



Segment Four - Role Playing and the Third Domino “Treatment Cost”

Third Domino is the fee range. Fourth is the “Now or later.” The fifth, only if we have to use it, is a takeaway for someone who's truly a price shopper and truly going to go to the cheapest place in town. We ethically let them go somewhere else. This is 15% of your patients. They 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. Does that make sense? So it's really, really powerful. We only do the take away 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. I just have to make sure with the down payment."

You know they'll come back to you. What they're doing is actually listing all their objections again. I want them doing those before you leave. Because if you don't they take them on her and they just stick their fangs on her. It's just not fair.

I mean do you literally give them referrals like a card?

I do, it's a friend of ours. He's a friend. 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. But he does good care and what we're doing at the place is a very good question. We are ethically helping a parent who-- 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 don't know what their life story is. They truly 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. No one else-- they always made us feel-- they made me--" mom told me, she said, "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 we send them there, 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.

But, yeah, I think you give them an ethical option, the school would be a great option. Say, "Listen, if this is something you're not ready for, first of all, our is always open. So you can come back whenever you're ready. Talk to dad when you're ready. Her teeth are crooked, but she's not going to die from malocclusion. No one's had the word malocclusion printed on a death certificate, that I'm aware of, right? Now if she's got a cross-bite or she's got some issue, you might want to be, "This is really urgent. You need to go to the dental school, like now." But for the rest of them, you really want to talk about, "If price is truly your only objection, and you're willing to look past everything we have offer. Let me send you somewhere that's reputable but they're cheaper. They'll fit in your budget." They will usually come back and go but we really do want to come here if you can make it work. If we can get the down payment a little bit lower. If we can work on saving some money somewhere but for the 15 out of 100, you've got to be willing to let



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them go. 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, right? 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.

So, in the TC numbers, we've presented treatment to them but we know financially it's not feasible. So truly looking at our numbers if we were 100% perfect knowing that 85% to me would be our maximum attainable, if you took every patient that walked in that was ready for treatment. Is that...?

That's a great goal. There'll be months where you're at 92 and there's months that it's 78 but I think consistently you can cover 80, 85% without being pushy, without lowering your price. We can get you to 100 real quick if we put a billboard out front that says, "Free braces," but you can't survive. You've got to pay bills. Yeah, I think you set a goal at 85 and I think you can stay there consistently. There'll be months you will be ahead of it.

What I'm saying is do you get that I'm dropping 85% to being darn near perfect. If you're not the cheapest--

You are. Yeah, so we aim for 100 and we'll settle at 85 but most offices are aiming for 75 and they end up at 50. So 85 consistently is pretty damn near perfect. Absolutely. There's 15% no matter what you do, they're just not going to do it. They're not going to ever say yes to anyone or they're not going to say yes to you because you're not the best fit for everyone. It's impossible. So 85% is nearly perfect. Will there be months where you're 90? Yeah. So you go celebrate. But this consistent 55-- there's consultants all over the country teaching people the best you can do is 60%. It's just not true. We've got the data to prove it. At 85, yeah, I think you're operating a really, really, really tight ship. That's pretty much perfect.

Well, that helps me with the mindset of like I know we're going to lose out to people based on price. I know it as a fact. And obviously 100% is always the goal, but realistically if 15% are buying solely based off price, the other 85% can be persuaded by emotion and desire to get the best.

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. He doesn't need-- when you go to the point where you start like, "Okay, well, we'll match his fee, yeah, 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. The last thing in the world you want is to be in that room, "Okay, well if we did this would you say--"

So you got to give them permission, basically. I mean--

Absolutely.

I see how that could create referrals too, like, "Hey I couldn't afford it, but you can. Go there because it's awesome."

We've had a mom write a letter almost in tears, saying, "I've never been treated nicer even though I'm on Medicaid, I'm on a fixed budget, and we found the dental school, and you're the first person that honestly gave us an option other than making me feel like a bad mom." So you got to be able to do that, and the minute you let them go, right, you put yourself in a position where that's just-- that's how flow works, right? The minute you try to cling onto everything, you got to have every patient say yes, it's just not going to happen. It's just not realistic. So, yeah, 85% is perfect.

Awesome. Good talk.

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.

Terrific. So, Ashley and Jasmine, I'm glad you guys are here today again. But based off the crowding and how the jaws don't fit together quite right, this treatment's likely going to last about 18 to 24 months in braces. Is that something you guys were prepared for?

