

American Dental Association

**ADACommons**

---

[ADA News Letter](#)

[ADA Publications](#)

---

4-28-1969

## ADA News Letter - 04/28/1969

American Dental Association

Follow this and additional works at: <https://commons.ada.org/adanewsletter>



Part of the [Dentistry Commons](#), [History of Science, Technology, and Medicine Commons](#), and the [Nonprofit Administration and Management Commons](#)

---

### Recommended Citation

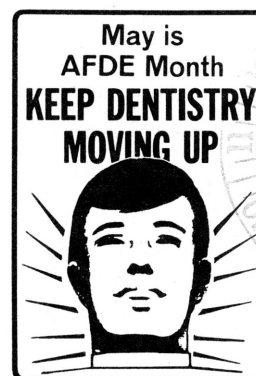
American Dental Association, "ADA News Letter - 04/28/1969" (1969). *ADA News Letter*. 528.  
<https://commons.ada.org/adanewsletter/528>

This News Article is brought to you for free and open access by the ADA Publications at ADACommons. It has been accepted for inclusion in ADA News Letter by an authorized administrator of ADACommons. For more information, please contact [commons@ada.org](mailto:commons@ada.org).

1969

# news letter

AMERICAN  
DENTAL ASSOCIATION  
ARCHIVES  
DO NOT CIRCULATE



Vol. 22, No. 9 Monday, April 28, 1969  
published by the AMERICAN DENTAL ASSOCIATION  
211 East Chicago Avenue • Chicago, Illinois 60611

## REP. ROGERS CITES CHILDREN'S PROGRAM, MANPOWER, HEW REORGANIZATION

Rep. Paul G. Rogers (D.-Fla.), addressing the 20th National Dental Health Conference, spoke on the ADA Children's Dental Health Program, the dental manpower problem and reorganization of the Department of Health, Education and Welfare. Congressman Rogers delivered the keynote address to the conference, which was attended by more than 350 participants. Mr. Rogers is a ranking member of the Public Health and Welfare subcommittee of the House Interstate and Foreign Commerce Committee. Commenting on the ADA children's program, he said: "I am aware of the Association's National Dental Health Program for Children, and I commend you for it.... And I hope to have the opportunity in the very near future to explore with Association representatives ways in which I and other members of Congress can be helpful in furthering its acceptance by the Federal government," he promised.

Rep. Rogers also discussed the manpower problem as it relates to dentistry and pointed out that there is an "inadequate development of, and use of, auxiliary personnel." He noted that professional leadership is a requisite for expanding the capabilities of auxiliary personnel). He also cited the closing of St. Louis University dental school as detrimental to the manpower problem. He pledged that he would work to "have a little greater flow of the federal dollar to education per se, rather than making them (university personnel) be an auxiliary to research."

Congressman Rogers also discussed the reorganization of the Department of Health, Education and Welfare and stated that: "I am in very substantial agreement with the American Dental Association's belief that the federal dental spending, which now amounts to over \$200 million a year, that it makes absolutely no sense whatever not to have dental experts on the policy-making level of the department of HEW where the basic planning for these expenditures takes place." He added that: "I plan to have further discussions

*(Continued On Page 2)*



Rep. Paul G. Rogers, center, was the keynote speaker at the 20th National Dental Health Conference. He is being greeted here by Dr. Charles F. McDermott, left, chairman of the ADA Council on Dental Health, and Dr. Harold Hillenbrand, ADA executive director.

### ... REP. ROGERS

*(Continued From Page 1)*

with Secretary (of HEW) Finch and his associate in this regard. And I think our committee will be very anxious to follow up with them and their activity in this regard, and I would be pleased for the Association to keep in close touch with us and to let us have the benefit of their thinking as to specific recommendations."

Mr. Rogers also stated: "You may be assured that I will make every effort to do what I can, and I'm sure other members of Congress will, to press for improved programs on the part of the federal government to meet the needs of dentistry while at the same time advocating the continuance and expansion of the free enterprise system."

