

THE TOP TEN

WAYS TO
ANSWER
AND
OVERCOME
ANY
INSURANCE
OBJECTION

- Scott** Hello everyone and welcome to a very special bonus recording where we're going to be talking today about some of the most challenging, the most difficult, the most frequently asked questions that we all hate to get which are about this evil thing called insurance.
- So I'm here today to present to you as a follow-up to the Dental Insurance Cure, a very special presentation that we all did together as we worked to create your insurance escape plan and to really understand what it takes to make the most of insurance or to eliminate it altogether or whatever you decide to do.
- This is Scott Manning here and I'm very excited to talk you through some of the things that you have to deal with on a daily basis, patient by patient, moment by moment, interaction in your practice, and arm you with some special things that hopefully will be very helpful for you.
- Now, I have a very special guest here with me who is, of course, kind of like my cohort in crime or partner in crime or something, although we're not really so much criminals, but we do do a lot of amazing things together and it's always fun. So I have Kevin Kowalke who is our Director of Personal Development, Team Empowerment, pretty much everything to do with the human engagement in the practices that we have the great fortune to work in and Kevin, among all people on earth, has more in the trenches experience dealing with team member challenges and what they're talking to patients about every single day. So I asked him to be here to help share his thoughts and really guide me through some of the most challenging questions and the things that he's being asked about every day.
- Kevin, how are you doing? And thanks for joining me.
- Kevin** Scott, it's great to be on the call and I'm very excited about this. It is one of the hottest topics that I deal with on a regular basis with team members and it's something that when we really get control of it and take command and own it, such great things happen within the practice, huge breakthroughs, a lot less stress within the practice. I'm really excited that you took this topic on and I'm excited to get started today.
- Scott** Great, thank you very much and I know everybody's busy and our time is certainly valuable, so I'll let you lead and we'll just dive right in and see what happens.
- Kevin** Sounds good, Scott. Well, what I took the time to do is really put together the most common questions that I get and deal with on a regular basis, as do you, and I thought it would be great for the audience to be able to hear your responses with regards to what we're teaching all of our clients on a regular basis. So if you're ready, I say we get started and dive right into this thing.
- Scott** Yes sir, let's do it.
- Kevin** All right, so no particular order here because all of these are important. So why don't we just start out with, when a patient will say to us:

WHY DOESN'T INSURANCE COVER THIS TREATMENT FULLY?

- Scott** They do always ask the craziest questions. I think I would just make one big overriding statement before we dive into this. There's going to be a lot of commonalities in the answers to these questions because we don't need to make it so difficult.

Scott

The number one thing, as I explained to you on the webinar training, was to not justify, you don't have to be justifying, you're not the insurance company's customer service line. So when we're talking about these questions, sometimes you just have to be very blunt and direct about it and you also have to always remember that we want to move patients forward with their education and understanding about insurance.

So when somebody says, "Why doesn't insurance cover something you're doing?", you have to explain to them that first of all, insurance is not meant to cover everything that we're doing here. There are very specific things that insurance is supposed to be used for. Mainly it's going to be to maintain your health and keep you moving in the right direction. Anytime there's a breakdown, I always use the example of a car, I use the example, everybody understands cars.

When you think insurance, you don't think doctor's insurance. Most people think car insurance. They think of the thing they have to pay for all the time. Your car breaks down, you don't use insurance. You pay for it. If something damages your car, if there's some issues you have to deal with, maybe you're going to use insurance for something. Basically, you're responsible for taking care of this car and so you can imagine your mouth is so much more valuable than your car. So it's your responsibility to take care of it.

When people are asking questions about insurance like this, you have to say to them:

"Look, everybody's insurance is different. Most things in dentistry are not going to be covered by insurance at all because insurance isn't meant for maintenance. So we're really here today talking about your health and we're looking to restore your mouth and that's going to require some investments from you. You shouldn't anticipate insurance paying for anything. As a matter of fact, any money we get from insurance, we always just consider it a bonus. We celebrate a little bit and we should just be grateful."

