



PHONE SUCCESS

STUDY GUIDE



STUDY GUIDE

CONTENTS

Introduction	3
Checklist	4
Phone Success Action Plan	10
Module 1: Introduction to Phone Success	11
Module 2: Introduction to the GREAT Call process	13
Module 3: An All-Star Greeting	16
Module 4: Rapport 1 - Foundation	22
Module 5: Rapport 2 - Personality Types	24
Module 6: Rapport 3 - Advanced Rapport	29
Module 7: Engage Foundation	36
Module 8: Elements of Engaging	40
Module 9: Engage Common Question Roleplay	45
Module 10: Engage Methods to Overcome Objections	47
Module 11: Engage Overcoming Objections	51
Module 12: Engage Overcoming Objections Roleplay	58
Module 13: Asking for the Appointment	60
Module 14: Taking Information	68
Certification:	76



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START**



**PHONE
SUCCESS**



**SCHEDULING
ADVANTAGE**



**CUSTOMER
SERVICE 101**



**PATIENT
EXPERIENCE**



**CASE
ACCEPTANCE**



**INSURANCE
FUNDAMENTALS**



**ALL-STAR
DENTAL MBA**



INTRODUCTION

How Being Outstanding on the Phones Will Benefit Your Practice and You

Did you know that being outstanding on the phones will benefit your practice and you? Success and service on your phone can seem like it's such a simple thing that it gets passed over for other tasks when it comes to running a dental practice. But you must remember: **the phones are the first impression of your office that potential patients are going to get.** As you may know, this can make or break a practice. You get one happy raving fan and he/she may tell a few friends and family members about your office. You get one unhappy person and they will tell millions about how awful your office is. So each and every experience when you pick up the phone has to be amazing. No exceptions.

Some of your most challenging calls will inevitably come from potential new patients calling to ask questions. Many offices get tripped up by questions dealing with insurance, the infamous price question, and objections that patients have. If you can learn to effectively answer these questions and better convert these calls to new patients using a service-based approach, all of your other calls dealing with your existing patients will become easier. This is going to make you more efficient, less stressed, and develop more confidence.

Confidence is key when it comes to being effective on the phones. And most people are not born with the important skills that boost confidence. Most dental offices don't teach phone skills or customer service, so where would you have learned it? Picking up the phone can be scary. You are talking to a person that you don't know, that you can't see, that you don't know what they are going to ask... and they might not be nice, you are putting yourself out there, and you probably were never taught a system or structure of what to do in these situations.

All-Star Dental Academy is a system that is going to make you more confident on the phone and look forward to speaking to new patients.





What You Can Expect from the Program

There is a lot of information packed into this phone program... so what can you expect? You will develop a comprehensive understanding of phone success, especially as it relates to the new patient call.

At the core of the Phone Success Program is the GREAT Call process – five steps that break down the critical elements of the new patient call and gives you a systematic and effective method for converting callers to patients. Aside from learning the GREAT Call process, we'll address many different aspects of phone verbiage, customer service, and more.

How Being Awesome on the Phones Will Carry Into Everything Else You Do

Being awesome on the phones will carry into all other aspects of your practice. If you understand the psychology of what makes people tick and know how to apply it over the phones, think about those same philosophies apply to working with your patients once they are in the office.

Everyone from the dentist and manager, to hygienists, assistants and front desk team, can benefit from using these techniques to effectively communicate with patients. You can use these skills during a patient exam, new patient interview, case presentation... every aspect of the patient experience. And the more you practice and train, the better you will get.

This is what will take your practice from adequate to outstanding.

We are on this journey together and I look forward to helping you achieve your goals!



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How to use this Study Guide

In this Guide, we've outlined the material you will encounter in each part of Phone Success. Just a reminder, each course (QuickStart, Phone Success, and Scheduling Advantage) is broken down into areas of concentration called "Modules" and each Module is further broken down into individual video lectures called "Units." There will be references to Modules and Units in this Workbook.

Make sure that as you view the Unit videos take notes on the concepts that are discussed. You can refer to these notes as you progress through the lessons, and use them for your Certification Exams.

Finally, on the next page is a checklist of all the Modules and Units in the course. Keep track of your progress and note your exam score.

Thanks and have fun!





CHECKLIST

Start Date _____

Module 1 Introduction

- Unit 1 Introduction to Phone Success - 5:37

Module 2 Great calls

- Unit 1 What is a GREAT Call? - 5:03
- Unit 2 Types of calls - 8:57
- Unit 3 New patient coordinator - 4:56

Module 3 Greeting

- Unit 1 Importance of an All-Star Greeting - 10:44
- Unit 2 Salutation - 5:29
- Unit 3 Asking Name - 4:30
- Unit 4 Welcome - 4:19
- Unit 5 Asking Contact Number - 5:03
- Unit 6 Referral Source - 4:24
- Unit 7 Pass Off or Take Call - 8:26
- Unit 8 Greeting Conclusion and Role Play - 2:48

Module 4 Rapport 1: Foundation

- Unit 1 Introduction Rapport - 3:22
- Unit 2 Foundation of Rapport - 8:30
- Unit 3 Fundamental Techniques in Handling People - 1:36
- Unit 4 Six Ways to Make People Like You - 3:52
- Unit 5 Mirroring & Matching - 5:58
- Unit 6 Outcome of Calls - 3:37
- Unit 7 How to Build Rapport - 5:54

Module 5 Rapport 2: Personality types

- Unit 1 The Know-it-All - 5:33
- Unit 2 The Storyteller - 4:01
- Unit 3 The Easy Peasy - 2:46
- Unit 4 The Rusher - 6:00
- Unit 5 The Informationalist - 4:06





- Unit 6 The Nervous Nelly - 6:05
- Unit 7 The Indecisive - 3:48
- Unit 8 The Price Shopper - 7:07

Module 6 Rapport 3: Advanced rapport

- Unit 1 Empathy - 4:52
- Unit 2 How Long to Build Rapport - 10:11
- Unit 3 VIP Process - 10:31
- Unit 4 Positive Language - 4:58
- Unit 5 Elements of the Rapport Process - 21:03

Module 7 Engage: Foundation

- Unit 1 Introduction to the Engage - 0:58
- Unit 2 What is Engage - 3:01
- Unit 3 Proactive v. Reactive Scheduling - 8:44
- Unit 4 GREAT vs. EAGER Calls - 4:59

Module 8 Engage: Elements of engaging the patient

- Unit 1 Engage: Elements of Engaging the Patient - 0:30
- Unit 2 Answering Common Questions/Price Shopper - 8:38
- Unit 3 Show & Tell Method™ - 7:44
- Unit 4 Share the Sizzle™ - 4:10

