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Patient 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 patient 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: HANDLING PRICE SHOPPERS AND NEW PATIENT ENQUIRIES

All potential patients that call in with enquiries are the result of your office's marketing efforts.These callers may have learned about your office from a referral, social media activity, mailer, or local paper advertisement. As the patient coordinator, you will be the first point of contact for every new potential patient.

## How to Convert Calls

As the first point of contact, it is vital that you handle each call properly. Therefore, you must be as effective as possible in converting these calls into appointments.

**To convert calls into appointments, you must follow two basic laws**[[1]](#footnote-1)**:**

* To convert new patient enquiries, *you must take control of the conversation.*
* To take control of the conversation, *you must ask questions of concern.*

Here is the sequence of steps to apply those laws and convert a call to an appointment:

1. The potential patient calls in.
2. Patient coordinator asks the **key question**, which allows the patient coordinator to take control of the conversation.

For example: *“Is it alright if I ask you a few questions before I give you the price?”*

If the patient agrees, ask questions of concern on the subject they are calling about. Once you have control of the conversation, it is time to get as many details regarding the potential patient's dental concern as possible, then schedule the appointment.

## Converting Calls Examples

**INCORRECT WAY**

**Potential Patient: “**What is the cost of a crown in your office?”

**Patient Coordinator: “**We don’t give prices over the phone.”

**Potential Patient:** “Thanks anyway, goodbye.”

Here, the potential patient controlled the conversation, and no appointment was made.

**CORRECT WAY**

Notice how the patient coordinator immediately takes control of the conversation, and converts the enquiry into an appointment.

**Potential Patient: “**What is the cost of a crown?”

**Patient Coordinator: “**Is it ok if I ask you a few questions before I give you a price?”

**Potential Patient: “**Sure, that’s fine.”

**Patient Coordinator:** *Begins asking questions of concern.* **“**Is there a tooth bothering you?”

**Potential Patient: “**Yes, I have a tooth that hurts whenever I drink something cold.”

**Patient Coordinator: “**Is it on the top or bottom?”

**Potential Patient: “**It’s on the bottom.”

**Patient Coordinator: “**Front or back?”

**Potential Patient: “**It’s in the back.”

**Patient Coordinator: “**How long does it usually hurt for?”

**Potential Patient: “**About 10 seconds or so.”

**Patient Coordinator: “**Thanks for letting me know all of that. By the way, how did you find out about our office?”

**Potential Patient: “**My cousin Frank Jones told me about you.”

**Patient Coordinator: “**Great. Frank is a very nice guy! Let me first answer your question about pricing. Crowns in this area generally run between $800 on the low side, and $1,200 on the high side. There could be a variety of issues with your tooth causing this problem. Most likely it could be cracked or have decay going into the nerve. In either case, the amount of damage can vary, which greatly affects how much work would need to be done to save the tooth.”

**Potential Patient: “**Oh, I see.”

**Patient Coordinator: “**What we do to help people in your situation is to have you come in for a no charge exam and consultation. This way you will know what work needs to be done and how much it will cost.”

**Potential Patient: “**That makes sense.”

**Patient Coordinator: “**I can get you in today at 2:00 p.m., or tomorrow morning at 11:00 a.m."

**Potential Patient: “**Great, I’ll come by today so I can get this figured out.”

**Patient Coordinator: “**Excellent. See you then.”

The first question was the key question that takes control of the conversation. The questions of concern that followed it kept the potential patient engaged in the conversation, which makes converting enquiries into appointments easier.

## Enquiry FAQs

As the patient coordinator, you will encounter many different caller scenarios. Practice taking control of the conversation by asking questions of concern for each of the following FAQs, and any others that you can come up with:

* What is the cost of an exam, x-rays, and cleaning?
* How much is a cleaning?
* How much is a crown?
* What is the cost of braces?
* Do you see children?
* How much is an implant?
* Are you open on weekends?
* Are you open in the evening?
* How much is a consultation?
* What is the cost of a denture?
* What is the cost of Invisalign?

