes that go into effect Jan. 1. There are 39 code changes, which include an addition of 19 new procedure codes.

CDT 2016 (<http://ebusiness.ada.org/ProductCatalog/productcategory.aspx?ID=9>) is the newest version of the American Dental Associations code on dental procedures and nomenclature.

Dental plans are required to recognize the current CDT codes and usually make updates effective Jan. 1 of every year. Remember, that while plans are required to recognize the current CDT codes, they are not required to pay or provide benefits for the new code set. Dental offices are encouraged to reach out to the dental plans they contract with for an updated provider handbook and review them for CDT code and processing policy changes.

Copies of the CDT 2016 are available for purchase through the ADA website (<http://ebusiness.ada.org/ProductCatalog/productcategory.aspx?ID=9>). It is recommended that all dental offices have a current copy to assist with proper claim billing.

continued on Page 4



From the President

Dear Colleagues and Friends,

It is amazing to see how fast a year goes by. Last year was a busy year for the Napa-Solano Dental Society. I would like to give an update of the goals we have accomplished. Our board has worked very hard this past year along with Executive Director Gail Grimm, CAE.

continued on Page 2

Dentists must obtain consent to make billing cellphone calls

Dental practices now must obtain authorization from a patient to call him or her on his or her cellphone to discuss account and insurance information, according to a recent ruling. A July 10, 2015, order by the Federal Communications Commission, interpreting a rule it promulgated in 2013, is cause for CDA to advise dental practices to ensure their policies and procedures for communications using patients' cellphone numbers are in compliance with the law.

The FCC issued its recent order under the Telephone Consumer Protection Act of 1991 (TCPA). The FCC's order addressed several issues and includes an exemption for health care treatment communications. TCPA rules require a business to obtain an individual's consent prior to calling or sending a text to an individual's cellphone number. The health care exemption applies if the communication:

- Is sent only to the cellphone number provided by the patient to the health care provider;
- States the name and contact information of the health care provider (information must be at the beginning of a voice call);
- Does not include telemarketing, solicitation, advertising, billing, or financial content (including insurance information requests);
- Complies with the HIPAA Privacy Rule; and

- Is short (one minute or less for voice calls and 160 characters or less for text messages).

A health care provider must:

- Limit communication to one per day and three per week for each individual;
- Provide individuals with a simple method to opt out of receiving communications; and
- Immediately honor the opt-out requests.

CDA recommends dental practices take the following steps:

- Review procedures to determine if the practice uses patient cellphone numbers for communications related to dental benefits, financial arrangements or marketing/solicitation. Review patient forms to determine if required consents, obtained after Oct. 16, 2013 (effective date of original rule), are included. Update forms as needed.
- Ensure that the practice's HIPAA business associates who communicate on behalf of the practice are in compliance with TCPA rules.
- Other federal and state rules govern telemarketing and commercial email messages. A summary of these laws is available on the website of the Office of the Attorney General at <http://oag.ca.gov/privacy/privacy-laws>.

From the President

continued from Page 1

I want to thank Dr. Valerie Godfrey for her many years of service as part of our dental society. I am sure many of you received a letter from her informing you of her transition from U.S. Army reservist to active duty. Our thoughts are with her as Lt. Col. Godfrey relocates to El Paso, Texas, to train military personnel.

The dental society website is up and running. We are trying very hard to make it a resource for our community and our members. I have to say it is a work in progress.

We have a date and place for our Give Kids A Smile event. Solano County Dental Clinic and Dr. T. Gary Ichikawa are hosting the event, which will be held Feb. 6, 2016. We need about 30 volunteers for this event. It is scheduled in 2- to 3-hour shifts. (See

Page 8 for more details.) If you can volunteer, please contact the dental society office at 707.428.3894.

The dental society bylaws are complete and are in effect. Our executive director has worked very hard on the bylaws with CDA.

It is good to look back on 2015 and see so many accomplishments. We have many enlightening C.E. courses scheduled in 2016. We would love to see as many members as possible at these events. They are not only a great educational opportunity but also a great time to get to know other members of our society.

I hope you had a Merry Christmas and wish you a wonderful New Year.