Module 9 Engage: Questions role plays

- Unit 1 Engage Role Play Introduction - 0:37
- Unit 2 Do you offer 'x' service? - 2:22
- Unit 3 Do you accept my insurance? (in-network) - 2:24
- Unit 4 Do you accept my insurance? (out-of-network) - 3:06
- Unit 5 What are your office hours? - 3:02
- Unit 6 Where is your office located? - 1:48
- Unit 7 What do you charge for implants? - 3:57
- Unit 8 What do you charge for veneers? - 3:49
- Unit 9 Do you offer Saturday appointments? - 2:30
- Unit 10 Role Play Conclusion - 0:27





Module 10 Engage: Methods to overcome objections

- Unit 1 Methods to Overcome Objections - 1:59
- Unit 2 Intro to Overcoming Objections/5 W's - 3:56
- Unit 3 More Sizzle - 1:13
- Unit 4 Pleasure and Pain Points - 3:21
- Unit 5 Feel, Felt, Found Dialogue - 2:36
- Unit 6 Special Note on Overcoming Objections - 1:53



Module 11 Engage: Overcoming objections

- Unit 1 Overcoming Objections - 4:10
- Unit 2 Five Most Common Objections - 11:48
- Unit 3 Other Objections: Why Can't I just get a Cleaning? - 2:21
- Unit 4 Why do I need X-rays? - 3:36
- Unit 5 Why do I need an exam? - 2:18
- Unit 6 Practice and Role Play - 3:03
- Unit 7 If No Questions or Objections - 3:18
- Unit 8 Overcome Objections Conclusion - 2:22



Module 12 Engage: Objections role plays

- Unit 1 Intro to objections role plays - 0:47
- Unit 2 You Can't Get Me in Right Away - 3:47
- Unit 3 You Don't Have the Hours or Days I Need - 3:14
- Unit 4 Your Office is Too Far - 3:38
- Unit 5 Your Prices are Too Expensive - 5:38
- Unit 6 My Insurance is Out-of-Network - 5:35

Module 13 Asking for Appointment

- Unit 1 Asking Intro & Elements - 3:25
- Unit 2 Asking for the Appointment - 1:35
- Unit 3 Give Appointment Options - 2:37
- Unit 4 Ask about Insurance - 1:41



- Unit 5 Upgrade Appointment Options - 2:44
- Unit 6 Create Urgency - 7:30
- Unit 7 Set the Expectations - 6:43
- Unit 8 Get the Commitment - 6:41
- Unit 9 Asking for Appointment Conclusion - 5:35



Module 14 Taking the information

- Unit 1 Taking Info Intro and Elements - 4:59
- Unit 2 Secondary Information - 4:45
- Unit 3 Insurance - 6:04
- Unit 4 Medical History - 3:07
- Unit 5 Referral Source - 1:31
- Unit 6 Credit Card and Review - 6:33
- Unit 7 Follow-up and Conclusion - 9:15
- Unit 8 Roleplay 1: Take Info if Patient Says Yes - 3:42
- Unit 9 Roleplay 2: Take Info if Patient Says No - 3:33



Module 15 Certification Exam

- Unit 1 Phone Success Certification Exam Date _____ SCORE _____



PHONE SUCCESS ACTION PLAN

The time you take to work through Phone Success is totally up to you. It's important to take enough time so that you can absorb and retain the information that is presented. It's also very important to take the time to work with your teammates and explore the concepts together. This will ensure that everyone is on the same page. We also encourage you to roleplay the different scenarios so that you really "own" the material.

Below is a schedule that suggests an action plan for study. Again, these are suggestions - find a pace that is appropriate for YOU and your needs.

- Week 1: Phone Success Modules 1 and 2
- Week 2: Phone Success Module 3: Units 1, 2, and 3
- Week 3: Phone Success Module 3: Units 4, 5, and 6
- Week 4: Phone Success Module 3: Units 7 and 8 plus review
- Week 5: Phone Success Module 4: Units 1 through 4
- Week 6: Phone Success Module 4: Units 5, 6, and 7 plus review
- Week 7: Phone Success Module 5: Units 1 through 4
- Week 8: Phone Success Module 5: Units 5 through 8 plus review
- Week 9: Phone Success Module 6: Units 1 and 2
- Week 10: Phone Success Module 6: Units 3 and 4
- Week 11: Phone Success Module 6: Units 5 and review
- Week 12: Phone Success Module 7: Units 1 through 4 plus review
- Week 13: Phone Success Module 8: Units 1 through 4 plus review
- Week 14: Phone Success Module 9: Units 1 through 10 plus review
- Week 15: Phone Success Module 10: Units 1 through 6 plus review
- Week 16: Phone Success Module 11: Units 1 through 4
- Week 17: Phone Success Module 11: Units 5 through 8 plus review
- Week 18: Phone Success Module 12: Units 1 through 6 plus review
- Week 19: Phone Success Module 13: Units 1 through 6
- Week 20: Phone Success Module 13: Units 7 through 9 plus review
- Week 21: Phone Success Module 14: Units 1 through 4
- Week 21: Phone Success Module 14: Units 5 through 9 plus review
- Week 22: Review and Certification Exam





MODULE 1: INTRODUCTION

Module 1 Outline

Introduction to the Phone Success course and the GREAT Call process.

MODULE 1. INTRODUCTION

MODULE 2. INTRO TO GREAT CALLS

MODULE 3. GREETING

MODULE 4. RAPPORT 1: FOUNDATION

MODULE 5. RAPPORT 2: PERSONALITY TYPES

MODULE 6. RAPPORT 3: ADVANCED RAPPORT

MODULE 7. ENGAGE: FOUNDATION

MODULE 8. ENGAGE: ELEMENTS OF ENGAGING THE PATIENT

MODULE 9. ENGAGE: COMMON QUESTION ROLE PLAYS

MODULE 10. ENGAGE: METHODS TO OVERCOME OBJECTIONS

MODULE 11. ENGAGE: OVERCOMING OBJECTIONS

MODULE 12. ENGAGE: OBJECTIONS ROLE PLAYS

MODULE 13. ASKING FOR APPOINTMENT

MODULE 14. TAKING THE INFORMATION



Notes



Electronic Notes (click below to type):



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MODULE 2: INTRODUCTION TO THE GREAT CALL PROCESS

The GREAT Call process is a systematic approach to taking calls and helping potential patients that ensures you provide the best patient experience and gather all necessary information for booking an appointment.