Yeah.

Yeah? Okay, terrific. Next we're going to go over financial arrangements and the pricing. Typically treatment in our office ranges from anywhere from about 4 to \$6,000, depending on insurance as well as courtesies that you guys may have. Is that something you guys were prepared for?

I guess so.



You guess so. Okay. I notice a little tentative answer there. Have you heard other things or...?

Tell me a little bit more about that.

Tell me a little bit more about that.

Not exactly, just a little expensive. Just worried about down payment and payments.

Okay, terrific. We've had a lot of families that come in that have a similar mind set as you do. What you'll find out is that Andrea goes over the financial options that are available for you, that a lot of times you're paying less for Miss Ashley's orthodontic treatment each month than you're paying for your cell phone or your cable bill. So, provided we could get those numbers to be something that looks flexible for you and something that will fit your budget, is this something you're interested in moving forward with?

Yeah, definitely.

Okay, terrific.

Cool. Nice job. I would give a bigger range, though, so not five to six. I would do five to seven. That way they hear that seven, and if you're closer to five or less, they're just thinking, "Wow, that's awesome." You see what I'm saying?

Mm-hm.

Okay. What questions do you guys have about that?

It's pretty straight forward.

I always say five to six. That's good. Now I'll say five to seven. [music]

We're going to talk about domino number four, which is if we're going to be starting treatment now or if we're going to be pushing it off until later.

All right, Ashley, we're really excited to get you rocking and rolling in braces. This is something that I didn't know if you guys wanted to do now, or if something you guys wanted to push off for later.

I'd probably say the sooner the better, because she is a little bit older. That way we could get it done before she's hopefully out of high school.

Terrific.

I just don't want to start them yet, because I'm in volleyball. I just don't want them right now.

Okay. When's volleyball end?

It ends in February.

In February. We're in January right now, correct?

Mm-hm.

How would it sound to you if we took records today and that the next time you came back in you could get braces placed as soon as volleyball was over?

What are records?

Records? Great question. Records are a series of photos that we'll take of you, an additional x-ray that we haven't taken quite yet, and a 3D copy of your teeth that will aid us in helping place the brackets, on the day you actually do get your braces placed.

Okay. So just no braces today?

Correct. You will not be getting your braces placed today. But we're going to save you a visit in the future by being able to take care of that today. How does that sound to you?

Yeah, that's fine.

Mom, sounds good to you?

Sounds good. So you'd get them today and then next month, you'd get braces after volleyball. That's [?].



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Terrific. So Andrea's going to go over the financial arrangements with you guys - let you guys know to the penny what your out-of-pocket investment's going to be. Ashley, if you want to come with me, we can get you rocking and rolling with those records. Sounds good?

Sounds good.

Okay. All right. So you've seen domino one through four and you did a great job, so thanks for playing along. You guys did awesome. And in this replay, we're going to now let the mom and the patient be a little harder, a little more difficult because you've been playing along pretty nicely. So yeah, it sounds good. But what we do when a mom says, "I got to talk to dad," or, "We found an office down the road that's \$500 cheaper. Can you match that price?" or, "I'm not sure that we want to take teeth out"? Another orthodontist said that we didn't have to take teeth out. So we're going to go back and role play with little bit harder objections now, where they're not going to be so nice and we can flip back and forth. But a few key points that you touched on early well: First, in listing price, most doctors are very uncomfortable talking about money.

So to give them a segue, we'll say things like, "So we don't trade a dental problem for a financial problem." We're going to go ahead and talk about 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 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 passed 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 for money - have had a chance to list all their objections. Cool?

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," 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 your objections are a little bit. 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. So maybe you're talking about paying full discount. 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 for people watching this is what we're making the doctor do most of the work. The treatment coordinator is going to come and make sure that all of this thing 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. You guys excited about that?

Yeah.

Yeah.

All right. So we're going to actually be a little tougher this time. Is that cool?

Got it.

All right. So we'll go back from the top, and I might hop in and give some suggestions, as we go through them. Cool? All right.

Yeah, but I think I would truly like it if just everybody just said yes [laughter]. We're a 100%.

That'd make it easy, right? So you just said, "Don't make [?]."

But it's good practice in that instance though-- the one rare instance that they're going to say no.

Exactly.

This will be good.