I. Emrah Basaran, DDS

Trustee Report

2015 House of Delegates to be held in March



Jim Sanderson, DDS

The CDA House of Delegates was scheduled to be held on Oct. 16-18, 2015, in Sacramento. Sadly, Dr. Steve Leighty, a Sacramento oral surgeon and beloved trustee passed away on Thursday, Oct. 15, at the CDA Headquarters on the eve of the House. The House of Delegates chose to reschedule to a later date.

On Oct. 21, the CDA Board of Trustees held a conference call to officially call for a "Special House of Delegates" on March 4 and 5 in Sacramento. This was my first meeting as the Napa-Solano Dental Society trustee.

The Board of Trustees held a second conference call on Thursday, Dec. 3. The board voted to financially support the California Healthcare Research and Prevention Tobacco Tax Act of 2016. CDA will form a coalition with the American Cancer Society Action Network, American Heart Association, and American Lung Association. The purpose of this act is to increase the tobacco tax. Research shows that for every 10 percent increase in cigarette prices, teen smoking decreases by 6.5 percent.

These tax funds will be used for health care services in California (i.e., Medi-Cal), smoking prevention programs, and medical research.

CDA Cares Fresno serves 2,099 people

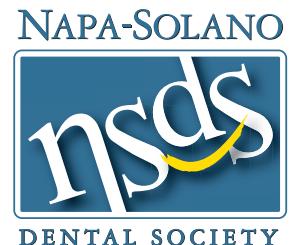
The CDA Foundation's CDA Cares volunteer dental program provided more than \$1.9 million in charitable dental services to 2,099 people in Fresno in October.

In addition to providing dental services at no charge to Californians who experience barriers to care, CDA Cares educates the public and policymakers about the importance of good oral health and the need for an adequately funded dental safety net, which includes a well-functioning Denti-Cal program.

"Being able to impact the lives of more than 2,000 people during one event is just incredible," said CDA Immediate Past President Walt Weber, DDS. "We appreciate the recent attention that oral health has received from the state, but there's still a tremendous need because California's Denti-Cal program remains chronically underfunded and has many bureaucratic barriers for providers. The system is broken, and it needs to be fixed."

During the two-day event, dentists and dental professionals provided 14,620 dental procedures, including fillings, extractions, cleanings, and oral health education. Volunteer technicians in the clinic's dental lab area worked to provide 291 complete and partial dentures and repairs.

More than 1,300 volunteers donated their time and services. The CDA Foundation is planning another CDA Cares event next year in Ventura on April 16-17. For information about CDA Cares, visit <http://cdafoundation.org>.



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Procedure Code Changes

continued from Page 1

The 19 new CDT procedure codes are as follows:

- D0251** extraoral posterior dental radiographic image
- D0422** collection and preparation of genetic sample material for laboratory analysis and report
- D0423** genetic test for susceptibility to disease — specimen analysis
- D1354** interim caries arresting medicament application
- autogenous connective tissue graft procedure (including donor and recipient surgical sites)
- D4285** non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)
- D5221** immediate maxillary partial denture — resin base
- D5222** immediate mandibular partial denture — resin base
- D5223** immediate maxillary partial denture — cast metal framework with resin bases
- D5224** immediate mandibular partial denture — cast metal framework with resin bases
- D7881** occlusal orthotic device adjustment
- D8681** removable orthodontic retainer adjustment
- D9223** deep sedation/general anesthesia — each 15-minute increment
- D9243** intravenous moderate (conscious) sedation/analgesia — each 15-minute increment
- D9932** cleaning and inspection of removable complete denture, maxillary
- D9933** cleaning and inspection of removable complete denture, mandibular
- D9934** cleaning and inspection of removable partial denture, maxillary
- D9935** cleaning and inspection of removable partial denture, mandibular
- D9943** occlusal guard adjustment

There are 12 code revisions:

- D0250** extraoral-2D projection radiographic image created using a stationary radiation source and detector
- D0340** 2-D cephalometric radiographic image — acquisition measurement and analysis
- D4273** autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position in graft
- D4275** non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft
- D4277** free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft
- D4278** free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site
- D5130** immediate denture — maxillary
- D5140** immediate denture — mandibular
- D5630** repair or replace broken clasp
- D5660** add clasp to existing partial denture
- D5875** modification of removable prosthesis following implant surgery
- D9248** non-intravenous conscious sedation

There are eight codes that have been deleted:

- D0260** extraoral — each additional radiographic image
- D0421** genetic test for susceptibility to oral diseases
- D2970** temporary crown (fractured tooth)
- D9220** deep sedation/general anesthesia — first 30 minutes
- D9221** deep sedation/general anesthesia — each additional 15 minutes
- D9241** intravenous moderate (conscious) sedation/analgesia — first 30 minutes
- D9242** intravenous moderate (conscious) sedation/analgesia — each additional 15 minutes
- D9931** cleaning and inspection of a removable appliance

CDA playing large role in tobacco tax measure



CDA and the Save Lives California coalition continue to move ahead with a state ballot measure campaign for the November 2016 election to increase California's tax on tobacco products.

