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Financial Coordinator   
Procedure Guide

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# INTRODUCTION

This guide is a tool to demonstrate the specifics for your position and the procedures for operation. It breaks down each component of the financial coordinator position and the expectations for performance. For detailed patient scenario scripting examples, please refer to ePractice Manager’s online document library on your company’s portal.

# PART 1: KPIs

Key performance indicators (KPIs) are statistics that measure the performance in achieving key objectives, such as general office and job-specific productivity.

All successful businesses use KPIs to monitor the areas of their organizations. Without KPIs, a business is running blind. Running without monitoring the appropriate KPIs is equally as bad. Without KPIs, you and the business must make assumptions and guesses rather than depend on factual statistics. This can result in ineffective management and a lack of expansion for the practice, as well as upsets between management and staff.

## Your KPIs

You should have a set of specific KPIs for your role within the practice. If you do not, meet with your office manager to determine which metrics would be most appropriate to track productivity for your position. Your KPIs should be minimally tracked on a monthly basis, but ideally on a weekly basis.

## Effectively Using KPIs

To use KPIs effectively,

* ensure that the KPIs you use truly and accurately measure your role’s productivity
* regularly post the metrics to trackers, including graphs if applicable
* regularly evaluate the trackers/graphs to see what trends are emerging

For example, if you see a significant increase from one week or month to the next, examine what actions were implemented prior to the increase. Find out what the successful actions were, and make sure you continue them.

Similarly, if you see a meaningful decrease in a trend, you must take effective action to halt the decline. Look into any significant changes in your job duties and/or actions that may have occurred in the weeks leading up to the drop. Did you stop doing something or neglect anything that was working? Were additional job duties given to you that led to neglect of successful activities?

The point in either case is to use your graphs to observe what is going on, and then take the appropriate action.

# PART 2: PATIENT CONFIDENTIALITY

## General Information

Maintaining patient confidentiality is a very serious matter. The handling of patient information is regulated under federal law, and great care must be taken to ensure that patient information is not made available to unauthorized persons. *Violation of federal law can result in substantial fines and, in some cases, imprisonment.*

Patient information that is protected under federal law is called Protected Health Information (PHI). PHI is generally defined as any information that can be used to identify a patient or that which relates to a patient’s past, present, or future health condition, healthcare services, or payment for those services.

Some specific examples of PHI included:

* Patient name
* Photograph
* Physical mailing address
* Email address
* Social security number
* Driver’s license number
* Names of relatives
* Billing statements
* Diagnosis codes
* Treatment codes
* Imaging results
* Checking account information
* Credit card numbers

Since the bulk of the information stored and used is PHI, *you should act as if all patient information is PHI.*

## Accessing PHI

You may only access a patient’s PHI to the extent that it is a part of your job duties. It is *never* acceptable to look at PHI “just out of curiosity” or out of concern for a friend, relative, or co-worker. This applies to *all* staff, including doctors.

PHI should only be accessed or disclosed for the following reasons:

* Providing medical treatment
* Processing payments
* Conducting business operations
* Public health purposes as required by law

Always disclose the *minimum* amount of information necessary to accomplish the task. You many not access or disclose PHI otherwise unless the patient has given written permission. These rules also apply to deceased patients.

## Protecting Stored PHI

PHI can be in several forms: spoken, printed, and electronic. The rules regarding the handling of PHI apply to all of these forms. For this reason, you may not call out for a patient in the waiting room by their full name or use it within hearing distance of others. Also, use caution when speaking to patients on the telephone or in-person at the front desk to ensure that PHI is not disclosed to others within hearing range.

You must also help protect information from unauthorized access that is stored in the office, in hard copy files, and on computers.

