



Selling High End Dentistry

Module #1:

**Three Traps and Four High End
Patient Acquisition Strategies**

With Dr. John Meis

www.TheTeamTrainingInstitute.com

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Selling High End Dentistry: Module #1

Welcome to the Selling High End Dentistry series. I'm so glad to be with you. We're going to have a really great time over the next five sessions.

We've got a fantastic program set for you and I know that you're going to enjoy it; I know that you're going to learn a lot; I know that you're going to be able to help a lot more patients and that's going to end up on your practice's bottom line as well.

I'm going to walk through really quickly the sessions:

- This first session is really an introduction to let you know who I am. We're going to be talking about three traps, strategies on getting out of those traps, and attraction of the high end dental patient.
- Session #2, we're going to be talking about the first contact, and that is how people come to you, what is the first thing you say, what are the first messages that your patients will get from you before they even meet you?
- Session #3, we're going to be talking about information gathering, power questions, and identifying the high end patient quickly and easily so you don't waste time.
- Session #4, we're going to be talking about case summaries, hand-offs, and financial arrangements.
- Session #5, we will be talking about operatory set-up, the tools you need to use the system and we'll also talk about building referral networks. It's an important part of high end dentistry.

My Story

I am very glad to be with you. My name's John Meis, I'm the founder of The Team Training Institute. I'm also president of Mortenson Dental Partners.

My story surrounding dentistry started a long time ago, and it started with my great-grandfather. He was a dentist in Dyersville, Iowa.

He had a son that become a dentist as well. So my grandfather was a dentist, who had three sons, two of which were dentists, my father and my uncle. So I'm a fourth generation dentist.

Like most people that are from families of dentistry, I started working in dentistry a long time ago, because I would help out at my dad's office. I started roughly about 45 years ago in dentistry. It's kind of hard to imagine.

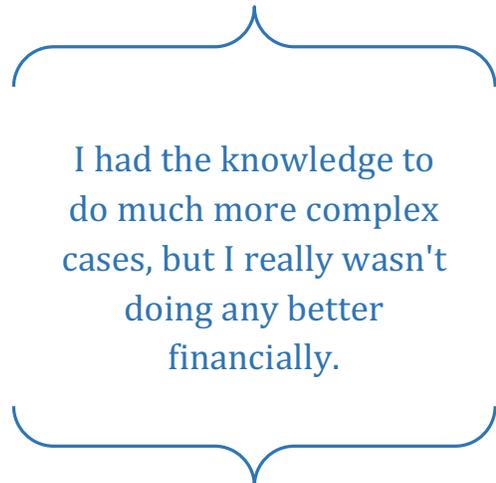
I went to the University of Iowa, had a great dental education there. I graduated, I got out into the real world and I started a two-operatory office, which I purchased from the bank.

It had been abandoned by its previous owner. I purchased it from the bank for \$16,000. Whole different world, it was worth about \$15,000.

I got out in the mid-'80s in the depth of the farm depression in rural America. It was a very, very challenging time and every single procedure counted.

I was not doing a lot of high end dentistry in those days. I built that practice up, began to work with my dad some.

When he retired, I began merging practices and those merged practices, eventually it was called Siouxland Dental Health. The facility of Siouxland Dental Health was a 21-operatory office. We were doing just shy of \$6 million on a gross production basis. We figured out a few things along the way.



I had the knowledge to do much more complex cases, but I really wasn't doing any better financially.

Part of how I figured out things along the way was I was very lucky to have had a great clinical education in school and I really was dedicated afterwards in learning everything I could about the clinical side of dentistry.

I took all of Dawson's courses, I took all of Spear's courses, I took Ross Nash's Continuum, I took the Misch Implant prosthetics, I took the Misch Implant surgery, I took the advanced surgery course, I took IV sedation.

I got lots of letters after my name and learned a lot of great things. There's others besides those but those are the ones that everybody knows. I learned a great deal, was a much better dentist, getting better all the time.