The CDA Board of Trustees approved CDA's continued participation on the Executive Committee of the campaign, which also includes the California Medical Association, California Hospital Association, American Cancer Society, American Heart & Lung Association of California, Service Employees International Union, and Blue Shield.

Tobacco use continues to be a preeminent public health problem that CDA members have been on the frontlines of combatting, often being the first to see the early signs of oral cancer and other tobacco-related dental problems. The ballot measure will raise the tax, which has not been increased since 1998, by \$2 per pack (from \$0.87, which has fallen to 35th in the

nation, to \$2.87) and by raising the price will help prevent and reduce tobacco use while also generating revenue for state health care programs. In addition to increased Medi-Cal/Denti-Cal funding, \$30 million would be allocated annually to the state's oral health program now overseen by the new state dental director, an unprecedented dedicated funding source for this program.

CDA's participation in this important effort confirms a growing trend of others outside of the dental profession understanding the significance of oral health and its effect on a person's overall health.

Like the No On Proposition 46 campaign last year, this will be an extensive effort stretched out over many months. CDA components, grassroots leaders and overall membership will have a critical role to play, and there will be important opportunities for members to help. More information on how members can assist the campaign — including signing the petition to qualify the measure for the ballot — will be provided in January.

The California Health Care, Research and Prevention Tobacco Tax Act of 2016 Fact Sheet

The California Health Care, Research, and Prevention Tobacco Tax Act of 2016 will increase California's cigarette tax by \$2 per pack and place equivalent taxes on products containing nicotine derived from tobacco, including e-cigarettes. The American Cancer Society Cancer Action Network, American Heart Association, and American Lung Association in California are standing up to big tobacco to save lives and help smokers quit. This tax will:

- **Save lives.** Smoking is the No. 1 cause of preventable death in California.¹ This initiative will help people quit smoking.² The money will be used to improve health care and to fund research into cures for cancer and other smoking-related diseases.

- **Tax only tobacco users.** If you don't use tobacco, you won't pay. This is simply a user fee on those who choose to keep using dangerous tobacco products. Each year, tobacco-related diseases cost Californians billions of dollars.

- **Prevent teens from becoming addicted.** Thousands of youth become addicted to tobacco each year.³ This tax will reduce teen smoking and help fund law enforcement efforts to crack down on those who sell tobacco products to minors.

continued on Page 6

Tobacco Tax Act

continued from Page 5

WHY THIS ACT IS NECESSARY

Teens and Youth

- Ninety percent of smokers start as teens. In California, over 16,000 kids get hooked on smoking every year, and thousands of them will die from tobacco-related illnesses.
- This initiative will reduce the number of teen smokers. For every 10 percent increase in the cost of a pack of cigarettes, teen smoking drops by up to 6.5 percent.⁴
- Teen e-cigarette use has tripled from 2013 to 2014. These often candy-flavored products put teens and others at risk of developing a deadly, lifelong addiction to nicotine. That's why they should be regulated and taxed like tobacco.

Saving Lives, Saving Dollars:

- Every year, smoking costs California taxpayers billions of dollars. This includes \$3.5 billion that Medi-Cal spends each year to treat smoking-related diseases.
- This tax will reduce smoking rates and reduce long-term health care costs.

THE ACT

The California Health Care, Research and Prevention Tobacco Tax Act of 2016 will increase the tax on a pack of cigarettes sold in California from 87 cents a pack to \$2.87, and place equivalent taxes on other tobacco products containing nicotine, like e-cigarettes. The tax will fund:

- **Health care** programs through the California Department of Health Care Services, including Medi-Cal.
- **Smoking prevention** programs administered by the California Department of Public Health Tobacco Control Program and the Department of Education.
- **Medical research** on tobacco-related diseases including cancer, heart, and lung disease through the University of California.

