



# Communication & Sales Seminar C

## Section VI: *The Sales Line*

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NOTE: This presentation is being provided as a suggestion and idea from which to improve your office. This is not to be taken as a guarantee that the information provided is appropriate to your practice. Each practice is individually responsible for ensuring that any system implemented complies with the applicable federal, state and local laws, rules and regulations governing the place in which your practice is located. These suggestions do NOT constitute legal advice. You should seek advice from your own legal advisors as to what is appropriate to implement in your practice, prior to implementation. MGE: Management Experts, Inc. is not responsible for any claims, real or otherwise, associated with this document or any part thereof.

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### The Sales Line

**Step 1**

*New Patient*

**Step 2**



New Patient



Receptionist



New Patient



Scheduler

New Patient Calls In

Call routed to Scheduler who appoints patient



New Patient



Doctor

Initial Exam and TXP worked up

**Step 3**

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### STEP 3: Exam

1. Doctor's call on whether NPs seen in Hygiene (X-Rays, periodontal probing, etc.) or by doctor. Obviously, doctor would need to do an exam.
2. Run good positive control. Don't leave the patient by themselves, or unnecessarily waiting.
3. Avoid using terminology that the patient would not understand (or define terms you do use).
4. If possible, when doing the exam and charting for diagnosis, avoid using specific procedural terms. Save that for the treatment presentation.

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### STEP 3: Exam, Continued

5. Obviously, ensure you have a good handle on and address their chief complaint.
6. If you are going to use abbreviations while charting, let the patient know.
7. During the examination, assess what the patient's frame of mind is with regards to dental treatment and what they hope to achieve.

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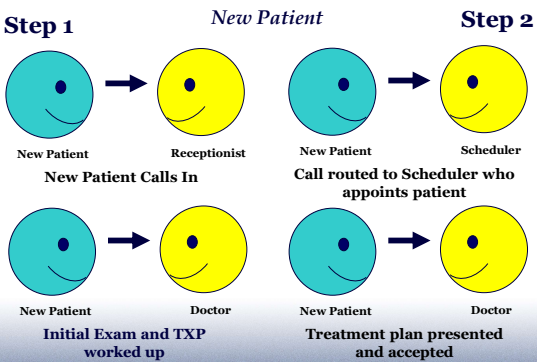
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### The Sales Line



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## Consult Needed? Now? Later?

Whether or not to schedule a consult, and how long you would schedule it for might depend on five things:

1. The **size** of the treatment plan.
2. Whether this is a **new patient or patient of record**.
3. The patient's **tone** level.
4. How much **time you have** today.
5. How much **time the patient has** today.

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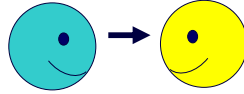
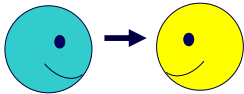
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## The Sales Line

Step 1

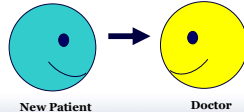
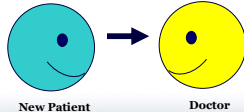
*New Patient*

Step 2



New Patient  
Receptionist  
New Patient Calls In

New Patient  
Scheduler  
Call routed to Scheduler who  
appoints patient



Step 3

Step 4

New Patient  
Doctor  
Initial Exam and TXP  
worked up

New Patient  
Doctor  
Treatment plan presented  
and accepted

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## Step 4: Consult

1. Ensure you have all decision makers present (if possible).
2. Avoid (or define) heavy medical terminology. Make the treatment plan and why they need it **real** to the patient.
3. Handle any originations or indicators. Ensure the patient understands.
4. Obviously, address chief complaint.

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### Step 4: Consult

- 5. **(Ideal):** Once patient fully understands treatment, doctor would review financial options and patient would settle on how they are going to pay prior to doctor leaving consult and turning over to a staff member handling financial arrangements. (TX Coord., Fin. Coord., etc.). **(Minimum)** Doctor should discuss fee prior to full pass.
- 6. **(TX Coord):** If financing treatment plan, have all financial arrangements made prior to the patient leaving.