The following is a list of guidelines to help protect stored PHI:

* Never leave paper records unattended and in open view—secure them in a file cabinet or drawer if you must leave your workspace.
* Shred documents and destroy magnetic media that contains PHI.
* Do not share your computer credentials with others or log someone else into the computer system using them. Change your password quarterly and include upper case, lower case, and special characters.
* Ensure that your computer has a password-protected screen saver or other system that automatically locks an unused computer after a short period of time. Do not leave computers unattended when unlocked, and close programs containing PHI when they are not in use.
* Do not take PHI out of the office without permission from your supervisor. PHI leaving the office must remain physically secure at all times. Mobile devices, such as laptops containing PHI, must be encrypted and remain physically secure. Do not forward office emails containing PHI to a personal account that can then be accessed from an unsecured device.
* Do not download unauthorized files, or install unauthorized programs on your work computer.
* Do not send PHI to patients or other providers via regular email without written permission from the patient. Electronic transmission of PHI should be handled through encrypted email.
* Do not open email attachments that you are not expecting, even if the message is from a familiar person. Do not click on links that are embedded in emails, and do not respond to spam—simply delete it.

When information that must be protected is lost, stolen, improperly disposed of, hacked into, or communicated to others who have no official need to receive it, it is referred to as a “breach of Protected Health Information.” It is your responsibility to immediately report any PHI breaches to your supervisor.

# PART 3: FINANCIAL COORDINATOR ESSENTIAL POLICIES

## Patient Financial Policy[[1]](#footnote-1)

Your office should have firm written financial policies that are clearly understood by both staff and patients, and which every patient or patient guardian should sign. If your office does not have such a written policy, it is important that you develop one and get it approved by your office manager and owner. Never service patients without them reading and signing your office patient financial policy. Without this signed policy, you will have no written agreements with patients and, therefore, collections will be much more difficult.

## Internal Policy Guidelines for Making Patient Financial Arrangements

Patients have multiple financial arrangement options. The accounts coordinator provides the patient with the following options, in the order listed, until a firm financial arrangement is made:

### Option 1: Full Payment at Time of Service

If it is known that a patient has insurance coverage, proceed to option 2. If a patient does not have insurance, payment in full is expected. Requiring payment in full at the time of service ensures higher practice cash flow and overall simplicity.

If a patient indicates a concern or problem regarding payment in full and your practice owner approves it, you might offer a 5% or 10% discount for payment in full. This provides incentive for the patient and cuts your administrative costs, as you do not have to do any extra financing work and the practice does not have to carry the balance for the account.

Whether payment in full is made by credit card, cash, or check, the accounts coordinator should be able to handle each of these payment methods (e.g., able to obtain credit card authorization, require check guarantee or verification for personal checks, issue receipts for cash transactions, etc.).

Do not offer other options unless there appears to be an obvious need.

### Option 2: Insurance[[2]](#footnote-2)

Make every possible attempt to gather all pertinent insurance information prior to the patient’s arrival so that you can obtain the necessary pre-authorization, co-payment percentages, and deductibles.

Ensure that the patient is covered for the services that will be performed. Submit pre-authorizations as soon as possible, but do not allow this to slow or stop services.

Your patient policy should clearly state that the patient is to pay the copay amount at the time of service as well as any deductible that has not been met.

### Option 3: Dental Patient Financing

If patients cannot pay in full for the amount that is their responsibility, using a finance service is preferable than the practice carrying a balance for a patient. There are several finance companies offer low or no interest credit lines for medical/dental care. Almost all have fast, online or over-the-phone applications, and most provide a response on approval almost immediately (depending on the amount requested and the person’s credit worthiness). These finance companies typically pay the practice, and the patient then pays the finance company monthly. Sometimes the finance company provides a type of medical credit card that the patient can use for approved services.

Some of the most popular finance companies include the following:

* CareCredit: [https://www.carecredit.com/](https://www.carecredit.com/howcarecreditworks/prospective/#howtoapply)
* Healthcare Finance Direct: [http://corp.healthcarefinancedirect.com/](http://corp.healthcarefinancedirect.com/Practices/Orthodontics)
* DentalLoans.com: [https://dentalloans.com/](https://dentalloans.com/landingpage/?PPC=G-MF710&gclid=CjwKEAjwl9DIBRCG_e3DwsKsizsSJADMmJ11CyA0DfBJq9hjyBzWQF08jEpZC0-rb_0PlzRURDUAYRoCi1Dw_wcB)
* SimplePay: <https://www.simplepay.com/>
* Comprehensive Finance: <http://www.comprehensivefinance.com/>
* Lending Club: <https://www.lendingclub.com/patientsolutions/providers>

### Option 4: Payment Plan[[3]](#footnote-3)

The last options, setting up a payment plan, should be used only as a last resort. Before establishing a payment plan,

1. get a credit/background check approval signed so you are authorized to do a credit and/or background check on the patient
2. assess the patient’s credit worthiness through a credit application and thoroughly review their credit history

If the patient meets the credit requirements for a payment plan, establish an appropriate minimum monthly amount that the patient will be billed. Avoid carrying large accounts with small monthly payments, as that is not efficient or cost-effective for the practice. A service charge or interest should be applied to any credit extension.