Module 2 Outline

- 2.1 *WHAT IS A GREAT CALL?*
- 2.2 *TYPES OF CALLS*
- 2.3 *NEW PATIENT COORDINATOR*

About GREAT

The Call Process and the order importance/recipe for success

Why GREAT? What does it stand for?

5 Elements of a GREAT call

Greeting

Rapport

Engage

Ask

Take Info

The GREAT intake form and grading sheet

How those work

What to do if you already have your own form or book?

Types of calls that come in and their order of priority

New Patient (NP calls)

Cosmetic/restorative traveling patients

Cosmetic/restorative local patients





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MODULE 3: AN ALL-STAR GREETING

The “G” in the GREAT Call process stands for “Greeting.” This step in the call is critical for beginning the call in the right way and establishing a friendly, professional tone.

Module 3 Outline

- 3.1. *IMPORTANCE OF AN ALL-STAR GREETING*
- 3.2. *SALUTATION*
- 3.3. *ASKING NAME*
- 3.4. *WELCOME*
- 3.5. *ASKING CONTACT NUMBER*
- 3.6. *REFERRAL SOURCE*
- 3.7. *PASS OFF OR TAKE CALL*
- 3.8. *CONCLUSION AND ROLE PLAYS*

The Importance of an All-Star Greeting

Top example companies like Ritz-Carlton

Creates company unity and organization (high end)

Hello in different languages and the dental office

English = Hello, Spanish = Hola, French = Bonjour

Japanese = Konnichiwa, Chinese = Nî Hào, Italian = Ciao

Dental office = Can you please hold?

Set the tone for your practice – How the Greeting is the first impression

Let it Ring for Preparation (2-3 times to get focused)

Tone of voice and body language

Front desk zombie, cheerleader, and in-between; fast, slow, and just right





Dead Air

Create an office verbiage sheet or use the Great call process sheet and keep it near all the phones



Salutation

Consistency is Key – everyone should have the same salutation for office unity

Talk it out and role play with your team

Is it easy to say and to remember?

Train entire staff (not just front desk) in case they have to pick up – Starbucks example

Say your name – this lets them know who they are speaking with and builds rapport

Example: “Thank you for calling the office of “x” dentistry. This is Heather, how may I assist you?”



Ask Name

Builds rapport with them because you can then call them by their name

Ask them their first name only at this point – you can get their full name later when they decide to book an appointment

People love to hear their name and it gets their brain to instantly pay attention

Make sure to listen and pronounce their name properly

Cite book “How to Win Friends and Influence People”

Welcome

This helps you figure out if they are a new patient or a current patient.

Instead of saying, “are you a new patient or a current patient?” and hurting their feelings if they are a current patient and you didn’t recognize their name...



Say - "When was the last time we saw you in our office?" This assumes that EVERYONE is a current patient and comes across more friendly.

If they are a new patient – welcome them to the office

If they are a current patient – welcome them back

Contact Phone Number

"Patient name, what is your contact phone number in case we get disconnected?"

Be sure to repeat back their number for accuracy

This is important to capture for later follow-up

Referral Source

Instead of saying, "How did you hear about us?" which sounds salesy...

Say – "Who can we thank for referring you to our office?" This assumes that our office gets many referrals due to amazing customer service.

If they were referred by a current patient, tell them that we are so grateful and that you will be thanking that patient

If they were referred by the Internet, just put down Internet under referral source. At this point, DO NOT delve deeper into the specifics of the Internet referral (Google, review site, etc). Doing this shows the office is more interested in their agenda than the care of the patient. This info can be obtained at the end of the scheduling process once the patient commits to the appointment or on their first visit.

Pass off or Take the Call?

Some offices have a specific person that handles new patient calls

Make sure whomever handles the calls has adequate time to be able to give their full attention to the new patient

If your office doesn't have this, you will then move on to do the next steps in the GREAT process.





If your office does have a New Patient Coordinator or something similar to handle new patient (NP) calls, there needs to be an appropriate “pass off” of their info

How to pass off?

Complete all the preliminary info in the Greeting section of the call ending with the referral source.

Then, let the patient know you will be placing them on a brief hold to get them over to the New Patient Coordinator (or whatever their title is). Let them know they will be able to answer all of their questions and assist them.

Make sure the NP coordinator is available and pass off this call intake form to them pre-filled out with the basic info (name, contact #, and referral source)

If you don't tell them you are doing this or why they are being placed on hold, they won't understand why a new person is picking up

If the NP coordinator cannot pick up because they are on another call or have stepped away from their desk, you must decide if you should take a message or handle the call yourself. Your office should establish your own protocol as to what you feel comfortable with and how well everyone is cross trained.

Conclusion

You have now reached the conclusion of this module on the greeting:

Key elements

The Importance of an All-Star Greeting

Salutation

Asking the Patient's Name

Welcoming the Patient to the Office

Getting their Contact Phone Number





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MODULE 4: RAPPORT 1 - FOUNDATION

Rapport is the art of “connecting” with another person. Building Rapport with a caller or patient is the foundation for an amazing patient experience.

Module 4 Outline

- 4.1. *INTRODUCTION TO RAPPORT*
- 4.2. *FOUNDATION OF RAPPORT*
- 4.3. *FUNDAMENTAL TECHNIQUES IN HANDLING PEOPLE*
- 4.4. *SIX WAYS TO MAKE PEOPLE LIKE YOU*
- 4.5. *MIRRORING & MATCHING*
- 4.6. *OUTCOME OF CALLS*
- 4.7. *HOW TO BUILD RAPPORT*

Intro to Rapport

What is Rapport? Rapport is POWER!

Foundation of Rapport

Words (only account for small percent of meaning with people(7%)– that’s why we don’t believe in heavy scripting – it’s not what you say, it’s HOW you say it)

Tonality – the sound of “how” something is said

Volume – How loud or soft

Tempo – Fast or slow

Body language/Gestures – can still be “seen” over the phone

Terminology – Soda vs. pop vs. cola vs. soft drink

Key Words/Phrasing – How people say things

Accent – Southern, New York, etc





Fundamental Techniques in Handling People (How to Win Friends and Influence People)

Don't criticize, condemn, or complain.

Give honest and sincere appreciation.

Arouse in the other person an eager want.

Six Ways to Make People Like You (HTWFAIP cont...)

Become genuinely interested in other people.

Smile.

Remember that a person's name is, to that person, the sweetest and most important sound in any language.

Be a good listener. Encourage others to talk about themselves

Talk in terms of the other person's interest.

Make the other person feel important – and do it sincerely.

