



In-House Dental Savings Plan

We know that corporate dentistry and increased PPO participation have changed the dental landscape, and more and more patients enter a dental practice through a PPO contract. In house memberships plans can attract patients without access to dental benefits, increasing your bottom-line revenue. You can create an in-house dental savings plan **designed for patients who:**

- don't have access to dental coverage
- are underinsured
- have met their annual maximum
- choose treatment not covered on their plan

The predictability of annual fees with access to great dental care may be just enough to get these patients back in the office and to recruit new patients as well.

How it works:

- Package a preventative care plan that includes a couple of cleanings, exams, necessary x-rays and fluoride for a flat annual fee. This should be at a discount from your office UCR fees; typically 15-20%. The annual fee can be paid monthly, in full at the onset of the contract or as part of a voucher system. It is important to offer automated, recurrent billing to keep the plan subscription active. **Check with your state dental board and insurance commissioner for specific rules that apply to your location regarding collection of subscription fees.**
- Offer a straight discount for all restorative services. This is unlimited and includes cosmetic treatment with no waiting period, no annual limits, or any other typical limitation that outside insurance plans use to restrict services. Scaling and root planning falls under this category in addition to restorative services. The typical discount is 15-20%.
- Offer an additional package for periodontally involved patients who need additional periodontal maintenance visits. You should determine the fees for 4 (D4910) visits, 2 exams, fluoride, and annual x-ray updates. This package would replace the preventative care plan for those patients that need the additional hygiene care.
- Provide a graceful exit from the plan for cases when a patient gains insurance or moves after joining your plan. This may include a refund if prepaid services were not provided.



- The plan should be actively marketed to all patients, regardless of their insurance status. While non-insured patients are generally more apt to purchase the in-house plan, it is also a viable option for patients that are under-insured, have met their maximum, or are electing non-covered services.
- Your membership plan should be professional, with identification cards and written guidelines.

In-house dental plans provide incentive for patients to schedule and keep ongoing hygiene appointments. Access through regular hygiene treatment will allow an opportunity to diagnose dental issues when they are still small – saving the patient money, time, and possibly pain in the long-run. Sound like a good idea?

How to implement:

- **Check your state for state level requirements prior to initiating your plan.** This is generally done through the state insurance commissioner and your dental board.
- Increase your fees if necessary. Do this in a scientific fashion rather than through guesswork. NDAS offers software to help balance your fees to the proper fee percentile. Make sure the fees are well balanced **prior** to calculating your in-house plan fees.
- Train your team – everyone needs to understand how the plan works so all employees can effectively communicate and answer questions.
- Prepare concise marketing brochures that explain the plan in simple, easy-to-understand language. When initiated, the patient should have a copy of the signed agreement to fully understand what they can expect.
- Employ target marketing in order to reach the population that would qualify for your plan. This could be through targeted Facebook posts, Instagram posts, area businesses that do not offer dental benefits, and/or local retirement communities.

Need additional support? Contact the Practice Support Team at Burkhart Dental Supply.

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