10 Top Management Tools For a Successful Practice

Presented by

Lois J. Banta

Banta Consulting, Inc.
33010 E Pink Hill Rd
Grain Valley, MO 64029
816-847-2055-Office
816-847-5962-Fax
www.bantaconsulting.com
lois@bantaconsulting.com

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.

Key Topics:

- Key systems for a successful practice
- Key strategies to grow your practice forward

Key Systems

1. Production – Daily, Weekly, Monthly, Annual

2. Collection – Net Collections, Accounts Receivables, Insurance

3. Scheduling for Success – Goals, Optimization, Doctor/Hygiene

4. The New Patient – Ideal number, Scheduling, Protocols

5. Treatment planning – Dollars diagnosed, Dollars accepted, Dollars scheduled, Healthy percentage

 ©2002 updated annually

Key Strategies

6. AM Huddle

7. Team Meetings

8. Cross Training

9. Customer Service…the hidden gem

10. Continuing Education

 ©2002 updated annually

AM MEETING - AGENDA

Each week, one team member facilitates meeting all week-that team. (This is rotated from team member to team member each week)

1. Yesterday's Schedule (what went right/what were the challenges)

- o Dr/Assistants
- o RDH/Hygienists
- o Report on New Patient Exams-including hot buttons & personality styles(D-time, i-feelings and emotions, S-relationships and abrupt change, C-trust) & personality styles (DiSC)
- o Report on Consults - including hot buttons (D-time, i-Feelings and emotions, S-relationships and abrupt change, C-trust) & personality styles (DiSC)

2. Today's Schedule:

Administrative:

- o ID patient needs thru pertinent personal information
- o New Patients, Emergency patients - any Hot Buttons (personality quirks known)

Assistants:

- o Where do we want to see emergency patients today?
- o Health concerns - ID BP readings needed etc.
- o Does treatment plan for appointment confirm with schedule?
- o Are all lab cases in?
- o Identify any problem patients or procedures (sample: fearful, hard to numb, PIA-☺)
- o Photos needed (think before and after-full face photos, photos for insurance-pre and post prep etc)
- o Next Continuing Care appointment - scheduled, overdue?

3. Hygiene:

- o Undone dentistry – need to schedule
- o Other family members due

4. Marketing information:

All:

- o Referrals asked for from previous day (ie; phone conversations, compliments from patients, consults and new patient visits) Any "missed opportunities"
- o Identify NP referral sources – referred by: GP/Yellow pages or adv/patient/insurance

All:

- o Who should we identify on schedule to ask for referrals from today?

5. Scheduling information

Administrative:

- o Next available production block (one hour or more)?

6. Numbers

Administrative:

- o Production to date, scheduled for month, dollars needed for goal, collection to date

7. Leadership statement

Doctor is responsible for leadership statement each day except for one day when the team member facilitating that week is responsible for giving it.

 ©2002 updated annually

SAMPLE TREATMENT PLAN

Patient name
Date

Treatment Goals:
1 - Life long oral health & comfort
2 – Preventive and Periodontal care
3 - Control of tooth decay
4 - Replacement of missing teeth
5 - Cosmetic Dentistry

Preventive and Periodontal Treatment:
After four quadrants (2 appointments) of SRP – Periodontal Therapy, three month interval for preventive care – periodontal maintenance

Restorative Treatment:

Upper Right:	1 tooth colored filling, 1 crown
Lower Right:	no treatment rx
Upper Left:	2 crowns, 2 build-ups
Lower Left:	3 tooth colored fillings
Upper Anterior (front):	4 veneers
Lower Anterior (front):	no treatment rx

Replacement of Missing Teeth:

Lower Right:	1 – 3 tooth bridge

Estimate Total: $7950

_____ _____

Patient Signature **Date**

By signing this treatment plan, I agree to the prescribed dentistry and understand the diagnosis

Please note: fees quoted are valid for 90 days from date of consult and any changes, additional fees and financial questions will be discussed with patient before further treatment is done.

 ©2002 updated annually

SAMPLE FINANCIAL PAYMENT OPTIONS

OPTION 1:

Payment in full at start of treatment with a 5% accounting adjustment. (cash, check, credit card) including expected insurance amount on all amounts over $600.

Payment in full at start of treatment with 5% accounting adjustment for senior citizens over age 60 when amount is over $500.

OPTION 2:

Patient financing through our partnership with care credit. 6 or 12 months no interest. We also offer extended financing up to 60 months for a 14.99% interest rate.

OPTION 3:

In office savings plan – payment directly to the dental practice for a period of three months in advance of dental care.

SPECIAL NOTE:

A DISCLAIMER SHOULD BE PLACED ON ALL FINANCIAL AGREEMENTS STATING ANY ADDITIONAL UNEXPECTED TREATMENT NEEDED WILL ALSO BE ALLOWED 5% PRE-PAYMENT ADJUSTMENT WHEN PAID AT TIME TREATMENT IS RENDERED.

 ©2002 updated annually

FINANCIAL AGREEMENT

Patient name_____ Guarantor name_____

Previous balance _____

Estimate total treatment fee _____

Estimate total insurance payment _____

Initial payment _____

Estimate total amount financed _____

To be paid in _____monthly/bi-monthly/weekly installments of $_____each, due on _____of each month starting_____, and a final payment of $ _____(balance), due on _____.

_____ _____
PATIENT/GUARANTOR SIGNATURE DATE

_____ _____
WITNESS DATE

_____ _____
PARENT OR GUARDIAN'S SIGNATURE DATE
IF PATIENT IS A MINOR

Please note: Any changes in this financial arrangement without written approval will nullify this agreement and the entire amount will be due immediately.