So I really always say that to the patients, let's just be grateful because many people get nothing. So whatever it's going to cover, let's be happy about it. So you have to nail this first question very aggressively when they start asking about insurance paying for everything. It's not supposed to, sorry. There's a misunderstanding here.

Let's talk about reality, your mouth, your investment. Insurance is just going to be a little bit of a bonus if we're lucky enough to get some of it.

Kevin

Great answer, Scott, and just to support exactly what you said there, so that everybody really heard one of the most important points that you made is, you want to make the insurance seem as if it's this huge big thing that they actually received some money, because not everybody gets it. So congratulations, you just got yourself a gift and that's one of the biggest shifts from the way it's presented, the way it's said with emotion, that team members of our clients report back to me and say, "Oh my gosh, that works so well."

Thanks for pointing that out, Scott, and I again wanted to support, to make sure everybody heard that and wrote it down so that they can go and start to use that type of approach. It works like magic.

So the second one that I have for you here is this...

CAN I ONLY GET TREATED FOR WHAT INSURANCE COVERS?

Scott This is a question of naiveté and you see patients, again, prove that they do not have the understanding of insurance.

This is simple to answer because the answer is no.

“No. You’re going to get covered with whatever is best for you. We’re going to take care of you in this office with whatever is best for your health and we do not make decisions based around insurance and you absolutely are going to receive the most optimal care regardless of insurance having anything to do with it.”

So it's just like they think they go to the hospital and they say, “Is insurance going to cover me?” Many hospitals these days, you’re going to get no treatment. They’re going to give you minimal treatment. They’re going to send you back out the door as fast as they can if you don’t have good insurance.

So people have this idea and I’d rather them ask this question than ask the other question, but they have this idea that insurance is dictating and controlling their health and that they’re at the mercy of it and we just have to debunk that.

Kevin Yeah, good points there, Scott. It’s always great to relate it back to the health insurance and use them as a scapegoats because they’re the ones that are creating all our problems anyway.
[Laugh]

Scott No question, no question.

Kevin So use it, leverage it, make them the evil ogre who’s out there creating all these problems because that’s the kind of connection we’re trying to make with our patients so that they understand we’re the good guys. We’re the ones who are really advocating for them and we’re going to make it all work.

The next one I have for you is in regards to cleaning, hygiene. One of the common things that comes up for our clients who want to make sure they are doing a great job for their patients when it comes to maintenance and those kind of things is a patient will say:

HOW COME YOU SAY I NEED THREE CLEANINGS A YEAR WHEN INSURANCE WILL ONLY COVER TWO?

Scott Yeah, this of course is a very big question. We have so many people who are dealing with soft tissue management or their perio program or anything they’re doing with the deep cleanings and SRPs. It’s really very challenging because if you do it as slowly as the insurance pays, then the patient’s never going to get healthy.

So you really just have to tell the patients the truth. When they ask you about how many cleanings and is it covered or not covered and you’re talking about doing quadrants or scaling and replanning. You have to tell them:

Scott

“Look, here’s the deal, anything your insurance gives you, we’re going to consider a good day. Your insurance is going to cover a couple of cleanings a year. These are standard base cleanings. Some insurance is going to do a little bit better than that. At the end of the day, our responsibility is to get you healthy.

Let me explain to you what happens if we do not clean your teeth and your gums often enough. Well, your insurance is going to cover nothing because your mouth is going to corrode, erode, atrophy. You’re going to develop disease and you’re going to have major problems.

So the goal of everything we do in this practice is to be preventative, to be proactive, and right now, you’re dealing with a major issue with your gums. You see the puffiness, inflamed, you’re bleeding, you have disease. It’s why somebody bleeds, okay? Your gums are not supposed to do that. So what happens is we have to clean your teeth more often. We have to. You’re going to be responsible for some of it.

Now, the good news is you’re not going to be responsible for all of it but you have to understand, you have to commit to your health. If you don’t, you’re going to be forced into some very difficult decisions later on that your insurance is going to run the opposite direction from. They’re going to leave you high and dry. So it’s better to take what we can while we can get it from the insurance, use what’s available. We’ll help you maximize it. That’s fine, but over and above that, we have to be proactive.