An interesting thing was happening was as I was getting better, I was doing more interesting cases, had the knowledge to do much more complex cases, but I really wasn't doing any better financially.

I was very frustrated by that and very concerned about that.

I was fortunate enough to meet a group of people who had solved the business side of dentistry, which I knew nothing about.

When I understood what these guys knew that I didn't know, I put them together in a group. This group met once a month on the phone and we talked about various things.

We'd pick a topic and everybody would throw in their knowledge and advice.

I learned so much from these guys that my practice started out probably the smallest of all of them and by the time this group had really matured, I was in the top few.

The really great thing from this was I was able to figure out what these guys and gals were doing that was different.

Now an amazing thing about very talented people, people that have had amazing success, they often don't understand why they've had their own success. It's often a question mark to them. They don't even know why they've done so well.

Because I'd had so much experience in dentistry and been in so many courses and met so many dentists and been in so many offices, I had really an opportunity to identify what was unique about them.

I started to take these unique things and I began to really define what they were and then teach them back to the same group of people.



People that have had amazing success often don't understand why they've had their own success.

When they realized what I was doing, they were pretty amazed at themselves really because now they understood how they were talented and how they were different.

They encouraged me to teach other people, which began the Apogee Dental Network, which was a mastermind and consulting group, and was really a great time for me to understand these things.

Apogee started a consulting group called The Process, which is now a dental executive development program.

It was in working with these guys in Apogee that one name kept coming up over and over and over again. That name was Wendy Briggs. I said, "I've got to get this lady in my office."

When she did come to my office, I was amazed at what she did to my hygiene program.

She completely turned it around. She gave first of all the science behind doing what she was recommending, then she gave the systems to do what she was recommending, and then she gave the motivation for the hygiene to do what she was recommending.

She's just a very talented person. We had so many clients in common we decided to just pool our efforts, and we started The Team Training Institute.

That's probably how each one of you got on this call.

In addition to that, I'm the president of Mortenson Dental Partners and we provide management and back office services for about 121 dental practices around the United States.

This has given me a very, very interesting background, because I've been now physically in 211 dental practices in the United States and Canada.

I not only get to visit a lot of practices and meet a lot of dentists, but I also get to see their data. That's so important because I get to see the good, the bad, and the ugly.

I can see patterns and trends. I get to see the outliers, the ones that are doing very, very well, as well as the ones that are doing very, very poorly.

Because of that, I've been able to identify things that we're going to be talking about in these sessions, about people who are very successful with the high end dental patient; what they do that's different than everybody else, and then how we can take those differences, create a system with those differences, to be able to do it very quickly and efficiently, that we can do it without a tremendous amount of talent, we can do it because we have a very well thought-out system.

The other thing that I do that has gotten me in contact with a great number of dentists is I'm one of the founders of the Scaling Up Group Dental Symposium.

So I just meet a lot of people, I have a lot of experiences, I have a lot of data.

That's me, and that's why we're here.

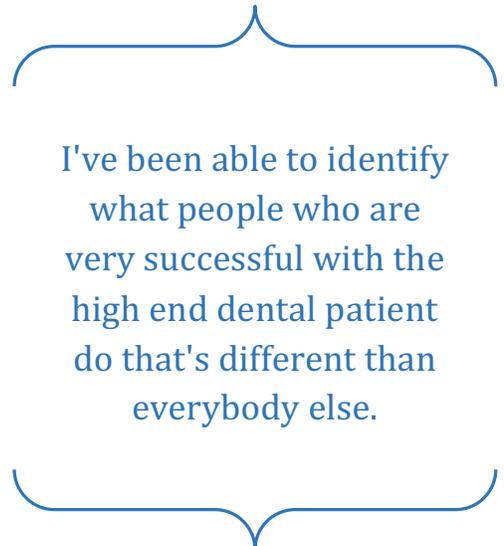
One of the things that I have been so frustrated by in my career was because I had people trying to help me understand how to do a lot of high end dentistry.