### ADA Children's Program

Other topics during the two and one-half day conference touched on prepayment programs, peer review and the ADA children's program. Dr. Charles F. McDermott, chairman of the ADA Council on Dental Health, discussed the recommended priority for children's dental care under Medicaid programs. He asserted: "If Medicaid dollars allotted to dentistry are ever to be limited, the profession would be wise to support dental programs that would have the greatest potential return for relatively limited funding. This is comprehensive dental care for children. I make this statement because funding may be the rock on which dental care programs in Title XIX may flounder." He noted that, "at the present time, dental services are optional in Medicaid although it should be gratifying to the dental profession that 35 of the 43 state Medicaid programs include some degree of dental care. Sixteen of the states include fairly comprehensive dental care," he added.

Dr. McDermott said that allocation of federal funds for dental care through Medicaid programs is good evidence of the growing importance of dentistry as an essential health service. "In 1966, about

\$40 million was spent nationally for dental care of public assistance beneficiaries; in 1967, \$113 million was spent. Estimates from Title XIX officials are that more than \$150 million was spent for Medicaid dental care in 1968. The Association's Council on Legislation has predicted that more than \$200 million will be spent in 1969." Dr. McDermott recommended "to all dental representatives on comprehensive health planning agencies that this priority for children's programs be promoted."

### Dental Prepayment

A national insurance expert predicted tremendous growth of dental prepayment within the next decade. Mr. Christie D. Harding of New York City, associate director of the Health Insurance Council, said that: "The entire field of third party reimbursement of dental care is on the upward swing." He pointed out that the recent contract for comprehensive dental care for employees signed by McDonnell-Douglas Corporation and California Dental Service, and the expected entry of the United Auto Workers into the field of dental care by 1970, will greatly boost prepaid dental programs in the nation. Approximately three million persons are covered by private insurance agencies, and another two and one-half million persons are covered by dental service corporations. By 1975, it is expected that some 50 million people will be covered by some form of dental prepayment.

### Group Practice

Dr. I. Lawrence Kerr of Endicott, N.Y., predicted that the dental practice of the future will be a group practice. He suggested that group practices can close the gap between need and demand for dental services and can help alleviate the critical dental manpower problem facing the profession. This current-day emphasis on group practice, Dr. Kerr said, indicates "the potential of group practice in terms of suggested qualitative and quantitative returns to the patient and the profession."

# relief fund report

## ADA NEWS LETTER SUPPLEMENT

April 28, 1969  
Vol. 22 No. 9

Contributions to the ADA Relief Fund are listed as of March 31, 1969. Societies which have reached or exceeded their quotas are listed in capital letters.