OUR COALITION

Our coalition is standing up to big tobacco companies, because together we can save lives and help smokers quit.

American Cancer Society Cancer Action Network, American Heart Association, American Lung Association in California, Blue Shield of California, California Medical Association, California Dental Association, the Service Employees International Union California, and Planned Parenthood Affiliates of California.

Visit SaveLivesCA.com for more information.

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Paid for by Save Lives California, a coalition of Doctors, Dentists, Health Plans, Labor, and Non-Profit Health Advocate Organizations. 555 Capitol Mall, Suite 1425, Sacramento, CA 95814. Major funding by California State Council of Service Employees Issues Committee.

Dentists should choose their Medicare status now

Reprinted with permission from the California Dental Association.

By Greg Alterton

CDA Dental Benefit Plan Specialist

Now is the time for dentists to file their intentions with Medicare.

Medicare has given dentists and other health care providers until June 1, 2016, to declare whether they will opt in or opt out of the program. However, the Centers for Medicare and Medicaid Services (CMS) is encouraging providers to get their forms into the state Medicare administrators as soon as possible to ensure that a provider's status is recorded by the June 1 date, as it will take the administrators four to six months to process forms.

Medicare does not cover routine dental procedures. It does cover certain dental procedures that have corresponding medical codes — mainly oral surgery, periodontal surgery, and lab work, for example. For specialists or general dentists who perform procedures for which there are medical cross-codes, CMS is allowing an opt-in to Medicare as a provider, which will allow dentists to be reimbursed for those procedures. But again, for basic oral health care — preventive, diagnostic, basic restorative — Medicare does not provide coverage, and for dental care provided to patients who are Medicare beneficiaries, that care will have to be paid on a cash basis.

Aside from enrollment, Medicare allows dentists to opt out. The opt-out lets CMS know that a provider chooses not to participate in Medicare, and that any services provided to a senior who is in the Medicare program will be provided through a private arrangement.

ment between the practice and the patient. The importance of formally opting out is that if a dentist who has opted out writes a prescription for a Medicare-covered patient, Medicare will pay for the medication. If a dentist does not at least opt out of Medicare, the patient will be paying for his or her prescriptions out of pocket.

A third option is to enroll with Medicare as an ordering and referring provider. This status does not allow the provider to bill Medicare for services, but does allow the provider to bill Medicare Advantage plans (privately administered Medicare coverage that often includes dental coverage provided by the plan administrators).

A fourth option is to do nothing — to not file anything with Medicare. There is no penalty to the dentist who chooses to do nothing by the June 1 deadline, but after June 1, Medicare-covered patients will be paying for their medications out of pocket, unless the dentist formally opts out of Medicare.

To opt in to Medicare, a provider must submit a CMS Form 855i to the state's Medicare administrator. To register as an ordering and referring provider, CMS Form 855o must be submitted. Both of these forms are available on the CMS Medicare website and can be found easily with an Internet search of "CMS Form 855i" or "CMS Form 855o."

A sample of the opt-out form, and the private contract that must be entered into with cash-pay Medicare patients, are both available at <http://ada.org>.

All forms must be submitted to Noridian Healthcare Solutions, Provider Enrollment, P.O. Box 6770, Fargo, ND 58108-6774 (for Northern California, or ZIP code 58108-6775 for Southern California).

Co-payments can be waived in some circumstances

By Volki Felahy, DDS

Member of the CDA Judicial Council

A common misconception in the dental community is that waiving co-payments is always forbidden. The truth is that waiving co-payments, like many things, depends on the circumstances. There are several questions to consider before a dentist determines if waiving a co-payment is appropriate. For example, is the dentist a contracted provider with the

patient's insurance plan? Is the dentist waiving co-payments for a federally funded program? Finally, are there any other legal prohibitions regarding waiving co-payments?

If the dentist is a contracted provider with the patient's insurance plan, the prohibition of waiving co-payments really lies with the insurance carrier, and it's up to the carrier to prohibit it. Under the law, insurance

continued on Page 9



ADA Foundation®

Help NSDS be a part of the Give Kids a Smile movement

Through the ADA Foundation's Give Kids a Smile program, more than 5 million underserved children have received free oral health services. These free services are provided by approximately 10,000 dentists each year, along with 30,000 other dental team members.

