



DATA TEAM CORPORATION  
*Dental Practice Management Solutions*

5459 W 85th Terrace \* Prairie Village, KS 66207 \* 800.359.6840 \* www.datateamdds.com

January 2008

Volume 6 Issue 2

## TOP-PRODUCING DENTISTS

### Use a system of management tools

**Gain the control** needed to be among the top dentists by understanding the problems and developing strategies to handle them. The development of systems to handle what seems like a random occurrence is critical.

People do not return to your office, do not respect your recommendations or don't place high enough priority on their dental health. You have some difficulty collecting for work performed, need more patients and have ruinous cancellations. These are all symptoms handled by systems

Successful businesses usually focus on three areas:

- 1) Their primary business emphasis (their promise)
- 2) The delivery method of the promise (their systems)
- 3) Their chosen operating model

**Operational excellence** is an operating model where the business emphasis is consistent, repeatable performance with the greatest total value to the customer (patient). It is the operating model of choice in the dental office to provide total value. Time spent, any hassles involved, convenience, durability of product, and efficiency are all involved in calculating the total value. McDonald's would be an example of operational excellence. Success here depends on systems to give a consistent repeatable experience. The key is no variation. Companies without a primary operating model are almost always mediocre.

**A designed system** is the method employed to manage any recurring situation. It simplifies the task and gives proficient results. If you want to simplify unloading the dishwasher, you place only forks in one compartment, knives in one compartment, and spoons in one compartment. You can then put away all of the silver with few motions instead many. This is what a system does and is exactly how it works. The same is true with spoken interaction. For instance, answer the telephone by saying, "Dr. Brock's office, Mary speaking." This invites the caller to state their name. Then ask, "How long has it been since you have seen Dr. Brock?" This allows you to determine if it is a new patient. With a new patient, go into a different routine than you would with an existing patient.

Needed order and completeness is inherently provided by the system. Team members learn the systems instead of acting on their own recognizance. Staff members are empowered by knowing how different situations are handled with no waiting for a decision. Satisfied patients who receive excellent service is the result



*Wouldn't it be great if all the systems tied in with your dental software!*

## Data Team systems associated with scheduling appointments

Unscheduled appointment time or work scheduled for remakes are the single greatest expense in the dental practice. The systems here deal with reducing or eliminating these problems.

### Appointment Priorities

When making an appointment, your first consideration is how it benefits the dental practice. Mark appointment types on the schedule to promote production and proper flow. Give patients a choice of times available for a particular service. Patients should be scheduled within two weeks; if not they lose continuity. When two weeks ahead is filled then put them on a list to call when two weeks comes in range or you need to fill an open time. Adequate but not excessive appointment length, payment agreement and freedom from interruption are the goals.

*Reserve production time* to be filled with bridges, crowns, root canals, and veneers, secondarily quadrants of operative or new patient exams. The time is held open for these procedures until 48 hours before the appointment times. 48 hours out, you can schedule less productive procedures. This is one of the primary concepts in building a productive schedule.

*Appointments without diagnosis* and payment agreements are the bane of profitability and contentment in the dental office. A scheduling concept providing huge benefits in controlling the problem is Roll Call. Roll Call provides a method to eliminate intrusions on your orderly schedule. In addition, it allows you to use the less productive time such as right before lunch.

*Roll Call* deals with requests for treatment or examination of problems not previously diagnosed. Time to check something or repair something other than a periodic checkup or any emergency falls into this category. Pay immediate attention to this category from a pain relief and/or patient relations standpoint

However, if you schedule these appointments randomly, they disrupt your schedule and introduce stress and chaos. During Roll Call time everyone works and all chairs are booked. Take x-rays, diagnose treatment, relieve pain and set up appointments with work authorizations. This system transforms chaos into orderly treatment appointments with financial agreements and the proper amount of time to perform the needed treatment.