Matching and Mirroring – Dr. Erickson

Why? – People like people who are like themselves or are how they would like to be

We all do this naturally – it's not just the words we have in common

The importance of building rapport (laying a solid foundation of a building and how the rest of it will fall apart without it)

Discuss the outcome of the calls

Not just to book an apt...

First is to Help the patient and provide excellent customer service

Second is to get the appointment

Third have the patient actually show up for their apt

Fourth is to have them accept treatment

Fifth is to stay a happy patient for life

Sixth is to have the patient refer

Review the analogy of the solid foundation and how this is done with those elements





Electronic Notes (click below to type):





MODULE 5: RAPPORT 2 - PERSONALITY TYPES

This module covers a helpful, but informal, classification system for callers, and describes the ideal method of working with each personality type.

Module 5 Outline

- 5.1. *THE KNOW-IT-ALL*
- 5.2. *THE STORYTELLER*
- 5.3. *THE EASY PEASY*
- 5.4. *THE RUSHER*
- 5.5. *THE INFORMATIONALIST*
- 5.6. *THE NERVOUS NELLY*
- 5.7. *THE INDECISIVE*
- 5.8. *THE PRICE SHOPPER*

Personality types of patients

- The Know-It-All
- The Storyteller
- The Easy Peasy
- The Rusher
- The Informationalist
- The Nervous Nelly
- The Indecisive
- The Price Shopper

Fast, Inexpensive, Done well: Pick two!





Electronic Notes (click below to type):





MODULE 6: RAPPORT 3 - ADVANCED RAPPORT

More investigation of building Rapport with callers and patients.

Module 6 Outline

- 6.1. *EMPATHY*
- 6.2. *HOW LONG TO BUILD RAPPORT*
- 6.3. *VIP METHOD*
- 6.4. *POSITIVE OR CONSCIOUS LANGUAGE*
- 6.5. *ELEMENTS OF THE RAPPORT PROCESS*
- 6.6. *ROLE PLAY 1*
- 6.7. *ROLE PLAY 2*

Empathy is KEY- : the feeling that you understand and share another person's experiences and emotions : the ability to share someone else's feelings

Other phone training programs will tell you it's all about sales and they lack the customer service focus

Those other programs are all about reducing the phone call duration and just the bottom line

Zappos example of staying on the call as long as necessary to build rapport
Most patients who are making appointments to the dentist have fears or concerns and empathy is the way to make them feel more comfortable and ultimately come in

Discuss better conversion of patients from building rapport





How long should I spend building rapport?

There isn't a set time frame for an answer because it's going to be different with each patient.

Make sure if you are the one taking the call, you have the time to dedicate to the patient so they don't feel rushed.

Zappos example again, but understand that dental offices don't always have the resources that a company that large have. Do the best you can with the resources you are working with

You never want to put an exact time limit on a call like some programs teach because it's definitely NOT building rapport if you ignore their questions or cut them off just to get them to schedule an appointment. If you are actually building rapport towards the goal of booking an appointment, keep chatting with the patient. If not, move onto the next step...

Staying on too long (break rapport) you also don't want to stay on the call too long where it's not going anywhere. Once the patient is basically repeating themselves, or you are repeating yourself and is getting into info that should be discussed with the dentist (dental specific issues) it's time to move to the next step of scheduling

Treat me like a VIP

You never know who that person on the phone knows or could potentially refer (whether they make an appointment or not, it's your offices reputation)

A negative review of your office will affect you for a long time (especially if it's on yelp or one of those very relevantly searched websites)





Call them by their name often in the conversation

Build a lot of rapport by asking questions, being genuinely interested and happy to talk to them, and listening

Tell them what you can do for them - not what you can't do.

Use positive language - I can, I am, I will, my pleasure, etc.

Offer to send them something - new patient paperwork, a brochure, a free guide, customized directions to your office, hotel accommodations or a list of local attractions (if they are traveling in) etc

Go out of your way to help make the process easy for them - for example, tell them you are going to call their insurance and have everything verified for them and you will give them a courtesy call to let them know if they are eligible for their appointment

Make them feel special - let them know you are happy to have them as a new patient and you are looking forward to meeting them in the office!

Keep your word - if you tell them you are going to get back to them about something, do it asap; 24 hour rule (but try to get back sooner...even if you are working on something for them and haven't gotten the answer, you can still let them know you are working on it for them)

If you don't have a sooner appointment for them, let them know you will do everything in your power to get them in sooner and you will call them right away (I recommend telling them they will be placed on a VIP list)

Tell them all about how wonderful your office is (amenities), and how much they will love it there



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Conscious language

why is it conscious language?...because you are aware of what you are saying and how you are saying it. Choosing the best positive words. For example: If you are talking with a patient over the phone and they say thank you, what could be your response? You could say “no problem, you’re welcome, my pleasure...” which one of those do you think is the best?

There’s this mental phenomenon that occurs in human brains that the mind picks up the last word you say and the mind doesn’t understand “no” so if you say “no problem” all the person hears is “problem.” Do you want a patient you are working with to constantly hear you saying the word “problem?” If you say you’re welcome or my pleasure, the last word they hear is welcome or pleasure, which are both much more positive.

Choosing the words you say is a choice and you have to stay aware of what you say, until it becomes second nature. Otherwise, you might slip back into saying what you are comfortable with which might be to say, no problem. It’s takes practice and patience.

Positive vs Negative Language

So some examples of positive language would include things like, I can, I am, I am happy to, I will, I enjoy, I love, I have, etc...There are also many other positive words that you can look for...if you ever have a word that doesn’t feel right or positive, look for ways to upgrade it. So for example, the words “I’ll try” When you say this to a patient it means you may or may not do it. That doesn’t give them much comfort. You can upgrade, “I’ll try” to say “I am giving it my very best effort” or “Yes, I am happy to!”

If let’s say you don’t have an appointment available for a patient when they are looking to come in, instead of saying “I don’t have that appointment available” you can upgrade it to saying, “Currently, the spot you





are asking about is booked, however, I DO HAVE this spot available. Does that work for you?"

Let's say you don't offer a cleaning on the first appointment because your office has decided against it until the patient has seen the dentist. What someone will normally say is, "we don't do cleanings on the first visit...it's our office policy." This is wrong because you are saying what you don't do and then talking about your policy. It's typically not the best idea to use the old office policy as an excuse to your patients (even if it really is your office policy) because rules are meant to be broken. Instead, say to the patient "On your first visit to the office, our standard of care is to have you see the dentist to make sure you are starting off with a completely healthy smile...then on your next visit we can schedule your cleaning. Does that sound good?" (Notice, you used standard of care, used positive language, and ended with the word good).