Give Kids a Smile day is celebrated in February. GKAS events are intended to be touch points for children who do not receive dental care, for whatever reason. The ultimate goal for a GKAS program is to establish a dental home for these children — in other words, provide continuity of care.

Please join NSDS for its 2016 Give Kids a Smile Event.

Who: Thousands of dentists across the country will take time from their practices to help underserved children who aren't receiving the oral health care they need. Will you join us?

What: Give Kids a Smile, an annual one-day volunteer initiative to provide free educational, preventive, and restorative services to children from low-income families.

Why: To focus attention on the epidemic of untreated oral disease among disadvantaged children and deliver the message that dentists alone can't solve this problem without a real commitment from government and society. And to provide an effective platform from which dental societies can advocate commonsense, market-based solutions to local access problems.

When: Saturday, Feb. 6

8 a.m.–2 p.m.

Where: Solano County Dental Clinic
2101 Courage Drive
Fairfield, CA 94533

To volunteer: NSDS will need dentists, hygienists, and dental assistants to make this community event successful. To sign up, please contact Gail Grimm, Executive Director, Napa Solano Dental Society, at 707.428.3894 or exec@n-sds.org.

NSDS Continuing Education Spring 2016

For registration and more information, contact Gail Grimm, CAE, Executive Director, 707.428.3894 or exec@n-sds.org.

DATE	TOPIC	INSTRUCTOR	LOCATION	TIME
Jan. 16	Acupuncture for Xerostomia	Dr. Tim Halligan	Rancho Solano	5:30-8 p.m./2 C.E.
March 10	Techniques & Trends in Dental Materials	3M/Joint NSDS & Travis/Federal w/Table Clinics	Rancho Solano	5:30-8:30 p.m./3 C.E.

Co-payments

continued from Page 7

contracts are considered adhesion contracts, which means that ambiguities in a contract are held against the insurance carrier. Therefore, depending on how clearly the contract is written, not collecting co-payments may be viewed as overbilling in accordance to that contract, as one fee is being charged and another is being submitted for reimbursement.

One clear example of when not to waive co-payments is if the dentist is a provider of a federally funded benefit plan such as Medicare and Medi-Cal. A dentist cannot waive co-payments unless an extreme financial

hardship exists and the co-payment is a barrier to care. In these circumstances, the ethical principles of fairness and justice come into play when determining who gets the discount (senior citizens, students, new parents, etc.).

Another consideration before waiving co-payments is the Health Insurance Portability and Accountability Act (HIPAA). Among its many provisions, HIPAA makes it a crime for anyone, in a matter involving a health care benefit program, to knowingly and willfully make or use any materially false, fictitious, or fraudulent statements or representations in connection with the delivery of or payment for health care benefits, items, or services." Hence, a dentist who knowingly waives co-payments involving a private dental plan may be at a risk of violating this statute if the government interprets such waivers as being misstatements of the dentist's charges to the plan.

This concept of deception is at the heart of CDA's Code of Ethics section on waiver of co-payments. Section 7.A.2 of the CDA Code of Ethics states:

"A dentist who accepts a third-party payment under a co-payment plan as payment in full, without disclosing to the third-party payer that the patient's payment portion will not be collected, may be engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third-party payer that the charge to the patient for the services rendered is higher than it actually is."

Additional resources about waiving co-payments are available on <http://cda.org>.

Editor's Note: The conditions under which a contract is signed determine whether it will be considered an adhesion contract under California law. Also, in disputes over ambiguities in a contract, the burden of proof of the meaning falls on the writer of the contract. To be safe when considering co-pay waivers, it is always best to consult an attorney first.

In Memoriam

Napa-Solano Dental Society extends its condolences to the family and friends of the following members who passed away in 2015:

Robert E. Sprott, DDS, Napa, CA	January 4
L. Meade Baldwin, DDS, Saint Helena, CA	April 27
Buddy M. Murray, DDS, Fairfield, CA	August 8

New Members

The Napa-Solano Dental Society welcomes the following new members:

Megha Jadhav, DDS
General Practice
Benicia

Rochelle Manangkil, DDS
Pediatric Dentistry
American Canyon



You are not a market segment.



You are also not a sales goal or a policy number. You are a dentist. One who deserves superior protection, exceptional service and a fair price. That's something we understand at TDIC. Case in point, the Optimum Bundle.

TDIC Optimum Bundle

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5% discount on Workers' Compensation

Bonus

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