

*Operator:* Your call is now live.

*Dr. Moe:* Well, good afternoon, everyone. I'm very excited to deliver this call and talk to the CEO group with Dr. Frank Corbo is with me, and of course, this is Dr. Maurice Pisciotano. Frank, how you doing?

*Dr. Corbo:* Hey, Dr. Moe, how are you today?

*Dr. Moe:* Man, I'm doing spectacular. I'm just having a great week, a great month, and I'm very excited about the year, Frank, because so many great things happening, not just for the CEO group, but for the profession in general.

Frank, as you know, we had a terrific call yesterday afternoon with Paul Zane Pilzer, world leader in economy, and has written eight books, and of course has been on the last two administrations helping the President of the United States build policy for healthcare. And to have a guy like that with that kind of caliber, influence, and abilities to be on a conference call just with the ProAdjuster doctors is a testimony to the shape that we're making this profession utilizing the ProAdjuster technology and of course the business strategy and workshops for the CEO program.

Frank, I know you've had an opportunity to work with a lot of the ProAdjuster doctors and we decided for this particular call for you and I to work together on what we're calling the Action Plan for new patients. So many times we talk to doctors, and frankly I just got off the phone with a gentleman, great chiropractor, great guy, nice guy to speak with. He's in Reno and he's seeing three new patients a week. And, Frank, we're seeing this so consistently, not so much amongst the CEO doctors and the ProAdjuster doctors, but certainly the brand new guys who just join our program. Why are you only seeing three to maybe two new patients a week?

You know, and I spent some time, as I do everyday, talking with this gentleman, and what it boils down to, Frank, as you know, is there's really two pieces to this puzzle. One is you have to have accessibility to the highest percentage of the market space, and two, you have to have the procedures to get in front of them. Here's what I've seen, just because you have a ProAdjuster doesn't mean you get the right to go after and talk to, meet, and work with these individuals. The ProAdjuster gives you access to these individuals.

Just because you have access, if you sit on your La-Z-Boy chair with your feet up, drinking a pina colada, you're going to do two new patients a week. But you've got to get off your rear end and you've got to implement some strategies. And, Frank, as you know, that's the purpose of this call. We're talking about action plan.

So, Frank, for all of our listeners out there, which as you know, we've got hundreds and hundreds and hundreds and hundreds of people in the CEO program, we know that most of them are on the line, and those who aren't will get an opportunity to listen to this information another time. But can you give the group an overview of what we're talking about when we're talking about this action plan?

*Dr. Corbo:*

Yeah, good question. I think you hit it right on the head, Moe, when we're talking about one of the key elements being planning. You know, in order to achieve success, in order to achieve your goal you have to plan for it, and unfortunately, because of most of the docs are in their office and what happens is they end up putting out fires each and every day that often they're not planning, they're actually just doing, and the things that they're doing are things that are not purposeful to gain new patients.

So that's the number one priority, is when we're looking at this action plan you have to plan for it. There's going to be five very precise parts of the action plan, or what we're calling the roadmap for gaining ten new patients a week. And each and every one of those have to be planned, they've got to be in the calendar. Like for example, today's conference call should have been on everybody's calendar, so that way they know that today they're, instead of going out for lunch and grabbing a latte or something like that, they're going to be sitting down on the call. So same thing is true for these five key factors for gaining the new patients, is they have to plan for it.

And then secondly, an element that is just absolutely critical is we've talked many times, Moe, about Vince Lombardi and his legendary commitment and what his commitment achieved. And when he looked at making a commitment, which is the second part of what I wanted to say, is his commitment was not optional. In fact, not many people know this, and I didn't know this until I started studying Vince, is that before he coached in the NFL he was actually a high school teacher, and what he taught was Latin. So when he used the word "commitment" he was referring to the Latin term for commitment, and that means to commit, as in a

surgeon commits to an incision. So if you think about it, the commitment you're making to cut the flesh, that's a pretty strong commitment, and there's no turning back. So when he spoke about commitment, that's the degree, that's the level of which he would make sure that his players committed to.

So one thing you have to do is plan to achieve these goals that we're laying out, and the second thing you have to do is you have to commit to it. There is no taking days off, there is no sleeping in, there is no optionality to this. This has to be a 100% commitment. And in working with some of the docs that we've had in the past, one of the action things that we've had them do is, and, Moe, we talked about this as well, is there's a great movie called *The Pursuit of Happyness*. It's probably many on the line have watched that. But I always recommend that they re-watch that. And the reason being is that when you look at what Will Smith had to do and the reason why he had to do it, he had to make such a strong commitment to attaining the goal to be the single guy to get that internship position that he did whatever it took. And if you re-watch that movie there's going to be some key things that you'll notice that he does that ensures that he gets the goal of getting this one internship position. So that's the mindset that I want you to re-watch that movie with, is there's key interactions and key things that he did that made sure he was the guy that got that position.