Note: Resource library document about positive upgradable words and phrases/verbiage

Elements of the rapport process

Paraphrase – review what they just told you to make sure you understand what they are asking or saying

Ask Positive Open Ended Questions

Give examples

Cosmetic examples

Emergency examples

General dentistry examples



Practice "Active" Listening

Take notes

Ask them more questions based off of the discussion

Respond to what they are saying (no awkward silences)

Use Name in Conversation

Don't type and talk (for new patients)

Be focused (don't talk to people in the background) and have a cue for the rest of the staff/dentists that you are on a NP call

Conclusion

Key elements of the Rapport Process

Paraphrase

Ask Positive Open Ended Questions

Practice Active Listening

Review Verbiage

Role Play



Notes

Lined area for taking notes, consisting of 15 horizontal lines.



Electronic Notes (click below to type):





MODULE 7: ENGAGE FOUNDATION

“To get and keep someone’s interest.”

Module 7 Outline

- 7.1 *INTRODUCTION TO THE ENGAGE MODULE*
- 7.2 *WHAT IS ENGAGE*
- 7.3 *PROACTIVE V. REACTIVE SCHEDULING*
- 7.4 *GREAT VS. EAGER CALLS*

Engage: Foundation

Intro to Engage Module: Engaging the Patient

What is Engage - Definition of Engage

What does it mean to engage a patient?

You cannot effectively engage a patient if you haven’t done the Greeting and Rapport Steps...If you haven’t built rapport you will be basically engaging the patient with no foundation established.

Desired outcome from appointment

Patient who comes to their appointments

Happy patient for life!



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SCHEDULING
ADVANTAGE



Proactive vs. Reactive Scheduling

Reactive scheduling

What Patients are conditioned to do when they call – ask questions in an order that makes no sense – not relevant – question loop

Why? That's all they know

If you answer their questions, you allow them to be in control (they might not even realize they are doing this)

Reactive scheduling typically does not result in appointments scheduled

- v. Patients really want YOU to be in control – when I say control, I don't mean to be mean and aggressive...I mean to help guide them (calm assertive)
- vi. Genuine Empathy and Confidence is key – patient's will notice if you are being fake

Proactive scheduling

Taking control of the conversation (in a non-threatening way) and leading the patient to where they should go

Keeping the patient informed of how the conversation is going to go so they know you aren't ignoring their question (example: Mrs. Smith, may I ask you a few questions so I can better assist you? Then, I will get back to your original question you called about)

Getting the relevant info and making suggestions

GREAT vs. EAGER Calls

Verbiage for common objections and questions from new patients.

For new and existing patients





New patient - most offices to jump right into reactive scheduling mode
This typically doesn't work and it has you missing out on your #1 secret ingredient with patients; to be able to build rapport with them.



Following the GREAT call process, in order
This order will provide for a better natural flow with the patients and you will be being more proactive in getting the necessary information that you need to help the patient.



Most offices are in a rush and skip steps - this being too EAGER.
So what does EAGER stand for?



- In EAGER, the
- E stands for Engaging the Patient
- A stands for asking for the appointment
- G stands for Greeting
- E stands for Engaging the Patient again
- R stands for Reactive

This is how most offices that don't have training (and some who have the wrong training) handle their calls.

Notes



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MODULE 8: ELEMENTS OF ENGAGING THE PATIENT

More information on effectively Engaging a caller.

Module 7 Outline

- 8.1. *INTRODUCTION TO ELEMENTS OF ENGAGING*
- 8.2. *ANSWERING COMMON QUESTIONS/PRICE SHOPPER*
- 8.3. *SHOW AND TELL*
- 8.4. *SHARE THE SIZZLE*

Engage: Elements of Engaging the Patient –

Intro to Elements of Engaging

An overview of the next few topics we are going to be covering: These topics include the core principles of Engaging the Patient which include Answering Common Questions, Sharing the Sizzle, Overcoming Objections, and what to do if a patient doesn't have any objections and is ready to just make an appointment.

Answering Common Questions

Share the Sizzle

Overcoming Objections

What to do if a patient doesn't have any objections or is already ready to make an appointment? – next steps...





Answering Common Questions/Price Shopper

Most NPs call an office and do one of two things: either make a statement, or ask a question.

A statement makes the rest of the process relatively easy.

Continue through the GREAT call process

But what about questions?

The #1 Question Prospective Patients will Ask – Price Shopper Question

Why is the price question such a big issue?

The price question is the #1 most common question that patients' will ask when they call an office for the first time.

It's a big issue because most offices don't have a plan and get caught off-guard

It's an issue for the patient because people don't know any better than to ask a price

What are the top mistakes in handling the price question?

The top mistakes in handling this question are that like I mentioned before, staff will get caught off-guard.

Answering the phone becomes so mundane, that when it really counts they aren't ready and effective

To give a price or not to give a price? That is the question...

Neither – why?

Why some offices don't give a price? - Afraid they might scare the patient away

Why some offices give the price right away? It's easy!





Some things to consider here regarding both approaches are:

University of Google

If you do give the price too quickly, they will most likely say thank you and hang up. You had no time to effectively build rapport

Neither approach works

The Show and Tell Method™

In the Show and Tell Method, we advocate for giving the price, but not right away

Explain why your prices are the way they are first by highlighting the office (show the value) -

Caveat/tell the price

This works very well with patients because for most of them, they don't know any better than to ask the price.

If you build value, the price will become less important.

Story Example...

What are your offices most common questions?

Do you accept my insurance?

What do you charge for x?

Are you opened on x?

Where is your office located?

Does your office offer free consultations?

Can I schedule a cleaning?

Second opinion visit?







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MODULE 9: ENGAGE - COMMON QUESTION ROLE PLAYS

This module is a series of Role Play examples to help you build confidence in answering common questions.

Module 9 Outline

- 9.1 *INTRO TO MODULE*
- 9.2 *DO YOU OFFER 'X' SERVICE?*
- 9.3 *DO YOU ACCEPT MY INSURANCE? (IN-NETWORK)*
- 9.4 *DO YOU ACCEPT MY INSURANCE? (OUT-OF-NETWORK)*
- 9.5 *WHAT ARE YOUR OFFICE HOURS?*
- 9.6 *WHERE IS YOUR OFFICE LOCATED?*
- 9.7 *WHAT DO YOU CHARGE FOR IMPLANTS?*
- 9.8 *WHAT DO YOU CHARGE FOR VENEERS?*
- 9.9 *DO YOU OFFER SATURDAY APPOINTMENTS?*
- 9.10 *CONCLUSION*

Notes



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MODULE 10: ENGAGE - METHODS TO OVERCOME OBJECTIONS

Techniques to overcome objections.

