Office Manager Networking Survey

\_\_\_\_\_ (Practice Name) is exploring the launch of a new networking group for practice managers in the dental community. We are excited to use this opportunity to come together and address the challenges all practices face, and we’d like your feedback so we can tailor the experience for what works best for the community.

**Would this type of group be of interest to you?**

[ ]  Yes [ ]  No

**Please rate the following topics according to the needs of your practice using a scale of 1-5, with 5 being the most interesting/helpful topics and 1 being the least interesting/helpful topics:**

\_\_\_\_ Hiring/dismissing *(placing ads, interviewing, compensation, 90-day review, dismissals, onboarding new team members)*

\_\_\_\_ HR essentials *(legal standards, staff accountability, discipline, proper documentation, job descriptions, office protocol, time off, managing employee disputes)*

\_\_\_\_ Recall *(building and staffing the hygiene department, patient maintenance program, hygiene’s contribution to treatment)*

\_\_\_\_ Treatment presentation *(case acceptance, expected ratio of accepted cases, patient education, verbiage for successful outcomes)*

\_\_\_\_ Patient satisfaction *(handling disgruntled patients, emergency patients, when to refer patient to a specialist, verbiage over the phone and in person)*

\_\_\_\_ Internal marketing *(patient appreciation, patient referral program, office image)*

\_\_\_\_ External marketing *(search engine optimization, practice website, patient reviews, marketing budget, promotional activities)*

\_\_\_\_ Insurance participation *(assessing plans, participation decision making, handling patient concerns about in/out of network care, negotiating reimbursement rates, credentialing)*

\_\_\_\_ Insurance billing *(coding, resubmissions, disputing claims, aging reports, self-pay patients, digital submissions, whether claims are a patient or practice responsibility)*

\_\_\_\_ Staff scheduling *(proper complement of staff, appropriate staff placement/positions, employee time management, monitoring overhead)*

\_\_\_\_ Efficient patient scheduling *(super scheduling, handling emergencies, optimizing patient flow, monitoring progressive)*

**What day of the week works best for you to meet with the group?**

[ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday

**When does your office take lunch?**

[ ]  12:00-1:00

[ ]  12:00-1:30

[ ]  12:30-1:30

[ ]  12:30-2:00

[ ]  1:00-2:00

[ ]  1:30-2:30

[ ]  None

**Would you or someone you know be interested in doing a 20-minute presentation on any of the above topics at an upcoming meeting?**

[ ]  Yes [ ]  No

If so, who?

|  |
| --- |
|  |

**Do you have any additional ideas to help this group move forward in a way that is easy and helpful for all involved? You can also add topic ideas here.**

|  |
| --- |
|  |

Let’s stay in touch! Please share your contact information so we can share news, updates, reminders, educational materials, handouts from events, and more.

Name Practice Name

|  |  |  |
| --- | --- | --- |
|  |  |  |

Your Office Email Practice Email

|  |  |  |
| --- | --- | --- |
|  |  |  |

Your Cell Number What’s your preference: email or text?

|  |  |  |
| --- | --- | --- |
|  |  |  |