Keep in mind that in most cases, if the patient doesn’t qualify for financing through a financing company, it is unlikely to be beneficial for the practice to finance them.

### Suggested Payment Plan Types

If you chose to offer a payment plan to a patient, here are some suggested guidelines for installment payments, listed in order by most preferred to least preferred:

1. The patient pays half of the bill at the time of treatment and the remaining amount is paid in the following month.
2. The patient pays half of the bill at the time of treatment and the remaining amount is paid over the next three months through equally billed installments.
3. The patient pays a third of the bill at the time of treatment and the remaining amount is paid in two equally billed installments.
4. The patient pays only the lab fees at the time of treatment and the remaining amount is paid in equally billed installments over the following six months.
5. The patient makes a minimum down payment, such as $300, with the remaining amount paid in equal installments over the following six months.

Have the patient sign a payment agreement[[4]](#footnote-4) that covers the terms agreed upon.

# PART 4: BASICS ON COMMUNICATING WITH PATIENTS

## Impressions

As the financial coordinator, you will often be one of the main people that the patient interacts with multiple times, whether over the phone or in person. Patients highly value communication skills, so your communications with patients are extremely important to the success of your job and the practice. This is especially true because your interactions are on a potentially sensitive subject—money. Therefore, your appearance, manners, knowledge, and helpfulness reflect back on the practice.

You must understand your role, feel comfortable with your responsibilities, and project a positive, welcoming image, *even during busy times or difficult days.* This must be done during the first interaction with patients and all subsequent communications.

When working with patients, work diligently to demonstrate the following attributes:

* Have an honest, friendly attitude.
* Have a professional appearance.
* Show patience and composure.
* Have strong verbal and written communication skills.
* Be organized and prepared.
* Have a good knowledge of insurance procedures and coverage.
* Be resourceful and proactive in solving issues that may arise.

## Communication Guidelines

As mentioned above, you are going to be dealing with patients often on potentially sensitive subjects. With that in mind, here are some guidelines to follow that will ensure a good impression and help build patient satisfaction:

* **Smile and greet patients by name as soon as you meet them.**
* **Use patient surnames until invited to use first names.**Using a title and the patient's last name shows respect.
* **Know ahead of time the reason you are meeting or speaking with a patient and what you need to go over.**Keep your eye on the schedule and be aware of which patients are coming in next along with the reason(s) for their visits and what issues you may need to address with them.
* **Sit or stand with good posture and make good eye contact.**Do not slouch over or make it difficult for people entering your office to see you.
* **Listen to the patient’s point of view and show that you understand.**People want to be heard and understood. Always listen to and acknowledge what the patient is saying.
* **Answer questions and give instructions using simple, concise language.**Concise language helps avoid confusion and misunderstandings. Always remain professional and friendly when speaking with the patient and avoid using jargon and slang.
* **Clearly explain the practice’s financial policies.**Your practice should have a form explaining the practice’s financial policies, but it is always helpful to reiterate the main points to ensure the patient's understanding.

*Always remember—you are there to be of service to the patient. Everything you do revolves around that point of view!*

# PART 5: HOW TO CLOSE PATIENTS FOR SERVICE

Depending on how your office is organized, part of your job may include some of the same functions of the treatment coordinator. If you are responsible for these functions, that means you will be actively involved “passing” patients from the doctor and “closing” the patient for their treatment plan.

## Passing the Patient

A “passed” patient understands the diagnosis, recommended treatment, and consequences of non-treatment, and is passed along down the line to the employee who will “close” them.

You might begin your work with the patient once they are brought to you from the doctor, but the assistant may also be the one who brings you the patient. It is preferred for the doctor to pass the patient after getting the patient’s acceptance of the treatment plan. It is vital that the doctor relay that acceptance directly to the financial coordinator.

