

VOLUSIA FLAGLER COUNTY DENTAL ASSOCIATION

MEETING ANOUNCEMENT

TUESDAY, FEBRUARY, 3, 2015

TOPIC: "THE HARD TRUTH ABOUT OUR FAILURE TO TREAT PERIODONTAL DISEASE AND WHAT WE CAN DO ABOUT IT". GREAT PRESENTATION BY DR. ALAN FETNER.

LOCATION: DAYTONA BEACH SPEEDWAY

BILL FRANCE ROOM, DAYTONA BEACH, FL

TIME: 6:30 PM

PLEASE RSVP BY YES OR NO TO VOLUSIAFLAGLERDA@GMAIL.COM

BY JANUARY, 28 ,2015

SECRETARY

DR. LYDIA CALIMAREA

Volusia-Flagler Dental Association 2014-2015

Executive Committee:

President - Dr. Bob Borer

Vice-

President - Dr. Scott Lawson

Secretary - Dr. Lydia Calimarea

Treasurer - Dr. Sandeep Patel

Past President - Dr. Jason Larkin

Delegates:

Dr. Oscar Morejon

Dr. Rod MacIntyre

Dr. Raymond Kenzik

Alternate Delegates:

Dr. Jason Larkin

Dr. Brian Bergens

Dr. Sandeep Patel

Affiliate Representative on the CFDDA Executive Council:

Dr. Raymond Kenzik

Committee Chairpersons:

Dental Health Month/GKAS - Dr. Jason Larkin

FDAS Secretary, FDA Board of Trustees - Dr. Howard Pranikoff

Peer Review - Dr. Roger Scott

Membership Recruitment & Retention - Dr. Bob Borer

Project Selection - Dr. April Flutie

School Resource Dentist - Dr. Jason Larkin

CFDDA Committee on the New Dentist - Dr. Bob Borer

CFFDA President - Dr. Victor Apel

VOLUSIA FLAGLER COUNTY DENTAL ASSOCIATION

EXECUTIVE BOARD MEETING MINUTES

The Volusia Flagler County Dental Association Executive Committee convened at Daytona 500 Club on December 2/2014, at 5:30 PM.

Attendees:

Dr. Robert Borer	Dr. Scott Lawson	Dr. Bryan Bergens
Dr. Sandeep Patel	Dr. Jason Larkin	Dr. Howard Pranikoff
Dr. Lydia Marin Calimarea	Dr. Raymond Kenzik	Dr. Oscar Morejon

The executive board discussed the following items:

- Dr. Robert Borer called to order the meeting. All board members were present.
- Reading of minutes___Dr. Calimarea read the minutes from Oct. 7/14. Motion made to accept the minutes as read. Motion carried.
- Treasurer Report_____ Dr. Sandeep Patel went over the financial report. Motion made to accept the report as read. Motion carried.
- OLD BUSINESS_____ Dr. Howard Pranikoff presented the updates regarding speaker for January /2015 meeting.... Rosanne Cain, that will talk about Prevention Of Dental Errors .For VFCDAs members is free ,for Non-members dentists \$105, staff members, Hygienists & Dental Assistants \$35. Dr. Sandeep gave update regarding the cost of New design that need to be increased to \$1100:00. Motion Made by Dr. Jason Larkin, seconded by Dr. Scott Lawson all were in favor .Motion carried.
-
- New BUSINESS_____ Dr. Jason Larkin presented schedule for GKAS that will be first Friday Of February/15

Dr. Sandeep Patel gave a form of survey to be given to members. Legislative updates were given by Dr. Jason Larkin..... There are new proposed Rules for records. Also letter was sent to Pam Bondi Attorney General as response to be considered regarding Cigna decision on grading Doctors.

A notion was discussed about Dental CPA as sponsor. This could be a conflict of interest. A clarification will be made to the following meetings.

Dr. Scott Lawson gave updates regarding Staff Appreciation that is scheduled for April 11/2015. Fees will be \$25:00 per person, family members \$10:00. For venue is required 25% of fees as down payment. Motion made By Dr. Jason Larkin, seconded by Dr. Scott Lawson. Motion Carried.

Also was discussed about Newsletter to be sent by e-mail until the new website will be up and running.

The Executive Committee was adjourned at 6:30 PM



ADA American Dental Association®

Friday February 6, 2015

Volunteers Needed!!!

**Contact Dr. Jason Larkin for information
or to volunteer**



Report CE, the Easy Way!

