Have you ever bought a car for cash? I haven’t. My parents probably did but I’ve always needed a loan for the purchase. In my parents’ day hire purchase was referred to as ‘the never-never’. Perhaps borrowing money was a bit taboo in those days. Now it’s not. Even my children ask for an advance on their pocket money.

Despite this, I know of relatively few cosmetic dentists who offer finance terms to their patients. This despite typical treatment plans ranging from £1,000 to £10,000. Surely these are sizeable sums which few people would be expected to fork out in one payment?

Failure to offer easy payment terms has another consequence. Presented with a five-figure treatment plan, most, if not all, patients will wish to think about it. This means they go home, discuss the plans with family and friends and quite possibly receive a negative reaction to the cost. It becomes increasingly likely that they’ll say, “No,” or, more accurately, never say, “Yes”.

The cost of the treatment maybe only one factor. In my experience, a whole range of circumstances may affect patients’ decisions. Some dental practices, both general and specialised, commission me to work on their behalf as a patient coordinator. This means I get to speak with a lot of patients who have recently been given treatment plans. I invariably call patients in the evenings when they’re at home and relaxed.

Here are some of the things patients tell me.

**Patient G:** She has sold her share option from her workplace but due to the current market and the company dividing its business the shares halved in value to £2,500. She is due to get more shares in March and will sell them straight away but she needs to clear her credit cards first.

**Patient T:** Patient was happy to talk about his treatment and said that he definitely wanted to proceed with it. However, he had been advised quite firmly by XXXXXX that it would be a waste of money to proceed with the treatment without giving up smoking.

He gave up smoking on 1 January 2011 and wishes to continue for another six to eight weeks to ensure he can stick with it before embarking on the treatment.

Sometimes, a patient coordinator will get told things they’d rather not hear for the sake of the practice. Nevertheless, it is better to know when a patient is not satisfied – so that the situation may be rectified and the problem avoided with other patients. Here’s one example.

**Patient B:** Patient was actually very disappointed. She had phoned the practice a couple of weeks ago to speak to XXXXXX and left message with receptionist to get him to call. She feels sure he must have got the message as she was advised that he was working at the practice on the day that she rang. She is still waiting for a call back and when I suggested that XXXXXX be given the opportunity to call her as soon as possible, she said she had already lost trust in him as a dentist.

Returning to my buying a car scenario, I liken the role of a patient coordinator to that of a successful salesperson. Don’t think pushy, in-your-face, Arthur Daley character. Think friendly, helpful person genuinely interested in helping you make the right decision.

Although a test drive is very informative, queries still arise when you get home. So it is with patients and treatment plans. “What did the dentist mean exactly by ‘my teeth will protrude slightly by the end of the treatment? I don’t want to look goofy!’” or “How many appointments will I need?”
Presenting them with a decent treatment plan can allay many post-visit concerns that patients have. No, not £3500 scribbled on a ‘sticky’. A proper plan should itemise the treatment proposed explaining the purpose of each stage, how long it will take, what any side effects might be and translating technical terms into plain English. Diagrams and/or photos are useful and you should include information about your practice to remind patients why you offer the best cosmetic dentistry around. At the end include a summary of the costs and the total. Why not be radical and follow the example of most other businesses that offer quotes and state your hourly rate and show the material and lab costs as separate items?

Even so, my experience is that giving patients the opportunity to talk things through with someone from the practice will increase treatment plan take-up. This is the role of the patient coordinator. But they need to be able to offer an important benefit if take-up is to be significantly increased. The benefit is finance at low or zero interest rates. Suddenly, your £5,000 cosmetic treatment plan becomes a more affordable £3.45 per day, (less than the price of a cup of high street coffee) equivalent to £104.95 per month for five years. Even the £10,000 plan sounds better when talked about as £209.99 per month for five years.

I can hear your objection already! Dentists I speak to about offering finance terms often say initially that they don’t want patients to overstretch themselves financially. Let’s think this through.

First, if you don’t offer finance, what’s to prevent patients seeking a loan from elsewhere or putting the bill on their credit card? Second, the companies who offer financing for dental treatment are covered by the FSA (Financial Services Authority) which means they must make the appropriate checks to ensure patients can manage the repayments. No company offering loans wants defaulters. As a practice you will need a Category C Consumer Credit Licence and that carries a responsibility to comply with the law regarding offering/brokering finance terms. My third point is a moral one – who are you to decide whether your patients should take out finance to pay for cosmetic treatment? Surely, they have the right to decide!

So let’s run through the ideal scenario. You examine a patient seeking cosmetic treatment and advise them verbally what procedures you suggest. They leave the treatment room (allowing you to continue with the next patient) and are met by the patient coordinator. He or she presents the patient with a smart folder detailing the suggested treatment and the cost involved. The patient coordinator talks through the various options for paying (cash, cheque, card etc.) then enquires whether the patient would like to know about the competitive finance available. If so, they can write down some repayment figures based on what deposit the patient can afford and over what period they wish to repay. The patient departs to think about it.

A few days later, the patient coordinator telephones the patient one evening. Having ascertained that the timing is convenient, they ask if the patient now has any concerns about the treatment plan. Patient coordinators need a working knowledge of cosmetic terms and procedures but needn’t be listed with the BACD. Once they’ve resolved any queries, the patient coordinator can discuss payment with the patient – generating new monthly repayment figures if the patient has decided on a different size of deposit or a different repayment period. Then it’s just a question of the patient coordinator asking if the patient wishes to go ahead. If the patient has expressed an interest in finance and can recall the fee for the treatment then most will proceed – at least that’s my experience when acting as a remote patient coordinator) the patient says: “Yes!”

You may never hear “never” again....

A proven manager of change and driver of dramatic business growth, Jacqui Goss is the managing partner of Yes!RESULTS. By using Yes!RESULTS dental practices see an increase in treatment plan take-up, improved patient satisfaction and more appointments resulting from general enquiries. Yes!RESULTS turns good practices into great practices.

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