### Three Key Points Patients Must Understand

There are three key points that the doctor must help the patient understand during the exam:

* The dental diagnosis
* The doctor's recommended treatment plan
* The potential consequences of non-treatment

You will not likely be present for the exam, so the doctor will need to restate each point when handing over the patient to you for closing and scheduling. This should always be done in front of the patient to help reinforce the need for treatment.

### Example script

**Doctor:** “Mrs. Smith, if you have no further questions about the procedure to crown that tooth, I’d like to introduce you to our financial coordinator, Sherry, who will arrange scheduling and go over the necessary financial arrangements. I’ll go find her and then take you to meet her.”

**Patient:** “OK.”

The doctor should then leave the room and quickly acquaint the financial coordinator with the case. The financial coordinator will need to know how soon the first appointment (or several appointments) should be, how much time the doctor will need scheduled for the appointment(s), and determine the total fee for the services the patient needs. The doctor then returns to the operatory and escorts the patient to the financial coordinator’s office and introduces them.

**Doctor:** “Sherry, I would like to introduce you to Mrs. Smith. Mrs. Smith, this is Sherry. She will assist you with your financial arrangements and scheduling. She will be happy to answer any of your questions. Sherry, Mrs. Smith has just decided to have a crown placed on herlower left molar. She understands that without this, the molar will continue to decay and prolongate the sensitivity she is experiencing and could potentially result in losing the tooth, so it makes sense for her to get this done as soon as possible.”

At this point ensure the patient is “closed” for the service, and arrange payments. Do your best to provide privacy for the patient during your meeting—a private area or office is always best. Discussing financial matters can be a sensitive subject, and the patient will be more relaxed in the meeting if a private atmosphere is provided.

## What is “Closed”?

A “closed” patient has agreed to do the recommended treatment, *and takes action to get started, such as scheduling treatment and putting down a deposit.*

It is not an assurance that they will do it shortly, or that they will call to schedule soon. *Closing is the action of working out and finalizing how the service will be paid for, ideally with a deposit or full payment made, and the patient scheduled.*

You must always be aware that the patient passed to you by the doctor may not be closed and ready to schedule the treatment. That is why you must make sure that patients have a clear understanding of their necessary treatment so that they will schedule and begin. The ultimate end result is the patient starting treatment.

**Be persistent**

If a patient pushes back on getting started with treatment, you might feel that you are being too pushy or worry that the patient is going to get upset. This is a major error. These feelings will interfere with you doing the actions you need to do to get the patient started on treatment. You must be willing to experience the discomfort of patients pushing back at you while you are trying to educate them. This can be uncomfortable, but it is a part of the case acceptance process and an ability you must develop to be successful at your job.

### When to Close

Once the patient is passed to you, the conversation should begin by getting the patient to tell you his or her understanding of the dental issue, treatment plan, and consequences of non-treatment. The patient should have a much better and more in-depth understanding after the doctor's exam, but it is very important to ensure that this is the case. Work with the doctor and/or assistant ahead of time to have tools on hand, such as photos and models, to help demonstrate and clear up any misunderstandings as needed.

When you observe that the patient really sees and acknowledges the need for treatment, it is time to gently close them. This can happen at any time during the consultation. To gently close,

* keep it simple
* assume they are ready to go
* schedule the first appointment
* give them the price
* ask, “How do you want to pay for this today?”

It is vital to have the patient isolate and connect emotionally with their basic motivation for the treatment. Medical professionals tend to dwell on clinical matters, but you should focus on what matters most to the patient. Things like discomfort, embarrassment, difficulty eating, pain, and poor appearance are very strong emotional motivators for the patient to begin treatment.

If the patient is not actively moving forward at this point in the conversation, then you must get them to start openly discussing their concerns and objections. Knowing the patient’s objections is vital to understanding which specific things need to be resolved to get the patient started on their treatment. If the patient isn’t moving forward, then objections exist and it is up to you to uncover those objections.

Ask open-ended questions to get a better understanding of the patient’s thoughts and to discover their concerns and objections. Open ended questions don’t ask for a “yes” or “no” answer but are, instead, designed to get the person talking.

