

GENERAL DENTIST

Scheduling Coordinator Manual

Note: The following policies and procedures comprise general information and guidelines only. The purpose of these policies is to assist you in performing your job. The policies and procedures may or may not conform with Federal, State and Local laws, rules and regulations and are not offered here as a substitute for proper legal, accounting or other professional advice for specific situations.

Prior to implementing any of these suggestions, policies or procedures, you should seek professional counsel with your attorney, accountant and/or the appropriate governing or licensing board or any other applicable government body for a full understanding of all appropriate laws, rules, procedures or practices pertaining to your healthcare discipline or business activities.

TRAINING MANUAL INFORMATION

READ FIRST

The purpose for this General Policy Manual is to help you understand and use the basic policies needed to be an effective part of our dental team.

Our reasons for giving you this training manual are threefold:

1. To provide written policies and procedures relating to your job functions.
2. To ensure you have a resource for correcting or adding to the written exam questions (since we only accept 100%)
3. To provide you with a future reference. We do not expect you to memorize all of the policies relating to your job. But, we do expect you to refer back to the appropriate written material and review it on your own as well as with your supervisor.

When you have finished reading the policies in this manual, please see your supervisor for the written exam. When you have finished the exam, you will refer back to the appropriate policy in an open book style to change or add to your answers until your supervisor is satisfied every question and each “active procedure” has been successfully executed without error.

Ultimately, we expect that your complete review of this manual will help you understand and use the general policies and communication vehicles of our office.

HOW TO EDIT YOUR MANUALS

PRACTICE MANAGEMENT SOFTWARE (PMS) NOTE

This manual uses Dentrix as the reference Practice Management Software (PMS) for all software-based instructions due to its widespread use in dentistry.

If your practice uses a different PMS (e.g., Eaglesoft, Open Dental, Curve, SoftDent,

Dentrix Ascend), the software-specific instructions may be updated at no charge for any commonly used system without altering the policies, protocols, or intent of this manual. As you might imagine, creating these manuals was quite an undertaking. We knew that no single manual would apply to every practice, since each doctor has a unique personality and management style. Over the years, we updated the manuals with both ideas from our clients and emerging techniques.

The resulting contents provide detailed policies and procedures that will significantly reduce your administrative efforts. You may choose to leave the contents in the original form or to adapt the contents to meet your specific style.

Once you have reviewed the manuals and personalized the contents, you will have a solution for competently dealing with the majority of employee-related concerns in your dental office. You'll also have written documentation to consistently support each situation, which will alleviate you from continually rendering opinions.

We recommend you (or your designee) print the manuals and place them in a notebook binder. Then, review each policy and make edits as needed. For example, you may want the phone answered differently than the wording in our script or you may not want to include "Paid Holidays." In these instances, simply draw a line through the corresponding contents (use red or blue ink so it's easy to see) and then draw an arrow to the new text that you want included. If there is a policy that does not apply to your practice, simply draw an X through the whole policy and write "delete" in bold letters across the appropriate section.

When the editing is complete, input the changes into the original Microsoft Word file and save. You can then print as many copies as you need and make changes in the future as necessary.

In addition to the detailed information in our manuals, we suggest you retain other relevant handbooks and references that are essential to managing your practice (e.g., equipment manuals, software guides, etc.). All manuals and guides should be stored together in an easily accessible area of your office for quick reference.

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JOB RESPONSIBILITY

The responsibility of the Scheduling Coordinator is to maintain a productive and efficiently scheduled appointment book.

A productive schedule includes achieving the production goals for both operative and hygiene schedules on a weekly basis, so we meet or surpass the monthly production goals.

This means the Scheduling Coordinator should be a Public Relations expert, as well as someone who stays intimately connected to every patient that comes through the office and has a treatment plan. The Scheduling Coordinator needs to have the viewpoint that every patient should complete his or her treatment plan. This involves a close working relationship with the Treatment Coordinator as well as the Assistants and the Accounts Manager. A thorough knowledge of who can come in on short notice, who is reliable and who isn't are all part of the basic tools of the Scheduling Coordinator.

BLOCKING OUT LUNCH BREAKS

Every day there will be 60 minutes blocked out across all three columns of the appointment book for lunch. The lunch break will be from 1:00 to 2:00 PM on Monday, Wednesday and Friday. On Tuesday (late day), dinner will be from 4:00 to 5:00 PM. On Thursday, lunch will be from 1:00 to 2:00 (early shift) PM and 4:00 to 5:00 PM (late shift). Under no circumstances will patient appointments be booked during blocked out times.

All staff members are to take their respective lunch/dinner break during this time with the exception of one staff member who will cover the phone and front desk. The staff member who covers will take lunch every day from 12:00 to 1:00 PM. This will ensure the practice is functioning with a full staff at all times and we never miss a phone call from a patient or potential patient.

BOOKING NEW PATIENT APPOINTMENTS

Obviously, when talking to any patient, be polite, courteous and kind.

Get the patient's first and last name, home, mobile and work phone numbers, insurance information, type of visit, etc. (basically, everything on the New Patient Call-In Form).

Next, schedule the appointment. Don't ask the patient when he/she wants to come in. It could take him/her quite awhile to figure out when he/she can make it in. When you give a patient too many choices, it can only cause confusion and take up a lot of time while he/she decides. Instead, ask the patient which time is better for him/her, morning or afternoon. Then, give the patient a specific day and time, according to his answer to the above question. This will put you in control rather than the other way around. The conversation should go something like this:

SC:

"Okay John, which is better for you, mornings or afternoon?"

John:

"Morning. Morning is much better."

SC:

"All right, I have an opening this Friday morning at 9:00. That should work perfectly for you!"

John:

"That will be great."

SC:

"All right. So, we'll see you on Friday at 9:00! Now, do you know how to get to our office?" (If not, give directions.)

John:

"Yes."

SC:

"Okay, then we'll look forward to seeing you on Friday at 9:00."

NEW PATIENT CALL-IN FORM

DATE CALLED

APPT. DATE & TIME

PATIENT NAME

IF PATIENT IS A CHILD, PARENT'S NAME

HOME PHONE

WORK PHONE

MOBILE PHONE

HOW DID YOU HEAR ABOUT OUR OFFICE?

WHEN WAS THE LAST TIME YOU SAW A DENTIST?

ARE YOU HAVING ANY PROBLEMS WITH YOUR TEETH NOW?

CDC All Rights Reserved

DO YOU HAVE DENTAL INSURANCE?

If yes, get the following information:

Name of the insured person

Relationship to NP

Employer of the insured

Emp. Phone #

SS# of the insured person

SS# of the patient

Name of Insurance Co.

Ins. Co. Phone #

ACCOUNTS MANAGER: Verifies benefits and fills out before NP arrives.

Name of Insurance Company Rep.

Effective Date:

Max. benefits/year

Deductible Amount

Has ded. Been met?

Does deductible apply toward preventative?

Percentage covered after deductible for-

Preventative

Basic

Major

Endodontics

Periodontics

Frequency of Cleanings: (check one)

Two cleanings/year

Once every six months

Two cleanings within 12 consecutive months

Date of last cleaning

Date of last Full Mouth X-Ray

Do you replace teeth missing prior to effective date of coverage?

Benefits left for the year?

Other comments:

CDC All Rights Reserved

ENTERING APPOINTMENTS IN COMPUTER

The procedures below must be followed when scheduling a patient in the computerized appointment book software.

1. Verify that the patient's account is current PRIOR to scheduling the appointment. If the account is not current, transfer the patient to the Accounts Manager before scheduling.
2. Record patient's FIRST and LAST name in the computer.
3. Indicate which provider will be seen, and place this detail in the appropriate column.
4. Record HOME, MOBILE and WORK phone numbers in the computer.
5. Record the PROCEDURE to be performed, and the TOOTH NUMBER in the computer (filling, tooth #, MFL, etc.).
6. Record the correct fee for each procedure (the computer adds this for you).
7. Ask the patient to bring their insurance benefits booklet/insurance card on his/her first visit.
8. Ask the patient if he/she has any history of heart murmur, rheumatic fever or any other condition requiring pre-medication. If so, tell them to take their medication before coming in for their appointment.
9. Ask if the patient has any drug allergies.
10. Indicate the proper units of TIME needed by doctor or hygienist in the computer.
11. Indicate the designation of the appointment (D, H, A, etc.).
12. Enter any special notes about the appointment or patient.
13. Add any medical alert information.
14. Enter the lab case number associated with the appointment (if applicable).
15. Indicate if this patient's appointment is available for short call.

