



ANSWER KEY

Quiz for Comprehension - Segment Seven

- 1. If a mom is uncomfortable with the finances, what is proper scripting?**

 - A) I'm curious, what makes you feel uncomfortable about the finances?**
 - B) You shouldn't be uncomfortable, we will get your payments at low as you need
 - C) You should be a little uncomfortable, braces can be expensive.
 - D) This is really nothing to worry about. Everyone gets braces nowadays.

Most offices will ignore the financial objections or buying signals. The most productive offices address them head-on. Ask the mom an open ended question and then listen.

- 2. What is good scripting if a parent says they are looking for a good deal?**

 - A) I completely understand and if you're looking for the cheapest option, we aren't going to be the place for you. However, if you're looking for the best care we are the place for you. What's more important to you? Getting the best care, or getting the cheapest price?**
 - B) I know we can give you a good deal. Do you want us to match your first opinion?
 - C) We can give you a great deal! Name your price.
 - D) We don't negotiate prices, the price is the price.

Many orthodontists fail to agree with the patient during an objection. The first step is to agree. "You're right. I don't blame you. I would want a good deal too. But, it's important to understand what you're buying..." then be firm with the fact that your office is different and that you have choices as a consumer: cheap or high quality. Which is more important to you?

3. What is the correct order of dominos?

- A) Treatment Length, Treatment Options, Treatment Cost, Treatment Start Time
- B) Treatment Start Time, Treatment Cost, Treatment Options, Treatment Length
- C) Treatment Options, Treatment Length, Treatment Cost, Treatment Start Time**
- D) Treatment Options, Treatment Start Time, Treatment Length, Treatment Cost

The domino system must be followed in order if you want to achieve the best-possible results. Any time a doctor or TC gets out of order, it is confusing for the patient in the sequential series of agreements that are necessary to get to YES!

4. What is the proper scripting for the doctor when discussing what's wrong with the patient's teeth?

- A) The teeth are crowded and don't fit together quite right.
- B) There is a tooth alignment and a jaw alignment problem.
- C) There is a tooth size and jaw size problem.
- D) All of the above**

This is the number one area that doctors fight me and fee feel uncomfortable in the entire process. Most doctors think they have to spend 20 minutes scaring the patient and parent to death with details about the teeth and what we're going to do. I've started over 16,000 orthodontic patients in 10 years and I can tell you empirically that patients really don't care how much you know. They want to find someone they trust. Preferably a super-star or trusted authority. And, the trusted authority in the room doesn't have to explain things in painful detail. Would you need Warren Buffett to spend hours explaining why he is qualified to give you financial advice or would you just take the advice? It's no different here. When you spend 20 minutes explaining boring dental details to patients and parents, you're expecting them to be as excited about teeth as you are. They aren't. Get over it, build trust and get to the part where you can help them as soon as possible.



5. **If a patient doesn't schedule records, they are considered a:**
- A) No Show
 - B) No Sale**
 - C) Same Day Start
 - D) Growth and Development

We classify anyone who is eligible for treatment and that we thought was a good fit for our practice but does not schedule records or a same-day-start as a "no-sale" and we pursue them via email, direct mail and phone calls to make sure we help patients get the treatment they need.

6. **If a patient signs a contract the same day as their New Patient Exam, they are listed as:**
- A) No Show
 - B) No Sale
 - C) Same Day Start**
 - D) Growth and Development

Ideally, we want 85% of our new patients saying YES to treatment within 24 hours of their initial examination.

7. **What does "don't play extra innings mean"?**

A) The doctor doesn't need to stay in the new patient exam any longer than necessary

B) The doctor should finish the new patient exam and the TC doesn't need to stay if the doctor is on a roll and closing the case

C) The TC needs to cut the doctor off at 7 minutes no matter what

D) The doctor needs to stop talking to the parent and patient and leave even if she didn't close the parent or get through all the dominos at 7 minutes

Once a mom gets to "YES" don't play extra innings, even if you still have stuff you want to say. Save it. People are busy and they just don't care that you have 5 more minutes of blabbering to do about the benefits of the Herbst appliance. Go home and tell your dog if you feel you need to tell someone more than they need to know.

8. **What is an objection list?**

A) A list that a parent brings to the new patient exam

B) A list of reasons why a parent or patient may not be willing to start treatment now that require attention and scripting to overcome the objections

C) A list of reasons why a parent and patient want to start treatment

D) A list of questions a patient has about treatment that must be answered before they will agree to treatment

Listening for and repeating aloud the objections list that the TC gathered during the 4 minute rule is a critical component to the successful new patient examination.



9. How do you properly calculate conversion rate?

A) Totals Starts / Prospective Starts = Conversion Rate

B) Prospective Patients / Total Starts = Conversion Rate

C) Total Starts from this month and any from last month / Prospective Patients =
Conversion Rate

D) Total Recalls / Total Starts = Conversion Rate

I have seen as many ways to calculate conversion rate as I've seen treatment coordinators and TC presentations. You want to take the total number of eligible patients who were ready for treatment and divide into that number the total number that said yes. If you need to run a trailing average for the 24 hours after the first of the month until 24 hours before the end of the month, that's fine, but this nonsense of calculating conversion based on the number of people that come back from consultations is no different than calculating batting average on only the days where you get a hit. You have to run your business based on actual data, even if it doesn't make you feel warm and fuzzy to see that your real conversion rate is 58%. The first step is acknowledging it and then doing something about it.

10. What can help double your new patient numbers in the new patient exam?

A) Up-sells

B) Freemiums

C) Discounting

D) Paying attention to mentions of siblings and inviting them for a consultation

Ideally, your phones coordinator has already asked for mom to bring anyone in the family who can also benefit from a complimentary consultation, but if mom or another sibling are there and mom is curious about treatment for them as well, do the consult NOW.