Module 10 Outline

- 10.1. *INTRO TO MODULE*
- 10.2. *5 W'S*
- 10.3. *MORE SIZZLE*
- 10.4. *PLEASURE AND PAIN POINTS*
- 10.5. *FEEL, FELT, FOUND DIALOGUE*
- 10.6. *SPECIAL NOTE ON OVERCOMING OBJECTIONS*

Engage: Overcoming Objections

Intro to module

An objection is an expression or feeling of disapproval or opposition; a reason for disagreeing

Methods to Overcome Objections

Overview of the different methods to overcoming objections:

- The 5 W's
- More Sizzle
- Pleasure and Pain Points
- The Feel-Felt-Found dialogue





Don't try to use all of these techniques in one call

Understand these theories and be able to apply one or two of them that you think would be most effective at the time.

Pick and choose which tool will be best for each scenario.

5 W's

- Who, what, when, where, and why
- You don't have to ask all of the 5 W's but using these as a guide will be beneficial to you getting more info out of the patient

More Sizzle

- Based on their objections, share the sizzle about why your office is worth
- Being excited about your office and enthusiastic are really important

Pleasure and Pain Points

- Pleasure and pain points are an important part of overcoming objections.
- Pleasure Points
 - Why, if they come to you, it will benefit them
- Pain Points
 - Why, if they go elsewhere, it will not be in their best interest
- In order to effectively utilize both the pleasure and pain points you have to understand what sets your office aside and make you unique from other practices





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MODULE 11: ENGAGE: OVERCOMING OBJECTIONS

Overcoming objections can seem scary and confrontational, but this module will provide you with additional tools to confidently engage callers and work with common objections.

Module 11 Outline

- 11.1. *INTRODUCTION*
- 11.2. *FIVE MOST COMMON OBJECTIONS*
 - YOUR PRICES ARE TOO EXPENSIVE*
 - YOU DON'T TAKE MY INSURANCE/INSURANCE OUT-OF-NETWORK*
 - YOUR OFFICE IS TOO FAR*
 - YOU DON'T HAVE THE HOURS/DAYS I WANT*
 - YOU CAN'T GET ME IN RIGHT AWAY*
- 11.3. *OTHER OBJECTIONS: WHY CAN'T I JUST GET A CLEANING?*
- 11.4. *WHY DO I NEED X-RAYS?*
- 11.5. *WHY DO I NEED AN EXAM?*
- 11.6. *PURPOSE OF PRACTICE AND ROLE PLAY*
- 11.7. *IF NO QUESTIONS OR OBJECTIONS, WHAT NEXT?*
- 11.8. *CONCLUSION*

Engage: Overcoming Objections

Introduction





Five Most Common Objections and techniques to overcome

Your prices are too expensive

- Ask them W questions – what makes you say that? What price did you have in mind? Where else have you seen less expensive prices? Who did you see for your other evaluations and other consultations? What were they offering? What were they charging?
- Pleasure vs. Pain Points – what are the benefits of them coming to your office (how will it be so pleasurable and make the expense become secondary), on the flip side, how will they be unhappy going somewhere else and how will cutting “price corners,” leave them having possible issues and greater expenses later?
- Feel, felt, found verbiage – “I understand how you feel, Mrs. Jones. Many of our patients felt the same way as you did, but after coming to our office and having their treatment, they found it was totally worth the price and then some!”

You don't take my insurance or you are out of network

- Discuss value and benefits of the visit (esp if PPO or FFS) - make it more about value than about the costs
- Direct them to upgrade insurance or change insurance during open enrollment
- Offer office special/package for new patients or existing pts without insurance
- Dental discount plan or in-office insurance (last resort)
- Make it all about the value and benefits for the patient - all about the experience
- Have a new patient special
- Have a customer loyalty program
- The office environment needs to feel and operate like a top spa or hotel - people will pay more for that quality
- So, for example, if you don't accept insurance you aren't going to just tell the patient you charge \$95 for a cleaning
- You would say something like: “You are going to love it here. Our hygienists are highly trained to make you feel super relaxed and comfortable, while giving you





a thorough cleaning. Your cleaning will last one hour, during which time you will have your choice of aromatherapy, and you will also sit comfortably in a massaging chair and get a paraffin hand wax treatment. We also have pre-programmed music for your enjoyment on the iPod, or you can select a movie of your choice on the flat screen TV.”

- Use feel, felt, found verbiage

Your office is too far

- W questions - Where are they traveling from? Where do they live?
- Sizzle – it’s worth the drive
- Feel, felt, found dialogue

You don’t have the hours/days available that I need

- W questions - What is their schedule like? What would make it more convenient for them?
- Tell them what you can do to accommodate them (positive language) – consolidate appts, give them a drs note, VIP list, alternate time options
- Sizzle
- Feel, felt, found dialogue

You can’t get me in right away

- VIP or ASAP List Verbiage
- Sizzle; Explain Why – Top Office, Drs are booked because of great patient experience
- We are worth the wait!
- Positive language about what you can do for them
- Feel, felt, found dialogue





Other Objections:

Why can't I just get a cleaning?

- Standard of Care Verbiage - Example question: "Why can't I just get a cleaning for my first visit?" Possible Answer: "Our office cares completely in your total dental health. That's why we have our doctor evaluate you on your first visit to make sure you are coming to us healthy and he will let you know if there are any items to be aware of for your future dental plan, as well as lets you know what the best type of cleaning will be for you. This will save you a great deal of time and money from any dental issues in the future."
- Use positive language about what you can do for them
- Remember; don't say it's our offices policy!

Why do I need x-rays? I don't want the radiation...

- See if they have recent x-rays from a previous office
- Standard of Care (remember, don't say it's our offices policy)
- X-rays Resource from ADA
- Don't argue – say they can discuss it with the dentist but give pricing and make notes

Why do I need an exam if I just had one? I don't want another one...

- Standard of Care (don't say "office policy") – an example could be: "Even though you just had an examination, every dentist has their own way of diagnosing your mouth and they will want to do their own thorough exam to make sure they are giving you're the best and most accurate treatment plan. Sometimes other dentists miss important details so we want to make sure we have everything checked for you."
- Offer to check their insurance to see if they are eligible for another exam.





The Value of Practice and Role Play

- Have team members review the most common patient objections for their office and come up with consistent verbiage that works



Role Play – what’s the purpose?

- Get comfortable using these techniques you have learned
- The more you practice and role play, the more confident you will be
- Record your role plays on audio or video, and then watch them back together as a group to learn and improve



What do you do if they don’t have any questions, or objections?

