

# **10 Top Management Tools For a Successful Practice**

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# 10 Top Management Tools For a Successful Practice

Presented by  
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## **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

## Key Strategies

6. AM Huddle

7. Team Meetings

8. Cross Training

9. Customer Service...the hidden gem

10. Continuing Education

## 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)**

- Dr/Assistants
- RDH/Hygienists
- 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)
- 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:

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

#### Assistants:

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

### **3. Hygiene:**

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

### **4. Marketing information:**

#### All:

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

#### All:

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

### **5. Scheduling information**

#### Administrative:

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

### **6. Numbers**

#### Administrative:

- 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.

**\*\*\*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.

## **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.***

## 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.**



## 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:

## **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

## 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.

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

## 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   | = <u>\$ 50,000</u>              |
| 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