TREATMENT PLANS

All patients who have a periodic exam, comprehensive exam or emergency exam must have a Treatment Plan Sheet filled out and placed in their chart. This form must be completed for every patient even if no treatment has been recommended.

A Treatment Plan sheet must have the date of the exam, a hygiene report and any recommended treatment. The Treatment Plan is then forwarded to the Treatment Coordinator to be entered in the computer and presented to the patient.

Anytime there is a change in treatment (a change from the original treatment plan) a new treatment plan form is to be used.

This form will have the new recommended treatment and will be brought to the Treatment Coordinator, who will present it to the patient before treatment resumes.

No treatment is ever started until the patient has signed a treatment plan.

Any deviation in this policy may result in a communication breakdown as well as confusion and upset for the patient.

SAMPLE OF TREATMENT PLAN

Insert a sample of a patient's treatment plan here.

PRE-TREATMENT ESTIMATES

Sometimes before initiating major dental work on a patient, we will send in a Pre-Treatment Estimate (PTE) to the insurance company. Some insurance companies require a PTE for any service over \$200.00.

A Pre-Treatment Estimate is a form that is sent to the insurance company requesting an exact dollar amount they are going to pay for specific treatments. It usually takes 1 month to get the PTE back from the insurance company. When it comes back, the PTE will show how much they are going to pay. This is not a guarantee that the insurance company will pay the amount indicated. There is

usually a time limit for which the PTE is good, so always get the patient in as soon as possible after receiving the PTE.

Pay close attention to the areas on the insurance forms that are highlighted on any attached pages. All highlighted information must be supplied to the insurance company. If the information is not supplied, the form will be returned which will delay getting the patient in for treatment.

After the PTE is sent back to our office, it will be routed to the Accounts Manager. The Accounts Manager will immediately determine the patient's cost and route that information to you, so you can schedule the patient.

*** In the event the Accounts Manager is unavailable, or you are acting as the Accounts Manager, the following explains how to determine the patient's portion of the treatment fee.

- Determine our office fee for the treatment needed.
- Look at the PTE to see what the insurance company is going to pay.
- Subtract the insurance payment from the entire fee.
- Use the remainder for what the patient will owe.
- Attach a note to the PTE that clearly states how much the insurance company will pay and what the patient will owe.

SAMPLE FEE SCHEDULE

Insert a sample of your fee schedule here.

SCHEDULING FROM TREATMENT PLANS

All appointments for treatment are scheduled from the patient's Treatment Plan. The treatment is entered into the patient's "Treatment Plan" section of our software program and appropriately placed into a group by the Scheduling Coordinator when scheduling the patient.

The treatment is "first" grouped according to patient preference (e.g., number of appointments, length of appointment, financial arrangements, etc.). Then, it is grouped according to provider (hygienist, doctor). Always combine providers for

appointments (e.g., schedule pans, seals, bleaching, root planings for hygiene, to coincide with doctor appointments).

SAMPLE OF PATIENT'S TREATMENT GROUP

Insert a sample of a patient's treatment group.

TREATMENT & HYGIENE TIME SCHEDULE

HYGIENE:

Recall/Perio

Root Planing and Curettage (RP&C)

Recall Adult

Recall Child (13 and under)

TREATMENT:

Composites:

1 surface

2 surface

3 surface

Root Canal: start to finish

of canals dictate

1st visit (Initiate)

2nd visit (Fill, Post & Crown)

of canals dictate

Simple Extractions

4 Ortho Extractions

4 Wisdom Teeth Extractions

simple extractions

soft tissue impacted

CDC All Rights Reserved

partial bony impacted

full bony impacted

Crown Prep

Crown B/U & Prep

3 Unit Bridge

Prep

Seat

Maryland Bridge Prep

CDCA All Rights Reserved

Seat

Partial:

Impressions

Try-In

Adjustments

Delivery

Denture:

Initial impression

Wax Rim Try-In

Teeth in Way Try- In

Delivery

SCRIPT FOR ACCEPTED BUT UNSCHEDULED TREATMENT

“Hi! This is _____ from Dr. [name]’s dental office. How are you doing?” (Let patient respond). At this time, if there is any information you have about the patient, i.e. patient just had a baby, just got married, just started new job, went on vacation, broke a leg, moved... anything! ----Mention it. “Last time you were in you were getting ready to start a new job. How’s that going?” (Let patient respond). “Well, I’m calling because ... (Select an option from below!)

REACTIVATION OPTIONS:

ACCEPTED: “Dr. [name] asked me to call to remind you that you still have some treatment that needs to be completed”. (I do?) “Yes! It is (whatever procedure is needed).”

UNACCEPTED: “I haven’t heard from you lately. It’s been _____ months since we’ve seen you and you have decay that needs treatment. The longer you wait to treat the disease, the worse it will get. So when can we schedule an appointment to handle that?

NEED FINANCIAL ARRANGEMENTS: “I’m calling you to see if you have made a decision on your financial arrangements?” (Patient response)

If the patient is not aware of our financial options, explain that:

“We could spread out the payments among the number of appointments that are needed. If you need further assistance, we have an outside company that will finance for 12 months, interest free. I can help you fill out an application over the phone and then you’ll just need to come in and sign it (or, you can e-mail/fax the application and have the patient sign and return it).”

Continue with:

SC:

“You usually like morning appointments, don’t you?” (Patient: “Well, I’d rather have an appointment in the late afternoon”). “Great! I have a 4:00 appointment on (Day, Month, Date). How does that sound?”

Pt:

“Great!”

SC:

“All right, I’ve got you down for (Day, Month, Date) at 4:00. I’ll call you the day before to remind you!”

If a patient says they can’t make an appointment now. Say, “All right! I’m sure your schedule is busy! I’ll give you a call back in a few weeks, around the middle of the month!”

If the patient says “OK”, then thank him/her, letting them know that you look forward to speaking with them then. If the patient says, “I’ll call you,” respond in the following way:

SC:

“How about if I call you in a couple of weeks? We want to make sure you aren’t overlooked. Our main concern is your dental health.”

If the patient is seeing another dentist, respond the following way:

SC:

“Well great! We just want to be sure you were taken care of. If we can help you in the future, please don’t hesitate to call us.”

ENTERING LAB CASES

Enter lab case numbers from the patient’s next appointment card in the computer. The Scheduling Coordinator is responsible for entering all lab cases outgoing and incoming in the patient’s screen. Each lab case is to be assigned to an appointment for its placement. To enter this information, follow these steps:

INSERT YOUR OWN SOFTWARE INSTRUCTIONS FOR ENTERING LAB CASES HERE.

OUTGOING

- Dentist creates case from tx plan
- In computer - Select P – for patient
- Attach lab case to appointment in the computer
- Call laboratories for pick up

INCOMING

- Select P – for patient
- Highlight appointment in the schedule
- Click on lab case manager
- Highlight patient’s name
- Click received case

ROLE PLAYING DRILLS

Information: The following procedures should be repeated as many times as necessary until you can complete each one correctly and with confidence. This is not a test. The purpose for role-playing and reviewing these procedures is to help you develop accuracy and professionalism in your skills. The only way to develop a high level of skill is with practice and more practice. Therefore, all of the procedures must be approved and signed by a qualified employee who has observed your competence in the role-playing.

1. Memorize the second paragraph of policy #SC-01 “Job Responsibility.”

Have a qualified employee confirm you know it word for word.

Signed:

2. With a qualified employee observing, review each step of properly scheduling an appointment using our scheduling software. Repeat, as necessary, until you can do so with confidence.

Signed:

3. Role-play “Booking New Patient Appointments” until you can schedule the new patient at the earliest time that works well for the practice and ensures maximum service for the patient. Use the software and ensure a wide variety of situations are reviewed for this role-play.

