



CHAIRSIDE IMPLANT SERVICES

We Come To You...Chairside!

FALL, 2010

Introducing New Technology!

To serve your patients better, we are happy to introduce the latest additions to our state-of-the-art armamentarium:

Piezoelectric Surgery!

Our new Piezosurge cuts bone without cutting soft tissue! Imagine that! It's true. Extremely safe and precise for lateral window sinus lifts. Benefits include atraumatic bone surgery, decreased healing times, reduced rate of infection, higher expression of Bone Morphogenic Protein and faster operating time. Applications include sinus window preparations, harvesting bone blocks, ridge splits and tooth extraction.

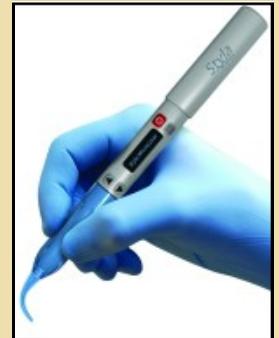


MegaGen's Rescue Implant!

MegaGen's Rescue Implants are short, wide diameter implants useful for immediate placement in molar sites,...once an impossible feat! Other applications include placement in sites with limited bone height below the maxillary sinus or above the mandibular canal. The Rescue Implant needs only 5mm of bone height. With built in platform switching, crestal bone height is maintained.

Diode Laser!

Unsurpassed at uncovering implants and sculpturing the gingiva around implants in the esthetic zone! Soft tissue diode lasers have become the modality of choice worldwide for cosmetic procedures such as troughing, gingivalplasty and dental implant recovery. The versatility of the diode laser, combined with the latest technology, compact design and portability make this a practical addition to our Chairside Implant Services.



Increasing Your Case Acceptance

OMG! I just read an article that put into words what I have been doing for the past 10 years.

Read this article on Dental Fee Psychology by David Schwab, PhD.

When presenting fees to patients, case acceptance often hinges on how many options are presented, and the manner in which those options are presented.

CONSIDER THE FOLLOWING SCENARIOS

1. The patient is offered one fee - \$5,000 for example. The patient has two choices: accept or decline the treatment. Even if this is a very reasonable fee for the proposed treatment, the presentation comes down to a “take it or leave it” offer.

2. The patient is offered two options: \$5,000 for the recommended treatment plan and \$3,500 as another option, which while not ideal, will still provide the patient with benefits. When presented with two options, most (but not all) patients will opt for the lower of the two fees. Hence, offering two options actually creates three choices: accept the ideal treatment plan, accept lesser but still salutary treatment or decline all treatment. The number of patients who choose to do nothing will decrease because some people who do not elect the \$5,000 treatment plan will accept the \$3,500 option. When it is clinically impractical to offer two options, consider phasing treatment. The patient is given the option of doing everything now for a fee of \$5,000, or doing just Phase One now for a fee of \$3,500. Phase Two can be completed later for about \$1,500.

It is not always the amount of the fee that makes the critical difference, but how the fee is presented.

3. The patient is offered three options: good, better, best. The fees might look something like this: good (\$3,000), better (\$5,000) and best (\$7,000). When offered three treatment options, many patients will talk themselves into the middle option. This strategy is what I call the “Goldilocks” pricing. The patient might decide that the best option is too expensive, the least costly option might not totally solve the problem, but the middle option is “just right”. Keep in mind that because doing nothing is always an option for the patient, three options are actually four, and the more choices presented, the less likely it is that the null option will be chosen.

The patient is offered three options; good, better, best.

To further improve the odds that the patient will choose one of the treatment options presented (instead of the unspoken fourth option of declining treatment), take a page from author Dan Ariely, whose influential book, “Predictably Irrational” offers many good insights. Ariely discusses hard and soft anchor prices. He states that consumers view prices ending in zero as soft anchors: people want to move off them. Prices that end in other numbers, however, are hard anchors, because, while everyone wants a deal, people are more accepting of odd-looking prices. For example, retailers know that an item priced at \$19.95 is more likely to sell than the same item priced at \$20. Consumers do not care about the nickel, but that very round number of \$20 becomes an unacceptable price point to some. Ariely makes the point that because consumers are more likely to purchase an item priced at \$19.95 than an identical one at \$20, their behavior is at once predictable and irrational because consumers report in surveys that a five-cent difference is insignificant.