My practice was a basically bread and butter practice with splashes of specialty on top of it.

I did implants, I did implant surgery, I did implant prosthetics. My peak year, I placed personally over 200 implants. That's a pretty big implant practice, so I did some high end dentistry.

I met with one of the cosmetic gurus, I won't say his name, but we were talking about how much treatment he was doing and he told me how many units he did a month of anterior cosmetic dentistry.

When I went back to my office, I realized I was actually doing more than he was.



I've been able to identify what people who are very successful with the high end dental patient do that's different than everybody else.

It's amazing that in this field, it seems to me that there have been a lot of impostors – people who aren't really doing very well themselves – out teaching people how to do what they do.

That's why I think I was so frustrated for so long because I bought into some of these ideas and I struggled with them, and finally found my way out of it and to the other end.

I'm going to be talking about some of the things that I have learned that are really traps, that really get people stuck in the wrong place.

These are all things that I learned from other people, but they're just traps.

When you are learning from someone, it always helps to understand where they're coming from, how they know what they know, and how they've demonstrated that knowledge in their own life.

Defining the High End Dental Patient

I'm going to start out by talking about what is the high end dental patient?

I've heard a lot of definitions. Some definitions are anyone who accepts all the care that they need.

Somebody says, "Somebody who makes at least a boat payment."

I don't like any of those definitions.

The one I like is this one: a high end dental patient is a patient who sees the best course of treatment as being more important than the cost of the treatment.

It's kind of simple, isn't it?

That they're more interested in the best than they are in the cost.

A "High End Patient" is a patient who sees getting the **best** course of treatment as being **more** important than the cost of that treatment.

The Three Traps

Now we're going to be coming up to the traps. There's three of them.

Trap #1: "I can spot a high end patient"

You've probably seen the picture before where if you look at it one way it's a duck, if you look at it another way it's a bunny. You can spot two different things with the same picture.

High end dental patients are like that in that they don't look one way.

I was taught to watch for signs of affluence. I was taught to watch people who were articulate, people that were powerful, people that had a presence. They're the ones that buy high end dentistry.

I didn't find that to be true at all.

I found that a lot of people who had all the signs of success and all the status symbols were often mortgaged to their eyeballs; they had no discretionary income, and high end dentistry was last on their list.

I learned very, very carefully, very hard, that you just can't tell by looking.

I can tell you a story about my wife and I. We had the opportunity to go to a small fundraising gathering with Richard Branson and his mother, Eve.

The fundraising was for Eve's foundation that helps support women in Africa. It was really one of those absolutely fun, fun nights. It was very unique circumstances that we were invited.

It was in Los Angeles at the Dorothy Chandler Pavilion. It was a not a big group of people, it was maybe 100, 120 people there. They had some live music, the kind of stuff that you usually have at your house when you have live music.

They had Robin Thicke and Colbie Caillat and a rapper guy who I have no idea who he was; but everybody seemed to be very impressed with him, so he must have been somebody.

So we're going to this party, we're very excited about it. We get out there and my wife decides that she needs a more California-ish dress.

We were staying at the Beverly Hills Hotel, so we drove down to Rodeo Drive, which was close, and we go onto Rodeo Drive which neither one of us had spent any time there other than just walking the street.

We go into a couple of stores, and you know there's that scene in Pretty Woman where the team inside the stores are rude to Julia Roberts? Well that's what it was like.

I was really stunned because the money that we would spend on a dress, we had enough.

We were going to have no problem buying a dress, and we were treated like we didn't. Something about the way we looked made them think that we were not going to buy a dress or couldn't afford a dress or whatever.



They had this idea just by looking that we were not going to be a customer.

I'm not really sure what it was about how we looked but they had this idea just by looking that we were not going to be a customer.



It sounds so obvious when you talk about Rodeo Drive what a mistake that is, even if you haven't seen the movie Pretty Woman.

