



# Team Activity

# Team Activity

## Series 3 Team Mastery

## Session 2 Mastering Insurance

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1. Make a copy of this worksheet for each team member to use.
  2. Complete the Team Activity.
  3. Fax or email one “Master Worksheet” containing your team’s collective efforts.
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## Send Us Your Master Worksheet

**Fax**  
**615-807-3301**

**Email**  
**[Champions@DentalSuccessToday.net](mailto:Champions@DentalSuccessToday.net)**

# Team Activity

## Step 1 Talking Insurance Over the Phone

Together as a team, read aloud the following quotes from your Practice Focus transcript.

Give time to each one and deeply internalize them together.

These insights and perspectives on insurance can change the culture within your practice and be the catalyst to guiding your patients back to complete oral health.

From page 1 of your transcript...

*"The percentage of patients attached to insurance within a practice is always surprising – in a good way – that there are many more cash patients, or out-of-network patients, or patients that are basically fee-for-service structure rather than are not."*

**Question:**

Do you know the percentage of how many patients in your practice are tied to insurance?

Yes or no?

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If so, what percentage of your patients are tied to insurance?

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From page 2 of your transcript...

*"Doctors express that their fee-for-service practice feels more insurance-driven than the insurance practices. If you're signed up for every PPO, you often see a difference in the mentalities versus the patients that are expecting a deal because they're not in network."*

# Team Activity

**From page 2 of your transcript...**

*"If you use insurance at all in your practice, then it's very common for the team and the doctor to bring it up far more than any of the patients do."*

**From page 2 of your transcript...**

*"It's so critical that we emphasize the focus on getting every patient to make a health-based decision and not an insurance and money-based decision about their goals, visions, state of ideal, optimal health, treatment plan, smile... Let's not let the patient shape the treatment planning. Let's not let the insurance shape the diagnosis."*

**From page 2 of your transcript...**

*"What is sabotaging the patient when they come in the practice? If they're not pre-verified, preauthorized, ready to make a decision, because you know their benefits, or because we're bringing it up too early, then we're having to overcome other obstacles... If you're asking for it, you need to have it pre-verified."*

**Question:**

**Are you losing patients on the phone because of insurance? If so, how will you overcome it?**

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**Remember...** *"They didn't call to find out if you take their insurance. They called because they need to come see the dentist."*

# Team Activity

## Step 2 Review of the Patient Phone Call

**From page 3 of your transcript...**

**If the patient is adamant about insurance, you say...**

*"We take all of the insurances. We can help you maximize your benefits."*

**If the patients says, "Well, are you in my network?" you say...**

*"Well, we are not in a particular contract with your insurance company, which gives us full freedom and flexibility to practice what we call customized care. This means that your doctor and you, the relationship that's between the two, and then you get to decide what is in your best interests, not something the insurance dictates or the insurance will not allow."*

**From page 3 of your transcript...**

**You must take care to reframe and reshape, and really condition the patient to be a better patient...**

*"On the phone, if the patient brings it up, the main goal is to get them back to the main point about what they're calling for, and how you can help them. And in the worst case scenario, you may have to educate and explain why you handle insurance the way you do, and when doing this, you can't be bashful or timid. You must be direct."*

**From page 3 of your transcript...**

**The bottom line is: how many calls do we get and how many people schedule?**

*"Don't say that you don't want patients that are insurance patients. Insurance means patients have a job. We need to take full advantage of the situation... Whether a patient is in or out of the network you have, or whether you have none at all, you cannot look at insurance as an elimination factor for your patients. That has nothing to do with it."*

*"What has to do with it is how they make decisions, how they buy, view, and value dentistry. That has nothing to do with their method of payment."*

# Team Activity

## Step 3 Role-Play

Take a break, practice, role-play back and forth, and come to some definitive method of how phone calls are going to be dealt with.

Remember, unless you're on the phone, you don't know how well this is going, so it's a great opportunity for everyone to engage in this together.

Also, if you're the one handling these phone calls, don't take any feedback critically: this is all for making your job (and everyone else's) easier.

Go around the room and take turns with people playing the role of team member creeping the call and patient making the call. Determine what works and doesn't work for your practice and carefully craft your patient-positioning together so that everyone's set up for success going forward.

What are some of the phrases or language you'd like to commit to using over the phone going forward?

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# Team Activity

## Step 4 Talking Insurance In the Office

Now that you've role-played together as a team and developed techniques for talking about insurance over the phone, it's time to review the other two instances when insurance is discussed inside the practice: during the treatment discussion / diagnosis, and when the patient brings it up.

Read through these following quotes from your transcript and take the necessary time to truly internalize these perspectives together.

**As you read, remember the number one rule about insurance:**

**If the patient doesn't bring it up, you shouldn't either.**

**From page 4 of your transcript...**

**The two magic sentences:**

*"Any time a patient interjects insurance in the operatory, in the treatment discussion, in the diagnostic process or exams, or in any other manner whatsoever, you remember to say, 'Great news, patient: I or our doctor decided a long time ago we were never going to let insurance stand in the way of doing what's best for our patients.' Or, 'We're never going to let insurance get in the way of helping our patients get healthy.'"*

**From page 4 of your transcript...**

**If the patient persists, or brings up the topic of insurance again:**

*"Honestly, we don't know, and we don't even care whether insurance covers it or not. That's the good news to you, because we're sitting here focused on helping you get to the state of optimal health."*

**Expanding on that further:**

*"Patient, listen, I understand why you're asking me, because you know, it's not your job to know about it, but I want to tell you how insurance really works."*

# Team Activity

*“Insurance is a maintenance method. It’s for hygiene and an emergency crown if you break a tooth once a year. What we’re talking about here today is restoring your mouth back to a state of optimal health, which is what you deserve to have. No insurance, nor anyone or anything on the planet, is going to pay for and invest in your health other than you. So, if it’s all right with you, let’s focus on the vision that we have here for your goals and objectives, and then we can circle back on the insurance when you talk to our amazing business team and treatment coordinator, who are really going to be masters at making sure that we get everything we can out of all you got.”*

*“Now, treatment here is very affordable, because we believe in doing as little dentistry as possible, so that you can keep the teeth God gave you. But we have to be preventative in nature, proactive with the problems you have.”*

## **Note**

These statements are not said all at one time, they’re used situationally and sparingly.

## **Discuss as a Team**

Are there any ways you could edit these statements to make them your own?

## **Remember Page 5 of Your Transcript**

*“We want to be blunt about insurance, that it’s not supposed to be taking care of their health. They are. It’s only about maintenance once a patient is at optimal health and just cycling through hygiene visits every six month.”*

**What’s your team’s consensus on your explanation of insurance’s role?**

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# Team Activity

## Step 5 Role-Play

It's time to practice and make these in-office techniques muscle memory. It's paramount that everyone on your team is confident and competent at engaging in these insurance discussions.

Begin role-playing by having someone play patient in-between the clinical team, the hygienist and doctor, and the assistant and doctor.

As you go around the room, rotate roles and get everyone involved. Don't just write things down, make this real and practice out loud together!

### Tip for Successful Role-Playing

Integrate all the tools you normally would with a patient. That means, have photographs, a pad of paper and a treatment plan off to the side; with total dollars of investment - insurance removed off the top as a coupon - and write down the total responsibility the patient has.

Use these props as part of your role-playing exercise to develop the reflex of weaving these pieces into your patient experience.

Now that you've spent time role-playing together, what phrases, language or techniques would you like to commit to using going forward when insurance discussions arise in the operatory or during the treatment presentation?

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