

Did I Call Your Office?

Recently, my team and I made secret shopper phone calls to dentists in Atlanta and outlying communities, including sample groups in Macon, Columbus, and Athens. We had a single basic question:

“How much do you charge for a crown?”

All calls were made Monday-Thursday, 9 am to 5 pm, or Friday 9 am to noon. My identity included a few details: I just moved here from Florida and have not seen a dentist in a little over a year. The last time I had a cleaning, the doctor and hygienist told me that a big silver filling in the back on the upper right was corroding and I would need a crown. The tooth has been bothering me lately, and is sensitive when I drink cold drinks and eat sweets. I have dental insurance through my spouse’s work, a popular restaurant chain.

Our Results

Of 56 calls made, 25 (44.6%) offices answered the phone, 31 (55.4%) offices did not answer. Of the 25 contacts made, 17 (68%) gave us the fee without asking any questions at all.

Why Does This Matter?

If presented with this information, many of the team members we spoke with would say that these calls are a dead end. The usual assumption is that the caller is holding a treatment plan from another dentist in town and the patient is just calling around to see if they can get a lower price.

This is risky logic – how can we determine this without asking any questions at all? I could have just as easily been a referred patient with a broken tooth, worried about finances and asking about price before committing to an appointment.

In marketing, we spend a great deal of time and money targeting a buyer that statistically has both the need and ability to invest in our products and services. This type of phone call certainly establishes “need” and I think we can all agree that we must pursue a relationship to assess (rather than assume) “ability,” and make every effort to help this potential new patient find ways to pay for necessary dentistry.

Twenty-two (92%) offices contacted told us their fee for a crown.

Of these folks, only one mentioned the possibility of a root canal, and no one raised any concerns about infection or gum disease. As a former dental assistant, I would be reluctant to present a crown fee to a stranger without considering that the tooth may have pathology that even my doctor cannot possibly diagnose over the phone. (What if the tooth is cracked and must be extracted?) Setting incorrect expectations can easily backfire into soured relationships.

The Winner

We had a superstar in our call survey – she was delightful! I will not reveal her name or location, because I don’t want to blow her competitive edge. I will, however, share with you the polished manner in which she handled my call.

She stated her name and after listening to my plainly stated question, instantly asked for my name and thanked me for calling.

She offered me a “Complimentary Consultation” because it was very important to their office that they “give me accurate information” and they would “love to meet me and show me around the office.”

She asked me to schedule an appointment – “Would you like to make



an appointment? This way we can give you an exact fee.”

She was engaging and positive; when I said I had dental insurance, she said “that’s great!” without going into lengthy details about plans, etc. Instead, she offered, “As part of your complimentary consultation, I will verify your insurance and research the details of your plan.”

When I told her I would have to speak with my spouse, she took my phone number and my name and asked if it would be okay to follow up with me next week – and she did!

Unanswered Calls

The majority of the non-responsive calls went into voicemail or were picked up by answering machine. As a note, nearly all of the answering machines were of poor audio quality and difficult to understand. We made 14 calls in one city alone between 1 pm and 2 pm on a Thursday. Twelve (85.7%) of these offices were closed for lunch.

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56 CALLS • How much do you charge for a crown?

25 Total “Live” Responses. The receptionist . . .

stated their name upon answering call	21	84%
asked my name	2	8%
asked “what kind of insurance do you have”	2	8%
asked “have you been here before?”	2	8%
asked me how we heard about the office	1	4%
asked me dental history questions, “sensitive to hot,” “how long has it been sensitive,” etc.	1	4%
asked no questions at all	17	68%
recommended that I schedule a dental cleaning with exam and x-rays	1	4%
was clearly making the effort to be friendly, helpful, and express a genuine interest in our needs	5	20%
made me want to call back for an appointment	4	16%
was a SUPERSTAR	1	4%
used terminology, such as “core and post,” “build up,” or “porcelain, metal, gold”	10	40%
gave me a fee	22	88%
gave a fee range	1	4%
would not give me a fee	2	8%
went into details about dental insurance	5	20%
gave me a lot of information about the dentist and the practice	1	4%
told me about a consultation (free or otherwise), but did not ask me to make an appointment	2	8%
described the crown procedure in detail	1	4%
recommended that I visit the practice web site	0	0%
asked “would you like to schedule an appointment?”	2	8%
mentioned possibility of infection or gum disease	0	0%
mentioned possibility of a root canal	1	4%

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How bad (really) are unanswered calls?

Sales 101 teaches us that “a ringing phone is an opportunity.” In today’s marketplace we often find ourselves in competition - not with our colleagues, but with the time crunch our patients face as they juggle work and family priorities. Faced with holes in my schedule or a dip in new patient activity, it might be time to capitalize on these missed contacts by forwarding the office phone to a cell phone during lunch, or even after-hours for the highest level of response.

The Takeaway: Know Your Options Before You Answer

To be effective in what we say, we must understand what we can say. A team meeting is a great way to discuss telephone responses

and set parameters for acceptable ways for new patients to enter your practice. As our “superstar” illustrated, the ability to offer a no-risk appointment to a new patient caller, or to carefully listen and offer a practical solution that is agreeable to both parties, can convert these calls into new patients.

We will continue to build our call response data bank and post these results on the the GAGD web site (www.gagd.org). Are you our new superstar?



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South Carolina AGD Meeting

October 16-17, 2009 • Marriott Grande Dunes • Myrtle Beach, SC

Lasers in Dentistry: Using Lasers to Treat Periodontal Disease with speakers Delwin McCarthy, DDS and Lloyd V. Tilt, DDS, MS. CE Credit: 12 hours Lecture

To register, contact Cindy Ott, SCAGD Executive Director at ocenter@bellsouth.net

**WELCOME,
NEW MEMBERS!**

Please join us in welcoming our newest members to the GAGD! The following dentists have joined the AGD or transferred to our state since May 2009.

- Katie Anthony, DMD - Augusta
- Shaliza Dhawan, DMD - Evans
- Edmond Franklin, Sr., DDS - Atlanta
- Adnan Hossain, DDS - Douglasville
- Joseph Kim, DDS - Suwanee
- Sun Kim, DDS - Duluth
- Yeonjoo Kim, DDS - Lawrenceville
- Trevor O’Neil, DDS - Savannah

- Paul Rogers, DDS - Evans
- Justin Scott, DMD - Atlanta
- Craig Smith, DDS - Marietta
- Kyle Smith (student) - MCG School of Dentistry
- Ben Steele, DMD - Alpharetta
- Diane Stephens, DMD - Stone Mountain
- Karen Williams Cooper, DDS - Savannah



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