So again, we've got to plan for it, we've got to commit to it, and we've got to make sure that this is not an optional process for us, because what I'm finding, Moe, and again, we've discussed this, is if the doc gets ten new patients in the office it seems like all the other problems seem to go away, or at least kind of start to get more minimal than what they were if they don't have ten new patients. So this one activity is so important that we wanted to spend today going over it.

*Dr. Moe:* Frank, there's no question that you're hitting it right on the head. I mean, we've just got to give the doctors on the line the strategy to get ten new patients consistently. Because if they're already getting five – here's the key thing, 'cause I know there are some players on the line that are already getting 15-20 new patients a week. If you're already getting 15 then this game plan will help you get 20-25.

*Dr. Corbo:* Absolutely.

*Dr. Moe:* If you're getting one or two, you're going to end up with 12 to 15. But you've got to put it into action, you've got to be committed to

it, and as Frank already mentioned, when you have the proper planning, you have it laid out, you know what you're going to do for the next one, two, three, four, five, six, eight, ten weeks.

So, Frank, I know a lot of the CEOs plan on about 45 minutes for this call, so I think we should jump right into the action plan. Let's first, I'm going to go over the five main points and then we're going to drill down on each one of these, giving you how many to schedule, how we're going to get this done, what the goal is, etc.

So let's talk about the five strategies first. These are absolutes. You have to have them in your day. You have to have them in your week. You've got to make sure you master or work towards mastering these strategies. Let's talk about the five different things.

Number one is a weekly workshop. Number two is DVD consultations. Number three is the top 100 business relationship-building programs. And again, we're going to drill down on every one of these. And then after those business relationships, then of course what we want to do is master the five-step office visit for generating referrals, not just for going through the process, but for generating referrals. Number five is having a part-time PRCA, and I'm going to talk about staff reallocation, not spending any money, not hiring a new person.

So, Frank, I think from here maybe we just take them right down the pathway, lay out the overview of mastering this new patient acquisition, and then we'll jump into one of these one after the other. So if you want to, Frank, go over the overview of what each one of these processes are laid out for, then we'll jump into the individual and specifics of 1, 2, 3, 4, and 5.

*Dr. Corbo:*

Sounds good. And before we do that, Moe, I just want to let the listeners know that we will email all the notes for this call to them. And most of the attendees on the call, we have their email address, but if you wouldn't mind emailing me at [drcorbo@aol.com](mailto:drcorbo@aol.com) then I'll make sure you get these notes emailed to you. So that's again [D-R-C-O-R-B-O@aol.com](mailto:D-R-C-O-R-B-O@aol.com). And I'll make sure that everything we're going through that we forward you these notes. So what we want you to do is be listening in, but also not so concerned that you're getting every word down, because we'll make sure that you get everything that we're going through in a Word document.

So with that said, the first thing, again, we're going to do is we're going to have a weekly workshop. Now the key with this is it has

to be weekly. It can't be once a month, it can't be once every other week, it has to be weekly because this weekly activity will be something that once it's scheduled and planned, will end up being a big part of procuring new patients. So again, this is weekly, and the first thing we have to have you do is pick a day of the week and schedule it out for the rest of 2008.

The other key item with these weekly workshops is these are mandatory and not optional for all new patients. The goal that we want to attain from this and from each of the other five activities is simply two new patients generated per week. So again, the goal for the weekly workshop is we want to have ten attendees, which is five existing patients and five new patients. So that takes us through the weekly workshop.

*Dr. Moe:*

Frank, before you jump into number two I think I want to make a key point about the workshops and why I selected that to be the number one item of these five new patient-generating activities. Some of you who are listening to this program may know this, but the in-office workshop I have a complete affinity for because it's what took my practice, my very first new patient mastery program I did was the new patient in-office workshop, took my personal practice from 150 visits a week to over 300 visits a week. One procedure, mastering it.

So for those of you on the line who have not mastered the in-office workshop, it's worth about 150 visits per week. Now mathematically you could easily calculate your average collections per visit as to what this is worth to you by the week and by the year. So take 150 multiply it by your collection fee, multiply that by 52, and that's what financially it's worth to do this in-office workshop. Very, very serious step. When you say commit into this procedure you are committing to 52 workshops this year. You're committing to not cancel this workshop under any circumstances, even if there's only two people there. You're committing to learn the ProAdjuster in-office workshop, which you already own and you know it inside and out.

