



# Successful Financial Strategies – Scripting

## Collecting patient portion prior to treatment:

- “I would be happy to process your insurance for you and collect your portion for today’s treatment. Completing this ahead of time will let you leave immediately after treatment today without needing to stop and check out while you are numb.”
- “We have estimated your insurance plan to pay \$\_\_\_\_\_, leaving you with a balance of \$\_\_\_\_\_. We can process that for you when you arrive for treatment on \_\_\_\_\_; then you can make a quick get-away following your treatment!”

## Case presentation guidelines:

- Always discuss the **benefit** to the patient when presenting treatment or discussing finances. It’s much easier to state facts without including benefits, yet patients are more likely to accept treatment and follow your requests when there is a benefit to them for doing so.
- See benefit for treatment chart that can be filled out during a staff meeting. The chart helps keep verbiage consistent among team members.
- A private area, such as a consult room, has been shown to increase case acceptance and allow patients an opportunity to discuss possible financial challenges.
- A proper transition from the clinical area to the front desk team member should include:
  - Treatment completed today
  - Next treatment needed with time frame included
  - Any financial challenges that were reported by the patient. This helps the front desk organize the conversation and enable the patient to move forward with treatment.
    - *“We completed Mrs. Smith’s exam, cleaning, and x-rays today as scheduled. Mrs. Smith will need to be scheduled for a crown on #2*



next – Dr. \_\_\_\_\_ is hoping she can get in within the next month due to the extent of the fracture on that tooth. She would like to discuss financial options with you before scheduling.”

- Information shared as a recap is just as valuable for the patient as it is to the front desk staff member. It helps keep everyone on the same page and reassures the patient that treatment and needs are transferred to the correct person.

## Paying at time of service

### Transitioning patients to paying at time of service rather than waiting for a statement:

- “In an effort to keep our fees lower for patients, Dr. \_\_\_\_\_ asks us to collect the patient portion at the time of service. I know you are not used to this, so we can certainly send you a statement this time and incorporate the change at your next visit. This helps us reduce overhead costs in mailing statements, making phone calls, etc., which we can pass on to you and keep our fees lower.”

## Quoting fees to shoppers

- “I would be more than happy to answer that question for you. In order for me to give the most accurate information, may I ask a few questions? Have you had a diagnosis or treatment plan for this? Is it a front tooth or a back tooth? Has the tooth had endodontic treatment? Does it have a post? Is the tooth broken, or does it need a build up? Is there any decay in the tooth? Are you asking for the fee on a precious metal, semiprecious metal, porcelain fused to precious metal, porcelain fused to semiprecious metal, or a full ceramic crown?”
- “In order to provide the most accurate information and fee, I would like to recommend that you come in and meet Dr. \_\_\_\_\_ and allow us the opportunity to take a look at the tooth and discuss a plan with you.”

## Initial visit estimate

- “Mr. Cooper, for the exam and initial set of x-rays, the first visit will be approximately \$206.00- \$217.00.”



- *“Will we be billing dental insurance for you? In order for us to bill insurance, may I ask you some questions?”*

## Emergency visit estimate

- *“For the doctor to take the necessary images and determine the appropriate treatment, the fee will be approximately \$ (quote fee for office visit). I see that you and \_\_\_\_\_ discussed this yesterday when you called. Because of the nature of the emergency, the tooth may need immediate treatment. When Dr. \_\_\_\_\_ has had an opportunity to determine the best options for you, we will review those estimates with you prior to starting any treatment. Do you have any questions about the treatment or the fees?”*
- *“Good, let's go ahead and start treatment. How will you be taking care of that balance today - cash, check, or credit card?”*

**OR**

- *“To allow you to be better prepared financially, let's reschedule this appointment.”*

## Financial arrangements

As a service and courtesy to your patients, financial discussions should be held with each patient in a *private area*. Extending this respect helps reinforce the quality of the patient experience. Additionally, statistics show a much higher case acceptance rate when the patient has an opportunity to ask questions without others hearing the discussion. Every financial arrangement should be in writing and signed by the patient/parent.

