

Banta Consulting

Secrets of Effective Scheduling

Sponsored by
Rocky Mountain Dental Meeting



Total Team Concept for Effective Scheduling

presented by
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Topics:

- Effective Scheduling
- Stop Cancellations & No Shows
- Continuing Care –Avoiding the Pitfalls
- Treatment Planning and Consultations

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

Seminar attendees may make photocopies of these pages for internal office use only. These forms may not be copied for distribution to others.

Effective Scheduling

1. The new patient phone call and interview
2. Blocked, Tiered, Color Coded scheduling
3. X” scheduling
4. Handling emergencies

Cancellations & No Shows

1. Preventing cancellations & failed appointments
2. Confirmation calls
3. Handling objections
4. Firing a patient

SAMPLE - FIRE THE PATIENT LETTER

Dear _____

Date_____

Our practice was built on the philosophy that the patient is the most important person in our practice. 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. Our philosophies do not match. We are requesting that you seek your dental treatment at another office. We will treat your emergency needs for the next 30 days. Please let us know where we may send your dental records.

Thank you giving us the opportunity to serve you.

Sincerely,

Dr. John Doe

DON'T SAY: "remind" or "confirm"

DO SAY: "We're letting you know you are on our schedule and we are looking forward to seeing you."

DON'T SAY: "patch," "watch," or "just"

Patches are for quilts and watches are for telling time. Besides, what are you going to watch a cracked tooth or active decay do...get worse? And when you add "just," it lessens the urgency.

DO SAY: "Dr. XYZ has a concern on the upper left...we will reevaluate this concern at your next dental visit."

DON'T SAY: "cost" or "price"

DO SAY: "fee" or "investment"

The general rule — it's a fee if it's under \$500 and an investment in their dentistry if it's over \$500.

DON'T SAY: "We have a "cancellation."

DO SAY: We have a "change in our schedule."

DON'T SAY: "short call list," "quick call list," "ASAP list," or "sooner if possible list"

DO SAY: "priority list" or "VIP priority list"

DON'T SAY: "Would you like to schedule the appointment for the crown/preventive appointment?"

DO SAY: "My next available appointment is Monday at 8:00 or Wednesday at 10:00...which works best for you?"

DON'T SAY: "I was reviewing treatment plans on the computer and you haven't scheduled your necessary dental treatment yet and...I'm calling to schedule your crown, filling, root canal"

DO SAY: "Dr. was reviewing your chart recently and is concerned you haven't scheduled your appointment for that crown, filling, root canal...and I am calling to get you scheduled. The next two appointments I have available are Tuesday at 9:00 or Thursday at 10:00...which appointment works best for you?"

DON'T SAY: "Do you want to pay today?"

DO SAY: "Your fee for today was \$_____, we estimate your insurance will pay \$_____, your estimated amount due is \$ _____...how did you want to handle payment today...cash, check or bank card?"

DON'T SAY: "Would you like to apply for or try to get pre approved for CareCredit?"

DO SAY: "We have a partnership with CareCredit which allows our patients to make small monthly payment interest free for up to 12 months or up to 60 months at a low interest rate. What questions can I answer for you about CareCredit. Or...You qualify to apply for CareCredit and I can complete an instant online application for you today."

DON'T SAY: "We don't do monthly payments"

DO SAY: "Absolutely...we offer monthly payments...through our partnership with CareCredit."

DON'T SAY: "What day/time is good for you?"

DO SAY: "The next two appointments we have available are..."

DON'T SAY: Discount

DO SAY: Courtesy Adjustment

DON'T SAY: Do you want to take care of your previous balance?

DO SAY: Including your previous balance of \$_____, your estimated payment due today is:
\$_____.