You're willing to have me at the next quarterly, which I won't do. But I would say you've got to be committed to know it inside and out that I can call you up on the stage, unannounced, non-prepared, and I turn the ProAdjuster workshop on on the big screens and you deliver it for the 400 or 500 people in the audience. Let's get that kind of commitment. Are you willing to take your practice up 150 visits? Well then, damn it, get ready to get that workshop done, and next time I see you I'm pulling you up on stage.

Now of course, I'm not going to do that, Frank, but I'm saying that's the seriousness of how these doctors have to know it inside, outside, and upside down. It doesn't mean review it one time. It means schedule it every week so you're a master at it, you're an 8<sup>th</sup>-degree black belt at the in-office workshop. You could wake up in the middle of the night with your pajamas and fluffy slippers and deliver that in-office workshop. That's the intensity of which I want you to do step number one.

*Dr. Corbo:*

You know, Moe, as you go over that it's not hard to see why even in your first year of your practice that you did over \$1 million in collections. That type of commitment and making it non-optional and we can see why you were so successful in practice, and continue to be. So that's step number one.

Number two is DVD consults. So the key with the DVD consults is you have to schedule ten per week. Now you can't just wake up on Monday and think you can do that on Monday because you're going to be right into the frying pan. So you have to do this the week before, get used to doing that, and what you're going to do is pick up the ten people that you're going to do the DVD consults with. So that's a very, very important step in the process, is predetermining who you're going to do this step with.

Then, of course, you need to show the video and then have some things that you understand about asking for referrals, the who-do-you-know script, which we will attach to the notes that we send out. Very, very important.

And then of course, when you do gain referrals you have to follow up systematically in making sure that you go out, that you're mailing out the DVDs, and that they go out systematically, and somebody owns that particular statistic. So the goal, again, for this part, the DVD consult, is we want to generate two new patients. In order to do that we want to schedule ten consults and we want to make sure that we actually complete five of those.

And if for reason some of them are, you know, we kind of missed it, like a missed appointment, we have to make sure we reschedule that one, because something made you want to schedule it with that individual. We just have to make sure that when they come back in that they're rescheduled, you then carry over that DVD consult.

Dr. Moe, anything you want to add to that one?

---

Dr. Moe: Of course, Frank. *(Laughs)* Of course.

Dr. Corbo: \_\_\_\_\_ up to you.

Dr. Moe: Yeah. So this is important for all the CEO doctors to know, as well as anybody who's every going to listen to this call, Frank, because, see, when I put personal experiences in I think it makes it more real to everybody who is listening, whether there's 500 people on the line or you're one guy listening to this later, because we recorded it.

Here's what happened, my experience with the DVD. Back in 1993 I was a couple of years into practice and realized that I had to get on the phone and talk to every potential new patient in order to convince them that they should come in as a new patient, 'cause I was the authority. I realized that if I got on the phone with a potential new patient there was a 90% to 95% chance they would come in. The problem, Frank, is that's not scalable, meaning that I had to talk to the potential new one before they came in.

Now I also found that you can train people to do this, but that's a little tricky too, because you're asking the husband or the wife to take this message back without a DVD. So I realized that you needed a DVD, but back then it was VHS, and I developed a program back in 1993 and I hired a video crew and company to come in. I wrote the video, I was the start of the video, and I used the video to get the message out about my practice.

Now what I found is the in-office workshop took me up to 300 visits, but I wasn't scalable; I was stuck at 300 visits. The DVD took my practice from 300 visits a week to over 500 visits a week. So why did I pick this one as number two? Because it's exactly what I want my doctors to do. Step one is the in-office workshop. If you're stuck at 300, the DVD takes you to the next spot.

Now of course what we're teaching today is you don't have to go through these pain spots, you can implement them immediately. So, Frank, my reality on this is that if you're not doing the DVDs at the level you just described you are under-optimizing your practice at a very, very, very high level. And here's what I can tell you, whether it's a CEO doctor, a ProAdjuster doctor, or a chiropractor sucking wind, what I've found is when you tell me your practice isn't growing and you have a ProAdjuster I'm going to ask you, are you committed to this in-office workshop and are you doing it every week. Guess what the answer is, Frank, every time when the guy's not growing.

*Dr. Corbo:* No.

*Dr. Moe:* Guess what the question is about the DVD. “Are you using the DVD? Are you doing ten consults per week? Are you systematically getting two new ones from the DVD?” Guess what the answer is.

*Dr. Corbo:* It’s no.

*Dr. Moe:* It’s no. So the guys on the line that aren’t growing, it’s they’re simply not optimizing the tools, and that’s what we’re trying to get you to do, is change your procedures, change your planning, change your commitment to a higher level. The DVD will take you out the roof.