- You are still going to follow the steps of GREAT
- Share a little bit of Sizzle about your office because they still might call other offices and it’s still important to stand out and make an impression on the patient beyond just building rapport with them.



Spa Example...

Conclusion

Key Elements of Engaging the Patient

Answering Common Questions

Sharing the Sizzle

Overcoming Objections



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MODULE 13: ASKING FOR APPOINTMENT

A key component of the GREAT Call process is proactively ASKING the caller if they would like to book an appointment. This module covers tips and techniques that will help you help the caller most effectively.

Module 13 Outline

- 13.1. *INTRODUCTION & ELEMENTS*
- 13.2. *ASKING FOR THE APPOINTMENT*
- 13.3. *GIVE APPOINTMENT OPTIONS*
- 13.4. *ASK ABOUT INSURANCE*
- 13.5. *UPGRADE APPOINTMENT OPTIONS*
- 13.6. *CREATE URGENCY*
- 13.7. *SET THE EXPECTATIONS*
- 13.8. *GET THE COMMITMENT AND CONCLUSION*
- 13.9. *ASK GENERAL ROLEPLAY*

Intro to Asking for the Appointment

Why do I need to ask for the appointment?

In many situations, if you don't ask for the appointment, you might hear the patient say, "well, let me look at my schedule and call you back, or let me think about it."





Asking for the Appointment - Why most offices skip this step?

- You might not even think to ask
- Don't want to hear 'no' or be rejected
- Don't want to seem pushy
- Assuming vs Asking for the Appointment
 - You should always assume the positive – that the patient is interested in the appointment
 - If you stop at assuming, you are forgetting the most important part which actually involves asking for the appointment and getting it scheduled.
- Asking for the Appointment
 - Don't ask the closed ended question, "Would you like to schedule an appointment?" – vague and closed ended...they can say "no"
 - Make the statement, "Let's go ahead and get you scheduled for your appointment!" or "when can we get you set up for an appointment?" – shows ownership and confidence
 - The patient wants you to take the assertive role because people tend to be indecisive. This lets them know you are doing what's best for them since you are the expert in this situation. They will trust your judgment and certainty.



Elements of Asking for the Appointment

- Asking for the Appointment
- Give Appointment Options
- Ask about Insurance
- Upgrade Appointment Options or Give Recommendations for Best Appointment Type
- Create Urgency
- Set Expectations
- Get the Commitment



Give Appointment Options

It's important to have them feel like they made the final choice so they will be happy with coming to the appointment

Offer two options (no more than that or you'll confuse them) and ask them which sounds better to them

Review the details of both types of appointments

Example: complimentary consultation vs. full evaluation vs. emergency visit



Ask About Insurance

Does the patient have insurance?

If so, you will be able to offer to get their info (during Take Info) and check their benefits later (after the call)

It will make it easier for you to suggest to upgrade their apt type because it's easier to convince them if their plan will cover it.

If they don't have insurance, you will need to be prepared to quote the patient prices for any additional services



Upgrade Appointment Options

- Offer your suggestions as to the best option
- Don't tell them what to do (people push the other way when they feel they are being controlled)
- Upgrade the higher-value appointment if possible.

Why?

Because then even if they don't follow through with treatment in your office, you have still made some profit from the patient.

Patients that commit to paying for an appointment are typically more serious about treatment



- If they have insurance that your office accepts, it's a very easy upgrade because most insurance will cover preventative services like the exam and x-rays. You can tell the patient that it should be covered and you will check their insurance



Create Urgency

- Compare urgency to dating – if you are too eager you seem desperate
 - If you will do anything to get them in and you have unlimited appointments, it comes across poorly to the patient because they will wonder WHY you have no patients and assume it's because you are a lousy dental office
- Make your office the hot and happening place to be – environment is KEY!



If they say YES, we ask them the A/B Options to choose from...

- Morning or afternoon?
- Early morning or late morning?, etc (funny Friends clip)
- This helps to narrow down their choices so you aren't spending a ton of time on the schedule with different days/times
- Have an idea of the schedule
- Then, tell them this statement
- "Dentist 'X' generally books up several weeks in advance but I am going to see what I can do to get you in."
 - It creates urgency and makes the office/dentist look busy
 - It cuts down on them cancelling in the future because then they know they are going to have to wait a long time to get another appointment
- If you happen to have an appointment open for the next day or two that you want to fill, you can follow-up like this:
 - "Dentist 'X' generally books up several weeks in advance but I just happen to have a spot left for tomorrow where we moved a patient up. I can offer you that spot."



Block out the schedule as an event place holder if possible

- Then go back and book the appointment immediately after you get off the phone with them so the spot doesn't get taken
- Typing while speaking with the patient breaks rapport

Set Expectations

- Let the patient know the who, what, when, where, and why of their appointment.

Once they schedule the appointment, review:

- Time and Date (give the arrival time if they need to fill out paperwork prior)
- Office location (if multiple offices – give them the address and offer to give directions or mail/email directions to them for extra customer service – Google maps, etc)
- Review type of apt
- Dentist and/or specialist they will be seeing (if multiple provider practice) – hygienist too if they will be seeing them
- How much time is being set aside for the visit
- And what costs/insurance/etc is to be expected
- Set the expectation of what they need to do if they need to make changes to the appointment.

Get the Commitment

- They are more likely to show up. When someone verbally commits to something there is a much greater chance that they keep the commitment.
- Psychology example
- Have them verbally commit that they will come for the appointment and call in advance if they cannot





- Suggestions for verbiage: “Mrs. Smith, I have you scheduled for a two hour appointment on Tues, March 5, at 9am in the Fort Lauderdale office with Dr. Jones. Dr. Jones will be doing a full comprehensive exam, a full set of x-rays, and a cosmetic consultation and Sandy the hygienist will perform your cleaning. 9am is your arrival time for paperwork and plan on being in the office for 2 hours. If you are unable to make the appointment, we ask that you give us at least 48 hours’ notice. Can you give me your commitment that you will call us if anything changes?”
- When people verbally commit out loud or give you their promise they are more likely to stick to keeping the appointment
- If you let them know that you’ll be looking forward to seeing them, and they know all the prep work, the likelihood that they will cancel is small.
- Never schedule tentative appointments
 - You want excited patients that are high quality to book appointments
 - The only caveat to scheduling a tentative apt is if they want the spot and are planning on coming, but they need to verify something in their schedule (such as a flight, a change of apt elsewhere, a babysitter, etc).

If they say NO to the appointment or they need to think about it...