	<u>Quota</u>	<u>Contri- bution</u>	<u>Pct.</u>		<u>Quota</u>	<u>Contri- bution</u>	<u>Pct.</u>
Alabama	\$ 1,150.00	\$ 982.00	85.3	Panama	30.00	1.00	3.3
Alaska	90.00	80.00	88.9	PENN.	7,170.00	8,085.50	112.8
Arizona	750.00	443.00	59.1	PUERTO RICO	260.00	390.00	150.0
Arkansas	740.00	573.00	77.4	R. I.	570.00	233.00	40.9
California	6,030.00	5,840.00	96.9	S.CAROLINA	660.00	729.00	110.4
Calif. So.	6,890.00	6,725.00	97.7	S. DAKOTA	320.00	524.00	163.7
COLORADO	1,440.00	1,709.00	118.6	Tennessee	1,680.00	284.00	16.9
CONNECTICUT	2,350.00	2,588.00	110.2	Texas	4,760.00	4,152.00	87.3
DELAWARE	260.00	311.00	119.7	Utah	730.00	717.00	98.3
DIST. OF C.	780.00	829.00	106.2	Vermont	220.00	177.00	80.4
FLORIDA	2,990.00	3,001.97	100.4	VIRGINIA	1,960.00	2,501.00	127.6
GEORGIA	1,530.00	1,585.00	103.5	Washington	2,410.00	2,152.50	89.4
HAWAII	580.00	1,017.98	175.5	W. Virginia	710.00	662.00	93.3
Idaho	370.00	72.00	19.5	Wisconsin	2,830.00	2,681.67	94.8
ILLINOIS	7,170.00	8,376.00	116.8	WYOMING	190.00	262.00	137.8
INDIANA	2,460.00	2,618.00	106.4	<u>Federal Dental Services</u>			
Iowa	1,860.00	1,783.50	95.9	Air Force\$	1,570.00	1,036.50	66.1
Kansas	1,150.00	1,088.00	94.7	Army	2,000.00	932.00	46.6
KENTUCKY	1,450.00	1,761.50	121.4	Navy	1,770.00	917.50	51.9
Louisiana	1,410.00	1,001.50	71.1	P.H. Serv.	500.00	376.50	75.3
MAINE	440.00	542.10	123.2	VET. ADMIN.	780.00	967.00	123.9
MARYLAND	1,680.00	2,087.50	124.3	<u>Other</u>			
MASSACHUSETTS	4,070.00	6,245.00	153.5	Student Graduate		278.33	66.1
MICHIGAN	5,120.00	5,996.00	117.2	Intern Resident		126.00	
MINNESOTA	2,990.00	3,270.00	109.3	Student		667.00	
Mississippi	620.00	491.00	79.1	Misc.		1,174.00	
MISSOURI	2,480.00	2,722.44	109.8				
Montana	440.00	168.00	38.1				
NEBRASKA	1,030.00	1,218.00	118.2				
NEVADA	230.00	267.50	116.3				
NEW HAMPSHIRE	370.00	634.00	171.3				
NEW JERSEY	5,150.00	6,810.56	132.2				
NEW MEXICO	400.00	444.00	111.0				
New York	16,590.00	16,241.55	97.9				
N. CAROLINA	1,780.00	1,997.50	112.3				
NORTH DAKOTA	330.00	444.00	134.6				
Ohio	5,880.00	5,216.74	88.7				
Oklahoma	1,130.00	146.00	12.9				
OREGON	1,700.00	3,170.50	186.5				
				TOTAL	<u>\$125,000.00</u>	<u>\$130,524.34</u>	<u>104.5</u>

# Uniform Report Form

(This space may be used for instructions or in any other way Carrier wishes)

26. REMARKS FOR UNUSUAL SERVICES[illegible]

ORTHODONTICS (give diagnosis, class of malocclusion and describe * appliance(s) in above treatment section)	TOTAL FEE ACTUALLY CHARGED		
DATE FIRST APPLIANCE INSERTED _____	* PATIENT PAYS		
DATE LAST APPLIANCE REMOVED _____	* BALANCE		
TREATMENT PERIOD (Number months) _____	* CARRIER %		
TOTAL FEE \$ _____	* CARRIER PAYS		

\* I HEREBY ACCEPT THE FOREGOING TREATMENT PLAN AND AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THIS CLAIM

PATIENT'S  
SIGNATURE \_\_\_\_\_  
(Or employee if patient is a minor)

\* I HEREBY CERTIFY THAT THE SERVICES LISTED ABOVE WILL BE OR HAVE BEEN PERFORMED.

DENTIST \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

\* I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ABOVE-NAMED DENTIST OF THE GROUP INSURANCE BENEFITS OTHERWISE PAYABLE TO ME, BUT NOT TO EXCEED THE CHARGES SHOWN ABOVE. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY CHARGES NOT COVERED BY THIS AUTHORIZATION.

PATIENT'S  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Or employee if patient is a minor)

\* INDICATES OPTIONAL QUESTIONS

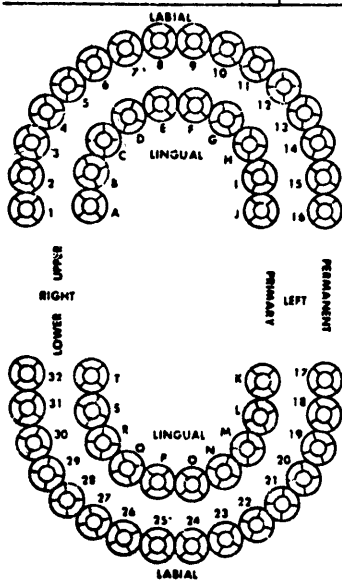
# ATTENDING DENTIST'S STATEMENT - INSURANCE CLAIM

## Uniform Report Form Without Orthodontic Option

(This space may be used in any way Carrier wishes.  
Could show: Carrier name and address - Policyholder name, etc.)