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### Step 4: Consult

- 7. **(TX Coord):** If patient attempts to change treatment arrangement, changes their mind about doing any treatment, etc., the doctor should be asked to come and talk to them.
- 8. If possible, doctor to assist in affirming the schedule, i.e., morning appointments, etc.
- 9. Lastly (and more importantly), same degree of control and speed used on the sales line is used to get the patient IN for treatment.

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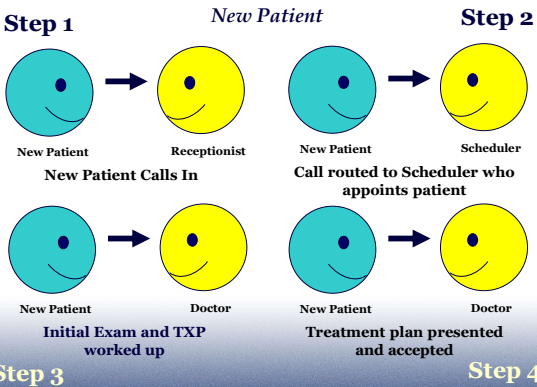
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### The Sales Line



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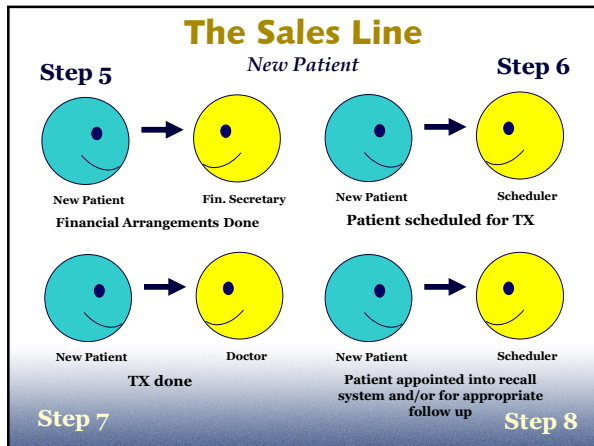
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- ### Sales Line: Primary "Bugs"
1. **SALES LINE DOES NOT EXIST:** No established pattern, roles not delineated.
  2. **POOR CONTROL:** Sloppy or no control. New patients mishandled; sales lost.
  3. **TROUBLE HANDLING PEOPLE:** The people on the sales line have difficulty with or lack of knowledge about how to handle people.
  4. **UNDERSTAFFED:** Not enough staff on the sales line to accommodate the flow of patients.
  5. **INADEQUATE FLOW:** Not enough patients coming in on the sales line.

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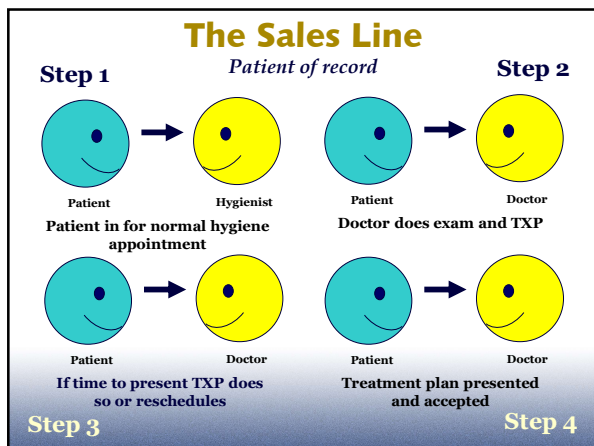
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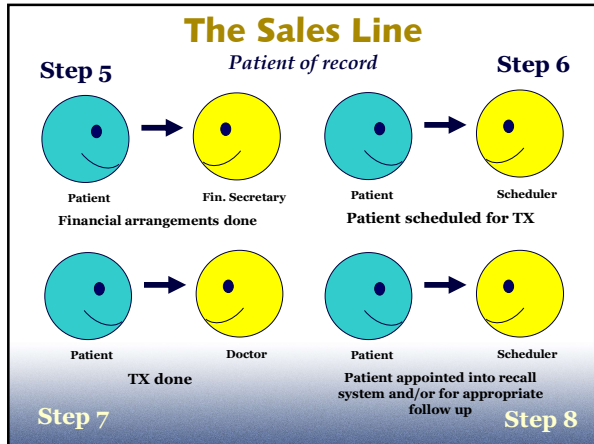
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