The solution is to set aside an hour at noon (you go to lunch at 1:00 PM). *When someone calls with an emergency say, "The doctor is completely booked today but if you have a real problem, he will see you over his lunch hour. This should satisfy all conditions except those where it is inconvenient for them meaning they really do not have a problem or they are not in extreme pain. If they are in extreme pain say, "Come in right now " we will interrupt the doctor and the patient currently being treating when you arrive ". If they do not come right then it is not a true emergency and they should be treated in the roll call spot.*

*Anesthetic Required* time would be for procedures like individual restorations requiring very little time. Ideally you would schedule several of these unprofitable procedures together. Treatment here needs to be staggered with the second chair. The doctor can alternate back and forth with an assistant in each room preparing setup, assisting and cleaning up. Try to schedule anesthetic required work in the morning when everyone is fresh.

Doctor morning scheduling layout might look like this:

The screenshot shows the 'Data Team Scheduler' application window. The title bar reads 'Data Team Scheduler' and 'File Settings'. The date is 'Tuesday December 18, 2007'. On the left, there is a calendar for December 2007 and a list of buttons for navigation and printing. The main grid has four columns: 'Primary Work', 'Secondary Work', 'Auxillary', and 'Associate'. The rows are time slots from 9:00AM to 1:00PM in 10-minute increments. The 9:00AM-10:00AM slot is labeled 'AM Production' in orange. The 11:00AM-11:30AM slot is labeled 'Anesthetic Required' in pink. The 12:00PM-12:30PM slot is labeled 'Roll Call' in blue. The 1:00PM-1:30PM slot is labeled 'Lunch' in grey. The 10:00AM-11:00AM slot is empty (blue). The 11:30AM-12:00PM slot is empty (blue). The 12:30PM-1:00PM slot is empty (blue).

**Afternoon scheduling layout:**

A repeat of the AM productive time with the same rules observed from 2 PM until 4 PM. This time should be less intense than the morning schedule.

No anesthetic required time.

The last appointments of the day are booked with low intensity work. Ortho, bleaching, soft tissue impressions

This screenshot shows the afternoon portion of the scheduling grid. The columns are the same as in the morning view. The 1:00PM-1:30PM slot is 'Lunch' (grey). The 2:00PM-3:00PM slot is 'Production PM' (red). The 4:00PM-4:30PM slot is 'No Anesthetic Appt' (pink). The 3:00PM-4:00PM slot is empty (blue). The 4:30PM-5:00PM slot is empty (blue).

### Information maintenance system

Flawless program performance requires accurate up-to-instant information. When the patient, whether new or existing, is making an appointment, ask them to bring their insurance information card and booklet if possible. When they arrive print a Patient information Form and give it to them to update.

**Patient Registration**  
December 19, 2007

New Patients: Please complete the following information.  
Established Patients: Please print corrections and/or changes. I have made corrections Yes No

Patient Acct #: 1

First Name: First MI: Last Name: Patient  
 SS#: 321-34-5674 Birth Date: 12/31/59 Sex: (M) (K)  
 Address: 123 ELM City: OVERLAND PARK St: KS Zip: 66207  
 1st Phone: (345) 234-3456 2nd Phone: EMail:

Responsible Party (if other than self): Phone:  
 Address: City/State/Zip:

Primary Insurance Owner: First Patient Self Spouse Parent Other  
 Address: 123 ELM City/State/Zip: OVERLAND PARK KS 66207  
 Employer: 24 HOUR FITNESS Birth Date: 12/31/59  
 Insurance Co: CIGNA HEALTHCARE Phone: 800-955-5965  
 Address: P O BOX 188003 City/State/Zip: CHATTANOOGA TN 37422-8003  
 SS# or Alt. Insurance ID: 321-34-5674 Group: 3154576  
 Ins Coverage: Ded 50 Max 1,500 XRays 80 Prev 100 Major 50 Ortho

