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Treatment Plans/Estimates & Case Acceptance

- ❑ Introducing Treatment Plans/Estimates
 - Know how, when & where treatment plans are introduced & discussed with patient.
 - Identify your closer
 - Always have patient sign and date a copy that specifically details how they'll be paying, at which visit, via which payment method.
- ❑ Payment Options
 - Have a financial policy within the office
 - Know in advance what third party payments options are available (CareCredit, Individual Dental Plans, etc)
 - Always start my first assuming the patient will pay via credit card or check, in full, at the time of service. Let the patient tell you, only after you've presented the option, whether or not they'll need additional financial arrangements.
- ❑ Patient Compliance
 - Always focus on the value of the treatment to the patient's quality of life, not the technical aspects.
 - Track case acceptance via your PMS, or Prosperity Dental Solutions Treatment Tracker.
- ❑ Case Acceptance
 - Avoid using verbiage with negative connotations:
Don't say: "I know this is expensive, but if you don't do it, your teeth will fall out."
Say: "Ms. Smith, you're going to be making a worthwhile investment in your oral health. When your treatment is complete, you'll be able to eat all of the foods you've been avoiding for fear of discomfort, or sensitivity. We're excited to be on this journey with you!"
 - Don't say: "Would you like to schedule this crown?"
 - Say: "Dr. Dentist has an opening next Thursday at 9:00am. I'll get you scheduled there so we can get to work on completing your treatment prior to the holiday weekend, or back to school rush, or summer vacation, etc."
 - Determine where treatment is closed. Is it in the operatory, in a separate office space, at a "private" area in, or around the front desk?
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- Ensure all clinical questions have been answered before the patient leaves the operatory.
- Use x-rays, intra oral photos, video modules, etc. whenever available to give patients the “visual” aspect of their diagnosis.
- Communication with your patients is crucial. Too often doctor dictates to the hygienist, or assistant, what patient needs, which is fine, but then the doctor leaves the room and simply says, ok, we’ll see you back for a filling, and the patient is left completely confused and uneducated. Take the time for education, the more your patients understand what you’ve diagnosed, the more likely they are to move forward with treatment.
- Never talk about cost in a negative light. The reality is, like it or not, the things we want and need cost money a majority of the time, and dentistry is no exception. For too long patients have been trained in the “you’re insurance will pay for it and we’ll bill you later” aspect of dentistry. This not only sends the message that the patient portion is of little value to you, but moreover, that the insurance portion carries the most weight. Think the opposite of this. The insurance company doesn’t want to pay with haste, especially for major treatment, but your patient can pay up front, and they should. Do you go to the grocery store, take food off of the shelf, walk out and say, “pay you later”? No, and remember, dentistry is a form of healthcare, it is a necessity, let’s not treat it as if it’s anything other than that.
- A favorite team-member of mine once said, “Never count other people’s money.” Don’t assume someone can’t afford what you are proposing, and always put the value and benefits of the treatment over the cost of the treatment. Operating under the mindset of patients should do only what they can afford financially will only get you an underserved patient. The truth of the matter is, in most cases, they can’t afford not to do the treatment.