



Definitions & Descriptions

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- **1.** <u>**Gross Production**</u> The total amount in dollars your practice produced/billed out, at the end of each work day from all providers in the practice inducing dentists, hygienists, etc.
- 2. <u>Gross Collection</u> The total amount in dollars your practice collected at the end of each work day. This amount includes any and all payments coming into the practice via mail, insurance payments and patient payments (cash, credit, check, money order, CareCredit, etc.)
- **3.** <u>Hygiene Production</u> The total amount in dollars your hygiene department produced/billed out at the end of a work day. Remember, hygiene should account for about 33% of production which is why we like to break this number out and review it daily.
- **4.** <u>New Patient Count</u> The number of new patients seen in your practice in a given work day. This number is important to track so we can better understand the growth of the practice. If we're never seeing new patients we're not growing. A new patient is any patient who has never been seen in your practice before. Some practices will count patients who haven't been seen in over 3-5 years respectively.
- **5.** <u>**Treatment Diagnosed</u>** The total amount in dollars of treatment proposed to a patient, and/or treatment added to a patient's treatment diagnosed, or treatment planned chart</u>
- 6. <u>Treatment Accepted</u> The total amount in dollars of treatment scheduled by a patient who was diagnosed on that work day. Always try to book as many appointments upfront as necessary to complete proposed treatment. The more you schedule, the higher your closing rate will be, and the more likely your patients will be to stay on track with their treatment. If your patient is diagnosed with \$1,000.00 worth of treatment, but you only schedule \$250.00 worth of treatment, you ultimately have a 25% closing rate (the ideal rate is

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90% or higher, 98% is considered spectacular). Therefore, your treatment diagnosed number would be \$1,000.00, but your treatment accepted number would only be \$250.00.

- 7. <u>Chart Audits</u> Chart audits should be performed weekly. The purpose of chart audits is to contact your past due patients, whether for recare, or past due treatment, to ensure you're filling gaps in your schedule, and getting patients back on track.
- **8.** <u>**Goal Per Week**</u> Start by setting your goal low, around 4-5 calls per week and then gradually increase that number once you find your "sweet spot" or number of calls you're able to reasonably make on a weekly basis without taking exorbitant amounts of time away from your other duties.
- **9.** <u>**Calls Made</u>** The number of calls you actually make which could end up being either higher, or lower, than your originally stated goal</u>
- **10.** <u>**Appointments Scheduled**</u> Of the number of calls you made, how many patients actually scheduled appointments?
- **11.** <u>**Dollar Value of Appointments Scheduled</u>** The total value of the appointment scheduled. For instance, if you schedule one out of 5 appointments and the treatment proposed totaled \$450.00 for that appointment, the dollar value of appointments scheduled would be \$450.00.</u>
- **12.** <u>Number of Cancellations</u> The number of patients who cancelled on a given work day, or per week. You can break this down further and determine how many of those cancellations rescheduled, and how many did not reschedule. This will help you determine teachable moments for how you're handling cancellations, and how effective your team is in getting patients back in the book.