

Don't Price Yourself Out of the Game

by Randy Curran

Over the past several years billing sleep appliances for dental practices, I've had the opportunity to witness many successes and failures. Success can be achieved through a process of these steps: getting effective training for the doctor and team, giving team members optimal time and resources to implement new practices, using a third-party billing service for at least the first year or two, and most important – putting patient care first. Bottom line, do everything you can to ensure your patients' finances don't stand in the way of the treatment they need.

In my experience, many practices have expressed with me that their biggest hurdle is getting their patients to own their treatment and move forward. Countless practices are on the verge of giving up on treating sleep due to patients' reluctance to accept treatment. There are usually two common factors that cause this: a lack of understanding on how to quote the patient using their insurance benefits, and always reaching to get \$3,500 - \$4,000 on every patient they treat. Practices shouldn't get stuck on specific numbers, because they heard it from their former classmate across the country. Policies, plans and reimbursement rates vary state by state. Great payments will come as long as you stay the course and treat more patients.

Most patients want to use their medical insurance and keep their out-of-pocket cost below \$600. The practice can usually do this by obtaining a GAP waiver that uses the in network benefits, and also by keeping the minimum amount expected to collect on



each patient between \$2,200-\$2,600...depending on the state that they're doing business in. Key word there was minimum. Many times the insurance carrier will pay more and at the end of the annual cycle, the practice will find that they averaged well over \$3,000 per patient treated.

Our job as your third-party partner is to give our clients what we think the insurance will pay, and to just let the practice charge the difference. For example, if a patient has met their deductible and we think a payer is going to reimburse at least \$1,800 or more based on their benefits plan, the practice will then charge the the patient \$600 to get to the minimum \$2,400 mark. The appliance is around \$500, and our charge in that situation is \$99 – so that still leaves at least \$1,800 or more in gross margin.

When I tell some dentists to do this, a lot of times I'll get push back – saying they can't make enough money on it. So then, I ask them the following questions: "Will you bring in more revenue by treating 2 patients for \$3,500 per month minimum, or by treating 10 patients at \$2,500 per month?" "Will you drive more referrals from friends and families when you treat 10 patients or 2 patients a month?" Most important, "Are you working at your clinical potential – helping as many people you can help?" Think about those questions for a moment and how they will impact your patients' lives, your practice and your life.

Once we sit down and crunch the numbers, even the most stubborn practices change their expected amount, and see an immediate increase in patient acceptance due to keeping it simple and affordable for the patient.

So keep treatment affordable and stay in the game. You will help more people and continue to grow your practice. It's a win-win for all. **DSP**



Randy Curran is the founder and CEO of Pristine Medical Billing. After 5 years as Director of Operations for a CPAP care company, he realized that the wave of the future for compliance was treating mild and moderate Sleep Apnea patients with an oral appliance. In 2012, he started helping dental practices across the nation understand medical insurance coverage and how to help patients accept treatment.

He has now helped hundreds of dental practices and collected over 22 million dollars on behalf of these practices.