#### Examples of Open-ended Questions:

* “What are your thoughts about this?”
* “What are you feeling about what the doctor and I have been telling you?”
* "In your own words, what is the condition that the doctor went over with you?"
* Pointing to something on their x-rays and directing the patient's attention to it: “Can you tell me why this is something that has to be addressed?"
* “How would you describe the effects this is having on you?”
* “What are your thoughts concerning the possible consequences of not treating it?”

This step is complete once the patient clearly sees and accepts that they *don’t want* the condition.

# PART 6: MAKING FINANCIAL ARRANGEMENTS

Money is the most frequently voiced obstacle to starting treatment. Patients who do not understand their dental condition or do not clearly perceive the value of the recommended treatment are going to be far less inclined to pay.

Before you discuss finances, the patients need to

1. be correctly educated to the point where they clearly see their dental issue
2. view their problem as something that is serious enough to address
3. recognize the consequences of not moving forward with treatment

## Premature Financial Requests/Concerns[[5]](#footnote-5)

If a patient brings up financial concerns before you have had an opportunity to complete these steps, politely let them know that you will go over all finance options, and then get them to refocus on the topic of the treatment itself.

### Example Script

**Financial Coordinator:** "Let's take a look at this problem you went over with the doctor.”

**Patient:** "I have a feeling this is going to be out of my budget. What's it going to cost?"

**Financial Coordinator:** "I totally understand your concern. We are going to go over costs in detail in just a moment. In fact, we have a number of financial options to help you on this. For the moment, let's first look at what you need, and make sure that we’ve explained this clearly. OK?"

**Patient:** "Sure, OK. But I will need to know if I can afford this."

**Financial Coordinator:** "Absolutely. We are very experienced with this concern and will certainly work with you on this."

**Patient:***"*Ok. That sounds good."

**Financial Coordinator:** "Excellent. So, let me show you what the Doctor found on your X-rays and exam..."

The patient must first recognize the need and benefit of the treatment in order to understand its value before finances are discussed.

## Discussing Financial Options

You are there to help patients solve problems with how to pay so that they can start their treatment. Keep in mind that your job is to *help the patient start the treatment they need,*not to just get them to pay. If you approach this task with the goal of helping the patient rather than “selling the patient,” the process will go much more smoothly.

Realize that a patient’s thoughts about how to pay for treatment is often limited to:

* "Hmm...What do I have available in my checking account?"
* "I wonder how much is available on my credit card?"

When confronted with the problem of how to fund their treatment, patients will not necessarily explore all the possible ways that this can happen. There are many ways for patients to pay for treatment, depending on the size of the treatment plan. Some options include

* Credit cards (Visa, MasterCard, American Express, Discover)
* CareCredit (or similar health care financing)
* A patient's personal credit line
* Home Equity Credit line
* Life Insurance Loan
* Loan from a retirement account
* Other loans (credit union, bank, family)

As the financial coordinator, you must guide patients to look at all available options for funding their treatment and help them find the most appropriate option.

### Example Scripts

#### 

#### Example #1

**Patient:**"Gee, this is a lot more money than I thought it would be. I'm not sure how I can pay for this."

**Financial Coordinator:** "I completely understand. I'm going to help you work this out. I'll ask you some questions, as well as look at some different ways to fund your treatment. Is that OK with you?"

**Patient:** "Sure, that’s fine."

**Financial Coordinator:** "How do you normally handle expenses of this type or amount?"

**Patient:** "Well, it depends upon the amount. I would like to pay for it, but I don't think I have the cash."

**Financial Coordinator:** "I see. The total you will need is $4,000. Insurance will cover half of that. How much of the remaining $2,000 do you think you could pay in cash?"

**Patient:** "Let's see. I can probably pay about $500."

**Financial Coordinator:** "That's great! Let's take a look at how to handle the rest of the balance. We can take VISA, Mastercard, AMEX, or Discover to pay the balance. Maybe one of your cards has cash back or other bonus points that can be of benefit to you. How do you feel about that?"

**Patient:** "Hmm. Well, yes, I can put the rest on my Discover Card. I do get cash back points when I use it, so that would be valuable. Could I put all of it on this card and use my cash to help pay it off when I get the bill?"

**Financial Coordinator:** "Sure, that’s not a problem. I'll take the payment now and we'll get you all set on the schedule so you can get this issue handled as soon as possible."