The lesson for dentistry is that fees need to be quoted using hard anchor prices. Using this model, the three options might be better presented this way: good (\$3,185), better (\$5,273) and best (\$7,183).

This example contains a double dose of psychology: three options, which inherently increase the chances that the patient will accept some form of treatment (often the middle priced choice, but to your surprise several may choose the higher), and odd-ball, hard anchor pricing to make all the fees seem more palatable than large, round numbers ending in zero.

A real life example illustrates the point. There was a doctor who presented a number of patients with the option of implant-retained overdentures. Many patients simply declined treatment, which is not surprising because they were given an all-or-nothing choice. This doctor then started offering his patients three options: good (conventional dentures), better (overdentures) and best (fixed implant bridge). He used odd ball pricing for each of the three options and

explained to patients the limitations of conventional dentures, the benefits of overdentures, and the benefits of a full fixed implant prosthesis. He asked patients to make their own decision and said he would not be disappointed if the patient did not take the best option, as the overdenture would provide a very satisfactory result. Patients were naturally drawn to the middle option, and when the doctor in effect gave the patient permission to choose overdentures, barriers dropped away and case acceptance soared.

Doctors should analyze their case acceptance patterns and endeavor to use these templates. It is not always the amount of the fee that makes the critical difference, but how the fee is presented in relation to other options. By being aware of price psychology, doctors can create value in the patient's mind for proposed treatment.

From Schwab, David PhD, *Dental Fee Psychology*, Inclusive Magazine, 2010, Vol 1, Issue 3

While everyone wants a deal, people are more accepting of odd-looking prices.

Recommended Reading

1. Ariely, Dan: *Predictably Irrational*
2. Malcolm Gladwell: *The Tipping Point*
3. Blanchard, Ken, *Mission Impossible, Becoming A World Class Organization.*

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Recommendations for Presenting the Choices

Now that you've read Schwab's article and understand the value of offering your patient's choices, here are my recommendations on how to present them:

- Make time to prepare. If it's an emergency patient, tend to the problem and invite them back to discuss their treatment options. If it's a new patient, gather all the data: clinical examination data, radiographic data, photographic data, etc... and invite them back to discuss their treatment options. Before their next visit, type up their options so that they can be presented in a neat, organized, professional manner. *Just how you would want your doctor to present something to you.*
- The typed treatment options should be partnered with demonstration models, so the patient (or should I say "consumer") can see, touch and feel their choices. *You wouldn't buy something you never saw, touched or felt.*
- For **full arch cases**, your collection of demonstration models should include a ratty old denture, a clip-on implant denture, a bar-overdenture and a full arch fixed implant case. *Make sure your models are neat and clean.*
- For **sectional arch cases**, your collection of models should include a conventional 4-unit fixed bridge with the preps ground down, a ratty old steel frame partial denture with a multitude of metal clasps, perhaps with one broken clasp, and a nice new multiple tooth implant model.
- For **single tooth cases**, your collection of models should include a conventional 3-unit fixed bridge with the preps ground down, a ratty old steel frame partial denture with a multitude of metal clasps, perhaps with one broken clasp, and a nice new single tooth implant model.
- Present the options in a non-intimidating environment, such as your private office or consultation room, not in an operatory.
- You will find, as I do everyday, that when patients are presented with choices, they sometimes choose the middle option as Schwab describes, but they sometimes pick the best choice. *Just like you would, because it's your dental health.*
- Give the patients a copy of their options, with the associated odd-ball fees, in a presentation folder with your name and number on it. They will need time to think things over and show their spouse. While they are thinking it over, your name will be on their kitchen table. *Big corporations spend millions to get their names in households. You can do it for a dime.*
- There is one statement in Schwab's article that I disagree with, but I left it in there because I didn't want to take away from his overall message. But I never say, *"I wouldn't be disappointed if you don't take the best option"* because who am I to want anything less than the best for my patients. Give them an opportunity for the best. Who are we to deprive them of the best. Who are we to persuade them to accept the mediocre option. Who are we to assume they can't afford the best,...you know what happens when one "assumes"!

Sincerely, Dr. David Forlano

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