1. EMPLOYEE NAME		2. SOCIAL SECURITY NO.		3. NAME OF GROUP DENTAL PLAN	
4. EMPLOYEE MAILING ADDRESS		5. POLICY NUMBER		6. UNION LOCAL NO.	
7. CITY STATE ZIP		8. EMPLOYER NAME			
9. PATIENT NAME		10. PATIENT RELATIONSHIP TO EMPLOYEE		11. PATIENT BIRTHDATE MONTH DAY YEAR	
		12. DATE PATIENT FIRST VISIT (CURRENT SERIES)			
13. DENTIST NAME		15. IS PATIENT COVERED BY OTHER PLAN? (NAME OTHER PLAN) YES NO			
14. LICENSE NO.					
16. DENTIST MAILING ADDRESS					
17. PHONE NO.					
19. CITY STATE ZIP		20. TREATMENT RESULT OF ACCIDENT			
		21. RESULT OF OCCUPATIONAL INJURY?			
22. IF PROSTHESIS, IS THIS INITIAL PLACEMENT? YES NO (IF NO, REASON FOR REPLACEMENT)		23. DATE OF PRIOR PLACEMENT		24. ARE X-RAYS ENCLOSED? * (IF YES, HOW MANY)	

(This space may be used for instructions or in any other way Carrier wishes)



25. EXAMINATION AND TREATMENT RECORD - LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 32.										DO NOT USE THIS COLUMN
TOOTH # OR SURFACES LETTER	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS MATERIALS USED, ETC.)				DATE SERVICE PERFORMED MO DAY YR		PROCEDURE NUMBER	FEE		

## Insurance Firms Use ADA-HIC Report Form

Nearly half of the commercial insurance companies which underwrite dental care coverage have adopted the Uniform Report Form approved in July, 1967, by the ADA Council on Dental Care Programs and the Health Insurance Council. A sample copy of the Form is included with this News Letter. The National Association of Dental Service Plans has approved virtually the same form for recommended use by dental service corporations. The 18 commercial insurance companies which now utilize the ADA-HIC form for claims are: Aetna Life & Casualty, Hartford, Conn.; Bankers Life Company, Des Moines, Iowa; Benefit Trust Life Insurance Company, Pittsburgh; California Western States Life, Sacramento, Calif.; Crown Life Insurance Company, Toronto, Canada; Equitable Life Assurance Society, New York; The Great-West Life Assurance Company, Winnipeg, Canada; John Hancock Mutual Life Insurance Company, Boston; The Lincoln National Life Insurance Company, Fort Wayne, Ind.; Massachusetts Mutual Life Insurance Company, Springfield, Mass.; National Casualty Company, Detroit; Occidental Life Insurance Company of California, Los Angeles; Pacific Mutual Life Insurance Company, Los Angeles; Provident Mutual Life Insurance Company of Philadelphia; Prudential Insurance Company of America, Newark, N.J.; Travelers Insurance Company, Hartford, Conn.; Union Mutual Life Insurance, Portland, Me., and Zurich Insurance Company, Chicago.

## 27 Active Dental Service Plans

Two more dental service plans have become active bringing the total number to 27. Missouri Dental Service signed its first contract with the Midvale Dental Supply Company of Clayton and the Virginia Dental Service Plan was chosen to administer a local Project Headstart program. According to the National Association of Dental Service Plans the 27 active U.S. dental service plans provide coverage for about two and one-half million persons. In addition, commercial insurance companies provide coverage for another three million persons.



Among participants in the 20th National Dental Health Conference were from left: Dr. Clifton O. Dummett, assistant dean for extramural affairs and professor and chairman of the department of community dentistry, University of Southern California dental school; Hal M. Christensen, director of the ADA Washington Office, and Dr. Harold M. Kramer, chairman of the ADA Council on Dental Care Programs.