- A) Financial Coordinator – *“Mrs. \_\_\_\_\_, I would like to invite you to our consultation area so we can have privacy while going over your treatment plan. I want you to have the opportunity to have any questions answered, and, if needed, we can discuss financial arrangement options.”*
- B) Clinical Team Member – *“In order for \_\_\_\_\_ to be able to answer your questions, let me show you to our private consultation area. Please have a seat. I will let her know you are ready.”*

## Asking for estimated co-pays at the time of the visit

Financial Coordinator – *“Mrs. \_\_\_\_\_ your estimated co-pay for today is \$148.00. Will you be paying with cash, check, or credit card?”*



Patient – *“Bill me please.”*

Financial Coordinator – *“In order to keep our costs down, which helps us keep fees lower, we are asking for estimated co-pays at the time of service.”*

Patient – *“I can give you \$50.00 today, but I will have to send a check for the rest.”*

Financial Coordinator – *“I understand that you may not have been prepared to pay the total today. I will give you an envelope with the receipt showing the balance due. Can I expect that payment in the next day or two?”*

**OR**

Financial Coordinator – *“I understand that you may not have been prepared to pay the total today. I’ll make it easier for you and save you postage! Do you have a credit card I can process for the balance in \_\_\_\_ days?”*

Patient – *“I’ll be able to put that in the mail on Thursday.”*

Financial Coordinator – *“Thank you so much. I’ll make a note here on your chart, so we’ll know when to expect it.”*

## **Preparing patient to pay co-pay at time of service- RDH and DA**

Dental Assistant/Hygienist – *“Mrs. \_\_\_\_\_, it’s been a pleasure. Let me walk you up front, and \_\_\_\_\_ can make your next appointment and assist you with your payment today.”*

## **When recommended procedures are not covered**

*“While dental insurance is an excellent means of helping you afford dental care, we recommend you not allow your insurance company to dictate the quality of care you receive. Dr. \_\_\_\_\_ has recommended a gold onlay as the restorative procedure with the longest lasting benefit to you. To avoid more expensive treatment in the future, we suggest taking care of this tooth now. We will be more than happy to work with you to set up comfortable financial arrangements.”*

## **Collecting patient portion for hygiene visit**

*“Based on the information we have regarding your insurance benefits, your carrier will contribute up to approximately 80% of today’s visit, which will leave you with an estimated co-pay of about \$40.00. Would you like to take care of that by cash, check, or credit card?”*



## The out of town student

*"If your parents have agreed to be financially responsible for your account, I can send an estimate to them, or should I call? When we have received the payment, we will be happy to schedule your appointment(s)."*

## Making financial arrangements for children

If the child is old enough to come to the visit without a parent or if someone other than the responsible party (grandparent/babysitter) will be bringing the child to the appointment:

*\*Please note, the parent who signs the New Patient Registration form is financially responsible.*

- A) Financial Coordinator – *"So that you will not need to come with your child to each visit, let's make financial arrangements for the treatment in advance. We can fill out a form that authorizes us to put the estimated co-pays on a debit or credit card each visit. We will call to let you know what the amount is each time for your records. Would you like a copy of the receipt sent to you?"*
- B) Parent – *"Johnny's father will take care of this. He is responsible for all of Johnny's dental treatment since our divorce."*

Financial Coordinator – *"Thank you for letting me know! I'll make a note of it. In order to provide treatment for Johnny as soon as possible, we can give you a copy of the treatment plan, so you can receive reimbursement from Johnny's father as quickly as possible. If you want to wait for payment from Johnny's father first, please notify us when you receive it, and then we will make an appointment to start treatment."*

## Presenting the total cost or investment for recommended treatment

Financial Coordinator – *"The total for your treatment is \$4,250.00. We estimate your insurance should contribute up to \$1,500.00, which will leave a balance of approximately \$2,750.00."* (Be quiet, wait for response.)

