

High Impact Communication

Our Topics for Today:

- New patient discussions
- Scheduling scenarios
- Discussing Financial arrangements
- Insurance questions
- Collecting from Patients
- Dealing with Difficult Patients

Please note: This workshop is offered as information only and not as financial, accounting or legal advice.

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These forms may not be copied for distribution to others.

New patient discussions:

1. Communicating on the Internet and Social Media

2. The New Patient Phone Call

3. Building a Relationship

4. Consistency Counts

5. First Impressions...Happens on the Phone

Scheduling Scenarios:

1. Offering Two Options

2. Dealing with Cancellations

3. Handling Objections

4. Priority Lists

Discussing Financial Arrangements:

1. Visual Guidelines

2. Verbal Guidelines

3. Offering Outside Financial Payment Options

4. When Collecting Previous Balances

Insurance Questions:

1. Do You Take My Insurance???

2. Guiding Patient Decisions EXCLUSIVE of Insurance

3. The Design Of Your Plan...

4. When Changing Contractual Relationship

Collecting From Patients:

1. In the Operatory

2. The Hand-off

3. Collecting Previous Balances

4. When Patient Leaves the Practice

5. No Surprises

Dealing with Difficult Patients:

1. The Whiner Patient

2. The Agitated Patient

3. The Fearful Patient

4. Children...AND Parents

5. When a “Letter” Arrives

6. Firing the Patient

Calling on past due balances:

The rules:

- It's about the verbal skills...Call patient at work first. Ask this question when you reach them live: "Hello Mr. patient...this is Mrs. Molar from Dr. Tooth's office...I am calling about your past due balance. What is the best time for us to have a conversation? (usually, the patient will "spill their guts" and give you their best "my dog ate my paycheck" excuse 😊) Listen carefully and then respond with: "What date will the balance arrive in our office" (NOT...when can you send a payment or...how much can you send?!!) If the patient responds with "I don't have the entire balance." Ask them..."How much are you short?" This strategy gives the patient to offer more of a payment than less...it REALLY works!
- If you MUST leave a message...do it in your MOST positive voice...act on the message like they just won the lottery. Ask them to call you back regarding their account...that's all you can say...really!
- The "Fair Debt Collection Practices Act" considers many things harassment in your attempt at collecting past due balances...You cannot leave a message on a recorder about their past due balance because someone other than that message was intended for could hear the message and bam!...you have just harassed the patient.

You cannot send more than ONE "we really mean it this time...this is your final notice" ...because that is a form of harassment...if you send a final notice...you must take action on it.

Once you get a commitment of payment amount and date you will receive it...mark your calendar! Follow-up the day after payment is not received or YOU are the one who loses credibility.

The key to reduced A/R

1. Collect at the time of service
2. Print and monitor reports monthly
3. Follow up and Follow through!
4. Work together as a team – it's a total team effort to keep A/R low.
5. Celebrate your successes!!!!

Checklist for insurance claims on major restorations:

1. For build-up, more than 50% of tooth structure needs to be involved to be an allowable claim on most dental plans.
2. It is best to list how many millimeters of tooth structure is involved in the restoration.
3. Keep in mind that a diagnostic film is not always 100% conclusive. Draw a picture of the tooth and draw arrows to the surface(s) involved ...obnoxious detail is crucial!
4. Utilize an intra-oral photo or digital photo image to reveal the most detailed evidence of needed dentistry. i.e.; for a cracked tooth, shine the composite light behind the crack...it illuminates it and creates a neon sign for why restoration was necessary.
5. Make sure to list prior placement date of previous crown/bridge if treatment is for replacement of major dentistry
6. Make sure to identify date of extraction. Most insurance companies now need an exact date of extraction, not an estimated date to approve benefit.
7. Utilize my narrative form, this provides the best “obnoxious detail” on claims.
8. Submit copy of perio charting for DSRP claims.
9. Remember, the narrative on a claim form must mirror the documentation notes on the treatment rendered page.

Bonus Scripting:

Financial arrangements at scheduling of appointment:

Hi _____. My name is _____. I am the financial coordinator for Dr. _____ and it is a pleasure to meet you. As financial coordinator, it is my goal to assist you in achieving your dental goals. For your convenience, we accept many forms of payment...Cash, check, credit card (Visa, Mastercard, Discover Card).

Which method of payment works best for you? We also offer a 10% courtesy for payment of the entire estimated before treatment begins. (wait for response)

If patient responds negatively to above payment options say...Fortunately, we offer another method of payment to help fit this treatment into your budget. We have available: _____, _____, and _____. With your approved credit, your monthly payment can be within your budget guidelines. We also offer outside finance options: Care Credit, Dental Fee Plan or Wells Fargo Financial...which would you prefer?

We also offer debit transfers deducted directly from your checking account. With approval from your bank, a previously agreed upon amount can be automatically deducted from your bank account.

If patient has concerns about getting credit approval say...

There is one more option we can offer you. It is called our "in office savings plan". We set up a monthly payment schedule for you. You pay in a number of monthly installments toward your anticipated treatment. Once all payments have been received, you schedule your treatment. The wonderful part about this payment plan is that once you have completed all payments, you may now use our dental office as a legitimate credit reference! How does that sound for you?