Secondary Insurance Owner: Self Spouse Parent Other  
 Address: City/State/Zip:  
 Employer: Birth Date:  
 Insurance Co: Phone:  
 Address: City/State/Zip:  
 SS# or Alt. Insurance ID: Group:  
 Ins Coverage: Ded Max XRays Prev Major Ortho

Medical Conditions:

Medications:

Pregnant? Y N N/A

I hereby authorize the release of any information relating to all claims for benefits submitted on behalf of my dependents or myself. My signature on this document authorizes my dentist to submit claims for benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for my dependents and/or myself. This signature will bind me as through personally signing any particular claim. I authorize the doctor to perform work on my dependents and myself. I am the person responsible for payment to the doctor for the procedures on my dependents and myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Existing patients make corrections and new patients fill it out completely. It has all the information you need for the computer. Each visit is a repeat of the same technique. This gives you all the latest changes and reduces errors and re-

### When you make the appointment!



### Payment contracting system

Payment for services is second only to discomfort as a deterrent to having work done. This is why treatment plans are so effective. Patients must be able to focus on what needs to be done at the next appointment and how they are going to pay for it. For this reason, the most successful method of turning diagnosed work into scheduled appointments is the Next Appointment Work Authorization. This system is so successful it usually increases practice gross production by 15-20%.

When the work is diagnosed, select the most necessary treatment needed possibly including adjacent teeth to facilitate treatment. *Say to the patient, "The doctor is concerned primarily with this problem. You need to have it repaired quickly. The cost is so much. The insurance will pay so much. Your share is so much."* Fill out the Next Appointment Work

Date: 12/19/2007 Page: 1

**Treatment Authorization**

Your Name Here DDS

Name: FIRST PATIENT (1) Schedule: Appointment Date:  
 Phone: (345) 234-3456 Best Time to Call: Short Notice? Time Needed:

CODE	T	S	DESCRIPTION	AMT	DED	ADJ	INS PAY(P)	INS PAY(S)	PT. PAY
6792	12		Crown-Full Noble Met	750.00			375.00		375.00
2335	14	MODF	Resin-4 or more surf	187.00			149.60		37.40
2392	15	MO	Resin Two surface Po	182.00			145.60		36.40
TOTALS:				1,119.00			670.20		448.80

Insurance benefit payments are ESTIMATES ONLY! Coverage may vary based on individual plan allowables. I understand my estimated portion is due the day of service.  
 Since I do not have dental insurance coverage, I understand payment is due in full the day the dental services are rendered.  
 Special Financial Arrangements \_\_\_\_\_  
 Payment Due the Day of Service \_\_\_\_\_

The amount is for the service planned. The service may be changed during the procedure based on clinical findings.  
 When I schedule an appointment to have this work done, I acknowledge these financial arrangements and authorize the doctor and/or his qualified assignees to perform the dental work listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Treatment authorization focuses the patient on the necessary treatment, why it is needed and how long it will take. Understanding the problem encourages them to have it done and encourages a method of payment consistent with their resources. When making the appointment say, "Your appointment date is such and such, you will need to bring x dollars as your share on that date. Will that be a problem?" By saying "Will that be a problem" everything changes. The patient becomes your partner. If there is a problem, then it allows you to set up another arrangement with the patient. The results with this system are uncanny. When finished with that treatment, go to the next most important procedures and repeat the process. You have a written contract saving you in many ways. It reduces patient loss, broken and no-show appointments, and improves collections and production. In essence, you take unscheduled work from your charts and turn it into scheduled appointments with payment agreements.

## Additional Pivotal Data Team Systems

### Open Appointment System

No-shows, last-minute cancellations, and improper appointment length are ruinous to profitability. Two week limits help because it is fresh in the patient's mind and it allows you to group small tasks. Not booking unprofitable tasks until you can group them with other unprofitable tasks is good business. Using two-week limits provides you with a number of appointments where the patient is expecting you to call. Another source of appointments is diagnosed but unscheduled work in your patient records. You have a feature called the Profit Finder. It will allow you to select services you would like to perform and it will allow you to pick patients who still have active insurance coverage for the procedures.