It seems so obvious but we do it in our dental practices all the time.

You can't tell by looking. There is a way to tell and we'll get to that, but there is no way to tell by looking. Avoid that trap, because you can't spot them.

Trap #2: Attraction and Repulsion

Here's what I've learned about attraction and repulsion, is that the more you try to attract one specific thing, you will repel others.

How that affects the high end dental patient and the practice trying to do high end dentistry is this: the more you market for the high end dental patient, the more you lose the family, bread and butter kind of dentistry, that makes dental practices run, which is what makes them successful, which is what makes them profitable.

So when I talk about high end dentistry, I am not talking about developing a niche practice.

I have the opportunity of buying practices and selling practices, and I work in mergers and acquisitions so I get to see numbers.

I have very frequently niche practices, very high reputation, very wonderful care they provide, and the practitioners are very happy, but an amazing thing... these practices don't make very much money.

There is a practice in California that I looked at that was from a very well-known cosmetic dentistry lecturer. He does beautiful work, beautiful slides, gives great lectures. But his practice was really struggling.

Trying to do more high end dentistry by developing marketing towards the niche practice before you have your general practice full, doing this is really, really risky.

I'm going to tell you about a practice that I looked at. It was in a suburb of Houston, and it had a very nice office. It was architecturally designed, it was on a busy street, and it looked like it should really, really go.

Location, location, location is so true in dentistry as in anything else, and they had a really good location.

They had a good sign. It was good, big, visible; you could see it as you were driving down the street from a block away.

It was very well done. Everything looked great.

The sign said “[Name of the Street] Dental Care, Cosmetic Dentistry.”

They had a little bar underneath that said “Cosmetic Dentistry.”

When I got the numbers I was very surprised, because I had met the doctor and he was a good communicator. He had some personal rapport, some charisma.



The more you try to attract one specific thing, you will repel others.



They had a great location, team members; it really looked well organized, well done. But the practice was struggling. I couldn't understand it.

They wanted to join our group because that was going to be helpful to them. We ended up not working with them directly, but we gave them a piece of advice.

This was a practice that does cosmetic dentistry but they had families, they were providing all levels of care. But their signage didn't show that.

Their signage just said cosmetic dentistry. They took that cosmetic dentistry sign down. They left the rest of it up but the little bar that said cosmetic dentistry, they took that off.

Within three months, their new patients were up 227%.

What they were doing, they were trying to attract the thing that they enjoyed doing most, but they repelled what was making their practice successful and profitable.

So be careful about what you try to attract because you're going to be repelling other things.

Trap #3: Cost of Acquisition

Next one, trap number 3: the cost of acquisition trap. I'll tell you a little story about this one.

You can spend too much money attracting patients.

I know that sounds silly, it sounds so self-evident, why would I even say that?

The reason is I've had an experience where someone was going after the high end patient, spending so much that they couldn't make ends meet.



**You can spend too much
money attracting patients.**



This was a practice in the Chicago area, and the only doctor in the practice was fascinated with sleep apnea. He had all kinds of certifications and he lectured all over. But his practice was losing money.

To keep it running, he had gone through all of his retirement money.

It just killed me when I found this out. They had paid their 10% penalty on that money, had to pay tax on it on top of that, and they had gone through all that and now they were looking towards bankruptcy.

Their cost of acquisition for a patient was \$3,200. The typical case of sleep apnea was about \$5,000.

You can see the math doesn't work. You're spending more than half of your revenue on marketing. It just didn't make sense; in any sense of the word it didn't make sense.

I asked him what was the goal: "Is the goal to do as many cases as you want or is the goal to make a living?"

He had lost sight of making a living by focusing on the number of cases of sleep apnea he could do.

Because he was so interested in it and he was so passionate about it, and it's life and death dentistry... he could go on and on and on to explain why he should continue to do what he was doing even though he was going bankrupt. It was an amazing thing.

