

11

THINGS EVERY
DENTIST'S FRONT
DESK SHOULD KNOW
BEFORE ANSWERING
A SINGLE CALL

(EVERYONE GETS #5 WRONG)



Please Note: This information, provided by MGE: Management Experts, Inc. (“MGE”) is being provided as suggestions and ideas from which to improve the success and viability of your practice. This is not to be taken as a guarantee that the information provided is appropriate to your practice. Due to the high ethical standard in business expected of MGE clients, it is assumed that each client and/or their staff would observe and follow applicable laws relating to employment, taxation and general business. Each practice, their owners, officers and staff are 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 is not responsible for any claims, real or otherwise, associated with this material and information or any part thereof.

New patients are **vital** for office growth. And in many offices a ton of time, money and energy goes into getting new patients. More importantly, a new patient inquiry has sought your office out and is looking for help – which is the very reason (helping patients) for which the office exists!

A study of over 10,000 new patient phone calls across the United States done by Viva Concepts, a dental marketing company out of Glendale, California found a rather alarming statistic:

The average conversion rate percentage for a new patient inquiry (i.e. new patient that calls and actually schedules) **is 23%**.

Yes, that means for the average dental office, out of 100 phone calls – only 23 will schedule. And while this isn’t great news, there is a silver lining: **New patient numbers can be increased drastically just by improving office phone skills!**

So, what follows are a few tips on doing just that!

OVERVIEW

Let’s start with the basics:

- I. **GOAL:** Your goal is to get them in the chair! Try to schedule every person who calls or walks in.
- II. **WHO SEES WHICH PATIENT AND FOR HOW LONG:** In your office, you’ll have to know with whom you would schedule a New Patient Initial Exam/Cleaning. Are they scheduled with the Hygienist or Doctor first? Some new patients go directly to the doctor (Emergencies, Consults, and Second Opinions to name a few). You’ll also want to know how long to schedule these

MGE: Management Experts, Inc.
11800 30th Court N • St. Petersburg, FL 33716
Telephone (727) 530-4277 • Fax (727) 530-4277
www.mgeonline.com

appointments for.

- III. **PHONE SYSTEM:** There needs to be an adequate phone system in place. While you may not need 10 phone lines yet, you should only consider phone systems that can handle at least 8 phone lines. These phone lines must roll over; meaning when the main line is busy, if someone calls in, it automatically rolls to the next available line. No easier way to lose a prospective patient than a busy signal!
- IV. **A LIVE PERSON ANSWERING THE PHONE:** You should have a live person from your office answering the phone during business hours. Having a machine or menu system in place will increase the amount of hang ups. Also, lunch must be covered; never close the phones for lunch break. Most people handle tasks, such as making a dental appointment, over lunch when they have a break. We've even had some offices extend the hours a live person is answering the phone (not keeping the office open longer – but just having the phones answered) – and this has increased new patients!
- V. **NEW PATIENT CALL LOG AND NEW PATIENT FORMS:** There must be a Call Log and New Patient Intake Forms at every phone. This call log will record all new patient inquiries, whether they schedule or not. The doctor and OM must stress the importance of this log and review it daily. As you fill out the New Patient Form, make sure you get a handle on what the patient's past dental experiences have been like. Also, ensure you have a call tracking number to verify the log and listen to phone calls for training. Ideally, one person should be responsible for new patient calls – but this is something you would want to have people cross-trained on.
- VI. **BASIC TRAINING:** There must be an adequate education program and training on the following: How the phone works, How scheduling software works, How/Where to schedule new patients (if the primary person isn't available), How to fill in the call log, a New Patient Form, the dental procedures offered, the importance of new patients, current/past promotions the office is running.
- VII. **PICKING UP THE PHONE:** The phone needs to be picked up by the second ring. This means that everyone in the office needs to be trained on how to use the phone and take a good message if they are not the person the patient is trying to reach and the primary person handling new patient calls is not available.
- VIII. **GREETING/PATTER/ATTITUDE:** Greet the patient with a set patter, e.g. "Good morning/afternoon, Dr Smith's office. This is _____, how can I help you?" The person answering the phone should always be smiling; it comes through to the patient. Once you find out it's a new patient, immediately get their number, name and so on before doing anything else in case you are disconnected. Then discover the reason for the call.
- IX. **SCHEDULING:** New patients should be brought in AS SOON AS POSSIBLE within 24-48 hours ideally. If you don't have availability, the schedule needs to be reviewed.
- X. **NEW PATIENT PAPERWORK:** You may or may not have new patients fill out paperwork ahead of time. If so, make sure you weave this into your new patient conversation.
- XI. **COMMUNICATION:** During Viva's study, it was noticed that the longer you spent on the

phone with a new patient caller (assuming the conversation was pertinent), the better chance of scheduling the patient and getting them to show up! The keys are establishing good communication and having a great attitude. If you find shoppers, insurance inquiries or second opinions annoying – you need to change your attitude or probably shouldn't be answering new patient calls. These are people – treat them with dignity, respect and kindness and they usually respond well. You can have all the right equipment and policies but if you handle these new patient calls poorly; you could lose many of them!

SPECIFIC TYPES OF CALLS

In some cases, you have patients calling with a question right off the bat as opposed to just scheduling for a cleaning and so on, whether it's an insurance question, price, etc. Let's look at a few ideas on how to address the three most common calls like this that you might receive:

I. SHOPPERS

Shoppers are potential patients calling to ask how much a service might be.