Now I want to explain to you, the insurance gives you two cleanings a year. The insurance company is not looking at your mouth. Your mouth happens to need cleaning more often. There’s a reason for that. So the insurance has nothing to do with the health of your mouth. It’s a reactive thing. We need to be proactive here.”

So you have to give them some good explanation. You can take any one of those things I just mentioned and emphasize. When it comes to talking about your perio program and the frequency of your cleanings, you have to tell them:

“Your mouth dictates to us how often your teeth need to be cleaned, your gums need to be reassessed. Your mouth is the thermometer telling us what to do next. So please understand, no bearing on insurance whatsoever. The two things are completely separate. So the average patient will only receive two cleanings a year. Unfortunately not every mouth is just average. Yours needs a little bit more attention. The good news is you don’t have to pay for all of them out of pocket.”

Kevin

Those are really great examples that you gave there, Scott. Again, as we take advantage of the positioning of the insurance, I would make sure that however you feel comfortable and whatever sounds natural, that you correlate this whole idea of the guy behind a computer screen at his desk making health decisions for you as if you’re one of ten million people who are all the same, which we all know, no one’s the same. Their mouths aren’t the same. Their problems aren’t the same. So leverage the fact that they have no idea who you are as a patient, what’s in their best interest. They’re just trying to please stockholders. That is one of the things that really works well and that you can really leverage.

So, great examples again, Scott, and everybody should be taking these and definitely sharing them with their team and we’ve got lots more to go. The next one up for you here is...

WHY DO I HAVE TO PAY UPFRONT? CAN'T YOU DO THE PROCEDURE AND WAIT FOR THE INSURANCE TO PAY AND I'LL PAY WHAT'S LEFT?

Scott

[Laugh] Well, you know, it is definitely an excuse. I think that you have to decide how hard you're going to push this one and what your policies are going to be. You're not in business to provide dentistry for free. There's no patients working their jobs for free. There's no patients who are willing to take a discount for what they do. So you have to understand, you need to explain to the patient that our practice is not a bank. It's a dental office.

When you come here, you're going to do some procedures and you're going to pay for those and in many cases, you're going to get reimbursed by the insurance for some portion but it's going to be, if you're handling a fee for service or if you're giving the insurance money to the patient, you have a policy choice.

One of the nice things about our dental insurance escape plan and the thing that we're going to be doing together is all about you deciding the appropriate method of response and insurance procedures in your practice.

So it is a preference depending on how you're receiving money from the patient, how you're billing for the insurance to begin with. I would emphasize that when the patient asks you about whether they have to pay upfront or not or why they have to do this, you have to be able to say

"This is normal and customary. This is exactly the way we always handle it. I know in the past," this is what your patients are going to say, because in the past you haven't,

"In the past, maybe different policies and insurance was different at that time and some patients, we would have them do procedures and then they would pay later. The way it works for us is that we make a commitment with each other on your treatment plan. We're happy to work out some type of financial arrangements if that's what you need but you will be making an investment in advance of your treatment because that's obviously the only way we can do it. We have to take care of the time and the supplies and the expertise of the things that we're doing for you and you're going to make an investment in that prior to it happening."

The other portion I think that you can say is that we have to treat all patients fairly. Everybody wants to be treated fairly and while everybody thinks they are maybe more important than someone else, they know that it's not actually true. So you say to them,

"Our policy here is very simple. We're taking care of every patient equally and you're going to pay at the time or prior to the treatment and you'll receive the insurance, whatever that may be, because all insurance is different, because we don't let insurance dictate your care and the quality of experience that we provide you. We ask you to make the investment that's your responsibility to your health and then whatever happens after that, we're going to help make sure we maximize your insurance benefits for you."

Kevin

That's great, Scott. It's always interesting when you approach the subject because everyone's going to be a little bit different about it.

Kevin

I really love the way you always describe this with regards to, “Hey listen, we have work to do. We have expenses, no different than you.” Just like they get paid to go to a job, they don’t wait for a paycheck until things happen or their company gets reimbursed by suppliers or whatever the case is going to be. So it’s an excellent way to really get people to understand it and to at least try to help them make a connection so that they can make it more personal.

