or more, consider renting a portion of the space to another dentist. Consult your attorney for necessary legal guidance, but consider asking the renting dentist to pay a specified amount each month or a percentage of his/her production or collections. Determine if the renting dentist is to provide his/her own staff and telephone lines and what hours the incoming doctor will work. But don’t be too quick to take the money and run. Remember, the new dentist now appears to be associated with your practice. Make sure you are renting to someone whose standards are consistent with your own and will reflect positively on you and your practice. In addition, regularly check the interest rates, this may be an excellent time to refinance.

They don’t do the time, so you pay the crime.

Would you knowingly allow someone to steal $40,000 from you? The logical response is, “Well, of course not!” OK, so explain why you’re allowing no-shows and last minute cancellations to take at least that amount from your practice every year.

Broken appointments are the bane of virtually every practice, and one of the most expensive profit pinchers. Admittedly, you may not be able to absolutely eliminate broken appointments and no-shows, but you can take steps that will go a long way in reducing the impact of this income slayer. The easiest and most efficient means is to confirm all appointments. It is also the most cost-effective method of ensuring that patients are in the chair when they are supposed to be. Here’s how to effect this.

Guidelines: First, make sure everyone is on the same page. Establish guidelines for broken appointments. Once you define the policy, be sure to communicate it clearly and regularly to both new and existing patients.

Training: Next, designate and train the appointment coordinator to handle confirmation calls. This should be viewed as an essential personal phone call from the practice, not a routine chore that some poor employee is stuck with. The importance of dental care is the focus of this phone call. Emphasis is on both the value the practice places in the patient as well as the value of the appointment to the patient.

Pay attention to your choice of words when speaking with patients. Terms such as “routine,” “regular,” even “cleaning,” can minimize the patient’s perception of the need and importance of the appointment. In addition, be careful not to “invite” cancellations.

For example, “Mrs. Jones, this is Mary from Dr. Wheeler’s office. I just was checking to see if you planned to keep your appointment tomorrow.” That approach gives patients a clear opportunity to back out at the last minute. In fact, it almost sounds as though the caller hopes the patient does cancel. Instead, use the confirmation call to emphasize the significance of this appointment and that the doctor is expecting the patient at the designated time.

Personal contact: Make personal contact with the patient 48 hours in advance of the appointment and resist the temptation to leave a message. If a message is left, the appointment cannot be confirmed and the practice makes contact personally with the patient. To avoid telephone tag, request a daytime phone number and/or cell phone number from patients. In addition, schedule time for the coordinator to contact patients after hours at home for those who are difficult to reach during the day.

Electronic contact: Explore e-mail and text messaging appointment reminder services as well.

Today’s busy but always wired patients are much more likely to respond promptly to text messages and e-mail reminders than many practices realize.

Be specific: When making appointments, state the date, day, time and length of the appointment. For example, “Mrs. Smith, your 45-minute appointment is on Tuesday, April 28 at 9:50 a.m. If you are unable to keep this appointment, please call us at least two days in advance to allow another patient the opportunity to see the doctor at that time.”

Take note: Be prepared to take steps to fill gaps in the schedule when they occur. Ask patients if they would consider changing their appointment if one becomes available sooner. Keep a list of those patients willing to move their appointments to fill unexpected voids in the schedule.

Additionally, keep a list of patients who cancel, don’t show or don’t reschedule appointments and follow-up with those patients. Contact “no shows” within 10 minutes of their appointment time. Indicate concern for their absence. “Mr. Smith, this is Jane from Dr. Carol’s office. We were expecting you for a 3 p.m. appointment today and were concerned when we had not heard from you. Is everything OK?”

But don’t let the last minute cancellers dictate your schedule. After two “no shows,” you should consider the patient unreliable. Tell the patient you will contact her/him when an opening is available, and she/he can determine if that time will be convenient.

Implement a few key steps to ensure that your No. 1 line of income — the patients — is in the chair and paying for your quality dentistry. By doing so, you’ll ensure that “no-show” patients and last minute cancellations won’t rob your practice profits.

Fun fact: flossing

How often do you floss?

In a recent survey conducted by the Chicago Dental Society, dental professionals were asked how often they floss.

More than once a day ... 11%
Less than once a day ... 22%
Once a day ... 60%

(Source: Chicago Dental Society)

Tell us what you think!

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