Use the telephone information slip for ideas on questions of concern you can ask.

Your effectiveness can be measured by keeping track of the percentage of enquiries converted to appointments. An unskilled person’s conversion rate will be around 30% or less, while a very skilled person's conversion rate will be at 55% or more.

If you practice converting calls until you are fully comfortable with controlling the conversation in all the above scenarios, you will be highly skilled at conversion.

# PART 3: MAKING APPOINTMENTS

In addition to the guidelines and dialogues covered earlier, the guidelines below should always be used to ensure the patient and practice are fully prepared:

* For an existing patient,
  + review their file and update as needed
  + verify that the patient's account is current prior to scheduling the appointment. If not current, transfer to Billing & Accounts.
  + confirm that their insurance information is current.
* For a new patient,
  + use the telephone info slip to gather all the information needed to create a record, including their name, address, phone number, dental issues/reason for visit, as well as any other necessary information.
  + create or update the patient's file.
  + Instruct them to bring their insurance cards and benefit booklets for their initial visit.
* For all patients:
  + Determine who the patient would like to see. In a multiple-doctor practice, ask if the patient prefers or routinely sees a specific doctor.
  + When scheduling, offer the patient a choice. Note the patient’s preferred appointment time and check the schedule for available slots. Then, offer the patient a choice of two times as close to the preferred times as possible.
  + Find out from patient if they have any conditions or allergies that require medication. If so, inform the doctor and relay any directions to the patient.
  + Do not give medical advice. Only the doctor can give medical advice. If you are passing along directions from the doctor, ensure you inform the patient that what you are telling them came directly from the doctor.

# PART 4: NEW PATIENT INTAKE

The best way to reduce future scheduling, cancellation, and no-show problems is through proper new patient intake procedures that make the patient feel comfortable and confident in your practice. Making patients feel comfortable and confident in the office is one of your prime responsibilities, and this is especially important with new patients.

## Before and after Intake

It is important to remember that new patients

* may be uncomfortable in a new medical environment
* may have some fear of dental work
* may think that if they cancel an appointment, the office has plenty of other patients to see
* often do not fully understand what their insurance covers
* do not know office payment policy
* generally do not know why they should come in every 6 months for recall appointments

These issues indicate a lack of initial communication and education with the patient. If the intake is done properly, the patients will

* leave feeling comfortable and satisfied with the practice
* be much more likely to keep their future appointments
* adhere to treatment and home care recommendations
* make payments in a timely fashion
* refer their friends and family to the practice

## Important General Introduction Steps for Each New Patient

1. Greet your new patient by name, and be relaxed and genuine. This will encourage the patient to relax.
2. Introduce yourself, and ask how the patient found out about the practice. Acknowledge the referral source.
   1. For example: “Oh, John referred you! We'll have to be sure to thank him for recommending us to you.”
3. Establish good rapport with the patient by asking about where the patient lives, talking about the person who referred them, finding out what the patient's hobbies and interests are, etc. This will help the patient feel comfortable.
4. Be very alert to the patient's needs.
   1. Do they have a small child and need help during the appointment?
   2. Do they seem to be in a hurry?
   3. Do they appear nervous? if so, put them at ease through conversation and reassurance about the doctor.
5. Keep the patient informed if there are any delays.
6. Ensure that the patient has a pen, a surface to use, and a place to sit to complete paperwork and let them know that you are available for assistance if needed. Ensure that all necessary forms are fully completed.
7. Review your key office policies with the patient[[2]](#footnote-2).

## Patient Policy Dialogue Examples

Use the following example dialogue scripts for discussing different aspects of your office’s patient policies with a new patient.

### Insurance

“I see that you have insurance coverage. If the doctor prescribes any treatment, our accounts manager will give you an estimate of what your insurance company will cover and what your portion will be, including your deductible if you have one. We ask that our patients pay their portion that is not covered by insurance at the time of treatment.”