So here’s one of my favorites and I was waiting ‘til about midway here to bring this one up, but one of the most common things that I hear about is a patient who says:

***WELL, IF MY INSURANCE DOESN'T COVER THIS TREATMENT,
HOW DO I KNOW IT'S EVEN NECESSARY?***

Scott

I know, isn’t that funny? Again, here we have a few choices. The most important thing I want you to do, if you followed the patient experience, if you’re following what we’re teaching, you really shouldn’t get this question because you will have built a relationship with the patient. You will have showed visual proof. You will have followed my three pieces of pictures, proof, and pain. You will have gone through certain things so the patient understands that of course it’s necessary because they can see it. You’ve given them illustrative proof, technological support. You’ve diagnosed them completely.

The bottom line, you say, what’s important for you to remember, listen to this,

“If your insurance doesn’t cover it, then I can almost guarantee that it’s absolutely necessary because your insurance never covers anything that’s actually important. There’s nothing that, no one’s going to give you free dentistry that is of any kind of consequence. The only things that matter are the things that insurance isn’t going to pay for because that’s what’s going to keep you healthy. So for you asking this question, you have to understand, the insurance company’s goal is not to pay for your health. Their goal is to make a profit and that’s by not putting money in your mouth, you understand?”

We’re looking at this procedure. We’re looking at these things we’ve discussed here and I’m showing you why it’s absolutely necessary that you do this, because if you don’t, there’s going to be severe ramifications and consequences in the future of your mouth because it’s not going to get healthy by itself.”

So there’s no reason to have to be too negative. We don’t to constantly be bitching and bullying about the insurance. You have to make sure you draw the line in the sand and by the way, I’m working hard to maybe not repeat everything I said on the webinar because that’s the whole point of doing this differently but, remember, I explained to you that you have to be a team with the patient. You and the patient are the team. The insurance company is the enemy. You’re working with the patient to get them healthy. The insurance company is working to pay as little money out of pocket as possible and put all the responsibility on the patient.

So you have to help them understand that going through the new patient experience or any patient experience, you should be building their belief in the necessity of their treatment separately from insurance.

Scott

So you tell them, very simply,

“Mrs. Smith, it’s a great question. You asked this about insurance and whether the treatment is necessary. Unfortunately, I have to tell you today, there’s zero connection between what’s going on in your mouth and what your insurance company has to do with. Every insurance policy has a few little bullet pointed lines down it that say ‘This is what we’re going to cover.’ They made that decision before you ever became a policyholder. They made that decision before they ever knew who you are and they obviously made that decision without ever seeing your mouth nor will they. So you need to understand these two things are totally separate from each other. You and I are going through an experience here where I can show you what’s necessary, why it matters, and what happens if we do a good job, make a smart decision, or we do a bad job and make no decision at all. You can tell the difference.”

So that gives you enough to go off of, I think.

Kevin

Yes, I would agree. I’d love to dovetail into this next one that is on the same path but maybe gives a specific example and I’ll just share something that I heard recently. So a patient says:

**YOU SAY THAT I NEED A CROWN BUT INSURANCE
WILL ONLY PAY FOR A FILLING. WHY IS THAT?**

Scott

Yeah, well, that’s probably the story of the day. I think that this is one of the things we get so many times because our doctors, I mean, who wants to be doing fillings? Really, at this point in their career, they shouldn’t be. We believe in permanent solutions.

There are times, of course, I’m no clinical expert and not supposed to be, there are times when a little patchwork, a few band-aids, makes sense. But we’re looking for permanent long term restorative care that is not going to be to be repeated.

So what is important for you to tell the patient is that:

“We’re focusing here on optimal health. Insurance is focusing on getting you by. See, they are not living with your mouth. So they’re always going to undercut the value of the treatment, the quality of the procedures, because an insurance company really is another name for gambling.