Signed:

4. With a qualified employee observing, review both the outgoing and incoming steps of a patient's lab case using the computer process. Repeat, as necessary, until you can do so with confidence.

Signed:

5. With a qualified employee observing, go through all of the necessary steps of submitting a PTE. Repeat as necessary until you can do so with confidence.

Signed:

CODING PATIENTS FOR RECALL

Coding patient's for recall, using _____, is critical in managing and maintaining our patients on their schedule. Without this proper coding, patients can be

missed on recall reports; and, therefore not be called when they are due for their next appointment.

In the patient's screen under the Appointments/Recall tab, patients are coded according to their type of recall. The Hygienist will determine the frequency according to the patient's oral health.

Recall frequency is how often the hygienist needs to see the patient. The patient will either be recalled in 3, 4 or 6-month intervals. If the patient has gum disease, STM 2 or higher, the patient will most likely be placed on a 3-month frequency recall. In this situation, the recall normal frequency will equal 3 and the recall normal code will be 1110 (Adult Prophy) and the alternate code will be 4910 (Periodontal maintenance). Time units (TU) and alternate time units (Alt TU) will be three.

If no STM has occurred and the patient is in good oral health, the recall frequency will equal 6, code will be 1110, and the time units will equal 3.

Then, print the recall list in continuing care. Set the date for the desired month. And, print and check the cards.

FILLING OUT RECALL CARDS

The Scheduling Coordinator is responsible for maintaining the practice recall system. This includes maintaining the recall cards and mailing them to our patients to remind them of their continuing care appointments. A recall card is filled out for each patient, whether their next appointment is to see the doctor or hygienist, as they are being checked out by the Scheduling Coordinator.

Filling out recall cards for the patient's next visit

Always schedule the patient's next appointment after their visit. If the visit is for a cleaning, fill out a recall card with the patient's name, address and appointment time. You may also ask the patient to fill out the card.

Maintaining cards in monthly order in the recall box

Recall cards are kept in the recall card box under the front desk. File the card according to the month of the appointment or the month the patient is due for recall if they have not scheduled.

Mailing out recall cards

Mail recall cards every Month.

- a. Mail cards for scheduled appointments two weeks in advance of appointment.**
- b. Mail cards one month in advance for the patients that need to schedule.**

SAMPLE RECALL CARD

Insert a sample of a recall card here.

IMPORTANCE OF RECALL

Maintaining recall is extremely important to the life of the practice as well as the oral health of the patient. Everybody benefits when patients maintain a six-month recall schedule. Disease can be caught and treated in its earliest stage and it provides the practice a pool of patients from which to schedule.

Keeping patients on a maintenance schedule is done by always scheduling their next hygiene or dental treatment visit before they leave the office. This keeps the patient “on the books” and helps avoid losing anyone.

There will be times that a patient is unable, for numerous reasons, to schedule their next visit before they leave. In this case, the recall cards are very important. After you send out the cards to patients who have not rescheduled (giving them a couple of days to arrive), you should make follow-up phone calls. See our procedure, “Recall Activation” for a sample script to use when making these calls.

RECALL REACTIVATION

PHONE SCRIPT FOR RECALL

“Hi! This is _____ from Dr. [name]’s dental office. How are you?” (Let patient respond). At this time, if there is any information you have about the patient (e.g., patient just had a baby, just got married, just started new job, went on vacation, broke a leg, moved... anything) mention it. “Last time you were in you were getting ready to start a new job. How’s that going?” (Let patient respond). “Well, I’m calling because you are due for a cleaning. You usually like morning appointments, don’t you?” (Patient: “Well, I’d rather have an appointment in the late afternoon”). “Great! I have a 4:00 appointment on (day, month, date). How does that sound?”

Pt:

“Great!”

SC:

“All right, I’ve got you down for (day, month, date) at 4:00. I’ll call you the day before to remind you!”

If a patient says they *can’t make an appointment now*. Say, “All right! I’m sure your schedule is busy! I’ll give you a few weeks, and I’ll call you around the middle of the month!”

If the patient says “OK”, then thank her, letting her know that you look forward to speaking with her then. If the patient says, “*I’ll call you*”, respond in the following way:

SC:

“I know how busy your schedule is and the last thing you probably need is to remember to call me back, so how about if I call you in a couple of weeks? We want to make sure you aren’t overlooked. Our main concern is your dental health.”

If the patient is seeing another dentist, respond the following way:

SC:

“Well great! We just want to be sure you were taken care of. If we can help you in the future, please don’t hesitate to call us.”

PATIENT RECALL NOTES

Patients that are overdue for recall are sent postcards at 1, 2, 3, 4, 6 and 9 months.

There are a total of 6 notices that are mailed to each overdue patient before we discontinue sending correspondence by mail. In addition to being sent mail correspondence, each overdue patient receives calls at the same interval: 1, 2, 3, 4, 6 and 9 months.

All calls made for current and overdue patient recall will be logged as a contact note in the patient screen.

A patient will not be inactivated from recall unless the patient requests, either verbally or in writing, to not be called or they have moved out of state or died.

Any patient requesting to be inactivated must have a contact note made in (your software), as well as documentation in the patient's chart.

The procedure "User Selected and Treatment Plan Reports" gives instructions on how to print recall postcard labels and recall reports.

To get a printed list of patients overdue for recall, simply print a list from the computer by going to continuing care in the appointment book. Once the new appointment has been scheduled, set the date accordingly.

SAMPLE RECALL CARDS

Insert a sample of your current recall cards and a sample of your overdue recall cards.

SAMPLE PATIENT REPORTS

Insert a sample of your patient recall reports here.

REGULAR PATIENT FLOW

Patients do not like waiting in a dental office. Maintaining proper flow through the office will ensure that the schedule is followed as closely as possible. The Scheduling Coordinator will act as a patient flow back up for the Receptionist when we are very busy.

Checking the flow of patients through our office is a constant job for the Receptionist. From the time a patient walks through the front door until he/she walks out, the Receptionist should know the patient's location. This can sometimes be a challenge, as you are checking patients in, answering phones, etc., but remember this is a priority.

Clear, concise communication between the doctor, hygienist, assistants and administrative personnel is vital in maintaining smooth, efficient flow through our office.

As you get familiar with the patients, you will know a little more about them and will be able to talk to them about their interests. This is very important. Make a point of bringing up what you talked about last time they were in. For instance, if the patient just went on vacation, ask them how it was. If the patient had a baby, got a new job, is looking for a job, just got married, had a ballgame, went to a ballgame...anything! The patient will feel much more comfortable with us if we take the time to remember something about them.

If you don't remember anything about the patient, ask if anyone else does. If not, look at his patient information and see if there's anything that you would feel comfortable talking to him/her about. For instance, if the patient's medical history shows that he/she has two children, ask how old. Or if the patient works for the county, ask if he knows Mr.

(a patient who also works there). Be creative! If you are really interested, there's almost always something that you can find in common with anyone.

ROUTING PATIENTS WITH NEW TREATMENT PLANS

Sometimes, we have weeks when there are many new patients and the Treatment Coordinator becomes extremely busy with financial arrangements. When this happens, there is a tendency not to follow the standard policy of routing patients to the Treatment Coordinator for treatment presentations. This, of course, can result in confusion for everyone, especially the patient.

Therefore, the standard routine will be as follows:

1. Route the patient to the consult area for treatment presentation and financial arrangements.
2. If consult area is occupied, keep the patient in the operatory (as long as it is not needed immediately) until Treatment Coordinator can see them.
3. If the Treatment Coordinator is going to be more than 10 minutes and it is not a large case presentation, have the Scheduling Coordinator provide the treatment presentation.
4. If the operatory is needed for another patient, ask the patient to wait in the waiting area for a few minutes until the Treatment Coordinator can see them, using number 3 as a guideline. If the treatment is a large case and the Treatment Coordinator should provide the presentation, then, refer to number five.
5. Reschedule the patient for a financial consult.

Of course, the ideal is always to follow step one. Steps 2 through 5 are to be followed in natural sequence, if needed.

CHECKING OUT PATIENTS

After patients are finished with treatment they will be escorted to the front desk area. Below is the sequence to follow, when checking out patients.