General Verbal Skills/Communication Skills

Clinical team member-escorting patient to front desk for checkout:

Let's stop and see ____ to set your next appointment and get a receipt for you.

To Schedule an appointment:

Dr. does this procedure in the mornings...I have Monday at 8:00 or Wednesday at 10:00...which would prefer?

Mr. Jones, at your next visit, you will be due for a complete set of diagnostic films ...so we'll need to see you for approximately 30 minutes longer next time. Let's go ahead and set that up.

When a patient wants to cancel their appointment:

Would you mind if I put you on hold for a minute?...I want an opportunity to review your chart with the doctor...(back on the phone)..Mr. Jones, doctor would be very concerned that you are canceling this appointment as you have (active decay, a cracked tooth, an infected tooth, etc). What can we do to help you keep this appointment?

When making financial arrangements:

Mr. Jones, your fee for today is \$700, we estimate insurance will cover approximately \$400...your estimated portion is \$300. How would you like to handle payment today...cash, check or credit card?

When the patient makes payment, print out a "receipt" (walk out statement) and let patient know if insurance pays less than anticipated, they will receive a final statement from dental office.

If patient wants to make payments, let patient know what methods of payment you offer...Example: Easy Pay (up to three months), Care Credit, Dental Fee Plan or Wells Fargo Financial.

If patient wants to make payments like they always did...say...*you couldn't possibly have known that our accountant was just in our office and redesigned our payment guidelines...we are so excited...we are now prepared and set up to accept payment at the time of service!*

Asking for referrals:

There are many hidden ways to ask for referrals without seeming like you are begging for patients.

Mr. Jones, now that we have completed your dental treatment, please take a look in this mirror and tell me what you think...when the patient compliments you, let them know how you appreciate them and that your best referrals for new patients come from them!

Have a sign (framed and matted) that says: "Our best referrals come from patients like you!"

When a new patient calls the office, find out who referred them and say something positive about the referral source.

Identify someone in morning huddle to market for new patients:

Mr. Jones, I see you have been coming to this office for over 20 years...what a milestone!!! And I see you have referred many patients to us over the years. Thank you! You know, our best referrals come from our best patients like yourself!

Business cards for your dental team are great practice builders. It "knocks your patient's socks off" with great customer service and builds your referrals. Your dental team is one of your best referral sources. Think of ways you can reward them for their referrals!

Thank you notes to the referral source (hand written by the doctor) is more personal.

Thank you gifts, find what interests the patient: movies, dinner, massage etc or send flowers to their place of employment!

Market to your specialists, plastic surgeons, local businesses, health clubs. Send them a gift basket with your business card inviting them to refer anyone to you who's looking the best dentistry in town!

Patients who cancel their appointment:

Never give them the next available appointment to start...appoint them in 4-6 weeks. Then, offer to put them on a "priority" call list. Call them back in 15 minutes in necessary to offer them the "change in schedule" you just received.

Collecting from patients who are “resistant to change”:

You: *“Hello Mr. Patient, Today’s visit was \$750. We estimate your insurance payment will be \$350. Your estimated balance due today is \$400...How did you want to handle payment today...cash, check or bank card?”*

Patient: *“Just bill me like you always did.”*

You: *“Actually, we have changed (amended) our payment guidelines and we are now collecting the patient portion today...at the time of service.”*

Patient: *“I didn’t bring my credit card”*

You: *“No problem, we accept Visa, MasterCard, Discover or American Express...which works best for you?”*

Patient: *“I never carry a credit card!”*

You: *“No problem, as a courtesy...here is a statement of your services and a payment envelope which I have placed a stamp on for your convenience. Please pop that payment in the mail upon returning home. And, if for any reason I have not received that payment in the next 5 days, I will personally follow-up with a phone call!” (I just let them know...I will hunt them down 😊)*

Collecting from patients who are NOT resistant to change:

You: *“Hi Mr. Patient, Today’s visit was \$750. We estimate your insurance payment will be \$350. Your estimated balance due today is \$400...How did you want to handle payment today...cash, check or bank card?”*

Patient: *“I’d like to pay my estimated portion by credit card.”*

You: *“Wonderful...As a courtesy, here is a printout of your services today, a record of your payment today and the estimated amount we anticipate as payment from your insurance company. If for any reason we have received less than we’ve estimated from your insurance company...we will send you a final statement.”*

SAMPLE - FIRE THE PATIENT LETTER

Dear _____

Date _____

Our practice was built on the philosophy that the patient is our most important concern. You have missed several appointments in our office in the last 6 months.

Therefore, we feel that we can no longer meet your treatment needs. We are requesting that you seek your dental treatment at another office. We will

treat your emergency needs for the next 30 days. Effective _____ at

_____ AM/PM _____ dental office will cease to be your dentist.

Please let us know where we may send your dental records. For your convenience, listed below is the phone number to the local dental society to direct you to a new dentist of your choosing: _____

Thank you for giving us the opportunity to serve you.

Sincerely,

Dr. John Doe