



Segment Four - Role Playing and the Third Domino

"TREATMENT COST"

The Fourth Domino is the “now or later.” The fifth, only if we have to use it, is the person who is truly a price shopper and going to go to the cheapest place in town regardless of what we say. Ethically, we let them go somewhere else. This is 15% of your patients. You say, "Listen, if you're willing to look past everything we have to offer, at least let me send you somewhere reputable but cheap." And what you're doing is taking away the sale. It's kind of like, if you're really just going to go somewhere that's cheap-- I can't pay my assistants \$2 an hour, and I can't use cheap brackets, and I can't-- right? This place is high-quality. I can't sell you a Cadillac for the same price you're going to pay for a used Chevy. I just can't do it. So what you're saying is we're actually taking this option off the table.

A lot of times, parents will go, "No, no, no. We want to come here." They'll actually come back to the table. We actually had a dad get his-- he sat there the whole time, didn't say a word. We got him on the secret shopper tape. Mom's talking, T.C.'s talking, the doctor's talking, and dad's not saying a word until we get to the point where we take it away. Dad literally got his wallet out and put it on the table. "No, we want to come here." It's the first thing he said, "No, we want to come here." Right? I want the best for my daughter, but he didn't say anything until we actually started to take it away. The takeaway sale is a powerful position because you can say, "We're not going to lower our price. We're not going to price match. We provide a really good service, but if you really, really, really want what's cheapest, I know a friend. He's about 20 miles that way. He's good, but he's cheap. And we actually send them to a friend of ours who's good but cheap. It's about 20 miles away. It's the ethical thing to do.

There are some parents who can't afford it and your job is to actually help them find somewhere where they can go. But for the rest, for 85%, they will then emotionally come up with a reason why they want to come here. For all the reasons you listed why you're an apple and everyone else is an orange. So it's really, really powerful. We only do the takeaway if mom's just not cracking. She's like, "Nope. Dad's going to go with the lowest bidder. Dad's going to go with whoever's cheapest." Like we're contractors. We're going to go to the lowest bidder. And so mom literally is just holding her ground. You're going to say, 'Listen, you might not be ready for this just yet.' or "At least let me send you somewhere reputable but cheap.' And mom will usually come back and go, "No, we want to come here." You know they'll come back to you. What they're doing is actually listing all their objections again.

Do you literally give them referrals like a card? Sure! There's nothing wrong with that. I do it. It is a friend of ours. He does really good work, but his office looks kind of like a Medicaid clinic. The chairs are bolted to the floor; it's like linoleum. And he provides decent care, but it's really, really cheap. I mean they're not open, their hours are really restricted, their clinical assistants are a little rough around the edges, and there's no lifetime guarantee, there's no coffee machine in the waiting room, and there's no Saturday hours, and there's no greeter, and there's none of that. We are ethically helping a parent who has to worry about price-- there are 15% who truly have to buy based on price. They have a budget, right? They could be on fixed income, they could be a widow. You never know what their life story is. They genuinely have a price objection. And it's not ethical to make them feel bad for not choosing this amazing place, right? Because they go, "I wish I could afford this for my kid. I wish I could, but I can't."



If you leave the room and let them hang with that over their head, you're really making them feel like a bad parent. We think that is unfair and unethical. So we actually will help them find a place that is cheaper, because there are cheaper places out there.

When you do this parents will actually thank you for being brutally honest with them. They come back and say, "Thank you so much. This made me feel like a crappy parent because I couldn't afford this type of orthodontics, but I really do want to straighten her smile, and I just-- I can only afford 3 or \$4,000." And we sent them to my friend who is really cheap. He's like \$3,500, and he does a good job. But, see he can make that work in his model. His overhead is like, nothing, right. There's no lifetime guarantee, the building is in an undesirable part of town, the brackets and wires are cheaper, the assistants are paid very little, the chairs are literally bolted to the floor in the waiting room. That doesn't work in our model. We can't do the things we do with a price structure similar to his.

This is where most orthodontists get totally confused. They think they've got to start everyone who walks in their practice. 85% is more than enough. It's 35% more than the national average.

15% will say, "Well, I love it here but we just can't afford it." Don't make them feel bad for not being able to afford it.

Here's what I'll say about you thinking you have to convert 100% of your new patients – you are a perfectionist and that's what drew you to the profession. And we take that and we spew it all over everything else in our lives thinking if someone says no, then this system isn't operating perfectly. That's just not life. We've got to be okay and here's what happens when you're in that position. It's a powerful position. When you're willing to let them walk, and go, but ethically refer

them somewhere else, you put yourself in a very powerful position where they know he was honest, he was ethical, and he's obviously successful. However, when you go to the point where you say things like, "Okay, well, we'll match his fee. We'll give you 500 bucks." You start looking kind of desperate. It actually repels a sale, right? So you got to be in a position of being able to let people walk, because they're going to anyways.

So we are going to be going into domino number two and domino number three. We're going to be talking about length of treatment, and we're also going to be talking about pricing and price range on the third domino.

So we'll say things like, "So we don't trade a dental problem for a financial problem." We're going to go ahead and arrange a fee just so you're comfortable-- it ranges between 5 and \$7,000. Was that kind of something you were prepared for? And it lets you segment into the TC not doing all the heavy-lifting on talking about money. That also gives mom a chance to say, "Whoa! I thought this was going to be a thousand bucks and covered by my insurance. Her brother only had a few braces and it was only 900 bucks and our general dentist did it." If you go past that domino and assume that she's going to pick up all the pieces, again, you're taking the TC and throwing her under the bus. So we got to make sure before you leave the room, the mom and patient - mostly mom in a situation of money - have had a chance to list all their objections. So after that point then, we're going to get them to, "Are you doing this now or later?" And it's not so much we're pushing them into treatment. It's - are they going to wait for flex spending? She was waiting for volleyball, in this example. We might make her be a little tougher on you this time and have a better objection like, "Well, her stepdad's going to pay for it and he lives in Michigan, and until I get money from him, we can't do anything." Now, they're really frozen in time. We got to find a way to help them let you know that, right? Otherwise, they walk feeling uncomfortable and you think it was something you guys did." But there's no way they're starting



until dad says, "We're ready to start," and that's okay. So we'll go all the way back through and this time, you guys can be a little tougher on them and be a little harder. Maybe you guys are still arguing about braces versus Invisalign. And those scripts are going to be more important now where you really listen to the mom. And if she says, "I don't know. I've got to be honest, we've been to two other orthodontists and they're a little more expensive. And so I just want you to know that we're going to kind of weigh our options here." When I talk to dad, you're going to come back with, "Well, tell me a little more about that. Is it the overall price that you're concerned about or is it the monthly payment?" And get them talking more about their objection. It could just be that she wants to finance that for 30 months and everyone in else in town will only finance for 24 months. So you win.

It could be that she really does want \$500 off. Maybe you talk about a free set of second retainers. And now she can weigh the value to dad more comfortably, because she really does want to come here. So this would be a little harder this time. I'll give you guys a little bit more opportunity. And the cool thing is that we're making the doctor do most of the work here. The treatment coordinator is going to come and make sure that all of this gets tied up with a nice red ribbon on at the end, but where we expect the treatment coordinator to be the ultimate authority and do all the heavy-lifting when you're out of the room, it just doesn't go as well, right? So when a doctor asks the right questions and you come in and just figure out the finances for mom, this goes very quick. Just cool.



NEXT STEPS: Be sure to watch the video or listen to the audio file then take the quiz to test your knowledge and comprehension of the concepts presented in this segment. Role play all the way up to the cost domino.