The insurance company are gamblers. They are saying if we spend as little money as possible and we drag out the health of the patient as long as we can, we’re going to be able to keep our money in our pockets and we’ll be able to make more profit on our money over the long run. So the least amount they can pay out, the better. They’re betting that they’re going to pay a little tiny bit over the time of your life while your mouth continues to deteriorate and then and only then, when you reach a point where your dental health is somewhat broken down and severe, you now have to pay all of it out of pocket because the insurance will pay nothing.

See, they’re waiting for this to happen. They’re intentionally doing the least they can. On the other hand, we’re looking out for your best interest. After all, we have to see you. So when you come back here, we don’t want you to be bringing us emergencies. We don’t want you to be bringing us problems. We don’t want you to be bringing us things that you’re unhappy about. That’s why we’re always focused on doing what’s best for you for the future. That’s why we do proactive care.

Scott

So that's why today, I'm recommending the specific types of crown for your teeth instead of just putting on a little band-aid because then we have to do it again and fix it again and fix it again and eventually, all that money is going to add up to being way more than you're ever going to get the insurance to pay for. You're going to be out of pocket so much more. If you just make an investment one time right now, you're going to save so much money over the long term. It's going to feel so much better to you and, quite frankly, it's going to look better.

I think it's an easy decision but understand, the insurance companies, they are taking all the patients of the world and saying, "We're going to allocate one of these for this person and one of these for this person and one of these for this person." Now, if you use up your inventory, you're done. Many patients are going to use nothing, but you don't get to borrow theirs. That's how the insurance company makes a profit."

I want to make an important point - I have to elaborate because you're going to do much less than what I'm telling you. You're not here to educate the patients on insurance school. You need to be very specific, very direct, and very poignant.

I'm giving you lots to work with so you can, like Kevin said, pick what fits you, what matches your personality and your practice, and you can use it. The most important thing for you to do is take these questions and go back and pick one sentence and have an answer.

So a patient says, "You recommended crowns and insurance only pays for fillings."

"Of course, the insurance only pays for fillings. The insurance company always does the least they possibly can for you. They're not interested in your health. They're interested in making a profit.

We are the ones that have to live with this decision, you and me, and I want to do something that you're going to be happy about and that you're not going to have to replace and redo again and again which, by the way, will always end up being a lot more expensive than what you're doing right now, just making a little investment. Insurance might not cover it but it's the right thing for you and you're going to come out ahead both today and of course for the long term.

So we don't really care what the insurance is going to do. We care about what's best for you and besides, the insurance company, of course, has a vested interest in doing what's not good for you so they don't have to spend very much money on your mouth."

Kevin

Excellent points there, lots to definitely work with, Scott. One of the things I want to point out, this is directly with the work I do with team members at different practices, is keep it simple. Use one thing, one sentence, one argument with regards to how you handle these types of objections that you're getting and then, after you use it, talk about it. How did it work? Did it go well? What kind of response did they get?

If you didn't get the response you were looking for, let's go back and adjust how we approach it or try a different way of explaining it. So there's a little bit of trial and error but once you get victories and get people to say, "Yeah, that's right. I totally get it" and then they jump onboard, then we remember those and really make that part of our method that we do on a regular basis.

Kevin So Scott, thanks for making the point of keeping it simple, picking one thing and really working with it. I know time is of the essence here and so I have a few more but I'm going to lump a couple of them together. I think these are important. Two questions that come up and they're somewhat similar. One is:

WHY DON'T YOU ACCEPT MY COMPANY'S INSURANCE PLAN?

Then dovetailing into that,

**WHY AREN'T YOU A PREFERRED PROVIDER IN MY PPO?
CAN YOU GET ADDED?**

Scott Right, okay, that's great. Yeah, they're definitely similar. We have to deal with this a lot. A lot of people have to deal with it on the phone.

So first of all, I will say this is going to be different for every practice because you may be in that work. You may be preferred providers for some and not others. You may be in zero. You may be in all of them.

There's three things you must know about this point. Number one point, you take insurance, if you do, which pretty much everybody does. It's just a matter of whether you're billing it for the patient or billing it for yourselves, whatever.