Now watch this, Frank. Just as recently as literally yesterday I got the report back, I had one of my assistants call five different videography companies in the country. We called one here in Pittsburgh, we called one in Dallas, we called one in Chicago, we did one on the West Coast and one in Florida, and I said, “Explain to this videography company exactly what my DVD program is. I mean exactly to the minute.” It’s a 12-minute DVD, it’s customized for the doctor, it has the doctor doing the procedure, it has animation, has an actor who delivers some of the information. So we called up five different companies and we got back five quotes for this package. If a doctor on the line or one listening to this later says, “I’m going to just duplicate Moe’s procedure,” please do it. If you’re not going to do my procedure doing it when we film you, do it on your own, I’m okay with that. Frank, you’ll be amazed. The price average for the DVD alone is \$25,000.00. So every one of the doctors on the line has a package that would cost \$25,000.00 to duplicate, and many of them are underoptimizing it.

Now here’s what I can bet you, if you had to go out and spend \$25,000.00 today, Dr. Jones on the line, you’d be using that damn DVD, you’d be wearing out the machine. But because you didn’t pay me \$25,000.00 for it, it was built in your package, you might have not taken it as seriously as it needs to be. Now see, in 1993, Frank, when I hired this company to come in, that’s what I spent. That’s why I have such commitment and certainty on the subject of using this inside your office, 'cause when you’ve got a \$25,000.00 product that you literally can use every single day to generate new ones and make it scalable. These numbers are ridiculous that we’re putting out on the conference call today. Two; that’s crazy.

You could get 10 to 15 new ones a week just with the DVD program. You could have a full-time person that does nothing but DVD consults, mailing them out and following up.

And that's the seriousness of step number two, Frank, so I definitely had something to say about DVDs.

*Dr. Corbo:*

Well, there's no question. And again, we didn't want to make it where we would put the number, you know, how to see 40 new patients a week, but we know that's what you did in your office, because it would not be reality for some of the doctors that are listening.

But the beauty of this whole process, Moe, as we discussed, is you can basically reverse engineer from any goal you'd like to achieve. So for example, if the doctors would like to achieve 20 new patients a week then simply they just have to multiply what they're doing in each one of these five categories by two, and then you could do the math if you want to see more. It's very, very simple and scalable.

So the next category is what we call the top 100 business relationships. Basically you can get new patients from one of two places, either referrals that come from inside your office or referrals that come from outside your office. And what we had found, as we discussed, Moe, is that many doctors actually are allergic to going out and seeing patients or people outside their office. And we have to absolutely get over that allergy, because most of the people are not in our office that need to come to our office, and that's where they are.

So one of the things that has been very successful for me in the past in my clinics was basically I was just old school. I mean, number one, I didn't have a ProAdjuster when I practiced. And number two, I certainly didn't have a DVD or a magazine or any of those things. I just did it the old-fashioned way, where I just went systematically around my office and I just went and introduced myself to anybody I met and anybody I can meet. I went to every - I went to Subways, I went to any kind of business that was around me, I went to industrial parks, and you would absolutely be amazed at the positive energy and the referrals that will come in, not overnight, but over time.

And the whole process, the whole thought cross in my head was I was going out there to do one thing and I was going out to meet people, and in the process developed trust that I was somebody in

the future if they had a need for my services or somebody they did, that they would be more than willing to send them to me. So as far as part of that program, what we have to do, number one, is you have to plan one day a week, somehow, someway, to get out into the neighborhood and the community in which you practice. Put it on the schedule. Again, don't make it optional. Make it something that is planned and happens regularly and that you're committed to it.

Identify the companies. Now here is one pitfall that happens, is when we ask the docs to identify the companies \_\_\_\_\_, you know which companies they want to go to? They want to go to the GMs, they want to go to the companies that have 600 employees.

*Dr. Moe:* Yeah, or 90,000 employees, right?

*Dr. Corbo:* Right, exactly. See, those are great, but the grade-in is way too high and it takes too much planning, too much preparation, that they'll have the paralysis of analysis and they'll never get it done. So the best way to do it is to go out and just start at your office and then turn around and look at what other kind of companies are around you, and then you'll systematically go to as many as you can that one day a week, or more if you can, introduce yourself, drop off the information.

By the way, you have a whole process that's attached to the notes that we're going to send out that goes through this in fine detail. But the keys are you have to schedule it, you've got to make sure you're getting out there and doing it, you have to dress professionally, take along the material that you're going to hand out. And then again, you have to have a way to follow up systematically. So when you go you have to take a pad with you. You've got to be marking down who you went, where their address was. You've got to get all their information. Certainly if you can, ask permission to take their business card, that's very helpful. And then again, have a systematic plan to follow up with a letter, a phone call, or so on and so forth.