 ©2002 updated annually

90-Day reply letter

Date BALANCE DUE: $_____
Name
Address
City, State Zip

Dear _____,

Normally, at this time, because your account is long past due, it would be placed with our collection attorney, referred to small claims court or reported to Equifax Credit Bureau. However, we would prefer to hear from you regarding your preference in this matter.

PLEASE INDICATE YOUR CHOICE AND RETURN THIS FORM:

( ) 1. Please find enclosed my payment in full.
( ) 2. Please charge the balance owed to my VISA, MASTERCARD, DISCOVER CARD. (Circle which Card.)
ACCOUNT NUMBER_____
EXPIRATION DATE OF CARD _____/_____
AUTHORIZING SIGNATURE_____
( ) 3. I will have payment in full in your office within two weeks.
( ) 4. I will call this week to make payment arrangements.
( ) 5. I do not feel I owe the amount billed. If you do not feel you owe the amount billed please explain below.
( ) 6. I do not intend to pay the bill. Please turn my account over for collection. FAILURE TO RETURN THIS FORM OR TO MAKE PAYMENT WITHIN TWO WEEKS WILL INDICATE YOU DO NOT INTEND TO MAKE PAYMENT.
( ) 7. COMMENTS:

Please do not hesitate to call if you have any questions regarding this matter.

Sincerely,

Financial Administrator for:

 ©2002 updated annually

SAMPLE STATEMENT MESSAGES

- WE HAVE RECEIVED FINAL PAYMENT FROM YOUR INSURANCE COMPANY.
- JUST A REMINDER - IT'S BEEN OVER 30 DAYS SINCE YOUR LAST PAYMENT.

OR

- JUST A REMINDER – YOUR ACCOUNT IS OVER 30 DAYS PAST DUE.
- YOUR ACCOUNT (OR PAYMENT) IS NOW OVER 60 DAYS PAST DUE. PLEASE REMIT BALANCE.
- YOUR ACCOUNT IS SERIOUSLY PAST DUE. PAYMENT MUST BE RECEIVED WITHIN 10 DAYS OR IT WILL BE REFERRED TO COLLECTION ATTORNEY (OR SEND REPLY LETTER)
- THANK YOU FOR YOUR PAYMENT!
- SPECIAL NOTE ON STATEMENT - SEE A/R REPORT

 ©2002 updated annually

Staff Meeting Themes:

Week 1:
Each One – Teach One/ Cross Train
Each team member from one department trains another team member from the other department on an area to be cross trained. I.E. confirming appts: admin and re-sterilizing a treatment room: clinical.

Week 2:
Review monthly monitor and numbers. Go over entire month's numbers, identify trends and set action plans.

Week 3:
Continuing Ed. This staff meeting is reserved for learning new things, viewing videos, listening to tapes, attending seminars or hosting in-house seminars. Also can be reserved for companies to do lunch-and-learn to announce new products or to do Eaglesoft training etc.

Week 4:
Role play. Discuss common questions asked by patients or situations that present themselves and how to resolve them. Utilize the "Tough Questions, Timely Answers" handout in your leather binder to start.

Week 5: (happens about 4 times per year)
Attitude Adjustment Lunch!! Have fun, get to know each other better, celebrate your successes as a team!

Guidelines for Team Meetings:
Always have a plan
Never have a gripe session
Only bring up challenges if you have a possible solution to offer. Remember, your solution might not be the solution chosen…but it gets ideas going to resolve issues.

 ©2002 updated annually

Cross Training ideas (Each one…Teach one):

Clinical:
Seating Patient
Pre-Op Discussion
Taking Diagnostic Films
Developing Diagnostic Films
Pouring Study Models
Preparing Case for Lab
Post-Op Discussion & De-brief of patient
Cleaning Operatory
Packaging instruments for sterilization
Re-sterilizing Instruments
Re-stocking room
Putting supplies away
General Assisting
Documenting Dental Visit

Administrative
Answering phone
Scheduling new patient
Scheduling hygiene appointment
Scheduling operative treatment
Financial arrangements
Collecting payments
Posting treatment
Posting payments
Determining Estimated Insurance Payment and Estimating Amount Due By Patient
Handling Objections
Asking for Referrals
Attending Consultation and Documenting Discussion
Ordering Office Supplies
Putting Away Office Supplies
Pulling Charts for Next Day
Filing Charts
Making New Charts

 ©2002 updated annually

Statistics to Track:

- Productions: Total office, each provider
- Collections – goal: Collect 98% of adjusted production
- Adjustments – goal: Adjustments should be < 4%
- Accounts receivables – current and over 90 days
- Accounts Receivables % - Goal < 5% over 90 days old
- Outstanding Insurance – current and over 90 days
- Outstanding Insurance % - Goal < 5% over 90 days old
- A/R Ratio – should be < 1.5
- Current trend for A/R Ratio = < .75
- A/R Ratio Formula:
  1) Total together last 3 months gross production – now…divide total by 3 = average monthly production
  2) Divide total A/R by average monthly production = A/R Ratio

Example: March Gross Production = $ 50,000
April Gross Production = $ 50,000
May Gross Production = $ 50,000
Total = $150,000 div by 3 = $50,000
Total A/R = $45,000 div by $50,000 (Avg mthly prod) = .90
Translation: it takes less than one month (.90) to collect what's on books

 ©2002 updated annually