## Change Name of Health Evaluation Program

The name of the Health Evaluation Program conducted in connection with ADA annual sessions has been changed to Health Screening Program since it is believed the term "screening" more accurately reflects the procedures and goals of the program. According to the program director, Dr. Richard W. Tiecke, these procedures are screening mechanisms which may serve to alert the dentist to a health problem. They are not intended as a means for providing definitive diagnosis. Some 1,633 persons participated in the program during the 109th annual session in Miami Beach last year. The program will be conducted again at the 110th annual session in New York City, Oct. 12-16.

## MEDICO Volunteers For Honduras

Dentists are still needed to fill positions in the CARE-MEDICO program in Santa Rosa de Capon, Honduras. Practitioners may serve one month or longer with MEDICO, teaching and providing dental care to the underprivileged. Additional information on the Hondruas mission may be obtained from the ADA Council on International Relations, ADA Headquarters.



## Council Studies Prepayment Code

The ADA Council on Dental Care Programs has nearly completed a two year project of developing a uniform code of dental procedures and nomenclature. This was announced by Dr. Harold Kramer of Portland, Ore., Council chairman, at the Council's meeting April 16-17 in ADA headquarters. The Council has attempted to reconcile specialty group codes, National Association of Dental Service Plans and member plan codes, commercial insurance reporting systems, and Public Health Service suggested codes, he said. The code will be recommended for adoption by all third parties who finance group dental care programs. Representatives of specialty groups met with the Council to discuss the structuring of benefits and the NADSP Professional Relations Committee was invited to review confidential prefilling of fees and effective communications between dental service plans and sponsoring constituent dental societies.

The Council rejected a suggestion from a constituent society that its own locally developed "Dentist's Statement" form be utilized within the state in preference to the Uniform Report Form. The Council concluded that the objective of the Uniform Report Form was to avoid multiplicity of insurance claims forms and that it would not promote orderly development of third party reporting mechanisms to encourage separate forms.

## Dental Materials Unit Elects Officers

Dr. James E. Overberger of Chapel Hill, N.C., was elected president of the Dental Materials Group of the International Association for Dental Research at the IADR general meeting last month in Houston. Others elected were: Dr. Carl W. Fairhurst of King of Prussia, Pa., president-elect; Dr. David H. Anthony of Bloomfield, Conn., secretary; Richard L. Myerson of Cambridge, Mass., treasurer; Dr. Gerhard M. Brauer of Washington, D.C., councilor, and Kenneth H. Strader of Richmond, Va., editor.

## New York Dentists Lead AFDE Drive

Final returns of \$102,985 for the 1968 AFDE Month campaign showed that New York state dentists edged out Pennsylvania and California. During the massive annual campaign conducted last year by the American Fund for Dental Education in behalf of the dental schools, \$11,463 was contributed by New York state dentists, \$10,613 by California dentists, and \$8,937 by Pennsylvania dentists. Pennsylvania was first in 1967 with \$11,166 returns. California was first in 1966 with \$9,865 returns. Placing fourth and fifth in the 1968 campaign were Illinois with \$8,179 and New Jersey with \$5,294. The largest average contribution from dentists in a single state was \$25.08 from Kansas dentists. The largest percentage of increase in total contributions from a single state was a 410 per cent increase shown by Rhode Island whose total returns moved from \$377 in 1967 to \$1,930 in 1968.

"As a former dental school dean, it has been very rewarding to see the growth AFDE Month has had," said Dr. Gerald D. Timmons, this year's national campaign chairman. "I look forward to the results to be achieved this May when we open the 1969 AFDE Month Campaign. Last year, we crossed the \$100,000 mark, with an approximate six per cent increase over 1967's \$97,242 total returns," he added.

## Dr. Jolley Acting Dean At Tennessee

Dr. William H. Jolley has been appointed acting dean of the dental school at the University of Tennessee Medical Units succeeding Dr. Shailer Peterson. Dr. Jolley, who has been a member of the UT dental faculty since 1956, has been associate dean since 1961. He is well known in Tennessee through his weekly newspaper column, "Your dentist speaks." Dr. Peterson will become professor of dental education at the University of Texas Dental Branch at Houston.

## Dr. Astin To Retire As NBS Head

Dr. Allen V. Astin, director of the National Bureau of Standards since 1952, will retire Aug. 31.