1. Financial Coordinator – If patient wants payments – *"Generally I find most of our patients have an idea of what their family budget is, Would you be willing to share yours with me? I'd like to help."*



Patient – *"Well, I can give you \$25.00 this week to start and \$25.00 per month on the balance."*

Financial Coordinator – *"Mr. \_\_\_\_\_, can we look for some other options?"*

**OR**

2. Financial Coordinator – *"After your initial payment, I can take the balance of \$1,000.00 and break it into 3 monthly payments of \$334.00. Is that more comfortable for you?"*

Patient – *"I just can't pay for it in that amount of time."*

## Phasing treatment

*"Mr. \_\_\_\_\_, in order to avoid delaying treatment due to finances, let's make arrangements on the initial portion of your treatment. When it is completed, you and I can sit down again and make arrangements to continue your care. How does that sound?"*

## Minor financial arrangements

- A) *"Mr. \_\_\_\_\_, I see that Dr. \_\_\_\_\_ has diagnosed the need for a filling on the upper right side of your mouth. The fee for restoration will be approximately \$165.00. Today's visit was \$75.00. May I make out a receipt today for the total amount of \$240.00? Then you won't have to worry about bringing your check book to the next visit."*
- B) Financial Coordinator – *"Most of our patients like to eliminate the extra paperwork by making one payment today. May I make out a receipt for you in the amount of \$240.00 for cash, check, or credit card?"*

Patient – *"You want me to pay all of that today?"*

Financial Coordinator – *"If you can, we would appreciate it."*

Patient – *"I don't want to pay for a filling I haven't received yet. Let me take care of the exam and x-ray today and I'll pay for the filling at the next visit."*

Financial Coordinator – *"That's fine Mr. \_\_\_\_\_. Let me make out a receipt for \$75 for today's visit and I'll make a note to myself that you'll be paying for the filling next time."*



C) Financial Coordinator – "Mr. \_\_\_\_\_, today's visit is \$195.00 for the examination, x-rays, and cleaning."

Patient – "Wow, that's more than I expected. I'm afraid I don't have enough cash and I've forgotten my check book."

Financial Coordinator – "Do you have your credit card? I would be happy to charge it for you."

Patient – "I don't have any credit cards with me either. Can't you bill me?"

Financial Coordinator – "I understand you may not have been prepared to pay the total today. To keep costs down and pass the savings on to you, we collect estimated co-pays at the time of the visit. Let me give you an envelope with the receipt from today showing the balance due. Can you put that in the mail in the next couple of days?"

Patient – "I'll be able to put that in the mail on Thursday."

Financial Coordinator – "Thank you so much. I'll make a note of that here on your chart, so we'll know when to expect it."

## Changes in the treatment plan

Please sit the patient upright in the chair, remove the rubber dam and protective glasses, before you begin the discussion.

A) Doctor – "Mr. \_\_\_\_\_, originally we thought this tooth would require a two-surface filling. Now that I have removed all of the decay, it needs an additional surface restored, for which there will be an additional fee."

B) Financial Coordinator – "Mr. \_\_\_\_\_, I see that Dr. \_\_\_\_\_ had to perform a larger restoration on the premolar than what was originally diagnosed, which does change our estimated total fee for treatment. There will be an increase of \$90.00, which would make your estimated co-pay for today \$275.00."

## Collection calls/helping patients manage their account

A) First phone call following a missed payment:

1. Financial Coordinator – "Hello Mr. \_\_\_\_\_, this is \_\_\_\_\_ from Dr. \_\_\_\_\_'s office. I've been reviewing our records and see we haven't received your



*payment. I'm calling to see if you have been receiving the statements? We could take care of the balance over the phone with a debit/credit card."*

*Patient - "I've been meaning to take care of it, but our car broke down, and it's been quite an expense for us."*

*Financial Coordinator - "Sounds like you had some unexpected expenses that prevented you from honoring our original agreement. So your account with us doesn't become more of a burden for you, let's set up a new financial agreement that will work for us both."*

**"OR"**

*2. Patient - "Gee, I totally forgot about it. I'll put the check in the mail today."*

*Financial Coordinator - "That's fine Mr. \_\_\_\_\_, I should receive the payment of \$100.00 from you within the next three days. So I can flag your check for the bookkeeper and keep your account in good standing, please give me the number of the check you'll be mailing. Another option to save time and a stamp is for us to take care of it over the phone with a debit/credit card today."*

- C) Patient becomes very upset when the dental office calls regarding past-due payment. Patient is literally screaming at the financial coordinator over the phone.