Everything You Need to Know About Reporting CE

Hello,
Educational providers approved directly by your Board are required to report your continuing education to CE Broker and usually post within 14 days of the course completion. It cannot get any easier than that! However, there may be special circumstances when you might need to report continuing education yourself.

Our goal is to simplify your continuing education process. Nobody wants to spend their precious time on a confusing website. Take these simple steps to begin reporting:

1. Log in to [your account](#) and select Report.
2. Follow the reporting flow, entering information as prompted until you reach the confirmation page.

For the ultimate guide to reporting, watch our "How To: Report CE" video below.





CENTRAL FLORIDA
DISTRICT DENTAL ASSOCIATION
A COMPONENT OF THE
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

2015 Annual Meeting
April 23-25, 2015

Join Us!



Hammock Beach Resort – Palm Coast, FL

*A Great Meeting for You,
your Family and your Dental Team!*

• 12 CEUs available •

www.cfdda.org

Meeting Schedule

Thursday, April 23, 2015

7:30 p.m. – 9:00 p.m.

CFDDA Welcome Reception

A great way to start the meeting –
kick back, catch-up with old friends
and make new!

Saturday, April 25, 2015

7:30 a.m.

8:00 a.m. – 9:00 a.m.

9:00 a.m. – 12:00 p.m.

Registration Opens

Continental Breakfast/Corporate Forums

Dr. Ethan Pansick - Digital Workflow:

Surgery to Prosthetics

Lunch on your own.

Lecture continues-

CE vouchers distributed in exhibit area.

Friday, April 24, 2015

7:30 a.m.

8:00 a.m. – 9:00 a.m.

Registration Opens

Continental Breakfast/Corporate Forums

9:00 a.m. – 12:00 p.m. Dr. Mark Hyman –

Top Gun Dental Team

Lunch on your own.

Dr. Mark Hyman – Hits and Misses

of Cosmetic Dentistry

CE vouchers distributed in exhibit area.

Unwind and Dine – A Laid Back

Dinner Buffet

1:30 p.m. – 4:30 p.m.
4:30 p.m. – 5:00 p.m.

CFDDA reserves the right to change the meeting schedule.

Outstanding CE – Exhibitors both days Corporate Forums – Social Events!

Visit www.cfdda.org for more information and a registration form.

Hotel Information

Hammock Beach Resort – 200 Ocean Crest Drive, Palm Coast, FL 32137

Room rate:

1 Bedroom Suite: \$199.00/per night

3 Bedroom Suite: \$289.00/per night

Call: 877-834-8862 – Mention CFDDA

Reserve now – Limited number of rooms at this rate.

Room block expires March 31, 2015.



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Terms	0.25% Origination Fee ¹	Up to \$5,000 waiver on closing costs ²	0.25% Origination Fee ¹	Up to \$5,000 waiver on closing costs ²
5 Year	3.25%	3.50%	3.10%	3.35%
7 Year	3.95%	4.15%	3.85%	4.05%
10 Year	4.70%	4.85%	4.60%	4.75%
5/15 or 5/20	3.80%	4.05%	3.65%	3.90%
10/15	5.05%	5.20%	4.95%	5.10%
10/20	5.15%	5.30%	5.05%	5.20%
Promo Code	188	183	188	183

Appraisal fee will only be waived if loan is closed and funded.
Appraisal fee waiver does not apply for loans >\$1MM.



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Offer available on new or refinance of business term loans only. Offers may be extended, modified or discontinued at any time without prior notice. All loans are subject to credit approval. Requires a PNC Bank business checking account as primary operating account. Applications must be received by July 31, 2014 and loans must be closed by September 30, 2014.

* Interest rates shown are as of April 15, 2014 and are subject to change at the sole discretion of PNC Bank without prior notice.

Your special fixed interest rate* will be in effect at the time of approval on real estate secured loans for terms of 5, 7 or 10 years and balloon options of 5/15, 5/20, 10/15, and 10/20. Your actual rate will be based upon a review of your credit application, term and amortization schedule selected. Offer available on PNC Business Equity Installment Loan, Commercial Mortgage and the permanent bank portion of loans made under the SBA (U.S. Small Business Administration) 504 program. Refinances of existing PNC business loans are excluded. Available on owner-occupied Commercial Real Estate loans in amounts equal to, or greater than, \$250,000. Owner-occupied commercial real estate loans are those where the borrower must have no other operations other than owning real estate, financial statements on the operating company are supplied to the bank, ownership of the real estate entity is substantially the same as that of the operating company and either: (i) The operating company occupies space within the property and provides > or = 50% of the rental income, provides a full and unconditional guarantee of 100% of the borrower's debt, and reflects the cash flow capacity to cover the borrower's expenses and debt service requirements without reliance on third party rents or (ii) the operating company occupies space in the building and pays rent to the real estate entity sufficient to cover all operating expenses and debt service coverage, an executed lease exists with the operating company of which PNC has an assignment and a perfected first mortgage on the property and FF&E, and the lease expiration matches or exceeds the loan maturity.