Some things to know:

- Many “shoppers,” but not all, have already seen a doctor and been given a diagnosis and treatment plan.
- If a patient calls to find out the price of a crown or other major procedure, and has already seen another dentist, there is a high probability that they have been treatment planned for more than one crown or major procedures. Most patients will not leave another practice just to save a couple of hundred dollars.
- Ultimately, you have no idea what this patient needs. To begin with, only your doctor can determine this. And your doctor cannot do this without seeing this patient.
- Some offices will and some won't quote prices over the phone, and that is a decision the doctor would need to make. Statistically speaking, answering the patient's question to some degree increases the probability that they might schedule.
- Some practices find shoppers “annoying,” and immediately adopt a negative attitude about them, i.e. “People who call for prices don't appreciate good dentistry.” This is the wrong attitude. Truthfully, until you speak with this patient you have no idea why they are calling for prices. And keep in mind, a negative attitude comes across when you speak to someone on the phone. So, instead of looking at a shopper as a “bother,” look at the call as an opportunity to add a new member to the roster of patients in your practice. Be friendly courteous and helpful and you may end up with a life-long patient out of the deal!

When a shopper calls – you normally have a question such as: “How much do you charge for a crown.” You could say you don't quote prices and...they hang up. Or, you could let them know (after getting name and number) that you will answer their question, but you need to find a few things out first. This might go something like this:

PATIENT: How much do you charge for a crown?

SCHEDULER: I can give that information, but do you mind if I ask you a couple of questions first?

PATIENT: Sure.

(Scheduler gets name and number)

SCHEDULER: Did someone tell you that you needed a crown?

PATIENT: Yes.

SCHEDULER: On which tooth?

PATIENT: Actually, on three of them.

SCHEDULER: Who told you that you needed these crowns?

PATIENT: A dentist I saw. He gave me the x-rays.

SCHEDULER: All right, which teeth are they?

PATIENT: Patient explains. (two on upper right and one on bottom left)

SCHEDULER: Are you in pain right now?

PATIENT: No.

SCHEDULER: Are the teeth sensitive to hot or cold?

PATIENT: No

SCHEDULER: Ok, I understand. Normally, what we do in cases like this is have you come in for a quick exam with the doctor. The doctor would want to look at it herself to see exactly what you need. The appointment is Free (or whatever charge) and you can bring the x-rays with you.

And to answer your question, our crown fee is (gives range from low to high), but again, we can't tell what you need until the doctor looks at you, so we should get you scheduled as soon as possible for the doctor to have a look. I have time available on _____ or _____.

PATIENT: OK, that works. I can come in on _____.

SCHEDULER: Great! Let me get a little more information so we're all prepared for your visit and we'll get you scheduled (Completes New Patient Form and schedules patient).

The key is to establish good communication and **GET THEM SCHEDULED!**

II. INSURANCE QUESTIONS

While this is not an absolute definitive list of every type of insurance plan with dental coverage, you will find that most plans break down into one of the following:

1. Traditional/Private Insurance
2. A Preferred Provider Organization (PPO)
3. An HMO (Health Maintenance Organization) or DMO (Dental Maintenance Organization) Plan
4. A Government Plan (Medicaid)

When a patient calls asking if you take their insurance, you should make a concerted effort to establish good communication with that patient. In the long run, just because your office might not accept their plan that does NOT mean they can't become a patient! The patient however may not know this!

Many offices may take one of these calls — not even get the patient's name, have the patient describe the plan and then give them a simple, "no." Patient hangs up — lost opportunity and not a great impression for the dental office either.

A general guideline follows:

1. Patient calls asking: "Do you accept my insurance?"
2. Get their name and number in case you are disconnected.
3. Tell them something along the lines of, "Let me get some info from you and I'll find out."
4. Use the New Patient Call-In Form as a guide to establish what is happening with the patient.
5. Ask them to take out their insurance card.
6. Make sure it's dental insurance, not medical.
7. If you take their insurance, let them know and get them scheduled.
8. If you *aren't* a participating provider for their insurance, let them know.
9. Make sure they also know that they can still come to the office and if applicable (discuss with Financial Coordinator) their plan may have preventative care coverage that might work — or your office may have a new patient special you might offer them. Work with your OM to determine which way you want to handle this.
10. Get them scheduled!
11. If the patient is in an HMO or DMO in which you don't participate, have the patient read the doctor's name on their insurance card and explain that this is the only dentist they are covered to see.
12. If they are given an HMO plan from their employer, let them know they might have the option to quickly switch to a traditional or PPO plan and that they should discuss this with their HR department. Ensure you follow up to get the patient scheduled afterwards.

13. Note: In some cases, someone may understand that they are in an HMO and have no coverage in your office and despite that, want to schedule anyway! If that's the case, by all means schedule them!

III. NEW PATIENT CALLS – SECOND OPINIONS

When a patient calls for a second opinion, they have seen another dentist and been given a diagnosis and treatment plan. And for whatever reasons, they did not follow through with the treatment plan. They are now calling your office to get your doctor to weigh in on the subject.

With a Second Opinion, you want to:

1. Get the patient in *immediately* for a check/exam. Same day if possible.
2. Establish good communication with the patient to find out exactly what's going on.
3. Do your New patient Form.
4. If they have X-rays from the previous doctor, have them bring the X-rays with them, or have them transferred over.
5. As a note: Don't allow the obtaining of previous X-rays to add unnecessary slows to setting an appointment. If it's going to be days or weeks to get the X-rays — or if they cannot be obtained — you need a solution to get these patients in QUICKLY. Work out a policy with your OM as to how you would handle this, along with any other points with regards to scheduling a Second Opinion appointment.