The Three Traps

1. "I can spot a high end patient"
2. Attraction and Repulsion
3. Cost of Acquisition

Remember, what's the goal? As we go through this program you'll find out my goal for you is to not have some niche practice where you're doing fully high end dentistry.

The reason why that's not my goal is that is a very, very, very tough game.

As the economy goes up and down, those kind of practices are absolutely crushed.

I live in Louisville, Kentucky, but we have a home in Arizona as well. During the real estate crisis... 2008, 2009... we had a condo at the time, and within walking distance of our condo, there were three practices that had gone out of business.

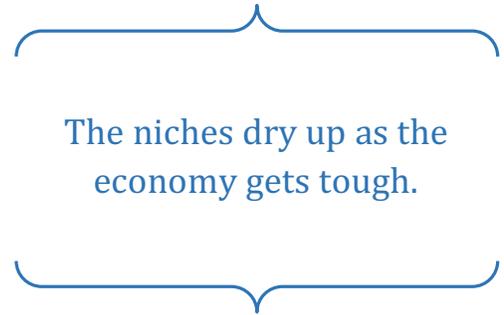
Just walking distance, three... all of them niche practices, all of them cosmetic dental practices... all of them with their LBI stickers in the window.

Very impressive. When you're out of business, not so impressive.

They just did not have enough flow to keep their practices open because the niches dry up as the economy gets tough.

That's why I don't recommend a niche practice.

There are some people who are doing amazingly well with niche practices and God bless them. That's fantastic, I'm really happy for them, but I don't recommend people go after that because it is a risky, risky, risky strategy.



High End Patient Attraction Strategies

Let me give you some strategies that aren't risky. These are high end patient attraction strategies.

Strategy #1: Cast a Wide Net

We know that within a pool of any patients, there are some that are high end patients.

Remember, you can't tell by looking. You can't tell by who responds to an ad. There is a way to tell and we'll talk about that in a later session.

But there's really no way to tell without spending time with the person. I haven't been able to figure out a way to tell on the phone.

There are some signs that they give on the phone; we'll talk about those in a later session.

Until you're face to face, eye to eye, knee to knee, you do not know. There is no way I've found to tell. The more flow, the more high end patients that you're going to have.

I just spent a day recently with a doctor from Canada. He was really a unique doctor. They had a high new patient flow.

They were basically bread and butter, and he was using a cherry picking strategy where he would do all of the high end dentistry and the other dentist in his location would do the bread and butter.

With that cherry picking strategy, he was able to spend virtually all of his time doing high end dentistry. His personal income was \$1.7 million, and there was only one location and it only had 14 ops.

That is really, really getting up there. That's getting towards the top of what a person can do in dentistry.

An amazing income by having a lot of flow. That flow... the more flow you have, the more high end patients you're going to have, not as a percentage but the more total.

Strategy #2: Creating a Sub-Practice

Next strategy is creating a sub-practice. I used this strategy in my own practice.

We had The Implant Center at Siouxland Dental Health. That's when I was doing a lot of implants and focusing on that.

It was a marketing ploy, it was a way that we could market to the niche while still keeping the flow of bread and butter coming because we were marketing that as well.

Having a split strategy on marketing where you're maintaining the flow with the regular general marketing... so you're limiting the repulsion... but at the same time you're getting perhaps a slightly higher percentage of high end patients by that.

Strategy #3: Marketing Layers

The “marketing layers” strategy is this. I have a buddy that has practices in a variety of states; has built practices, sold them to groups, repeatedly. Built a group, sold it to a bigger group. That's his business style.



The more flow you have,
the more high end
patients you're going to
have.



One of the things that he does, and I've seen him do very effectively, was that he will market to the value patient until a practice is full.

He uses direct mail and online marketing mainly. He will send his direct mail pieces and have his online strategies built around value to drive as many patients as they can to a location.

Once that location is getting full, then he begins to switch the marketing over to a high end, high dollar procedure type marketing.