¹ 50% reduction on standard origination fee. Offer does not include waiver on any other third party costs or SBA loan fees. Other fees and charges may apply. Promo code 188.

² Origination and evaluation/appraisal fee will be waived or reduced up to a total of \$5,000 but evaluation/appraisal fee will be waived or reduced only if the loan is closed and funded in accordance with the terms of the loan approval. Offer does not include waiver on any other third party costs or SBA loan fees. Other fees and charges may apply. Promo code 183.



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Are You Reading The Newsletter?

In an effort to keep you informed and save costs, the VFCDA has begun publishing an e-newsletter this year, which takes the place of the old paper editions. If you aren't receiving your issue perhaps we either don't have your e-mail address or we don't have an updated address. If you need to update your e-mail address please send the update to: volsoff@vfcda.org or call 407-255-1111.



Professional Assistance

Alcoholism and drug addiction can touch any of us.

The Central Florida WellBeing Committee is an organization of dental professionals who can give confidential assistance to members of the profession, their spouses, and staff members. Anyone needing information and/or help can contact:
Barton Blumberg, DMD (352) 446-7910.



QUESTIONNAIRE TO ACCOMPANY COMPLAINTS OF UNLICENSED PRACTICE

If you know the subject of your complaint, what is your relationship to the subject? _____

How did you become aware of the alleged unlicensed practice? _____

When did you become aware of the alleged unlicensed practice? _____

Location of Occurrence of the alleged unlicensed practice: _____

Time/Date/Location of Treatment or Incident: _____

If payment was made, how was subject paid? _____

Does the subject or subject's business accept Medicaid? ☐ Yes ☐ No Medicare? ☐ Yes ☐ No

Physical description of subject:

Race: _____ Sex: _____ Height: _____ Weight: _____ Color of Eyes: _____

Description of Vehicle:

Year: _____ Make: _____ Model: _____ Tag No: _____ Color: _____

Have you notified law enforcement or any other Agency about the offense? ☐ Yes ☐ No

If yes, please provide the case number and name of investigator assigned to your case: _____

Name and telephone number of Agency: _____

Names and addresses of other individuals aware of your complaint:

Name: _____ Address : _____

Name: _____ Address : _____

Names of other subjects/licensees at the same location or business: _____

CONFIDENTIAL INFORMANT SECTION:

If you wish to remain anonymous you may become a Confidential Informant. Pursuant to Florida Statutes dealing with the investigation of Criminal Activities, the Department may investigate complaints made by a Confidential Informant. You do not have to provide your name. If you prefer to become a Confidential Informant, your identity will only be disclosed by the department under the order of a judge having jurisdictional authority.

VOLUSIA-FLAGLER COUNTY DENTAL ASSOCIATION

2014-2015 ANNUAL DUES STATEMENT: \$210.00

Please fill out this information update form and dues statement completely and return it with a check made payable to the **VOLUSIA-FLAGLER COUNTY DENTAL ASSOCIATION (VFCDA)** for \$210.00. This is your dues statement for September 1, 2014 to September 1, 2015. The information collected will be used only for the VFCDA.

Return this form and check to:

Dr. Lydia Calimarea
Treasurer, VFCDA
PO Box 10224
Daytona Beach, FL 32120-0224

Name & Degree _____

Spouse's Name (Degree/Occupation) _____

Home Address _____

Home Phone _____ Cell Phone _____

E-Mail Address (required) _____ Website _____

Dental School & Year _____

Specialty School & Year _____

Other Degrees/Fellowships/Certifications _____

Primary Office Address _____

Work Phone _____ Fax _____

Secondary Office Address _____

Work Phone _____ Fax _____

Third Office Address _____

Work Phone _____ Fax _____

Nitrous Oxide ____ Yes ____ No IV Sedation ____ Yes ____ No

Foreign Language(s) _____

Other _____