1. The patient chart is given to the Accounts Manager.
2. The Accounts Manager will post all treatment delivered.
3. The patient will make payment to the Accounts Manager, if applicable.
4. The Scheduling Coordinator will make an appointment(s) for future treatment.
5. The patient is dismissed in a very warm and friendly manner.

HOW TO CONFIRM APPOINTMENTS

All patients, both hygiene and doctor, are confirmed the day before their scheduled appointments. All long appointments are confirmed one day before the appointment. If a hygiene patient scheduled an appointment more than one month prior to the appointment, you must send their recall card.

Get the phone numbers off of the computer schedule. The home, mobile and work numbers are under the patient's name. Before you call, make sure you know if the patient is a child or an adult. If the patient is a child, call and speak with the parent. Ensure you know the parent's name and ask for them properly. Never leave a message with a child.

When confirming appointments say, "Hello, Mrs. Smith! This is _____ from Dr. [name]'s dental office. How are you? (Wait for response) Great! (If you have any information about the patient, i.e., patient just had baby, just got new job, was recently married, just went on vacation, etc., mention it at this time.) Did you have fun in Hawaii? Boy, I'll bet it was beautiful! (Let patient respond) Anyway, I'm calling to let you know that we're looking forward to seeing you on (day) the (date). Your appointment is at (time)." (Let the patient respond.) "Great! Then we'll see you at (time) on (day). I can't wait to hear about Hawaii!"

Always give the day, date and time, so there is no confusion. And, always get the patient's agreement to keep the appointment. Otherwise the schedule will be full, but no one will show up! Getting the patient's agreement can be done very easily by talking to the patient for a few minutes, rather than just "calling to confirm."

It is best to confirm all patients at the beginning of the day, so the rest of the day can be spent filling up the schedule, etc. Simply leaving a message is not accepted as a confirmed appointment and you must still get in touch with the patient. If you are only able to leave a message, indicate this on the schedule with "LM" written to the right of the patient's name.

Anyone not confirmed by the end of a working day should be called from your home - if you leave by 5:30 PM. We realize this is expecting a lot of you and appreciate your willingness to "go above and beyond the call of duty." Please keep track of your time spent at home and add it to your time sheet. If you are still unable to reach the patient, try again first thing the following morning.

If you have trouble contacting a patient, when you do reach him, ask what will be the best time to reach him in the future. Make a contact note of this on the patient's screen and on the chart for future reference. When a patient is confirmed, indicate this in the appointment schedule by following the prompts in confirming appointments in (your software).

This will place a small telephone symbol. A green color bar will then appear next to the patient's name. This shows that you spoke with the patient and confirmed the appointment.

*** In the event of impending, inclement weather (ice storms or winter snow storms that are being predicted for the next day or ones that have started prior to leaving for the day), please take home an appointment confirmation report for the next day along with a printed operatory schedule for the next 7 days. This allows you to be prepared in advance, in the event that patients need to be contacted from your home to reschedule their appointments. We appreciate your willingness to "go the extra mile" and handle this situation from your home.

LEAVING A MESSAGE

When leaving a message on a recorder, keep your voice very upbeat, bright, and cheerful! Say something like the following:

"Hi! I'm looking from John Smith! John, this is _____ from Dr. [name]'s dental office. How are you doing? I'm calling to let you know that we're looking forward to seeing you for your dental appointment. You are scheduled for tomorrow, (date) at (time). Please call me back to confirm you got this message and that you'll be here tomorrow. The number is #####. See you tomorrow!!"

Do not forget to ask the patient to call to let you know they got the message. This part is important. If you haven't heard back from the patient, keep trying throughout the day, but don't leave another message until the end of the day. This message should be: "Hi John! This is _____ at Dr. [name]'s dental office again. I don't mean to bother you but I haven't heard back, and I just want to make sure you'll be on time for your appointment. I have you down for tomorrow, (day, date) at (time). Give me a call. If I haven't heard from you by the time I leave, I'll try you at home tonight! Bye!" If you didn't personally contact the patient, give him/her one more call this evening from your home.

If you have trouble contacting a patient, when you do reach him, ask what will be the best time to reach him in the future. Make a note of this on the patient's screen and in the patient's chart for future reference.

When a patient is confirmed, indicate this on the appointment screen. This will show on the computer that you spoke with the patient and confirmed the appointment.

APPOINTMENT CONFIRMATION LIST

In the event that that you are unable to confirm all of the next day's appointments, print an appointment confirmation list to take home with you, so you can confirm patients later in the evening. In addition to this list, a confirmation list phone directory can be printed. It will show each patient needing to be confirmed along with his or her phone numbers.

To print an appointment confirmation list, follow the (your software) instructions below:

SAMPLE CONFIRMATION LIST

Insert a sample of your confirmation list here.

SAMPLE CONFIRMATION PHONE DIRECTORY

Insert a sample of your confirmation phone directory here.

PULLING THE NEXT DAY'S CHARTS & PRINTING SCHEDULES

Before going home each day, it is your responsibility to pull the charts for the next day's patients. If the "floater" is going to do this, it is your responsibility to ensure the "floater" knows how to do so correctly.

Print a daily operatory report for the next day and pull charts for each patient scheduled. Organize the doctors' charts and the hygienists' charts in the appropriate bins located outside of their treatment rooms.

To print the daily operatory schedules, follow the prompts below in (your software):

The following is a sample only. Insert your own computer software instructions for printing a daily op schedule here.

1. Go to File >Print Appt Book New >A/Ops highlighted >Change time for days scheduled > Hit Print
2. Hit OK >Enter date needed in field provided >OK
- 3.
3. Enter # of copies needed to print (defaults to 12) >OK

To fill the In-office screen and print routing slips each day, follow the prompts below in (your software):

The following is a sample only. Insert your own computer software instructions for printing daily routing slips here.

1. Go to Patients Appt. (highlight)
2. Go to Print Route Slip – or – Go to file and print routing slips

SAMPLE OPERATORY SCHEDULES

Insert a sample of your operatory schedule here.

ROLE PLAYING DRILLS

Information: The following procedures should be repeated as many times as necessary until you can complete each one correctly and with confidence. This is not a test. The purpose for role-playing and reviewing these procedures is to help you develop accuracy and professionalism in your skills. The only way to develop a high level of skill is with practice and more practice. Therefore, all of the procedures must be approved and signed by a qualified employee who has observed your competence in the role-playing.

1. With a qualified employee observing, go through the exact procedure for “Coding Patients For Recall.” Repeat, as necessary, until you can do so with confidence.

Signed:

2. With a qualified employee observing, pull the next day’s charts and print the daily operatory report according to our procedure. Repeat, as necessary, until you can do so with confidence.

Signed:

3. Role-play “Confirming Appointments” with another qualified employee. Repeat, as necessary, until you can do so with confidence.

Signed:

4. Role-play “Leaving Messages” with another qualified employee. Repeat, as necessary, until you can do so with confidence.

Signed:

UNEXPECTED SCHEDULE CHANGES

This office runs on a schedule that allows for patients to be effectively treated by our dentists and hygienists. The schedule is filled in a way that ensures continuous production. It also ensures smooth and organized patient flow. Changes to the schedule will occur, but can be handled so the patient flow and production are not compromised.

When a change occurs, swift communication to the back is imperative. This will eliminate any potential for confusion. Then, you must fill the appointment. To maintain production, the opening must be booked with production. Office production is dependent on accurate and adequate scheduling, so schedule for maximum production time, not just to fill the book.

There are three kinds of schedule changes:

- **No Show (NS)** is when a patient has been confirmed, but then does not show up and does not call. This is the worst scenario, as the patient has broken an agreement with us.
- **Broken (BA)** is when a patient cancels less than 24 hours prior to their scheduled appointment.
- **Cancelled (CAN)** appointment is when a patient cancels more than 24 hours before their scheduled appointment.

A “BA” and “NS” can result in a \$50.00 charge, for repeat offenders, but we seldom enforce this penalty.

The above three changes in schedule result from not REALLY getting the patient to agree upon the appointment and not getting him to understand that it affects our office schedule. It may also result if the patient is unclear about his/her financial responsibility and how much he/she owes or will owe.