The point is,

"Mrs. Smith, I think we have a misunderstanding. We 100% take your insurance, understand? We help all of our patients maximize all of their insurance in every case. What we don't do is we do not allow the insurance to dictate your treatments because obviously this is about a doctor patient relationship. When you become a PPO or in network or whatever you want to call it type of practice, you lose control over the standard and quality and specific personalized care for our patients. See, the idea of PPOs is creating standardization. It means treating every patient the same. That's something that here we just don't believe in and, of course, it's something you would not want us to believe in because it'd be a very bad thing for you.

So I think the point for us to clarify is, we 100% take your insurance but we also provide customized dental care for your mouth. That is the reason why we have not allowed ourselves or you to get sabotaged

Now, second point of this for our listeners, it's critical for you to understand that in almost every case, in network providers get paid less. You sign an agreement and you've said, if you send me patients, I will accept less money. That's what you said and the PPO providers are going around getting as many dentists onboard as possible and then they now have to take the same number of patients and share them with more people. or held back or handicapped by what the insurance company dictates.

Scott

Now, second point of this for our listeners, it's critical for you to understand that in almost every case, in network providers get paid less. You sign an agreement and you've said, if you send me patients, I will accept less money. That's what you said and the PPO providers are going around getting as many dentists onboard as possible and then they now have to take the same number of patients and share them with more people.

So technically, they're lying to you about sending you people, but nonetheless. So they're giving you patients and in exchange, you're taking less money. It's a very lazy way to do it. I mean, why not just have a little ingenuity and go get your own patients? Why not have a reputation or a marketing strategy or referral systems and you get your own patients?

In almost every case, if you are not in network, the insurance company will now reimburse you at a much higher level. So let me say, for example, if your crowns are \$1,400, if you're in network with an insurance, you may get \$800. If you're out of network with insurance, you may get \$1,000 or \$1,200.

So we then are worrying about a couple hundred dollars for the patients that need to pay us but you're already getting more money than you were otherwise. So you're coming out way ahead.

So what I say, point number three, this is the entire approach to our insurance escape plan, is coming up with a customized approach for you. Every practice is different. If you take every practice and you look at, if you want to pull out the PPOs, you do not have to immediately slap your patients with a big bill because you're already going to get an increase of upwards of 20% to 30% of your fees. So you do not need to penalize your patients and scare them off.

There's a smooth transition you can make, a very smooth transition. It's critical to understand this. When your patients say, "Are you in network? Why do you not accept my insurance?", all they are meaning is, "Why do I have to pay out of pocket?" but they don't know that. They may not need to pay out of pocket. Out of network fees may be way more than you've ever gotten before and the patient may not need to pay anything.

So it's really important, you cannot take a cookie cutter, a big broad brushstroke blanket to your insurance strategy. You can't do it, because you're going to not give the patients a fair chance. They do not understand. As soon as they ask, "Are you in network?", they're already proving that they have no clue what they're talking about because what they're asking is, "Why do I have to pay you money over and above my insurance?"

That's a different question. They're asking, "Why are you not in network?" So you're telling them, number one,

"We do accept insurance. We're in network with everybody. We work with all insurance companies. What we don't do is allow them to dictate the care and treatment that we do for our patients. We do not accept standardized care across every patient, meaning that we treat everybody the same regardless of their problems. We believe in individualized, personalized, and custom dental care for you and anybody else you know."

Scott Now, that's why we also, you cannot say we're out of network because insurance companies take all of our money or because the insurance company discounts our fees. The patients don't give a shit what you're getting paid, okay? You cannot tell them about the insurance and reimbursements.

You have to say the insurance company dictates the type of care and that is based on how they pay their fees. So it's very important to understand but remember, you don't just say, "We're out of network. You have to pay all this money."

You need to understand the metrics in your practice and what the insurance company is doing. This is what I taught you on the webinar about the insurance matrix. Once you outline the matrix of your practice and the reimbursements of the insurance, you can make great decisions about how you deal with this question.

Do not let patients run away because you're out of network. It has nothing to do with their decisions. Are they going to base their decisions on the quality of care or are they going to base their decisions on who the insurance company tells them to go see?