#### Example #2

**Patient:** "I really don't have the available credit on my credit cards to for this."

**Financial Coordinator:** "I understand. Let's have you go on the computer here and fill out the information for CareCredit. This is better than a credit card because you pay no interest for 12 months (or whatever term is offered by the lender your office uses)."

**Patient:** "Oh, Okay! How long will it take to find out?"

**Financial Coordinator:** "We will know within minutes, and if approved, we will get you scheduled immediately!"

**Patient:** "That sounds great!"

#### 

#### Example #3

**Patient:** "I really don't use credit cards that often and because I'm retired, I prefer not to keep large balances on them."

**Financial Coordinator:** "I completely understand. We actually had a patient recently who borrowed the funds from her life insurance policy. It was essentially a loan she gave herself at a very low interest rate.”

**OR**

**Financial Coordinator:** "Yes, I understand that you don't want to use that option. One of our patients paid for his treatment by accessing funds available from his retirement account. He checked with his accountant and was able to quickly access the funds and begin the treatment! It worked out very well."

**OR**

**Financial Coordinator:** "Sometimes patients prefer to use a personal line of credit or equity line of credit. This can be a simple way to fund your treatment and get you started quickly. What are your thoughts about this?"

Remember that your mission throughout the process is not to simply get money from the patients. Instead, you are their advocate and support person. Your mission must be to help get them get the treatment they need. [[6]](#footnote-6)

# PART 7: ADDITIONAL TIPS AND TOOLS FOR GETTING PATIENTS STARTED [[7]](#footnote-7)

These additional tools, if practiced, will improve your ability to smoothly work with a patient and get them closed and scheduled for treatment.

## Listening

You must have your undivided attention on what the patient is saying throughout the consultation. Do not let your mind wander. Instead, be intent on truly hearing and understanding the patient.

## Acknowledging

A proper acknowledgement means that the patient knows that their communication was truly heard and understood. Every patient will be slightly different; some will be very social while others will require a bit more finesse. But one thing holds universally true—no matter the personality type, the patient must be properly acknowledged by saying

* "I understand what you're saying."
* "Yes, that sounds uncomfortable."
* "I agree, and we can help you address that."

## Stop Questioning and Talking Once the Patient Is Ready to Start

The financial coordinator must take a direct and assumptive approach. Start the consultation believing that the patient is going to make the needed financial arrangements and begin treatment.

One of the most common faults of any salesperson is talking too much and not noticing that the patient is either closed or ready to close. Be observant to what the patient is telling you and notice if they’re already agreed to begin treatment.

* If the patient starts asking about how scheduling works, then they are either closed or ready to be closed.
* If the patient starts asking about what types of payment methods you accept, then they are closed or ready to be closed.

If you are not sure where the patient is at, then ask a question to find out. For example, “What day next week would be best for your first appointment?”

## Examples of Patients Who Are Ready to Close

|  |  |
| --- | --- |
| **Incorrectly Handled** | **Correctly Handled** |
| **Patient**: “I think I need to take care of this.”  **Financial Coordinator**: “It would be the best option for you. Do you need to think about it?” | **Patient**: “I think I need to take care of this.”  **Financial Coordinator**: “Yes, you are going to be very happy with this. I’m going to get you scheduled right now!” |
| **Patient**: “This is a lot of money for me, but it’s probably the right thing to do.”  **Financial Coordinator**: I know it’s a lot of money. Would you like to give it some thought and let me know?” | **Patient**: “This is a lot of money for me, but it’s probably the right thing to do.”  **Financial Coordinator**: “I’m glad you see the value. Let’s look at the schedule and see when we can do this next week and finalize the payment arrangements so you can get this treatment done.” |
| **Patient**: “OK. Let’s just do it.”  **Financial Coordinator**: “Yes. We can start by doing this procedure first, then you are going to have to wait a few months, and then we can do...etc."  **OR**  **Financial Coordinator**: “If you want to speak with your wife about this, that’s fine. You can always just give us a call.” | **Patient**: “OK. Let’s just do it.”  **Financial Coordinator**: “That’s great. With your insurance paying for half and the rest being approved by CareCredit, I am going to have Helen come in and schedule you. I look forward to seeing you later this week!”  **OR**  **Financial Coordinator**: “Good decision! Come with me, and our scheduling coordinator will find a time that works for you.”  **OR**  **Financial Coordinator**: “Great. Glad you are moving ahead. Let’s just verify how you want to handle it financially and then you can stay right here and Sue will come in and show you exactly how to get scheduled and started! |

## Get the Patient to Refocus

Sometimes you will have a patient who cannot see past the treatment cost. In these cases, you must get them to refocus their attention back to the dental concern. Once the patient has put aside the money issue, have them talk about their dental concerns by using open-ended questions. You want to keep the patient solution-oriented, and refocusing will shift the conversation towards solutions rather than problems.