Again, for this one the goal is two new patients generated, and what we want to do is we want to do that by seeing 25 companies per week. Now some docs might think that this is impossible, but I can tell you by doing it personally and working with many doctors in the ProAdjuster group that this can happen in one day without fail.

---

So anyway, we have the whole program that we'll attach to the notes. And Dr. Moe, if you'd like to comment on that one, go ahead.

*Dr. Moe:* I would, Frank, but before I make my comment, without mentioning the doctors that you're working with by name, take one example, just so the doctors on the line get some more clearer picture on what this can do for them. You know, like a real live example. We had a guy a couple of weeks ago that called you, called here, and of course we referred him over to you. We took him by the hand and said, "This is what you do." Give them some real life.

*Dr. Corbo:* Well, I'll tell you what, he was highly motivated, Moe, because he was in significant pain. He was a single parent, had a 5-year-old daughter, and he was in pain. I mean his practice was, he needed some help. So we walked him through the whole process. He was very, very committed. So I took him through the process, and the outcome was that he's already in three weeks – three weeks, Moe – he'd doubled his patient visits that he's seeing per day.

*Dr. Moe:* And that's what it takes, Frank, is you've got to be willing and be committed, right?

*Dr. Corbo:* Oh, there's no question. And unfortunately we don't take action steps until we're in pain. As we discuss all the time, it's so unfortunate; the best thing to do is take these steps before you get in pain so that you can completely avoid pain and you simply double or triple your practice literally with doing any one of these five components consistently.

*Dr. Moe:* Right. So here's my comment about this one, Frank. I mentioned that the workshop took my practice personally from 150 to 300. The DVD took it from 300 to 500. Doing step three, which is why we put it in this order, took my practice from 500 business a week to 700. Now what I've found is this going business to business is so effective it actually doesn't get you just one new one at a time. It gets you 5, 10, 15 new ones at a time, 'cause once you've made the introduction in these companies they might have 5, 10, 15, 20, they might have 100 employees. Now I'm coming back doing a peak-energy workshop.

So once I've gotten the one new one, this is the onesie-twosies, you get them in, you get them to see what you're doing. You share the ProAdjuster with them, etc. And then you've got lectures to follow up with.

Now as kind of a sidebar, Frank, 'cause there's a lot of CEOs on the line that don't know this story, but in 1994, late-'94, I got the idea that I'm a pretty good entrepreneur, I can build these practices up. I decided to start a limousine company. And because I always liked limousines, even as a small kid I figured, man, what a great business to be in, if you had a limousine. You know, it was just a real sign of a successful, someone who made it. As a kid I just always thought, "Man, what do you have to do to own a limousine."

So in late '94 I decided to buy a limousine, and what I did with that business is I did the exact thing as we're teaching the doctors right now. I would take my day off, which I wasn't seeing patients, and I would drive my limousine around and I would stop at businesses and I would say, "Look, I just started this limousine company. I'm a chiropractor in town, but I love driving limousines," and I would just tell them the story, "As a kid I always wanted to have a limousine."

So what I did, Frank, is I double-dipped basically, I talked to the business about the limousine company and I also talked to them about being a chiropractor, so simultaneously I had more action in both businesses, and literally in 60 days the limousine that I bought was so booked that I had to refer my customers that wanted mine out to other limousine companies and we filled their schedules up.

So the same principles apply to any business, but here's what I can tell you, if I bought the limousine, parked it in the garage, I would've went broke in that business alone. If a chiropractor sits in the La-Z-Boy chair waiting for the patients he's going to go broke. You've got to get out and you've got to meet people. So the principles apply to every single business. Let's go on to the next one, Frank.

*Dr. Corbo:*

No question. The number four one that we're going to work on is mastering the five-step office visit for referrals. Now this is really important that what I understand from some of the docs is that they're taking some shortcuts, Moe, as you know, and they're not following the five-step office visit the way it was meant to be followed. And that's unfortunate, because what it does is it completely sub-optimizes your opportunity to gain referrals during the process, and so if you're not, any of the listeners are not using the five-step office visit the way it was created to be used, that's the first step.

The second is you've got to make that mandatory. You can't make it optional; you have to walk the reach of those steps.

So the key with this particular process is you have to be listening. It's very natural when you're treating your patient to say, "You know, Mary, you know it's been great to see you. And you know what's even better, you've received such great results over these past couple of weeks with your headaches that I'm just really excited for you."

