Five Steps for Hygienists' to Increase Case Acceptance

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What is your current office case acceptance rate? _____% If you don’t have access to this # what grade do you give your office? Circle what you think it should be as of today:   A   B   C   D   F

Industry best practices for case acceptance is _____%

Case Acceptance for New Patients is _____%

1.  Step 1

2.  Step 2

One question the hygienist can ask to enroll in treatment plans is:

3.  Step 3

This happens about ____ mins into the hygiene appointment.

4.  Step 4

Handling the objection:
Change the negative connotation into an opportunity to talk with your patient.

Think of this as a gift. You still have a patient there in your chair and you can always table this for their next appt if this is not an urgent situation or a chief complaint causing pain, etc.

**Solving a challenge around money:**

Overcoming a financial challenge may sound something like this:

It is best to know ahead of time “if” you “think” you may have an objection to money (and/ or time or if they have a fear about dentistry).

**Example:** “Mrs. Patient, if we can find a way for you to get the money to pay for this can we discuss this more?” And always, try to stay ahead of this by determining ahead of time –if you have met your patient before or if they expressed challenges on their 1st phone call to the office– which is also something you want to have reported in the morning team huddle.

If you know that there will be an objection, say something like, “Mrs. Jones, I know money is a potential challenge for you and before we get started talking about your treatment needs is it ok to have Susan our financial coordinator talk about options to get the money to pay for this? We offer various payment solutions.” Wait for your patient to respond and if they answer’ YES” they want to hear those from Susan continue with the treatment plan.

5. **Step 5**

**Examples of what hygienists can say:**

“This is what I believe doctor will recommend.”

Or tell your patient “This is what we recommend for our patients…”

Talk about the risks of not accepting treatment. Always talk about the benefit of treatment.

You will always have a trial close.

You may say something like “Mrs. Jones are you ready to get the tooth whitening started today? I can take your impressions today and when you return it is maybe 5 minutes to show you how this is worn. We will also send you home with written instructions when you return for your whitening trays.”

**Ways to Dig Deeper into this topic and how to implement case acceptance right away!**

1. Hygiene Appointment Treatment Planning and Case Acceptance Module
   - Hygiene – Doctor – Patient Exam
Timing is everything
Communication and Proxemics to Improve Case Acceptance
2. 4 Step Close Process: Getting the Patient to Accept Treatment
3. Traditional Case Acceptance vs. The Heart of Case Acceptance for Success

Includes an **Implementation Guide** with Team Role-Play exercise and much more!

Includes a Transcript of the Video Training Module.

Includes everything you need for successful hygiene – doctor exams to boost your case acceptance.

**If purchased alone this would be $495**

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$259 Until January 3, 2016

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OVER 12 HOURS OF CONTINUING EDUCATION INCLUDED

INCLUDES:

- Video Modules bi-monthly, transcripts of video trainings, Implementation Guides, Step-by-step Guidance by Debbie and Coaches, Various Resources
- Monthly Monitor of Office Production
- Weekly Hygiene Department Monitors:
  - Number of recare appointments scheduled vs. unscheduled
  - Number of hygiene patients with a next appointment
  - Hygiene cancellations
  - % of Adult perio patients enrolled in perio therapy
  - Service Mix, etc., etc.
- Monitor Treatment plans
  - Diagnosis (including $ amount) from hygiene appointments
    - Scheduled/unscheduled
    - Follow-up to get unscheduled patients now on your schedule
- Office Collections
- Two - 45 minute phone calls per month.
  - First and/or second week phone call of the month is with doctor and consultant.
  - Second 45 minute call of the month is with coach and hygiene dept./doctor (SKYPE or webinar. This time with the hygienists is customized to their specific needs during the program)

Schedule Your No-Cost Call Here: **SCHEDULE A CALL**

http://bit.ly/Call4SixMonthHgyTraining

Read more about the coaching program here: **LEARN MORE HERE**

http://dentalhygiene.solutions/join/

REGISTRATION FORM
When registering for this training program please provide the following information. You are welcome to register by completing this form and faxing to our private fax # or you can also go to our shopping cart to securely send your payment. Either way you decide to register we do need to receive this registration form with your office(s) information.