Covered in the last module - Take Info





Conclusion

Key Elements of Asking for the Appointment

Asking for the Appointment

Give Appointment Options

Asking about insurance

Upgrading the Appointment Options or Give Recommendations for Best Appointment Type

Create Urgency

Set Expectations

Get the Commitment



Role Play

Role play with your teammates on asking for the appointment. Have one person pretend to be the patient and the other is the patient care specialist. Practice giving the A/B appointment options with the “Urgency Dialogue” included

Notes



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MODULE 14: TAKING INFORMATION

This final step in the GREAT Call process deals with gathering key secondary information and solidifying the Rapport built during the call.

Module 14 Outline

- 14.1. *INTRODUCTION AND ELEMENTS*
- 14.2. *SECONDARY #'S, EMAIL, ADDRESS*
- 14.3. *INSURANCE*
- 14.4. *MEDICAL HISTORY*
- 14.5. *REFERRAL SOURCE*
- 14.6. *CREDIT CARD AND REVIEW*
- 14.7. *FOLLOW-UP AND CONCLUSION*
- 14.8. *ROLE PLAY 1*
- 14.9. *ROLE PLAY 2*

Intro to Taking the Info

- If they have said yes to making an appointment, now is the time where you gather some secondary information
- Remember, your job isn't done once they have scheduled their appointment.
- This is the easiest part of the GREAT call process but can also easily be forgotten
- Many times once the patient agrees to the appointment we just want to get them off the phone in a rush before they change their mind
- If you set things up properly from the beginning you want to not only start off strong with the patient but finish strong and on a high note. People tend to remember the beginning and end of their experiences the most
- Be consistent throughout the call





Elements of Taking the Info

Why take secondary info?

- Helps you provide extra customer service to the patient
- Gives you multiple ways to contact them for follow-ups, next appointments, questions, and so on.

Here's what is included in the secondary information:

Secondary #'s (what they are connected to)
Email address
mailing address
insurance info
referral source more info
CC #

Secondary Phone Numbers

- During the greeting you got their contact phone number but you didn't find out what number that's for
- Get their best contact number (their preferred number) and find out what that is
- Be aware of HIPAA and what type of messages you leave on voice mail

Email Address

- Most people have email (even older patients)
- It's a less invasive way to contact people
- People are usually quicker to reply to an email because they always are online or have their phones with them
- Dental software programs are used often to confirm or send reminders – also for electronic bills and birthday e-cards





- If you have their email address you can send them office newsletters, specials, surveys, etc.
- Many offices mail directions, paperwork, etc. (make sure it's sent through a secure HIPAA compliant method)
- It's very important to get their email for easy follow-up. It's easier to get in touch with them over email



Mailing Address

- The mailing address is used if you don't send electronic paperwork or cards
- It's also good to get their mailing address so you can mail them physical cards, any direct mail specials, bills, letters, and other important items that might require a signature that cannot be sent by email.
- Some insurance companies require you give them the subscriber's address or at least their zipcode to check their benefits



Insurance Info

- It's very important if the patient has insurance and plans on using it that you check their benefits before they come for the appointment
- It saves a great deal of time by being proactive in checking
- Example of why it helps to check
- If the patient's insurance isn't accepted in your office you need to make sure you have time to let them know that and quote them whatever necessary fees there are. No surprises
- If you don't check their insurance until they come for the appointment it can significantly hold up your office
- In the resource library insurance breakdown form



- The information you want to get from the caller regarding their plan is:
 - What the insurance company name is (so for example Aetna, Cigna, Metlife...)
 - What type of plan – PPO, HMO, EPO, etc
 - Find out who the primary subscriber on the plan is – the main person on the plan and get their full name
 - The subscriber’s date of birth and social security number or ID number
 - The patient’s name and date of birth (if different from the subscriber)
 - Then 1-2 weeks prior (if possible) call and get a breakdown of their benefits



Medical History Questions/Pre-meds

- Hip or joint replacements
- Pregnancy

Referral Source Additional Info (If time allows)

- If you have additional time at the end of the call to talk to the patient, you can ask them a bit more in depth info about their referral source if it was marketing related.
- If they found you on the internet, for example, you can ask them what they were searching for that led them to your office.
- Did they find you on Google?
- What did they like about your website, etc?
- I wouldn’t recommend spending too much time on this question as it’s more office focused versus patient service focused, but it does help you to know what marketing is working and why



Credit Card Information

- If your office reserves appointments with a deposit then this is where you would get their credit card number.
- If you have a deposit form this is also beneficial to send to them and have them sign.
- Deposits and cancellations
- Deposits and combined appointments



Additional Questions from Patient

- Before finalizing their appointment, make sure the patient doesn't have any additional questions or items to discuss



Review and Summarize Appt

- Now review and summarize the appointment one last time
- Ask them if they would like to be placed on a VIP/asap list if any appointments happen to open up sooner. Make notes of their answer.
- Note: Avoid moving new patients at all costs unless it's absolutely necessary
- Be sure to thank them for choosing your office and let them know that you and the team are looking forward to meeting them (this reaffirms your rapport you built with them again and makes it less likely they will cancel)



If the Patient Says No Thank You or They'll Call You Back

- Take a proactive approach – let them know that you will be following up with them in 2-3 weeks (this way they expect you when you call them)
- Basic Secondary Info to Get
 - Email Address – to send something to them (office specials, VIP list, free guide or info) or...
 - Mailing Address – to mail them a brochure of additional info
- Create urgency one last time
- Create a follow-up process
- Example: If they tell you that they need to think about the appointment because they need to confirm with their job they can take time off...Make a note of that and then let them know you will check up on them in about 2-3 weeks to see what their job said. When you call them to follow-up you can say, "Hi, Mr. Smith, name is Heather calling from Dr. Jones office. We spoke about 2 weeks ago and you were interested in scheduling an appointment with us, but you mentioned you needed to check with your job on when you could take off. I am just following up to see what they said and when you would like to schedule your appointment with us?"
- Keep a log of your follow-ups organized.
- If they tell you "don't follow-up with me, I will call you," respect their wishes and make a note of this on their call sheet





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CERTIFICATION

You should approach the Certification Exam not as a chore, but as a gauge of how well you retained the lessons taught in Phone Success. We designed the courses and the Certification Exam in such a way as to help you be successful. The exam questions come directly from the course material, so if you have paid attention and taken notes, you should do well. There is no penalty to retake the exam, so feel free to take it as many times as you need to pass.

Please use this study guide as a resource for the exam, and beyond.

Thanks for joining us in an overview of this important material. You are certainly better prepared to build long-lasting and mutually profitable relationships with your patients as you schedule them into appointment times that work best for both you and your patient.