Once that facility is getting close to being maximized, he's not looking at improving the number of encounters per day, he's trying to improve the production per encounter.

Marketing in layers: market to the value patient until the practice is full and then market to the high end or high procedure patient after that, in order to drive production per encounter. It's a strategy that I've seen be very successful.

Strategy #4: Acres of Diamonds

Next strategy is the "Acres of Diamonds" strategy. Many of you may know that Wendy Briggs and her Hygiene Diamonds program was based on this story.

The story goes something like this, and I may not have it perfect, but the gist I'll have.

There was a farmer in Africa who was tired of the toil of farming. This was at a time when they were finding diamond mines around Africa.

He thought, "Oh that would be such an easier life, to just walk around in the rivers and pick up diamonds. That'd be so much easier than this farming."

Four Strategies

1. Cast a Wide Net
2. Creating a Sub-Practice
3. Marketing Layers
4. Acres of Diamonds

He went on a quest to find diamonds and to open a diamond mine, and he traveled all over Africa.

He worked and he worked and he worked. He had sold his farm so he had some money and he was investing it. He was trying to find diamonds here and there. He couldn't find it.

He finally went through all of his money. He was exhausted; he was sick, he was broke.

With his tail between his legs, he went back to his hometown, where he found the person that had bought his farm had found that there were diamonds there.

He had acres of diamonds that he sold in the quest of finding diamonds.

The one place where I know every single one of you has a lot of high end patients is right in the practice that you have now – in the existing patient base that you are already serving.

The fact is, we just haven't identified who they are because we don't know how to identify them and we don't know how to treat them differently.

Here's what happens, you have a practice that has, let's say it's 10% of high end type patients and you have 90% just kind of the regular, run of the mill, bread and butter type patient.

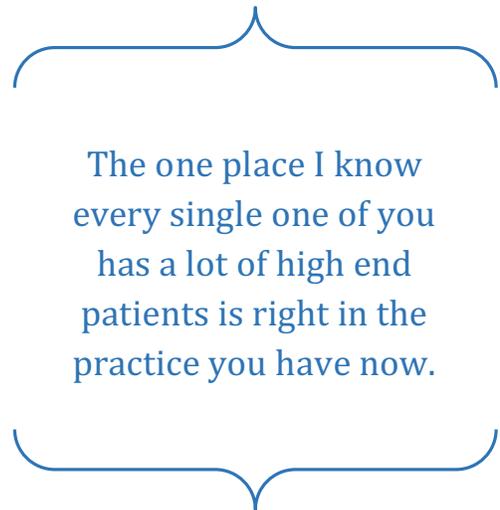
Because it's 90/10, what do you default doing with everybody?

Do you treat everybody like a bread and butter or do you treat everybody like a high end?

Well I can tell you if you treated everybody like high end, you'd be offending 90% of the patients.

No, you do it the other way. You treat them all like bread and butter. All of them. Because you don't know how to separate the high end from the others.

We're going to be talking about a series of questions, a series of power questions, that you can use to identify those that are interested in the best versus those that



are interested in minimal or those that are concerned that the cost or the money is more important than the best care.

You already have that. What I'm going to suggest that you do is take one patient per day, take that one patient and drive them through the process that we'll design for new patients so that you're doing a comprehensive patient review with one existing patient per day.

I'll tell you what, you'll be amazed what happens.

Because, remember, these people already know you. They already like you. They're already in your practice.

Here's the big one: they already trust you.

If they didn't trust you, they wouldn't be there.

Because the trust is so high, these are often the very most productive high end patients you can have.

It's so wonderful because they are already there. They're already in your practice.



Because the trust is so high, these are often the very most productive high end patients you can have.



Audience Questions

We've got some questions rolling in. One of the questions is about the power questions and how to identify. We're going to spend a whole session on that.

We're going to touch on it next session, and then the session after that we're going to dig in to it really deep so that you have a clear understanding of that.