Continuing Care

1. Pre-appointing 6 month continuing care & stressing the importance

2. Ideal length of appointment times – Adults & Children

3. Past due patients

4. Documenting the hygiene visit

Date:		BP																				
PERIODONTAL EXAM (please circle)					PSR			TODAY'S TREATMENT														
Inflammation	None	Light	Moderate	Severe	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> Sextant Score										Pro	Pedo	4355	4910	FI			
Exudate	None	Blood	Suppuration			BWX	2	4	PAX(S)													
Attached gingiva	Pink	Red	Magenta			Exam																
	Stippled	Glossy	Fibrous			FMS	PAN	RDH														
Consistency	Firm	Boggy	Granular																			
Margins	Thin	Swollen	Receded	Irregular	PERIODONTAL DIAGNOSIS				NEXT APPOINTMENT													
Papillae	Pointed	Blunted	Flat	Inverted	WNL	CC	MO	EX	BWX													
	Pink	Red	Magenta		Case Type: I II III IV	4910	FL	Pan	Pedo													
	Firm	Boggy	Fibrous			Referral																
Calculus	None	Light	Moderate	Heavy						Alt	CC											
	Supragingival		Subgingival							W/												
ORAL CANCER SCREEN					ORAL HYGIENE			Excellent	Good	Fair	Poor											
Lymph	Hard Palate				HCI			Brush	Floss		Aids											
Neck	Soft Palate				PRE MED			Yes	No													
Face	Oral Pharynx				Notes:																	
Lips	Floor																					
Fac Mucosa	Tongue																					
Buc Mucosa	Salivary Glands																					

Treatment Planning and Consultations

1. Consultation guidelines
2. Treatment planning
3. Turning needs into wants
4. Answering financial concerns

SAMPLE TREATMENT PLAN

Treatment Plan

Patient name

Date

Treatment Goals:

- 1 - Life long oral health & comfort
- 2 - Preventive and periodontal treatment
- 3 - Control of tooth decay
- 4 - Replacement of missing teeth
- 5 - Cosmetic Dentistry

Preventive and Periodontal Treatment:

Restorative Treatment:

Upper Right:
Lower Right:
Upper Left:
Lower Left:

Replacement of Missing Teeth:

Estimate Total: \$

Please note: fees quoted are valid for 90 days from date of consult and actual treatment rendered may change.

Sample Treatment Plan Verbal Skills

DON'T SAY: "I was reviewing treatment plans on the computer and you haven't scheduled your necessary dental treatment yet and...
I'm calling to schedule your crown, filling, root canal"

DO SAY: "Dr. was reviewing your chart recently and is concerned you haven't scheduled your appointment for that crown, filling, root canal...
and I am calling to get you scheduled. The next two appointments I have available are Tuesday at 9:00 or Thursday at 10:00...
which appointment works best for you?"

Sample Final 18 month overdue for re-care letter:

Insert date here

Mr. J.P. Patient
1111 Average Lane
Someplace, USA 00000

Dear _____

We are concerned about you! A recent audit of your dental record revealed it's been over 18 months since your last dental continuing care and examination. Your last periodic examination date was _____. We would like to take this opportunity to invite you to call our office to schedule an appointment.

We acknowledge that you may have made other arrangements for your dental care. For your convenience, we have enclosed a postage paid card to indicate your status with us.

We want to help you maintain your mouth in as healthy a condition as possible. Preventive dentistry has been proven to help patients achieve optimum dental health. Please return the enclosed card or give us a call and let us know how we can help you.

Sincerely,

Hygienist for:
Dr. John Dentist

POSTCARD SAMPLE

SAMPLE POSTCARD TO INCLUDE WITH 18 MONTH LETTER:

(Note: Rx - put a stamp on this postcard and include inside 18 month letter)

Dear Dr. Patient:

_____ I can't believe it's been so long! Please contact me at _____
A.S.A.P for an appointment.

_____ I'll call soon for an appointment.

_____ I do not wish to make an appointment at this time. Please maintain my
file as active.

_____ I am presently seeing another dentist. Please forward my records to:

_____ Other (please explain):

Sincerely,

(please **print** name)

SAMPLE WELCOME TO OUR PRACTICE LETTER:

Thank you for selecting our office. We take pride in our ability to provide you with the highest quality dental treatment, latest products and techniques in a warm and caring environment. We design treatment plans to meet our patient's individual needs.

Your new patient visit may include the following; a comprehensive examination, a professional cleaning by our licensed hygienist and any necessary diagnostic films, photographs or study models to properly diagnose and plan for your lifelong oral health and comfort.

Please bring to your appointment a copy of your **DENTAL benefits card** and a **copy of your DENTAL benefits book**. As a courtesy, we will file insurance claims for you. We make every effort to assist you in determining your level of financial responsibility after insurance reimbursement however, insurance is an agreement between you and your insurance company and all balances are the responsibility of the patient regardless of insurance.

As a courtesy to our patients, we will make a call on the business day prior to your scheduled appointment to confirm time and day. We respect your time and make every effort to stay on schedule, and ask that you extend the same courtesy to us.

Please feel free to ask any questions you may have regarding your dental care. Again, welcome to our practice. We look forward to getting to know you!

Sincerely,

Dr. _____ & Team