*Patient - "I'm sick and tired of being bothered by you people about a stupid \$75.00. Dr. Barnes is too expensive anyway."*

*Financial Coordinator - "Mr. \_\_\_\_\_, I hear you are upset."*

*Patient - "You bet I am. What's the big deal anyway?"*

*Financial Coordinator - "Please know I want to be part of the solution, not part of the problem. What can I do to help you take care of this obligation?"*

- D) Patient has not kept his financial commitment due to the death of a family member:

*Financial Coordinator - "Mr. \_\_\_\_\_, this is \_\_\_\_\_ from Dr. \_\_\_\_\_'s office. In reviewing our records I see that you have missed a scheduled payment of \$200.00. I am calling to see what we can do to take care of this."*

*Patient - "I'm sorry but my wife passed away three weeks ago. I'm going to be moving to a smaller house and I have been busy packing."*





Financial Coordinator – "Mr. \_\_\_\_\_ we are so sorry to hear that. She was a wonderful person. To give you time to get settled, I'll give you a call in about three weeks. Will your phone number remain the same? Please give our condolences to the family."

E) Patient has recently lost his job:

Financial Coordinator – "Hello Mr. \_\_\_\_\_, this is \_\_\_\_\_ from Dr. \_\_\_\_\_s' office. We haven't received your scheduled investment of \$100.00, and I'm calling to find out what can be done to take care of this balance."

Patient – "Well, I've recently lost my job, and I'm looking for work right now."

Financial Coordinator – "I'm very sorry to hear that – sounds like you've been pretty busy, Mr. \_\_\_\_\_. Reviewing your account, I see you have always been a good patient and have previously kept your financial arrangements. In order to help you through this difficult time, let's set up another arrangement that would be more manageable for you until you're employed again. I can email or mail you a new financial agreement document to sign. Which would you prefer?"

## Second phone call following a missed payment

Financial Coordinator – "Hello Mr. \_\_\_\_\_ this is \_\_\_\_\_ calling from Dr. \_\_\_\_\_s' office. I spoke with you last Thursday regarding your past due investment of \$925.00. So your account is not assessed a finance charge this month, I'd like to help you get back on schedule with your financial commitment."

Patient – "I'll write you a check, but I can't send the whole payment."

Financial Coordinator – "How much were you planning on sending?"

Patient – "I can write a check for \$200.00."

Financial Coordinator – "That leaves a balance of \$729.00. When can we expect the balance?"

Patient – "Well, I could pay it over 3 months at \$240.00 a month by the 15<sup>th</sup> of each month."

Financial Coordinator – "That would be a payment plan of \$240.00 a month by the 15<sup>th</sup> of each month. That's fine Mr. \_\_\_\_\_. Let me make a note of this in your chart so I can let Doctor know what to expect. I can email or mail you a financial agreement document to sign. Which would you prefer?"



## Third phone call following a missed payment

Financial Coordinator – "Hello Mr. \_\_\_\_\_, this is \_\_\_\_\_ calling from Dr. \_\_\_\_\_s' office. I'm sure you know why I'm calling. This account is now seriously overdue, and we must get it taken care of immediately to avoid further steps towards collection. How can we help?"

## Patients who insist on predetermination of benefits

- A) "I know you are interested in determining what your insurance may pay toward your treatment, however, so there will be only a minimal delay in starting your treatment, I can calculate your estimated co-pay with the information provided by your insurance company. We can make financial arrangements on the balance that will be investment, and then I'll schedule you to begin treatment as the predetermination is being processed."
- B) "Based on the information we have, it looks like your insurance may participate at 50% for this procedure, leaving your estimated co-pay of \$450.00. Please know, even a written predetermination from your insurance company is not a guarantee of payment. In order for you to remain fully informed, I'll review this with you when your predetermination of benefits has been returned."