Last time I checked, A, I didn't like to be told what to do. B, I certainly don't want to be told by somebody who doesn't know who I am. The whole point of living in America is to choose where you go and what you do. So why would you let your insurance company dictate something so critically important and so personal to you as the care and health of your mouth? Bad idea.

Kevin Great point, Scott. A really great question that you can ask a patient is, do you believe the insurance company knows better than you do about what's important and what's going to get you healthy?

Again, it's getting that buy-in and agreement from the patient to acknowledge that the insurance company isn't the one who knows best and when you have that positioning in place, it makes it a lot easier to get a patient onboard and agree with what's truly necessary in order to get healthy, which is why we all do what we do.

So the last couple that kind of go together here, Scott, that I always appreciate when I hear these as well, is one,

WILL YOU CHANGE THE DATE OF MY PROCEDURE SO I CAN GET INSURANCE TO PAY FOR IT?

Then something very similar is,

CAN WE WAIT UNTIL MY INSURANCE BENEFITS RENEW NEXT YEAR?

Scott Sure. Well, you can always respond to the patient,

"Hey, you know what, that's a great question. Many people don't understand the way insurance works and I always appreciate when you ask. Now, when it comes to delaying treatment or waiting until benefits renew, it may seem like a good idea in your mind. It's not a really good idea in your mouth."

Scott

There's two things at this practice here that we don't believe in. The first one is, we don't believe in delaying what's right for you. So anytime you delay, it's like saying, "Are you hungry but we're going to delay eating until tomorrow. If you take your teeth, your mouth, you need some treatment here. You need some work. You're a little unhealthy, but yeah, we're just going to wait.

If you have a wound or a sore or you were bleeding out of your arm, you wouldn't say, "Yeah, I'm going to put this off for a while." You would deal with it. You would address it. Because a lot of times the challenges of your mouth aren't seen, you can't look in the mirror and see them, you don't understand what's going on there.

That's, of course, my job. We tend to make them less important than other things. The reality of it is, we believe and we're maybe biased, we believe your mouth is far more important than any other part of your body because it affects all of them. It affects all the things on the inside and outside. So it's important for you to understand, we don't believe in delaying something that is the right thing to do now. I wouldn't have brought it up if it wasn't important and if it didn't need to be done. So let's get that out of the way.

Second, the other thing we don't believe in is the insurance companies dictating the timeline of your treatment. There's a very important reason why."

Now, pause and listen. You go back to the first part of our recording, the same answers apply, the same answer of explaining how the insurance companies want to do the least amount possible because they're trying to make as much profit as they can. So they want to spread your treatment out. They never want you to get very much because that's how they maximize their money. So you can insert that here.

You can also say:

"The reason why we never delay treatment is because your mouth is an always growing thing. It's changing all the time. If we say we're going to wait until your insurance renews, what we're really saying is next year, your mouth's going to be perfect. It's going to be the same. We're going to push pause and one year from now or one month or six months from now, your mouth is going to be exactly the way it is today. Unfortunately, I'd be lying to you if I said that was true. It's not.

Your mouth is always changing and next year, your insurance company is not going to cover anything extra. It doesn't compound. It doesn't say, "Oh well, you didn't use it this year, so next year will be two." It doesn't do that.

So every year that we delay and wait and do one tooth at a time, we're never going to reach complete health. Our goal is to get you to optimal health because then we can maintain and keep you at the best that you deserve. You absolutely deserve to be healthy. If we wait and do it step by step and let the insurance dictate the timelines, then you're never going to reach that goal. They don't want you to reach that goal.

So the answer to your question, Mrs. Smith, we can't wait. We will help you maximize your insurance. The treatment is necessary today. We need to get it scheduled so that we can get you healthy. Next year, there's going to be other ways that we can utilize your insurance and things that will need to be done but for this year, we need to take care of the treatment that we've identified together and satisfy the goals that we discussed."

Scott | So that's how I would handle it.

Kevin | Yeah, great way to put it, Scott. A couple of things I'd like to add to it, at the very beginning of when you were responding to this, to give people a couple of tips that are very helpful when it comes to the patient psychology.