I'm going to pass on that question right now because we'll get in to it a great deal.

Getting Initial Flow of Patients

Next one is how do you get that initial flow of patients? I'm going to assume from this that this practice is struggling with just patient volume and they don't have enough volume.

I can give you my thoughts on this. There's some things we can change and there's some things we can't.

I've had the opportunity of building offices. I've developed an algorithm that here's where I'm going to put an office. It needs this, this, this, this, and this, and if it has this and this and this I'm not going there, and if it doesn't have this and this, I'm not going there. I've got that in mind.

I had a really fascinating experience. We were approached by a group of practices in the Midwest that had a bunch of locations. We had some kind of informal talks, and I went and scouted the locations.

I went to the city and I drove past every office and I took photographs and got a sense of the traffic counts and other things that I look for.

I ranked them on which practice I thought would be doing the best to the one that I thought would be doing the worst based only on location. I had no numbers at this point.

The conversations and the discussions keep going. I ended up getting the numbers for those practices, and guess what? There were 14 of them, and I had the order right on seven of the 14, and of the other seven it was only off by one place up or down.

So location alone, I could determine which practices were going to be doing better.

Now we're all where we are, we're kind of planted in dentistry, so if you don't have an ideal location that's what I'm going to talk about here.

If you don't have an ideal location, I can tell you one of the simplest things to do is to move, but I know that's hard, it's expensive. Everybody wants to make the most of what they have.

Here's the order that I would go through in order to attract that regular flow of patients. Here's the things I would work on first.

Number one thing I would work on first is your patient experience, and what makes your patient experience unique.

Think about it this way. Break the regular patient experience into phases:

- There's a phase before they get to the office
- There's a phase when they walk into the office
- There's a phase where they have treatment done
- There's a phase where we do financial arrangements and insurance conversations and that kind of thing
- Then there is a final 'so long' in the practice

If you broke it down into those five phases, what would make each one of those phases successful?

Have you defined it? You can choose, on your definitions, to do everything just like everybody else does, and if you do you'll be average.

So you have a choice: Do I do this average or do I do it well?

An amazing thing, you don't have to do it perfectly; you just have to do it some better than everybody else. If you do it some better than everybody else, you'll be able to have an amazing patient experience.

Number one thing I would work on first is your patient experience, and what makes your patient experience unique.

I've had the opportunity to watch practices that attract a large number of new patients. There's a practice that I have watched for some years now that attracts between 400 and 500 new patients a month to a single location.

It's a big location, it's 15 ops I think, so it's a big location but they're attracting a ton of patients, 400 to 500. Now 400 to 500, they should be adding a hygienist every two or three weeks. But they're not adding any.

They're getting 400 or 500 new patients per month, but what are they doing? They're losing 400 or 500 as well.

They're spending a lot of money to get people to go in the front door, but they have a ton going out the back door, just as many.

That's not a strategy for success, I can guarantee you that.

Working on the patient experience, how can you define it? How can you define it that your standard is better than... just a little bit better than... everybody else? Then train to that.

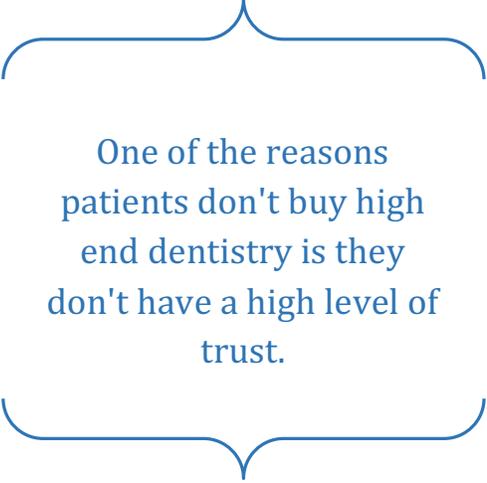
If I were going to want to attract more new patients, that is the place I would start.