The key to a high percentage of appointments kept is getting the patient to understand that he/she has made an agreement with us to be here at a certain time. He/she needs to know that the doctor/hygienist is setting aside time just to

see him/her and that it will adversely affect our schedule if he does not keep his agreement. We respect his time; we only ask that he respect ours in return.

SHORT CALL LIST

The short call list will be used for patients who agree to be called on short notice. This will be indicated on the appointment card screen by clicking on the short call box.

Patients being scheduled will be asked if they are available on short notice, for any particular day or time, in the event we have a change in the schedule and there is an opening that could accommodate their appointment. If so, the Scheduling Coordinator will make a note in the note field of the appointment card indicating if and when they are available.

A script for establishing this list would be: “Tom, the next ‘late day’ appointment I have is two weeks from today. If I have a change in my schedule, could I call you on short notice? Great!” Or, “The first opening in the evening that I have for a cleaning is twelve weeks from now. If I have a change in my schedule, could I call you on short notice?”

Remember to make a note in the appointment screen as to when the patient will be available for short call.

To print the Short Call List:

Insert your computer instructions for this here.

SHORT CALL, MISSED & UNSCHEDULED TX LIST BINDER

A major duty of the Scheduling Coordinator is to keep the schedule full of productive appointments. A valuable resource for doing this is a binder that should be kept on the Scheduling Coordinator’s desk at all times. It is vital that you keep this binder (“The SC List Binder”) close by at all times.

This binder will have four sections to it with updated computer reports for each of the following potential production areas.

5. Short Call List
6. Missed List
7. Overdue Recall
8. Accepted but Unscheduled Treatment

Short Call and Missed Lists will be printed on Friday of each week and placed in the binder.

The Short call list will contain the appointments of patients that can be contacted on short notice to schedule an appointment, or moved up to fill unexpected opening.

The Missed list contains patients who have cancelled, missed or broken appointments for a variety of reasons, and who are potentially good candidates for treatment.

The Unscheduled Treatment Plans Report will be printed on the 15th day of each month and placed in the binder. This list is one of your best and most productive resources. These are patients who have had Treatment Plans presented to them and financial arrangements discussed, but haven't actually made it in to get the treatment done. The two main objections in this category are time and money.

The Overdue Recall Report is printed on the 15th day of each month. If you can make actual contact with a patient in this category, you will usually be able to schedule them fairly easily unless they have moved a long distance from our practice.

SAMPLE SHORT CALL LIST

Insert a sample of your short call list here.

MISSED APPOINTMENT PROCEDURES

Correctly handling missed appointments is a key aspect of your job. If not handled properly, as soon as they occur, we allow our patients to disrupt their Treatment Plans. This may result, at the very least, in putting the patients' dental health at risk.

In addition, broken appointments are a tremendous burden on the office. We run on a schedule that permits patients to be effectively treated with very high quality dentistry. The schedule is filled in such a way that production is continuous and patient flow is smooth and organized. When broken appointments occur, they disrupt the schedule. They also affect *your* schedule because you then have to follow a different routine to correct the problem. If not handled properly, missed appointments are a source of lost patients.

When a patient misses an appointment, you must call him/her within 10-15 minutes. Document this call as a contact note in the patient's screen. If you are unable to reach the patient, try at least three more times that day. These attempts will also be noted in the patient's appointment note. If you aren't successful in reaching the patient that day, make a memo in _____ and try again the following day.

When you reach the patient, reschedule the appointment. Say something to the effect of:

SC:

"Hello, Mrs. Smith. This is _____ at Dr. [name]'s Dentistry. We had you scheduled for an appointment today at 1:15 and it's 1:20 now. What happened? (This said in a very light manner.) I thought maybe you might have forgotten or something. I know how hectic things can get! I hope everything is OK?"

The patient will either say, "Oh gosh, I did have an appointment at 1:15. "I'm so sorry," or "I thought my appointment was at 4:15."

Whatever the response, you now need to reschedule the patient. Get him/her in as soon as possible, preferably that day. If the patient can't come in that day, then try the following day.

SC:

"We really need to get you in as soon as possible. You do remember the importance of getting these fillings done, right?" (Let patient respond.) "Good! So, can you come in at 3:30 today?"

Pt:

"Sure."

SC:

"Great! Then we'll see you at 3:30."

Keep it very *light* but with enough intention to let the patient know that he/she *must* make it in.

If you are unable to contact the patient the same day the appointment is missed, call two more times the following day. If there is still no contact, inform the doctor, in writing, that you have not been able to make contact for two days. The doctor may want to will, of course, put more emphasis on the appointment. He/she will let you know if this is the case. Mainly, you want the doctor to know that you are working on getting the patient rescheduled, but the patient is becoming a problem.

On the third day, call the patient once at lunch and once just before leaving for the night. If you are still unable to make contact, send the patient a letter stating he/she missed the appointment 3 days ago and you've been unsuccessful in reaching him/her to reschedule. Ask the patient to please call you to reschedule. Remind him of the importance of getting the treatment needed, as well as what will happen if the patient's condition continues to go untreated.

The following steps occur when a patient cancels, breaks an appointment or is a no-show for their appointment:

- Remove the patient from the appointment list.
- Place on unscheduled list.
- Name will appear when trying to fill the schedule on unscheduled list.

When you reach a patient who missed an appointment, find out why they missed.

SC:

"You missed your appointment today. Was there a problem?" Keep it light. Don't get angry.

Pt:

"Oh, shoot. I forgot. I'm so busy at work."

SC:

"I understand. I'm sure your schedule must be hectic. We normally charge a \$30 broken appointment fee, but I'll waive that for you this time. Let's go ahead and reschedule your appointment, but let's make sure it's at a time that you know you can keep. We run on a really tight schedule, so...what is the best time for you, morning or afternoon?"

Pt:

"Morning."

SC:

"All right. I have a 9:00 AM appointment on (day, date). Sound good?"

Pt:

"Great."

SC:

"O.K. I've got you down for (day,date) at 9:00. I'll call you the day before."

Pt:

"Yea, Yea!"

SC:

"Great! I'll see you then"

If a patient breaks an appointment for a second time, and is very remorseful, you can give him one more chance. Say something like this:

SC:

"John, I can't believe you missed your appointment again!!" (Not angry, not accusing. Keep it light, surprised). "What Happened?"

Pt:

"I'm so sorry. I feel like a goof. I just completely forgot."

SC:

“All right. I’ll give you one more chance. But, John....you must KEEP YOUR APPOINTMENT!!! It totally throws a wrench in our schedule when someone misses an appointment. We don’t double book our patients, so we really need you to keep this appointment.”

Then continue with the script to schedule.

If the patient breaks the appointment for the third time, or is not sorry after the second broken appointment, say the following:

SC:

“I’m sorry, but I just can’t schedule another appointment for you. When a patient misses an appointment, it really throws a wrench in our schedule and the doctor/hygienist ends up doing nothing when he/she could have been seeing one of our other patients who may have been waiting two weeks or more. We have so many patients who really need these appointments. I can’t schedule another appointment for you, but what I can do is call you when I have a last minute cancellation. I feel terrible about this because you’re at a point where you really need to get something done about your gums. They’re just going to get worse, and I don’t want to see you ignoring your dental care.”

“If someone cancels at the last minute, I’ll call you. If you can make it, great! Or you can stop by when you have an extra hour or two. If we can get you in, we will.”

MISSED APPOINTMENT LETTERS

When a patient wishes to cancel an appointment with our office, we require a minimum of 24 hours notice for regular procedures and one week for lengthy appointments such as crown and bridge.

A cancellation policy needs to be signed by each patient on his or her first visit. When a patient does not abide by this agreement, there are a series of letters that should be sent. At the end of the day, the Scheduling Coordinator prints up a

missed appointment letter (whichever applies) for any patient who has missed an appointment. The patient receives a “missed appointment” letter for the first occurrence. For the second occurrence, the patient receives a statement for the missed appointment. On the third occurrence, the patient receives the “Nasty Letter.”

To print the letters for a patient’s 1st & 3rd occurrence, follow the steps below.

