

## Don't Lost A Patient Over a Cup of Coffee

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Recently, I stayed at a five-star resort that I often frequent. Over the course of a few days, I paid big bucks for a suite, room service, and all the amenities – the works! One morning, I needed only a cup of coffee to get me going and I needed room service to get it. The cost: \$8.00. Eight dollars for a cup of coffee.

Now, I knew from staying in other resorts associated with this five-star family, coffee was often complimentary. The effect of that revelation was rather amazing. All of a sudden, the coffee wasn't quite as aromatic; the service not as impeccable. I had stayed at this resort give time and swore by it. Now, a cup of coffee suddenly shadowed my image. Quite simply, I felt ripped off.

All right, I think your get the picture. What then, does this have to do with losing patients? It is important that you don't misconstrue what I'm about to state: I'm not telling you not to get paid. I am suggesting that if you follow the protocol I'm about to describe, you will position yourself to be flexible, which is critical to the long-term success of your practice.

Being flexible allows you not to “nickel and dime” your patients to death, unlike my friendly five-star resort. It creates numerous “Ambassadors of Goodwill.” But best of all, it permits you get paid handsomely for your services and takes you out of a contentious posture, creating goodwill in your practice that will overflow to the community your practice within. This is how you do it.

### 1. Training for Excellence

Let's be honest. When we graduate from dental school, we all have basically the same knowledge. To distinguish our clinical savvy in dentistry demands a *tremendous* commitment to clinical excellence. Many of our colleagues don't share this commitment; it is expensive, time-consuming and not a requirement. (I am not talking about fulfilling minimum state requirements.)

This makes it all the more easy for your to rise above the rest. You and your staff must train to become not only good at what you do each day, but great!

When your anterior esthetics become *consistently* better than most of what you see clinically or published; when you have invested the time to grasp occlusion, understating when to restore to centric relation, providing your lab with articulated models and other diagnostic information necessary to do a job well; when you have devoted the time necessary to understand when to use the vast array of restorative materials and quit settling for cementing only “white stuff” on posterior teeth because you are a settling

“cosmetic dentist; then and only then, will you emerge as leader in your community and position yourself to achieve my next point – charging appropriate fees.

Try this: sit down this weekend with all the continuing education pamphlets you have accumulated. Get out your calendar. You are going to map out a mini-residency for the next three years. It will take you every bit of that if you want long-term change. Plan one course every two months. You need to do this every six months. Make at least one course a year (preferably two) a three-day course. You will come away a substantially different clinician from the more in-depth courses.

Focus on whatever areas you wish to excel in, but I believe that occlusion, restorative materials, esthetics and pain management will give you the greatest returns.

## 2. Charging Fees

If you have invested abundant time to train, there is nothing unethical or wrong with charging fees at the top of the spectrum. You simply can't charge \$550 for a \$950 crown.

When you take your dentistry (and you can!) to the level I am implying, you won't be explaining to patients: “Not to worry, your final restoration will look much better than your temporary.” You'll find yourself doing quadrants, arch and comprehensive care instead of single tooth fix-ups. You won't be fumbling, correcting, and re-doing your work because of a poor treatment plan. Rather, you will exude enormous confidence that will translate into higher case acceptance with higher fees.

Try this: after you train for six months, raise your prosthetic fee (crowns, inlays, onlays) \$100. If you complete another year, raise it another \$100. That will add 33% if your present fee is \$600.

By now you must be wondering okay, we are going to train for excellence, charge fees commensurate with that training – where does the coffee come in? Stay with me.

## 3. Collecting Most of the Fee Upfront

That's right. I'm not only saying you need to charge enough of a fee, but your need to collect *most* of it upfront. When a patient has agreed to our treatment recommendation, when they clearly understand the finances necessary for that treatment, we then structure the payments so that most of it is upfront. The minimum I would accept is one third, but most of the time, initially will get anywhere from 80% to 100%.

This policy will have a number of positive results for you, the office and the patient.

First of all, comprehensive care requires a *full* commitment, not “I *think* I'm going to do this.” There are a lot of other expenses that can come up in the lives of your patients – and mine. So, when you have ten teeth in provisionals and the patient has made some incidental payment toward the case because have them “on the books again,” and their basement floods and they now need waterproofing for \$4,500 – guess who is staying in provisionals? And miraculously, when they get sensitive abutments possibly requiring endodontic therapy – you're responsible. This is not callous, it is not money mongering,

it is simply responsible. If you are going to treatment plan comprehensive care, then the patient has to make a full commitment.

If you step back and envision this journey, what starts to happen over time is that you begin to have a number of patients on a routine basis committing to the comprehensive care that you've trained for. More than anything else, it will convert your practice into a "cash rich" practice. And voila, the essence of this article.

It is absolutely amazing what a facelift your office business attitude will take when you have abundant cash. It will allow you to strike deals with virtually all your vendors, saving you even more money. It will enable you to practice with a clear mind and a better attitude. But most of all, it postures you to do nice things.

I can routinely throw in a post and core, root canal, even a crown on a case I am involved in. It even allows me to provide services from some of my patients who have fallen on hard times with a "pay when you can" attitude. There are times when I've even delivered a prosthetic case on a patient that went bankrupt, when it was obvious I was never getting paid. Out of my mind? Not at all. I've never really tracked the goodwill generated by doing these things, but I'm certain somewhere in my life, it will come back to me.

Let me tell you something: I'm not some rich guy preaching to you, who's made a fortune in the stock market. I've got three kids who seem to outgrow their sneakers every four weeks. – I'll be working for years to come.

But I made a clinical commitment many years ago, which I still maintain has enabled me to confidently raise my fees. It also made me unabashed about when I get paid. Naturally, we need to talk about the different financial services out there that could help you with this (call me.) Once you get paid, you don't have to be so stiff about "breaking your rules" or worry that this patient might get the better of you.

When you take the road I have advocated, it can be lonely. Patients don't always view your "comprehensive care" as a contribution to mankind. It's important that you keep your perspective. It's important that you continue to be a real human being who spreads goodwill among your community. It's important you don't feel compelled to charge them for everything – even a cup of coffee.