### No insurance

“I see that you do not have insurance. Our accounts manager will meet with you and work out financial arrangements. Generally, our patients pay for treatment as it is done. After the doctor determines what treatment you will need, I will introduce you to the accounts manager.”

### Recall

“We will be making a check-up appointment for either three or six months from now depending on the doctor’s recommendation once they have examined your teeth and gums. All of our patients participate in this continuing care program. Studies show that people who have regular check-ups have much less trouble and save a lot of money in the long run. They also keep their teeth longer!”

### Cancellation policy

“One thing that we really do insist on is that if you need to cancel an appointment, you give us at least 24 hours’ notice. We have found that most patients think that if they cancel an appointment, it's not really that big of a deal because the doctor has other patients to see. It is true that the doctor is very busy, but when a patient makes an appointment, that time is reserved for them, and if an appointment is canceled on short notice, it is very difficult to fill that slot and the doctor's time is then wasted. For that reason, we charge a cancellation fee for any last-minute cancellations. If we have at least 24 hours’ notice, we don’t charge a fee because we can usually fill that appointment slot with another patient in need.”

### General Statement

“Those are our basic policies. Here’s a brochure with them in writing. You may take this with you. Please let me know if you have any questions. We are all here to serve you, and we hope that you enjoy being a patient here.”

## New Patient Scheduling and Arrival Preparation

Complete the following steps to schedule patients and prepare for their arrival.

1. Complete an appointment intake form for all patient appointments, including

* **Patient name**: first name, middle initial, and last name
* **Three telephone contact numbers**: home, work, and cell phone number
* **Referral source**: patient, other dentist, physician, insurance company, friend, or family member (ask the caller to spell the referral source name or location) with area code and telephone number
* **Referral x-ray status**: take, mail, deliver, drop off, or have the patient pick up and bring their x-rays to their appointment if they were referred by another doctor
* **Health history**: list allergies, medications, and diagnosed illnesses
* **Previous patient information**: list dates when the patient or family was last in the office
* **Special instructions**
* **Fees quoted**
* **Confirmation**: verify you spoke to the patient personally and reviewed the details of the appointment.

***Note****: When the patient is a dependent or is not the insured party, speak to the patient and guardian regarding appointment details. A parent is required to accompany patients who are not financially responsible for the account. When the patient is a student and the parents live out of town, obtain a faxed/mailed registration form signed by a parent indicating the financially responsible signature on file.*

1. Complete the insurance verification forms, following insurance confirmation protocol. All the information requested on the form must be filled in.

***Note****: When the patient does not have the information available, call the referring doctor’s office or have the patient/guardian call our office three days prior to the appointment to provide the information. Otherwise, inform the patient that they should plan to pay-in-full at the time of the appointment.*

1. Enter the appointment data into the practice management software.
2. Prepare the chart.
3. If needed, call doctors and laboratories to obtain and coordinate referrals, x-rays, models, and reports prior to the patient’s arrival for the appointment.
4. Confirm that the patient charts and schedule are ready for next-day appointments.
5. Ensure fee slips are placed in the chart one day prior to appointments.
6. Check in the patient when they arrive for their appointment.
7. When the chart preparation and other steps have been completed, the clinical area is informed that the patient is ready to be seen.

1. (The Laws of Conversion, Sequential Steps, and examples were provided by Viva Dental Systems, which is a premier marketing system for dentistry. You can link to a short video by Viva on this subject here: [**Training on the Law of Conversion**](https://www.youtube.com/watch?v=EASPobVak6k)**.** To find out more about Viva, visit their website: [**VivaConcepts.com**](https://www.vivaconcepts.com/)) [↑](#footnote-ref-1)
2. See the example Patient Policy in the ePM Knowledge Library. Include a copy of this or your office Patient Policy as part of this job description. [↑](#footnote-ref-2)