Mary will have some small talk, and then that's the – when she engages in that conversation of reiterating her results to you, that's the opportunity to really express your mission. "You know, Mary, it's our mission to treat as many people, as you know, in the community that we can and try to get the same results that we've gotten with you. So I know, as you may or may not know, Mary, but the number one reason why a patient goes to the doctor is because they have headaches. And in fact, there's 129 different types of headaches that have been classified by the Headache Society.

So as you know, it's our goal to see as many people as possible here so we can help them with their health and wellbeing. So do you have any neighbors or any friends that are experiencing headaches that you think might benefit from care in our office?" And then you leave it at that.

Now that one interaction may not generate a new patient, but I can tell you what, if you make it an absolutely mandatory thing that during your week you're going to speak to every patient and utilize the who-do-you know script, talk about ADLs, talk about the results that your patients have achieved, and you're seeing 120 visits a week, maybe 70 of those are the same people, I will guarantee you that you will generate two new patients or more.

What's your thoughts on that one, Moe?

*Dr. Moe:*

Yeah, Frank, absolutely spot on. Let's talk about real live examples. One of the reasons why I developed the five-step office visit is I've found when you're seeing between 500 and 700 visits and you're trying to touch everybody, that's not scalable. I mean you're working your butt off. I mean some chiropractors are experiencing that at 250. So what I've found with the five-step office visit is it's the procedure that can take you out of the day-to-day business of seeing the patients whenever you're ready. It doesn't mean you have to do it today, tomorrow, or the next day.

But if you ever want to scale back, which most of the CEOs want to do, and they want to have an associate in there seeing the patients, you have to have standardized office visit practices, and that's what the five-step office visit does.

When you hire the associate or you take the current associate you have, you have to drill them on the five steps, non-optional, as Dr. Corbo mentioned. You don't get to decide as the associate, "Am I going to educate today or not?" 'cause here's a very, very common mistake. The CEO doctor hires an associate. The associate starts seeing the patients. The associate thinks they know it better than the main guy and they take shortcuts. Before you know it, the volume starts dropping. I guarantee you there's two dozen CEOs on the line or more that have experienced this exactly.

The five-step office visit is non-optional. You cannot change it. You cannot shortcut it. Whether you're the CEO doctor or the associate, it has to show, you have to show your team this is absolutely standardized. You have to go into the patient education software every single visit. I can tell you if your PVA is not where you want it to be, and I say, "Are you doing the five steps?" here's what I get Frank, him and haws, "Yeah. Yeah, I'm kind of using it. Well, you're right, Dr. Moe, it dropped out. I was not" – it's always the case.

You put that five-step office visit in and you master it with a high level of commitment, and your practice is going to be in a position for you to transfer the patients to an associate and free you up, while at the same time keeping the volume up as high as you'd like it to be.

Now as a suggestion, Frank, every doctor listening to this should relisten to the audio file of the five-step office visit. We've got a complete recording of every step, how to do it, what to say, when to say it, what order, etc. I would be willing to bet a high percentage of doctors on the line have not listened to that recording in quite some time. Re-engage, listen to that audio file tomorrow morning on the way to work or this afternoon on your way back, and I'd be willing to bet you you're only doing that one as far as optimization at 30%-40%. Even our serious doctors on the line, if they re-listen they'll get re-engaged and they'll get back to the higher point, when they were having the highest amount of success from that particular step.

So, Frank, I think reviewing the tape, listening to it over and over, and also adding once a month to go back and listen to it again into

their calendar. In other words, put it in your Outlook or in your Goldmine or in your Month-at-a-Glance calendar, first Tuesday of every month, re-listen to the five-step office visit, because it's just the nature of the human being, we get sloppy over time. And if we get sloppy over time we just kind of shortcut it. We think we're doing it right, and when retention drops and referrals drop it's because the five step is out. If you put the five-step back in before it has a chance to drop out you can maintain consistency and you can maintain not being the only one helping doing the heavy lifting in this practice.

And, Frank, that's the wrap-up on step four. Let's go to step five.

*Dr. Corbo:*

And again, Moe, if you don't mind before going on, again, the goal for that one is two new patients, and how you're going to get there is doing at least 25 five-step office visit referral request. So number five is we're going to develop a part-time PRCA. We've discussed this one at length, Moe, and when we say bring in a part-time PRCA the first thing most docs will think about is, "Man, I don't have the funds right now to do that."

So we discussed that this morning even, and can you take them through what your thought on this one was?

*Dr. Moe:*

Yeah, absolutely, Frank. The part-time PRCA is the person that you put in charge of consistently sending the chiropractic ProAdjuster message into the community 'cause you're too busy seeing patients as the CEO or the primary doctor. So the first step in this is realizing that if you had a person 20 hours a week – and by the way, I don't care if it's three people or 10 people, as long as you have 20 hours a week added together, that's your allocation of PR for the beginning step of this. Now eventually you're going to have a full-time and maybe later you'll have two full-times, but you've got to have at least 20 hours a week dedicated.