The first one is to acknowledge that it's a really good question that's being asked. Don't ever get upset about it or frustrated or whatever the case is, even though we hear it over and over and over again. You acknowledge and say, "You know what, Mrs. Smith, that's a really great question."

Then you can transition into making them feel like they're part of the majority which is what most people want. So you say, "You know what, we get that question asked a lot and the good news is I have a really simple explanation for you, that once we tell the majority of people, they totally get it. So here it is."

So you preconditioned them that if they're going to be like the majority, that they're going to understand it too, before we ever delve into it. So a couple of really key points with regards to how to really approach people from the human element side of it, the psychological side of it, that helps to put you in a power position, that you are the one with the answers. You have reasonable explanations, so that they can come onboard and agree with you. So I just wanted to make those couple of points.

Scott, we hit a lot of questions here that clearly are the most common. I hear these all the time. I wanted to give you an opportunity here as we wrap this up and finish up the call, anything else that you want to specifically point out that really came to mind as we were talking here or maybe one point that you want to reemphasize for everybody listening?

Scott | Well, I think you just did a brilliant job of talking about psychology. I covered so much on the webinar training. I wanted to give people some tactical things to deal with specific questions. I did have a lot of verbiage and a lot of different ideas in the presentation I gave.

I think, Kevin, the most overriding point I would make, aside from what I've already stated, is that there's three things.

The first is you have to decide your strategy. The whole point of the Dental Insurance Cure is that you have a strategy to get healthy in your practice when it comes to insurance. So you can't just be accidental. You can't be willy-nilly. You can't just see what happens. You have to have a strategy and a plan to follow through. That's the point of our engagement. That's what we're doing with the insurance escape plan and the strategy call that we're going to be having with many people.

Secondly, you need to realize that the patients don't know. They're undereducated or not educated at all. They're not asking to offend you. They have been misled. They have been told lies. Again, I covered all this in the presentation. It's very important to understand, like Kevin said, don't get upset. You need to use every opportunity to reprogram the way they make decisions and get them to focus on health.

Scott

Then the third thing is you cannot play victim. Our entire training the other day was about you being the hero, the hero to yourself, the hero to your patients, the hero to your practice, to your profitability. Don't play the victim card. Insurance, you do not have to be the loser. As I said, the insurance will always win. They have to. They have to make a profit. They will, but they don't have to do it at your expense. Only you decide that.

You have to take control. You have to have a deliberate strategy. You have to focus your practice on the health of the patients, educating the patients, and taking control, comprehensive and complete diagnosis and ensuring that you have a great experience to solidify case acceptance.

At the end of the day, insurance is just a tool. It's a vehicle. It's a vehicle for you to get paid and it's a vehicle for your patients to use but it has nothing to do with the structure, the foundation, or the integrity of your practice.

We have to, just like we are oftentimes controlled by the schedule, you are controlled by the insurance. You have to stop this. You have to be in control of your practice and always remember, confident, direct, specific answers to the patient's questions. People just want to be validated. You don't justify. You don't defend. You stay on the offense. You speak adamantly and confidently and you stay in control and the patient is going to do whatever you say.

At the end of the day, you're the doctor.

So, I hope this was helpful. Kevin, I appreciate everything. Your guiding us through this certainly helped make everything I said much more tangible and applicable and beneficial for people.

We look forward to everything you're doing. If you haven't already gone to www.InsuranceEscapePlan.com, you probably shouldn't be getting this right now, but if you haven't done that, you can do that and receive some of the other materials as well as begin the journey together with me because, by the way, you're not going to do it alone.

You're not going to do it alone or you would've already figured it all out. It's going to take a team of backup. It takes us collaborating together to take this problem off your plate and to really master your practice growth by not being at the mercy of your schedule, your patients, your insurance, your reimbursements, or anything else and really putting you back in control so you can realize the vision you have for your dream practice and that's what it's all about.

You should accept nothing less than that.

As long as you're being sabotaged by the insurance, you're certainly not realizing your full potential.

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