1. Go to Family File
2. Select Patient
3. Go to Letters.
4. Go to Missed Appointment Letter OR Repeated Missed Appointment Letter
5. Place paper face up
6. Print and Sign

***If you have called and rescheduled the patient, it is not necessary to also send a letter. However, you may have some patients who do not wish to be called, or do not have a phone, and in those cases a letter will be needed.

SAMPLE MISSED APPOINTMENT LETTER

Insert a sample of a missed appointment letter here.

ENTERING CONTACT NOTES

Any time contact is made with a patient a note must be made. This allows all staff and doctors the knowledge of what communication has occurred with the patient.

To do this:

1. Go to Patient File
2. Go to Journal
3. Enter your note

For a detailed description and instructions on contact notes see page (number) of the (your software) User's Guide.

ABBREVIATION NOTES FOR REPORT DOCUMENTATION

When using any production resource report to contact patients for scheduling, a contact note is made in the patient's screen in addition to a written note. An abbreviation is made on the existing report itself, along with the date of the call.

The following is a list of abbreviations to use when documenting a contact on the report itself:

- LM
-
- Left Message
- LMR
-
- Left Message on Recorder
- S
-
- Scheduled
- IN
-
- Inactivated
- Pt WCB
- Patient Will Call Back
- NA
-
- No Answer
- CB
-
- Call Back
- DC
-
- Don't Call

SAMPLE MONTHLY PLANNER

Insert a sample of the monthly planner here.

ACCEPTED BUT UNSCHEDULED TX PLAN REPORT

Unscheduled Treatment Plans Report that is maintained in (your software) should always be kept current and accurate by the Scheduling Coordinator. All appointments that are scheduled for accepted treatment must be done properly through the patient's Treatment Plan.

To print this report:

1.

[Go to Office Manager](#)

2.

[Go to List](#)

3.

[Go to Unscheduled Tx Plans.](#)

SAMPLE ACCEPTED BUT UNSCHEDULED REPORT

Insert a sample of the accepted but unscheduled report here.

USER SELECTED & TREATMENT PLAN REPORTS

There are TWO main types of reports. First is User Selected Reports, which are used to find the absence or presence of codes or numbers in transactions. For example, root canals without crowns, patients who have not received cleanings and any other treatment needed but absent.

Second are Treatment Plan Reports, which can be used to find Accepted or Unaccepted treatment, particular codes or a range of codes.

These two types of reports help to find potential production. Treatment Plan Reports will find suggested treatment and user defined absence or presence of treatment already rendered.

The following user defined reports are printed to aid the Scheduling Coordinator in providing the practice with potential for production that can be booked.

1. Recall
2. Accepted but unscheduled Treatment Plans or unscheduled tx plans
3. Unaccepted Treatment Plans

For a detailed description on how to print these reports please reference the (Name) User section.

MERGE FILE LETTERS

There are a few letters that can be sent to patients for potential treatment acceptance and production. All of these letters are custom made by the staff and the appropriate patients are selected to receive them. The selected patients' records are sent into a merge file and their names are automatically incorporated into the following sample letters.

SAMPLE LETTERS FOR MERGING

Insert a sample of letters for merging here.

END OF DAY CALL-BACK LIST

At the end of each day, the Scheduling Coordinator will print an “end of day call back list” for Dr. [name]. The list will indicate the patients seen that day who need a call from the doctor that evening. The reason patients should have a quick call from the doctor to “see how they’re doing” is to show them that we really do care. This is especially important if they’ve had one of the types of treatments listed below. Ensure that patients who have had the following procedures are on the list.

- Root Canal Therapy
- Oral Surgery – Extractions
- Emergencies
- Crown & Bridge
- Soft Tissue Management – Perio #2 and above

To print this report in (your software), do the following:

(insert your instructions from your software here.)

SAMPLE END OF DAY CALL BACK LIST

Insert a sample of your end of day call backlist here.

ROLE PLAYING DRILLS

Information: The following procedures should be repeated as many times as necessary until you can complete each one correctly and with confidence. This is not a test. The purpose for role-playing and reviewing these procedures is to help you develop accuracy and professionalism in your skills. The only way to develop a high level of skill is with practice and more practice. Therefore, all of the

procedures must be approved and signed by a qualified employee who has observed your competence in the role-playing.

1. Role-play “Handling a Missed Appointment” with a qualified employee.

Repeat, as necessary, until you can do so with confidence.

Signed:

2. Role-play each of the potential possibilities from the “Missed Appointment Procedures.” Repeat, as necessary, until you can do so with confidence.

Signed:

3. Role-play the phone script for recalls per our procedure. Include handling the patient who says:

- a. “I can’t make an appointment now”
- b. “I’ll call you”

Repeat, as necessary, until you can do so with confidence.

Signed:

4. With a qualified employee observing, print each of the “Missed Appointment Letters.” Repeat, as necessary, until you can do so with confidence.

Signed:

5. Role-play the three-reactivation options per our procedure “Script for Accepted But Unscheduled Treatment.” Repeat, as necessary, until you can do so with confidence.
 - a. Accepted
 - b. Unaccepted
 - c. Need financial arrangements

Signed:

6. With a qualified employee observing, decide on a particular letter to send patients with accepted but not scheduled treatment. Then, merge these patients’ information into the file, print the letters and mail them. Repeat, as necessary, until you can do so with confidence.

Signed:

7. With a qualified employee observing, print the “End of Day Call Back List.” Repeat, as necessary, until you can do so with confidence.

Signed:

8. With a qualified employee observing, print the recall postcard labels, recall reports and overdue recall patients report. Repeat, as necessary, until you can do so with confidence.

Signed:

PRODUCTION BOOKED REPORT

Each week, the Scheduling Coordinator will complete a “Production Booked Report.” This report and the monitoring of the statistic “production booked” is probably the most important statistic to monitor and manage. It tells us if we are actually putting treatment on the future schedule. Needless to say, this is your responsibility and is extremely important to the viability of the practice.

The report must be dated and accompanied by copies of the daily operatory schedules for the following two weeks. The production booked for each day will be written on each schedule. The report is due on Wednesday of each week. Additionally, this report will be updated each Friday. The report is to be placed in Dr. [name]’s mailbox at the end of the day.

The report can be computed by using the following instructions.

The estimated production booked goal can be determined by taking the monthly production goal minus the actual month to date net production, divided by the number of working days left in the month, and multiplied by the number of working days in the upcoming week (e.g., $\$100,000 - 68,650 = \$31,350$ / 6 working days left for the month = $\$5,225$ per day x 4 working days in the upcoming week = $\$20,900$).

The actual production booked can be determined by simply adding the production booked figures for each day of the following week from the (your software) scheduler:

_____ Scheduler – monthly – add the figures listed for each day that week.

The production booked needed to reach the estimated goal is calculated by subtracting the actual production booked for the next week from the estimated production booked goal for the next week. If the result is more on the books than what is needed to stay on goal, you should get a silver star for the day.

Follow the same instructions to compute the figures for the next week.

SAMPLE DAILY OPERATORY SCHEDULE

Insert a sample of your daily operatory schedule with “production booked” amount here.

SAMPLE PRODUCTION BOOKED NEXT WEEK

Insert a sample of production booked for next week here.

POSTING EMPLOYEE DENTAL TREATMENTS

Employees' dental work is never posted as production, since this gives a false production figure.

Any employee treatment will be posted at a zero charge with the actual value of the service listed in the note field. This will also enable us to keep a total of the employees' dollar benefit.

MORNING MEETING

We always start our day with a staff meeting to quickly review the patients and production for the day, to get a feel for what is in store, and to make any special arrangements necessary. Ensure you are at the meeting and ready to start no later than 8:30 AM Mondays and Thursdays, 11:30 AM Tuesdays, 9:30 AM Wednesdays, and Fridays 8:30 AM (if seeing patients), 9:00 AM (if no patients).

The first thing that will be covered at the meeting is the Daily Report Form. It is the Scheduling Coordinator's responsibility to ensure the form is completed and handed to the doctor at the start of the meeting. This form allows everyone to see exactly where the office stands in regard to total production, collections and new patients for the month. It will show you how much you have to produce and collect every day in order to meet your goals.