## Letting patients know how long you will carry a balance

"We can carry the insurance related balance for up to 60 days. Because I know we are both concerned about the finance charges that will be assessed on your account after 60 days, we will ask you to clear your account if insurance delays payment beyond this time."

## Divorce and/or a legal separation

"To eliminate any confusion on your account or errors in billing the charges to your insurance company, we need to open a separate account with you as the responsible party."

## Confirming that the patient understands and wants the treatment

"Before we start, do you have any questions I can answer regarding the treatment Dr. \_\_\_\_\_ has recommended for you?"



## Patient has gone through the process however isn't committing to treatment

- A) *"I sense there is something you have a question about or may not understand. What can I give you more information about?"*
- B) *"If we can figure out a way to make the financial investment possible for you, is there any other reason you would not be ready to go forward with your treatment at this time?"*

## Fee increase

A fee increase should be a non-event in the practice. Just as other industries increase fees, it should be expected dental fees cannot stay stagnant. We recommend you honor fees associated with previously diagnosed treatment 6-months following the treatment presentation. This allows patients the opportunity to complete treatment on fees presented.

*"Like most industries, we do make routine fee increases in order to cover the additional costs we incur each year. Our goal is to provide the highest level of care with the best products and technology available to you. We provide several financial resources. Would you like me to review your options?"*

**OR**

*"We are committed to maintaining the highest level of care possible. We have the most competent staff and we treat every patient as an important individual. We did have a minimal increase in our fees to compensate for the rising costs of maintaining our practice."*

**OR**

*"Yes, we had a fee analysis and realized that while our costs for salaries/utilities/supplies had risen, our fees had not."*



## Reducing number of new patients from a particular insurance plan

It may be necessary to reduce the total patient base on a particular insurance plan when reimbursements are very low. Reducing new patients into the practice on the plan may be a better option than dropping participation. This will allow you to retain your existing patients without adding more.

*"Thank you for calling and giving us an opportunity to provide your care. Before we find a time that works, I need to gather some information." (Gather name, address, phone, etc.)  
"Will we be processing insurance claims on your behalf?" (If yes, get insurance information).*

If the insurance plan they are on is one you are trying to limit, simply let them know the next available appointment is several months out and provide a couple of options. This will generally limit the new patient flow as many new patients want an appointment sooner. Monitor the percentage of your patient base on each insurance plan quarterly.

## Material charges in states with non-covered benefits laws

Create a code specific to the material you are using for the crown. An example would be D2740.E (E-Max) and D2740.Z (Zirconium). Submit the code along with D2740 on the insurance claim. The material code will be denied as an uncovered benefit. Present the estimate to the patient including the crown + material fee.

*"We are estimating the dental benefit plan your employer negotiated will pay \$\_\_\_\_\_ towards your treatment. The plan you have does not cover the materials charge for the type of crown Dr. \_\_\_\_\_ will be placing for you. The total fee you can expect is \$\_\_\_\_\_."*

If the materials charge is questioned, go into further detail at that time.

*"This type of material is necessary in your case due to bruxism/history of grinding/added longevity/added esthetics/added strength/etc."*



## Discussion with patient when dropping the PPO plan they are contracted with

We do not recommend you send letters to patients to let them know you are dropping your participation with their contracted plan. Letters, no matter how well worded, tend to create the highest patient loss. Patients read the letter and assume they need to find a new dentist. Instead, identify the patients on the plan, and speak with them at their next dental visit.

Sample verbiage:

*"Mrs. \_\_\_\_\_, \_\_\_\_\_ let me know you are on ABC dental plan. I want to let you know we have changed our status to a non-restricted provider with that plan. We are still maintaining a close relationship with ABC dental; in fact, we have many patients on that plan. We will continue to process claims for you and help you maximize your benefits just as we always have. There may or may not be an out-of-pocket expense for you depending on the treatment needed. We will provide a written estimate prior to any treatment to avoid any surprises. Does that sound good to you?"*