Follow these three simple steps to get the patient to refocus:

1. Ask the patient to put the treatment cost aside for the next couple of minutes. Get their agreement on this.

**Financial Coordinator:** "Let's try to set aside the cost of the dental procedure for a moment. Can you do that?"

1. Once they have agreed to set aside concerns about money, ask open-ended questions about beginning the treatment.

* "Why do think it is so important for you to receive the treatment?"
* "What are the top reasons that starting treatment is important to you?"
* "What will happen if you do not receive treatment?"
* “What are some of the effects of non-treatments that are the most worrisome to you?”

1. Inform the patient that there are financial options available and that you can help them find a solution as long as they stay focused on the goal of starting treatment.

## The Sales Process Is Educational

A primary reason that patients won't commit is because they do not fully understand the treatment and its benefits. If a patient is hesitant to commit, simply continue to educate them or find out what you said that they didn’t understand.

**Important Note:** Avoid using excessive clinical terminology when talking to a patient as few (if any) understand specialized words and phrases. Clinical terminology will only confuse the patient and make it more difficult to close them. Instead, figure out how to explain concepts in simple terms.

## Offer Patients a Choice

Providing options will make patients feel as though they have more control over their situation. Here are some example:

* “Now that you fully understand your options, would you prefer to get started tomorrow or next Thursday?”
* "Do you prefer morning or afternoon appointments?"
* "Do you prefer to pay your copay deductible with a credit card or check?"

## Do Not Stop Building Value

Throughout the entire consultation process, the treatment coordinator/financial coordinator should continuously build the value of the treatment and practice. Discount chain stores have done a thorough job of indoctrinating us to believe that a low purchase price should be a determining factor to buy. This is usually *untrue*, especially when it comes to healthcare. Quality service usually costs more and cannot be discounted. Therefore, it is vital to get the patients to see the value in their purchase.

## Learn More

Watch the [Treatment Plan Presentation Best Practices video](https://www.youtube.com/watch?v=bt3YZSv-G1c) from Viva Dental for a helpful summary on treatment plan presentation. Viva Dental provides a state-of-the-art internal marketing program, which is more extensively covered in the **ePM PR & Marketing Course**.

To learn more, go to www.[VivaConcepts.com](http://www.vivaconcepts.com).

1. Example patient financial policies and associated forms can be found in the ePracticeManager Document Library under the **Accounts Coordinator Course**. [↑](#footnote-ref-1)
2. For information on insurance-related tasks, refer to the **Insurance** **Coordinator** **Job Description** in the ePM Documents Library, and to the **Accounts Coordinator Courses**. [↑](#footnote-ref-2)
3. For example, payment plan forms, refer to the **Credit Application Form** and **Credit/Background Check Authorization Form** in the ePM Document Library under the Accounts Coordinator Course. [↑](#footnote-ref-3)
4. For an example of a signed payment agreement, refer to example **Installment Payment Template** in the ePM Document Library under the Accounts Coordinator Course. [↑](#footnote-ref-4)
5. For a list of possible patient objections, along with suggested responses, refer to **Patient Objection Handlings** in the ePM Document Library under the Accounts Coordinator Course and the Treatment Coordinator Course. [↑](#footnote-ref-5)
6. You can find additional financial arrangement dialogue examples in the ePracticeManager Document Library under the **Accounts Coordinator Course**. [↑](#footnote-ref-6)
7. For an excellent overview of best practices for treatment plan presentations, refer to the **Lesson 4** **Summary Video** by Viva Concepts in the ePM **Treatment Coordinator Course**. You will find it very helpful with your training in this area. [↑](#footnote-ref-7)