There is no guessing. If the form shows that you need to produce \$3,000.00 that day to stay on track and you only have \$2000.00 on the books, you know that you have to come up with an additional \$1000.00. Then, you plan accordingly.

You should have all charts and the schedule ready for the meeting. You can be of assistance at the meeting by informing the doctor if a patient can have his appointment lengthened. For example, a patient coming in has a lengthy Treatment Plan, but is only scheduled for a few fillings today. You just found out there is a cancelled appointment and/or free time in the schedule. Let the doctor and all staff know about this at the meeting. Then when the patient comes in,

everyone knows what's going on and can help motivate the patient to go ahead and get more dental work done today!

This process benefits the patient, as well as the office production. It is always best for a patient to complete his/her Treatment Plan in the shortest time possible as there will be less chance that his/her condition will worsen, which would only lengthen his treatments and cost him more money, etc. There are always exceptions to this rule; Dr. [name] will confirm one way or the other.

Patients often need this kind of help to get their Treatment Plans completed. Since our main purpose is to ensure that patients complete their Treatment Plans, it is very important that you do anything you can to get them to do so. This can be done in several ways:

1. Educate the patient about what might occur if his/her condition continues to go untreated
2. Reassure the patient that the doctor is an excellent dentist and will answer all of his/her questions.
3. Be friendly, reassuring and helpful to the patient, letting him/her know that our concern is for his/her dental health.

The degree to which you are friendly, caring and communicative with all patients is the degree to which they will follow your advice. It is not how much you know, it is how well you communicate that determines your ability to encourage patients to complete their Treatment Plans, and to do so in as short a period of time as possible! You would probably be surprised to discover how many patients trust your advice!

CALCULATING MONTHLY & DAILY GOALS

At the beginning of each month, the doctor will set a monthly goal for Total Practice Production, Doctor Production and Hygiene Production. The Scheduling Coordinator will then have to determine what needs to be done to reach that goal. Once the goal has been given, you will be responsible for tracking and recording that goal throughout the month.

It is very important to calculate the daily production booked amount needed in order to reach the monthly goal. To determine these figures, calculate the number of days we are scheduled to see patients. The total production goal for the month, divided by the number of days worked will give you the daily goal needed.

For Example: May's Production Goal:

65,000.00

of working days:

17

Daily Prod. Booked needed:

3,824.00*

*** You will need to book at least \$3,824 of Total Production each working day to reach the Goal for the month.**

Dr. Production Goal:

51,500.00

of working days:

Daily Dr. Prod. Booked needed:

3,029.00

Hygiene Prod. Goal:

13,500.00

of working days:

17

Daily Hyg. Prod. Booked Needed:

794

Then, enter the daily production booked goal into the (your software) scheduling calendar as follows:

- Click on Scheduler >Setting Goals>Set day's Goal
- Enter the figure for each day
- (Your software) will give an ending total when completed that should match your monthly goal.

DAILY REPORT

DATE _____

MONTH-TO-DATE _____ PRODUCTION

MONTH-TO-DATE DOCTOR PRODUCTION

MONTH-TO-DATE HYGIENE PRODUCTION

NUMBER OF WORKING DAYS LEFT FOR THE MONTH

PRODUCTION GOAL

CDC All Rights Reserved

HYGIENE GOAL

DOCTOR GOAL

ACTUAL BOOKED

ACTUAL HYGIENE

ACTUAL DOCTOR

ADDITIONAL NEEDED

ADDITIONAL HYGIENE

ADDITIONAL DR.

MONTH-TO-DATE COLLECTIONS

COLLECTION NEEDED PER DAY TO MEET GOAL

NUMBER OF NEW PATIENTS SCHEDULED TODAY

CDC All Rights Reserved

NUMBER OF NEW PATIENTS THAT SHOWED

% OF APPOINTMENTS KEPT

FILLING OUT THE DAILY REPORT

To find Month to Date Production:

ALT R

A (Accounting)

R (Register)

M (Monthly)

Highlight Print Preview

Hyg

Provider #2

Dr.

Provider #1

Press Enter

Always use the Net figure – place this number in the appropriate line – fill in # of working days left for the month.

Do the following for production, Doctor and Hygiene figures.

Take monthly goal

65,000

Monthly Goal

Subtract M.T.D Production

30,000

Month To Date

35,000

Amount left to produce

Divide by # working days

12

Working days left

To get daily goal

2916

Daily Goal

Add or subtract what is

-2800

Actual booked

Actually booked to find

116

What is needed

Follow this same procedure for Collections. MTD collection is found on the MTD Register. Always use the Net figure. Refer to schedule to find out how many new patients are scheduled for the next day.

At the end of the day, take the number of appointments booked, minus any cancels or no shows and divide to get % of appointments kept.

Example:

16

appointments that were on book

-2

no showed appointments

14

/16

x100

87%

RETURNED CHECKS

When you get a check returned due to non-sufficient funds, call the bank to see if the funds are now available. If so, re-deposit the check. If not, follow the steps below:

1. Post the NSF check and the NSF fee on patient transaction screen.
2. Contact the patient to inform them they now owe (amount of check plus NSF fee).
3. Make arrangements to have the patient handle their balance in the form of money order, certified check, CASH or credit card.

INACTIVATING PATIENTS

To inactivate a patient, follow the steps below:

1. Pull the patient chart
2. Write the reason for inactivation in the chart
3. Write "INACTIVATED" on the front of the chart
4. Go into the responsible party record:
 - a.

Double click on patient file

- b.

Go to patient scroll

- c.

Go to inactive

- d.

Go to continuing care and hit delete

SCHEDULING COORDINATOR DAILY CHECKLIST

Participate in daily huddle (present daily report).

Call any patients that were not confirmed from the previous day, on today's schedule.

Make any changes necessary on all schedules.

Schedule all appointments for patients from their Treatment Plan.

Give each patient an appointment card.

Give out recall reminder cards for each scheduled hygiene patient and make their next 3, 4 or 6-month appointment. File cards in the recall card box. *Normally, the hygienist sets up recall appointments.

Review charts and Treatment Plans for additional treatment, which can be added to the next day's schedule. Do this before confirming patients. This allows you to bring this to the patient's attention during the confirmation call.

Confirm patients for the next day – remind patients to pre-medicate if necessary.

Group accepted treatment for that day that has not been scheduled.

Ask patients if they are available on short notice (short call) if we have a change in our schedule. If so, indicate it in their appointment card screen.

Make calls daily from the short call list as necessary.

Make calls daily from the current Recall Report & the Overdue Recall Report.

Make calls daily to schedule appointments from the Accepted But Unscheduled Treatment Plan Report.

Enter new lab cases and associate them with the next appointment (Floater does this).

Check in all lab cases - make sure cases are in before confirming patients.

Be sure that the next day's schedule is full and the goal is met.

Fill in office screen and print routing slips for the next day.

Pull charts for next day's appointments.

Print schedules for the next day.

Make calls to any patients that have missed their appointments that day and get them rescheduled.

Send out any missed appointment letters necessary for the day.

SCHEDULING COORDINATOR WEEKLY CHECKLIST

Fill out the Production Booked Report for the next week along with the attached schedules and figures for each day and forward to Dr. [name]. Make a copy and place it in daily statistics binder.

Review the 6 month recall cards in the recall box that are two weeks in advance (for a one week period, check recall calendar) and check the accuracy of dates, times and addresses.

Meter and mail the reviewed 6-month recall cards for appointments that are two (2) weeks in advance (for a one-week period).

Call all 6-month recall appointments 1 week in advance if the appointment was scheduled 6 months ago. (Check the "date made" field in the appointment card screen).

Print the Selective Recall Report and Overdue Recall Report and labels as indicated in the recall calendar.

Print the Missed Appointment Report.

Print the Short Call List.

Print the Accepted But Unscheduled Treatment Plan Report every other week and place it in the production resource binder.

ROLE PLAYING DRILLS

Information: The following procedures should be repeated as many times as necessary until you can complete each one correctly and with confidence. This is not a test. The purpose for role-playing and reviewing these procedures is to help you develop accuracy and professionalism in your skills. The only way to develop a high level of skill is with practice and more practice. Therefore, all of the procedures must be approved and signed by a qualified employee who has observed your competence in the role-playing.