The screenshot shows a dialog box titled "Enter Desired Filter Characteristics". It has two columns labeled "From" and "To". The "From" column has three rows: "Procedure Codes:" with value "6607", "Benefits Remaining:" with value "350", and "Percent Coverage:" with value "50". The "To" column has three rows: "Procedure Codes:" with value "6792", "Benefits Remaining:" with value "700", and "Percent Coverage:" with value "80". There is a "Preferred Practitioner:" checkbox which is unchecked. At the bottom are "Apply" and "Cancel" buttons.

Profit finder Screen

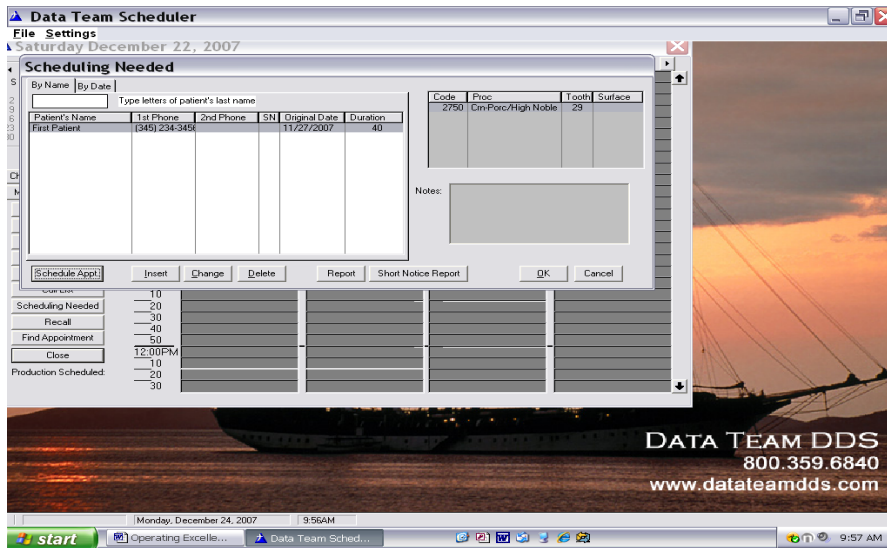
### Example of one entry on the resulting report

Date: 12/19/07		PATIENTS NEEDING PROCEDURES 00100 - 09999				Page: 1				
Your Name Here DDS										
Patient	Age	1st Phone	Short	Med	Renew Date					
Alert	SC	2nd Phone	Dr	N2O	Next Appt					
Time to Call		Pref Times			Pref Days					
First Patient (1)	47	(345) 234-3456	N	N	11/13/2007					
		SP		N						
Diag	Target	Dr	Gr	Description	Th	Surf	Insur	Amount	I	I
		1	1	Crown-Full Noble Met	12		0.00	750.00		
12/01/2003	12/01/2003	1	1	Resin-4 or more surf	14	MODF	0.00	187.00		

For the Open Appointment Scheduler to work you must diagnose work into the treatment plan (into the computer instead of a paper patient chart). You then can avail yourself of the benefits of this system plus pass the procedures directly into the scheduler instead of typing them in again, plus use them in pre-determinations, appointment contracts, transferring to ledger charges, filing insurance claims, and case presentations.

When scheduling in a paper appointment book, it was typical to ask the patient when they wanted to come, everyone wanting first in the morning or last at night. It turned out you had times booked months ahead during those desirable times and had the times around noon today still open. Another occurrence was when someone cancelled you just erased the spot so someone else could take it. Both of these techniques caused disaster from a profitability, enjoyment, and work quality standpoint. Today with electronic appointments we handle things differently.

