

Patient ID System

Growing your practice to what you ultimately would like it to be depends on having the right kind of patients. An ideal practice does not develop by accident, it takes dedication to a vision and consistency in execution. Start by identifying the ideal patients in your practice and continue to recruit similar people. Typically those ideal patients are those who accept your treatment recommendations, follow-up with care, keep scheduled appointments, and pay for services rendered.

GUIDELINES:

Decide how patients will be categorized. What behavior defines each category?

Identify patients with A, B or C in your dental practice management software.

Determine where you will store your patient's id in your software.

Determine when you will identify each patient. Example: morning huddle.

Review your patient's status in an ongoing manner. Example: during your morning huddle.

All new patients are considered "A" until they prove themselves to be otherwise.

WE PROMISE TO:

Grow and develop our "A" patient-base.

Understand what "A" patients have in common.

Understand what "A" patients are interested in.

Help educate "B" patients to develop into A patients'.

Reward behaviors that will develop "B" patients into "A" patients.

Control "C" patients to increase predictability to the practice, while they continue to be patients of record.

Apply practice policies on late and missed appointments.

Anticipate patient behavior and take precautions to minimize damage to the schedule.





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WE WILL DEFINE "A" PATIENTS AS **PATIENTS WHO:**

- Show up and are on time for their appointments.
- Accept treatment recommendations.
- Pay their balances and do not hold a balance.

> HOW WILL WE INTERRACT WITH "A" PATIENTS?

- Offer them our desired appointment times (following our block schedule).
- Ask them for referrals for other patients just like them!
- Place them on ASAP list for sooner appointments.

The goal is to get your A patients to refer their family and friends. Continue to provide a memorable experience for all patients, but compliment your A patient's frequently. A few phrases to consider would be "You are amazing! I appreciate you sticking to your appointment times." "Mr. Awesome, you are one of our favorite patients. We love when you come in!"



- Have no more than two cancellations in one year.
- Have no more than two late appointments in one year.
- Have no more than one noshow appointment in one year.
- Are inconsistent in paying their bill in a timely manner. May or may not pay their bill on time.

▶ HOW WILL WE INTERACT WITH "B" PATIENTS? WE WILL:

- Begin with a conversation regarding our Three Commitments
- Schedule patients two weeks out when they reschedule
- Place them on ASAP list for sooner appointments if your schedule demands it.
- Onsider asking for payment in advance to hold the reservation.

The goal is to get your B patients to turn into A patients. Make your B patients aware that their time is just as valuable as yours. When confirming state "We are reserving this time especially for you and the doctor. Please let me know in advance if you are unable to make it." If you decide to ask for payment to hold the reservation use this verbiage. "We are reserving this time especially for you and the doctor. Right now, we are super booked. We are requesting a 50.00 reservation fee in order to reserve this time. The fee will go toward your appointment. If you need to change your appointment we are asking for 48 hours notice or the reservation fee will be non-refundable."

WE WILL DEFINE **"C" PATIENTS AS PATIENTS WHO:**

- Have had three or more cancellations in one year.
- Have had three or more late appointments in one year.
- Have had three or more no-show appointment in one year.
- Carry a past due balance or have been sent to collections.

> HOW WILL WE INTERACT WITH "C" PATIENTS? WE WILL:

- Keep a positive attitude that just because they are a "C" patient now, doesn't mean they will always be a "C" patient.
- Schedule day-of appointments only.
- Ask for payment in advance to hold the reservation.
- Remove these patients from our normal recare system.
- Do not schedule without a reservation fee.

We don't want to completely write off "C" patients. Some patients have acquired these bad habits from other dental practices. When speaking with a "C" patient, create a challenge for yourself in getting them to become an "A" or "B" patient. First, be clear and concise about scheduling. "Hi Mr. Awesome! I want to get you in as soon as possible, but we are super booked. I can get you in doctors emergency time, but we need a non-refundable reservation fee in order to hold this time. The fee would go toward your visit." If this patient is in collections or has a large balance, schedule them in an overflow room. Do not discuss the balance until the patient comes in. When they arrive, let them know you need to clear the balance before you can get them seated. If they are unable to, apologize "I am sorry, I am unable to get you in until this balance is resolved. (Be sympathetic) We tried to reach you a few times, we sent a few statements too. I really want to help you!! Let's get this figured out."

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- WE WILL DEFINE "B"
 PATIENTS AS PATIENTS WHO:
- HOW WILL WE INTERACT WITH "B" PATIENTS? WE WILL:

- WE WILL DEFINE "C" PATIENTS AS PATIENTS WHO:
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