1. With a qualified employee observing, compute and print the Production Booked Report for the next three weeks. Repeat, as necessary, until you can do so with confidence.

Signed:

2. With a qualified employee observing, go through each step of the Scheduling Coordinator “daily checklist” to ensure you understand how to perform each function. We are not looking for certainty and total confidence at this exact point in time that will be required during your apprenticeship.

Signed:

3. With a qualified employee observing, go through each step of the Scheduling Coordinator “weekly checklist” to ensure you understand how to perform each function. We are not looking for certainty and total confidence at this exact point in time that will be required during your apprenticeship.

Signed:

FINAL EXAM

This is a timed exam and must be taken at our office under the supervision of the Office Manager or dentist. You have one hour to complete the 28 questions. Use a separate paper and please indicate your answers with the corresponding question on this final exam. Turn your answers into the Office Manager upon completion.

If any answers are incorrect, you will be referred back to the appropriate policy for a review and may take this opportunity to re-write your answer to ensure you get 100% of the questions correct. The same process is necessary for any procedure drills conducted during your training.

Exam

1. While booking a new patient appointment, what do you tell the patient if he informs you that he has a heart murmur?
2. What does it mean to “group providers?”
3. In your opinion, why do you think our procedure dictates always having someone answer the phones, instead of putting on the answering machine during the lunch hour?
4. Who is responsible for maintaining our recall system?
 - a. How do you know which month to file the patients’ recall card?
 - b. Which cards get mailed at two-week and four-week intervals?

5. Why is it important to know something about the patient, so you can talk to them about their interests?
6. What are the five steps to checking out a patient?
7. What are the three types of schedule changes?
8. What is the easiest and best way of getting the patients' agreement to keep their appointment? Refer to the procedure for specifics.
9. When is the best time to confirm patients?
10. What do you do with the patients not confirmed by the end of the day?
11. In the event of impending inclement weather, what is the Scheduling Coordinator supposed to do?
12. In your opinion, what are three important things you must do when "leaving messages" to confirm patients?
13. When a patient misses an appointment, how soon should you call him/her after the scheduled appointment time?
 - a. What do you say (be specific) when you get the patient on the phone on the first try?
 - b. If you are unable to contact the patient on the same day of the missed appointment, what do you do?
 - c. If you are unable to get the patient by the third day after the missed appointment, what do you do?
14. When a patient does not abide by our "cancellation policy" what does the Scheduling Coordinator do for the:
 - a. First occurrence?
 - b. Second occurrence?
 - c. Third occurrence?
15. What are the two reasons why maintaining recall is extremely important to the practice?
 - a. How do you keep patients on the books and avoid losing anyone?
16. How many notices, and at what intervals, do we send patients overdue recall cards?

17. What is the purpose of the short call list?
 - a. How do you create a short call list?

18. What is the purpose of the "short call, missed and un-scheduled treatment list binder?"
19. Write out exactly what each of the following abbreviations mean.
 - a. LMR
 - b. S

- c. Pt WCB
- d. NA
- e. CB
- f. DC
- g. IN
- h. LM

20. What are the five types of treatment that warrant an evening phone call from the doctor to “see how they’re doing?”

21. In your opinion, why is the production booked statistic “probably the most important statistic” to maintain and manage in the whole practice?”

22. How often is this report (production booked) updated?

23. Please describe the mathematical steps for computing the upcoming week’s estimated production booked goal?

24. In your opinion, why should a new Treatment Plan be filled out whenever there is a change in the Treatment Plan?

25. Give an example of a possible communication breakdown and confusion if a Treatment Plan is started before the patient signs the Treatment Plan, has discussed finances, and agreed to proceed with treatment?

26. What are the six steps to follow if you get a NSF check and the bank tells you there aren’t enough funds to cover the check?

27. What are the four steps to inactivating a patient?

28. In your own words, describe how you, from the position of Scheduling Coordinator, can contribute to the efficiency and the expansion of our practice.

I attest that I understand all the policies contained in this Scheduling Coordinator Manual. I have completed all of the role-playing, procedure drills and correctly answered all of the final exam questions contained herein. I also have the required initials of the appropriate staff as instructed.

Signed:

Date Completed:

Print Name:

Supervisor Signature:

SCHEDULING COORDINATOR APPRENTICESHIP CHECKLIST

Date Started: _____

Date Completed: _____

Name

The purpose of this apprenticeship checklist is to ensure, through observation and not written exams, that you can effectively perform all of the duties in your job description. There are only two people authorized to sign off on each of the apprenticeship points, these are the Office Manager or the dentist/owner. Please ensure you get each point signed with the appropriate date.

The maximum amount of time allowed to complete this apprenticeship checklist is 90 days from beginning to end.

Once complete, you will be eligible for our bonus program.

Completion of our training and apprenticeship program does not guarantee employment. It only indicates you have the “ability” to perform your duties and functions as an experienced and trained employee. There may be additional classes you will need to take outside of our dental office as time goes on to improve your abilities and stay abreast of our ever-changing profession.

We hope you set a good example in every way to other staff. The Office Manager will meet with you a minimum of once a week to review your progress on this checklist until it is complete. The Office Manager will refer you to the appropriate procedures or other references for any needed review or for new information relating to your job. Congratulations on arriving at this point in your training program.

1. Greets all patients warmly and with a smile.

Signature: _____ Date: _____

2. Communicates well with all patients.

Signature: _____ Date: _____

3. Is effective at confirming all patients per our practice policy.

Signature: _____ Date: _____

4. Maintains an acceptable level of weekly “production booked”.

Signature: _____ Date: _____

5. Answers phones with a smile and is extremely friendly while being effective in answering questions.

Signature: _____ Date: _____

6. Efficiently schedules patients while maintaining an even flow of patients and high level of production in the office.

Signature: _____ Date: _____

7. Knows how to print all daily, weekly and monthly reports applicable to the Scheduling Coordinator position.

Signature: _____ Date: _____

8. Works closely with the Accounts Manager and Treatment Coordinator on getting all patients in the door and completing their Treatment Plans.

Signature: _____ Date: _____

9. Cooperates with all other staff and doctors.

Signature: _____ Date: _____

10. Sets a good example for other staff.

Signature: _____ Date: _____

11. Contributes to an upbeat and harmonious dental practice through his/her actions and attitude toward patients, staff and doctors.

Signature: _____ Date: _____

12. Uses the appropriate communication forms and refrains from asking others to remember things that should be put on a memo or other appropriate form.

Signature: _____ Date: _____

13. Keeps patients informed of our internal referral program and encourages patients to refer family and friends.

Signature: _____ Date: _____

14. Adheres to the general policies of our office.

Signature: _____ Date: _____

15. Maintains good personal hygiene.

Signature: _____ Date: _____

16. Always maintains a well-groomed personal appearance.

Signature: _____ Date: _____

17. Refers others to appropriate company policies or procedures as opposed to giving verbal opinions on procedure or policy matters.

Signature: _____ Date: _____

18. Has a proven track record of efficiently getting every step on the daily and weekly Scheduling Coordinator checklist done at the appropriate times.

Signature: _____ Date: _____

19. Has the ability to effectively present Treatment Plans according to our established procedures when needed as back up for our finance personnel.

Signature: _____ Date: _____

20. Has a proven track record of accuracy and effectiveness at ensuring lab cases is present before patients arrive.

Signature: _____ Date: _____

ATTEST

I attest that _____ has successfully demonstrated competence on all of the above points.

Signed,

Date

(Owner signature)

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Dentrix is used in this manual to demonstrate standard front desk workflows. Exact screen names may vary by version.

Common Dentrix Functions Referenced:

- **Patient Information:** Family File > Patient Information
- **Scheduling Appointments:** Appointment Book > Select Provider/Time > Enter Procedures
- **Treatment Plans:** Ledger > Treatment Plan > Create / Present
- **Posting Payments:** Ledger > Enter Payment > Allocate by Procedure
- **Insurance Claims:** Ledger > Insurance > Create & Send Claims
- **Reports:** Office Manager > Reports

If your practice uses a different PMS, equivalent workflows will be substituted without cost upon request.

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