[Scheduling needed list](#) is another Data Team system providing appointment possibilities for filling your schedule. Scheduling goals include the desire to have every patient in the practice scheduled for something at all times. They either have an appointment for work, for periodic checkup or both.



When you delete or mark an appointment no-show, the system asks if you want to include this appointment on the scheduling needed list. This allows you to keep in touch with the patient rather than losing them in the patient charts. This is another source of filling last minute fill-ins. You can add those patients with single fillings to this list to be scheduled in stagger combination with other patients with similar work. The same applies to those who would have to be scheduled further out than two weeks. *Always start with the most recently entered patients with the most desirable work for the practice first.*

[Systems associated with days end procedures.](#)

### Day-to-Day Systems

Accounting for the day's activities uses four reports. These reports give the doctor a systematic method of controlling the flow of the practice.

### Daysheet and Deposit Slip

The office manager uses these reports. Each day print this report. It includes a record of each procedure performed and each payment made including the payment type. It lists any adjustments or write-offs and gives the deposit total. Then print the deposit slip that lists each individual payment to be deposited. The deposit slip is stapled to a blank copy of your bank furnished deposit slip. The payments are deposited in the bank and the receipt received is returned and stapled to the Daysheet. *If the deposit receipt total and the Daysheet total are the same, everything will balance.*



Date: 12/27/2007 DAYSHEET Page: 1  
 FOR 12/02/2007 TO 12/27/2007  
 BY Your Name Here DDS

Date	Pr	Patient	Description	Th	Surf	Amount	I	I	Stat
12/10/07	1	Patient, Jim	Amalgam 2 Surf, Prim	12	DO	24.00			O
12/10/07		Patient, Jim	Insurance filed (PE)			0.00			
12/19/07	1	Patient, First	Resin Two surface Po	15	MO	182.00	U		SP
12/21/07	1	Patient, First	RX ibuprofen 800mg (f			0.00			SP
Checks						0.00	Production		206.00
+ Cash						0.00	- Receipts		0.00
+ Credit Cards						0.00	+ Refund Overpayments		0.00
+ Insurance						0.00	- Charge Adjustments		0.00
+ Other Payments						0.00	+ Payment Adjustments		0.00
= Total Receipts						0.00	+ Misc. Adjustments		0.00
Doctors/Hygienists			Production	Receipts	Adjustments	Patients			
Office			206.00	0.00	0.00	2			
JOE A DENTIST DDS			206.00	0.00	0.00	2			

**Doctor 's day-end reports**

Give to the doctor as he leaves the office. The removable daily backup disk should be given to the doctor as well.

**Post-op List**

This report is a huge practice builder. Additionally it provides the answer to intercepting problems before they are full blown. It lists every patient receiving procedures you select each day usually those where anesthetic was rendered or ones with a potential for problems. It provides the work performed and the telephone numbers of the patient. On the drive home the doctor can talk to the patient and ascertain if they need anything to avoid complications. It gives the patient a method of venting difficulties surrounding the procedure or even how office personnel treated them. Not only does this simplify your treatment life, it makes a positive impact on the patient. Positive things that are unexpected by patients lead to discussion with their friends and family about positive perceptions of your office.

Date: 12/27/07 Post-Op List for 12/02/2007 to 12/27/2007 Page: 1  
 Restricted to Codes 02140 - 09999  
 FOR Your Name Here DDS

Patient	Age	1st Phone	Med	Treatment
Best Time To Call		2nd Phone	N2O	
Patient, Jim (2)		(345) 234-3456	N	2150 12, 2150 12
Patient, First (1)	47	(345) 234-3456	N	Filling2 15