So let's say for example, Frank, if the doctor has a front desk CA working 40 hours a week, what I'm suggesting is you take five to ten hours of the 40 and you put them in a different room and they actually do PR for you. They make phone calls; they call up people that you generated as a referral in mastering the five-step office visit. They call people who you send DVDs to, which was step two in today's call. They follow up and confirm the guests are coming to the workshop, which was step one.

So in other words this person is wearing a different hat at the time they're doing PR. They're not at the front desk. You can't even

physically have them there; they need to be in a different chair. They need to have a different office. They need to be using a different telephone. They can't do it as they're sitting there, it won't work.

So you allocate the time to get the 20 by stealing hours from the other jobs they're doing so you get to 20. So what this simply does, Frank, is it gives you 20 hours of PR with no increase in costs.

*Dr. Corbo:* That's fantastic. And you know, there are two things that I wanted to talk about there. Moe, do you recall when we did the survey? It was about a year ago. I think it was in Dallas and we asked, "How many docs are seeing ten new patients or more? Fifteen or more? Twenty or more?" We got to 35 and more and there was probably about 10% of the hands that were raised in the room. Then we asked them one question, 'How many of you that have your hands raised, that are seeing over 35 new patients per month have a PRCA?'"

*Dr. Moe:* Yeah, it was 100%.

*Dr. Corbo:* It was unanimous.

*Dr. Moe:* Yeah.

*Dr. Corbo:* So if the docs listening in on this call, if you get one thing out of this, and that is simply this, you've got to leverage yourself, and the best way to leverage yourself is to leverage yourself to gain new business. The best way to leverage yourself to gain new business is to have somebody completely dedicated to that. You can't maybe do it right off the bat, but it has to absolutely be one of your first quarter goals to be getting to systematically bring one of your staff patients into that position over time, not overnight.

*Dr. Moe:* Hey, Frank, another point about that survey at that CEO class in Dallas was not only did we survey them and it was 100% of the doctors had a PRCA, but you might remember my follow-up question to those same doctors, I said-

*Dr. Corbo:* I do remember the question.

*Dr. Moe:* Yeah. "Would you ever practice again the rest of your career without a PRCA?" And 100% of them said wouldn't even consider it.

- 
- Dr. Corbo:* No question.
- Dr. Moe:* Always, always, always, always, always have a PRCA. So doctors are out there on the line listening, you're getting two, three, four new patients a week. I ask you if you're doing in-office workshops consistently. You say no. I ask you if you're doing DVDs consistently. You say no. I ask you "Are you getting out of your office every single week and hitting 25 companies, introducing yourself?" You say no. We then ask you if you're doing the five-step office visit to the T. You say no.
- Then I say, "Do you have a part-time or a full-time PRCA?" You say no. That explains the absolute rationale why you have two, three, four new ones; you haven't done these five key elements to expand this portion of your business, and without this level of commitment to these five simple tasks, but done consistently with focus, you're going to get where you want to be.
- Dr. Corbo:* You know, what's very interesting is one of the reasons why some of the docs can't get in that position is because they don't have the time or the staff doesn't have the time. And, Moe, we discussed at great lengths the whole situation with productivity theft, and that's something that we can talk about on a later call. But your staff absolutely has a minimum of one hour to devote to this. In fact, the research that we looked at showed that the – check this one out, the average American employee actually only does 2.5 hours of work. Two-and-a-half hours of work, because they're sidetracked doing this or sidetracked doing that. So we can find, we can steal away an hour for each of our staff members to focus on being a PRCA.
- Dr. Moe:* Yeah, absolutely, Frank. So, Frank, any other key points you want to make of the PRCA, or are we ready to go and move forward and give them some assignments?
- Dr. Corbo:* No, I think that pretty much sums it up on that one. Again, we just want to have two new patients generated from the part-time PRCA.
- Dr. Moe:* Right. Yeah, and by the way, that's a walk in the park, 'cause if you have a part-time PRCA totaling 20 hours a week and they're not booking too, then they fit Frank's survey of the 2.5 hours a day.
- Dr. Corbo:* Yeah, no question.
- Dr. Moe:* \_\_\_\_\_ not during the work.
-

So, Frank, I do want to add something to this, which I call the 7-7-2 principle. I'll be teaching this at our next quarterly. And it's a very simple principle, but each full-time PRCA working a full-time day should talk to brand new people to put them in the chiropractic pathway. They should talk to seven people that are already in the pathway that maybe we had sent a DVD to or sent a magazine, or you know, the guy had to check with his wife on the schedule or whatever. So it's seven brand new people, seven people that were already put in the pathway, and they should book two appointments a day. So it's a 7-7-2 principle. Write that down, everyone, 7-7-2. Talk to seven brand new, seven in the pipe, and book two.

