# The Minneapolis District Dental Society invites you and your staff members to attend this educational event for the entire dental team.

Monday, January 11, 2016 **Minneapolis Marriott Southwest Hotel** 5801 Opus Parkway, Minnetonka, Minnesota

5:30 p.m. Social Reception

6:00 p.m. Dinner

6:30 p.m. Program

# "Navigating the Current Dental Landscape Third Party Affairs and Prescription Drug Awareness"

### Program Synopsis

Opioid abuse, misuse and diversion are a serious problem in Minnesota. A disturbing trend has developed; compromising patient and public safety as prescriptions for opioid pain medications have been rapidly increasing. In response, the Minnesota Medical Association, the Minnesota Dental Association and other key medical stakeholders have worked to address this issue. In 2013, the MMA and MDA worked as part of a group facilitated by the Institute for Clinical Systems Improvement (ICSI) to develop a comprehensive "Acute Pain Assessment and Opioid Prescribing Protocol". In 2014-2015, the MDA worked with a group of dental and other healthcare professionals to develop a protocol for dentistry; "MDA Protocol for Assessment and Treatment of Oral Facial Pain". Learn more about the MDA's commitment to educating our members on this important issue.

Insurance headaches and confusion? Stuck in an administrative nightmare? We can help! Please join us for this informative seminar that will help navigate common dental insurance matters that affect dental practices just like yours. Bring along your office and insurance manager and any questions you might have from your dental practice. This will be an interactive and very informative lecture that all dental practices need to attend

#### Program Learning Objectives—Opioid Abuse and Misuse And Diversion for Dentists

- Current trends surrounding opioid abuse and misuse
- Drug Diversion in Minnesota
- Prescription Drug Monitoring Program •
- MDA Protocol for Assessment and Treatment of Oral/Facial Pain

#### Program Learning Objectives—Third Party Affairs

- Improved Understanding of Contracting •
- **Covered and Non-Covered Services** •
- Introduction to Medical Insurance Billing •
- Claims Requirements/Multi-Provider Practices •
- **PPO Requirements**
- Q & A—Bring your Questions!

Dr. Nathan Pedersen, is an Executive Council member for the Northeast District Dental Society. He also serves on the Minnesota Dental Association Environment and Safety Committee and Opioid Task Force. Dr. Pedersen is the owner and operator of Dental Health Service in Hibbing, Minnesota.

Ms. Bridgett Anderson, L.D.A., B.A. Regulatory Affairs Manager Minnesota Dental Association.

1.5 continuing education credit will be given.

**REGISTRATION INFORMATION ON THE REVERSE SIDE** 



**Dr. Nathan Pedersen** 



Bridgett Anderson, L.D.A., B.A.

<u>Registration Form</u>

### "Third Party Affairs and Prescription Drug Awareness" with Ms. Bridgett Anderson Monday, January 11, 2016 Minneapolis Marriott Southwest Hotel in Minnetonka

## **Dinner Entrée**

Grilled Chicken

Grilled bone in chicken with mushroom tomato sauce, served with Boursin mashed potatoes, asparagus and honey roasted baby carrots. This entrée is accompanied with a Greek salad which includes Kalamata olives, tomatoes, red onion rings, cucumber and feta cheese and presented with oregano vinaigrette and served with warm fresh dinner rolls.

> Dessert Tiramisu Berry Cake

*Fax, mail or phone-in your reservation early - Payment must accompany your reservation. No Refunds after Noon on Tuesday, January 5, 2016.* 

	No Refuna	ls after Noon d	on Tuesday	, January	y 5, 2016.	
Please Print Member Name:						
Address:						
City/State/Zip:						
Felephone Number: (_						
Staff Member:						
Per Person Program/Dinner	Fee:		Me		Guest/Staff Member \$45.00	Student
Fee for Program Only: \$40.00 ADA Member/Staff				Total Cost:		
MAIL TO: Minneapolis District Dental Society 2475 — 15th Street NW, Suite C, New Brighton, MN 55112-5606 FAX TO: 651.631.9846 (if paying by credit card)						
Check #	Made	Payable to the	e MDDS is	Enclosed	l.	
Credit Card #_				Expiration Date		
		MasterCard		Visa		
Zip Code of Billing Address for Credit Card:						
Card Member Name: Authorized Signature						