**LEVELS OF HYGIENE EMPOWERMENT**

Please check the appropriate box. If you have more than the amount of dentists and hygienists listed please schedule a call to discuss this. **SCHEDULE A CALL**

**Level 1:** Includes 1-2 Dentists and up to 4 Hygienists with 1 location. $5,500

**Level 2:** Includes 3-4 Dentists and up to 5-6 Hygienists. $6,700.00

**Fee for registration includes the following:** Bi-monthly modules with videos, transcripts, action plans, monitor of key metrics, doctor/consultant call once a month, and hygiene department/consultant call, training and/or webinar.

Secure payments can be made here as well: [http://dentalhygiene.solutions/join/](http://dentalhygiene.solutions/join/)

If paying online please email or fax your office contact information as listed below and return the Terms and Conditions form (See below).

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City: ___________________ State: _______ Zip Code: _______

Best Contact Phone # (area code): _________________________________

Email: _________________________________

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I agree to pay: (Please check one of the following)

6 Month Online Hygiene Department Training Program.
(Please check one that applies)

______ Level 1: $5,500

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Signature: __________________________

Print Your Name: ________________________ Date: ___________

Please be sure to fax or email your terms and conditions as well as your office information below approximately 24 hours within of registration.

Terms and Conditions. This is an offer to enter into a six month contract with Dental Practice Solutions, LLC, (the “Company”) for your participation in the program known as Dental Hygiene Department Online Training Program. You agree that you are entering into a legally binding six month contract with the Company. By signing below, you agree that your participation in the Program will be governed by the following terms and conditions:

Confidentiality. The Company respects your privacy, and we must insist that you also respect our privacy, as well as that of your fellow participants. In the course of your participation in the Program, confidential and proprietary information, plans, ideas, and trade secrets will be revealed by Company and participants. You agree that you will not disclose such information to any such person or entity outside of the discussions at Program sessions and will not use any confidential or proprietary materials acquired by you through the Program for any purposes whatsoever outside of the Program, whether commercial, educational, or otherwise. By signing below, you acknowledge that all confidential material ad information revealed to you is and remains the sole property of the Company or the participant who revealed it. We work in accordance to HIPAA for the privacy of your patient records.

Financial Responsibility. We have made every effort to accurately represent the Program and its potential. Every individual’s success depends on many factors, including his or her background, dedication, desire, motivation, and the nature of the business in which he or she is engaged. By signing below, you represent to the Company and that any decision or actions you
take in response to advice or information acquired in the Program, and their consequences, are your sole responsibility.

**Payments.** You acknowledge that you have entered into a six month long Program and payment must be made upon registration of the six month course. If your agreed payment is not made before the course begins, the Company may suspend your participation in the Program until your payment is made in full. By signing below, you acknowledge that you are making a commitment to pay the amount by the above chosen date to the Company in exchange for the privilege of participating in the Program. There are no refunds and cancellation after your registration is not accepted. This program is intended for dental professionals who are dedicated to growing a productive and profitable dental hygiene department within a dental practice.

**Disclaimer.** The Program instructors and consultants/coaches are not qualified to provide legal, tax accounting, or financial planning advice and the information provided to you is not intended as such. By signing below, you agree that you will refer all legal, tax, accounting, and financial planning questions which may arise to qualified professionals.

**Termination.** The Company is committed to providing all Program participants with a positive and productive experience. By signing below, you agree that the Company, at its sole discretion, may limit, suspend, or terminate your right to participate in the Program without refund of payment if you become disruptive or difficult to work with, fail to follow program guidelines, or if your behavior impairs the ability of instructors or fellow participants to participate in the Program.

**Governing Law.** This agreement shall be construed in accordance with and governed by the laws of the State of Oregon and any action brought under this contract will be filed in the County of Clackamas. By entering into this contract, both parties agree to submit to the jurisdiction of the State of Oregon with regard to any action which arises out of the contract.

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Date: ________________________________

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Please provide the office name, owner/doctors name, office address, office phone number, email and the website below:

If more than one office is participating please write the names of the offices, owner/doctors name, address, office phone number, mail email and the website below:

____________________________________________________________________

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Please fax this page within the first 24 hrs. Of registration. 503-200-1394

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Thank you!