I know everyone wants an answer where they can just write a check and it happens and magically everybody shows up, but that's not real life. That's fantasy.

I know you can go to lots of seminars and marketing gurus and they'll tell you, "Yeah, you just do this and this and this and everything will be great."

But as far as sustainable, profitable success, start with the patient experience.

How does everybody on your team look? How are they dressed? How does the office look? Is it cluttered? Does it need to be freshened up?



One of the reasons patients don't buy high end dentistry is they don't have a high level of trust.

If you haven't redone carpet and paint, things like that, in four years, it looks worn.

If it looks worn, you're affecting trust. How it looks matters because one of the reasons patients don't buy high end dentistry is they don't have a high level of trust.

Patient experience is very, very important.

Second thing that I would do is fix the phones. You've got to have your phones answered during normal business hours every day.

I can't tell you how many times I call an office and I don't get a live person.

We have a group that does a lot of research on phone stuff because they're a direct marketing company and they want to know if their marketing is causing the phone to ring.

They will tell you that they get a live person less than 70% of the time.

They can tell you, because they have a phone answering service, that when the phone is not answered, only 13% of those people call back in the next 60 days.

They may call back eventually, but if they're a new patient they're not. They're on to somebody else.

That's how fickle some patients are.

We all know, everybody, when they've got us on their mind, they call. They say, "Oh, I'll get back to it," and time goes and goes and goes and goes.

So make sure your phone is being answered.

I don't care what it costs to have additional phone lines, but have as many phone lines and as many people as you need to answer the calls that you're getting.



When the phone is not answered, only 13% of those people call back in the next 60 days.



You can call your phone service provider and they'll tell you how many calls that you're missing and you're going to be shocked.

Average on this is 67% of calls are answered. 33% are lost. So make sure that you're answering your phones.

Once you have the experience fixed and the phone fixed, amazing things happen, because now you're getting referrals, now you already have momentum, forward and positive. You already have momentum.

Next thing that I would do is I would get the best sign that I could possibly get.

Luckily, sign companies are your friend. They want to sell you the biggest sign that is legal, and that's really what you want to buy.

They will know the speed of cars going by, the distance of neighboring signs, they will be able to tell you what you need in order to have the greatest visibility where you are.

They will also have good understanding of local regulations, which vary dramatically. They'll have a good idea what the local regulations are.

I would get the biggest sign and if the sign has an LED section that can change, that's very positive because that will allow it to remain interesting to the eye driving by.

Great signage is the first place that I would spend money.

Thankfully, these LED signs have come down dramatically in price, and you can get a very, very good sign for \$30,000 to \$40,000. This is the best ROI in marketing that you'll spend is a good sign.

Second best ROI in marketing is a reactivation campaign. A three-letter campaign to people who have been in your office before, are not coming back now. Try to get those people back in.

Remember a certain percentage of those are going to be high end patients.



There may be a certain percentage of patients that you didn't hit the mark on before because you didn't know what to look for.

Then making sure you have a good website. We're actually going to talk about websites in the next session, because it has to do with the first contact. It's often the first contact.

Our lowest cost of acquisition for a new patient is internet so internet is very, very important for attracting patients. That's why I'm going to spend some time in the next session.

Then the last thing that I've seen work very consistently is direct mail.

There are some markets where it works better than others for sure, but I've seen direct mail be fairly consistently effective just about everywhere.

That's really talking about general new patient attraction, so that was a long answer to a short question but I can see that that was a need.

There have been several questions come in while I was speaking on specific things that I covered during that.

The other questions are all things that are going to be answered in the following sessions, so with that I will sign off for this session.

I'm looking forward to seeing you in session #2, where we're going to be talking about dealing with the first contact.

It's an absolutely critical part of the process, because people gain trust on first impressions and first impressions happen so quickly that if you blow it, you blow it. It's a bad deal.

Thanks everybody. I look forward to session #2 in high end dentistry.



I've seen direct mail be fairly consistently effective just about everywhere.