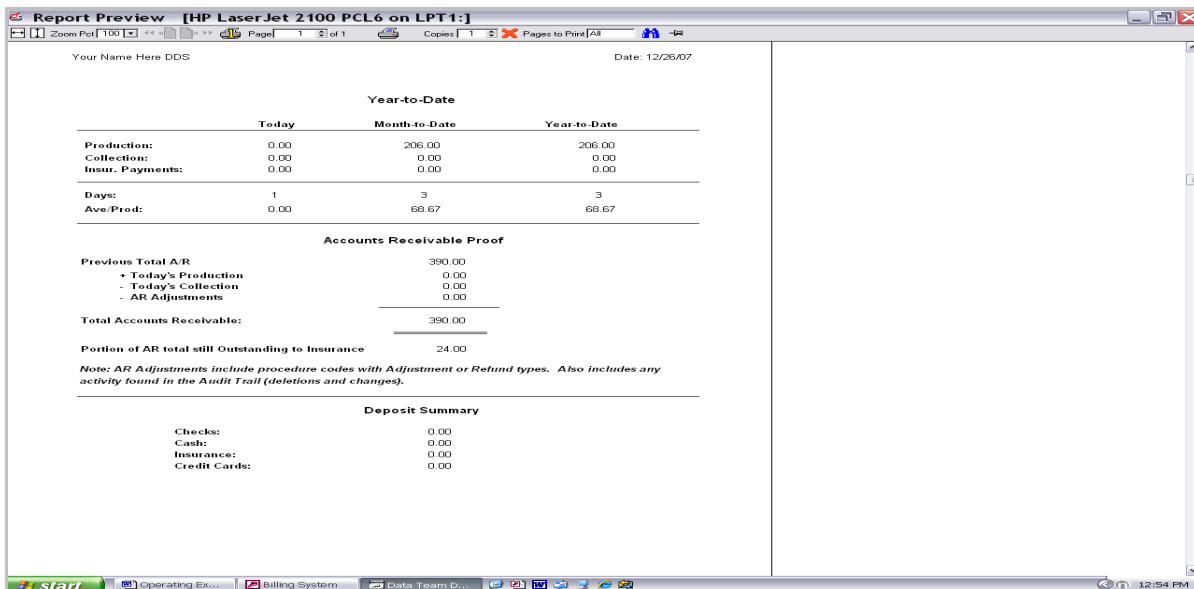
**ADDRESS SERVICE REQUESTED**

Some of the Systems contained  
in Data Team DDS 6.0

Phone: 800.359.6840  
Fax: 913.385.7302  
Email: [datateam@datateamdds.com](mailto:datateam@datateamdds.com)

### Year-to-date

This report lists the production for the day, the month and the year as of today 's date. It lists the accounts receivables owed the practice; the amount out to insurance in the accounts total; and the amount paid for the selected period of time. This management tool gives a quick assessment of the practice financial picture, the effectiveness of in-office collections, the handling and follow up on insurance claims. In a fee-for-service practice the accounts total should equal 45 days production as a yardstick of how things are going. Less than that your policy is probably chasing people away whereas more is too lenient.



**Report Preview [HP LaserJet 2100 PCL6 on LPT1:]**  
Your Name Here DDS Date: 12/26/07

	Today	Month-to-Date	Year-to-Date
<b>Production:</b>	0.00	206.00	206.00
<b>Collection:</b>	0.00	0.00	0.00
<b>Insur. Payments:</b>	0.00	0.00	0.00
<b>Days:</b>	1	3	3
<b>Ave/Pred:</b>	0.00	68.67	68.67

**Accounts Receivable Proof**

Previous Total A/R	390.00
+ Today's Production	0.00
- Today's Collection	0.00
- AR Adjustments	0.00
<b>Total Accounts Receivable:</b>	<b>390.00</b>

Portion of AR total still Outstanding to Insurance: 24.00

*Note: AR Adjustments include procedure codes with Adjustment or Refund types. Also includes any activity found in the Audit Trail (deletions and changes).*

**Deposit Summary**

Checks:	0.00
Cash:	0.00
Insurance:	0.00
Credit Cards:	0.00