So now I've got this PRCA, this book and two new patients a day minimum. That's ten new ones a week. So again, these are minimum numbers. So if you want 15, there's two ways to get to 15: have a more effective PRCA or have a part-time and a full-time PRCA. You want to book 20 new ones a week, you have two full-timers. See, this is scalable. This is not complicated. Your business growth is directly proportional to the number of people making outbound phone calls and talking to new people. So if you don't have a system in place that makes sure that happens every day, very, very, very difficult to expand a company.

It doesn't matter what the company is, you need marketing. Marketing is getting out, reaching into the community, finding out who the next new patient is.

*Dr. Corbo:* Absolutely. Yeah, Moe, I think that sums up the top five we wanted to go through. I know we're kind of running short on time. If you wouldn't mind, I just wanted to take a minute and just have a couple of reminders for some upcoming things.

*Dr. Moe:* Go right ahead.

*Dr. Corbo:* I just wanted to remind those on the call that have not yet registered for the upcoming quarterly, we have an absolutely fantastic program set for you. Again, you can email me if you need some more information, or simply just call Jamie. She will be able to handle anything or answer any questions that you have. That's, again, on February 22<sup>nd</sup> and 23<sup>rd</sup>. This one is going to fill up completely.

We are expanding the CA Pro-university coursework there, and so this one is absolutely going to fill up with ProAdjuster doctors,

CEOs and CAs. So please make your call early. It just helps us tremendously in our planning in many, many ways. So if you wouldn't mind making that call today. Just let us know that you're going to be there and how many rooms you'll need and those types of things.

*Dr. Moe:*

Hey, Frank, let me make a point on that for everybody listening, because there are a lot of procrastinators, both in the CEO program and the ProAdjuster program, but what many of them may not realize is that event that we're doing in February, as we will February, May, September, and December, is going to be delivered at the Hyatt at the Airport. So it's not at the convention center. We don't have unlimited space anymore. We contracted the Hyatt Hotel for the next few years, and that's the one you guys have stayed at over the years.

So we literally, Frank, have less than 100 seats left for doctors right now, because the limited size of the event we could only take 450 people total. There's literally only 100 seats. So if you're in the CEO program there is a CEO track, there's a CA track, and there's a ProAdjuster doctor track without the CEO. So obviously this one's very, very popular and it's filling up quickly. So if you haven't registered, you've received promotional materials about it, my guys, **Mark Fazalari** – most of you know Mark, as well as **Andy Jacomis**, have been calling your offices. So if your CAs aren't putting these guys through to get you registered, it's unfortunate because when we fill up we are full. And part of the CEO program is these four seminars a year, but I'm ringing the alarm bell is get your plane ticket, get your hotel booked, and also get a hold of us, because once it's full we will send out an announcement that it's full.

There's 2.5 to 3 hours of hands-on training on each day, Friday and Saturday. There's 2.5 each day of CEO high-level business information. There's also Dr. Lauren Marks, who's coming to do a fabulous program on nutrition for about an hour and a half. One of the days **Roger Teppe**, Dr. Roger Teppe from the Logan College is flying in from Saint Louis to do an update on all the projects we've completed and all the projects in process, and the results will blow your mind. You've got to see this new research that we have out and you can use it to generate and increase your certainty. Plus we have Dr. Stein doing a bunch of advanced protocols. We have all of our level three certified instructors coming to Pittsburgh. We're going to have 15 ProAdjuster stations, 8 doctors per station, so you get an enormous amount of hands on during the hands-on time. Then we have classes going on for some other people, so

mathematically we had to make sure that we have it properly set up.

So, Frank, I wanted to add a few more things on there, 'cause I know there's a lot of guys who want to come and they just simply wait 'til like two weeks before, but it just isn't going to work this time. We had I think 100-some doctors pre-registered after the last quarterly.

So anyway, just a reminder, get your phone calls back to FAS and back to Andy. Get registered, get your hotel room booked, or even if we could fit you in the seminar and we're not full just yet, you know, you might be staying at a different hotel. That's a royal pain in the butt.

Anyway, Frank, is there any other announcements you want to make there?

*Dr. Corbo:* That is it.

*Dr. Moe:* All right, and also when you get the email back from Dr. Corbo there's going to be a link to the advanced Strategy of Preeminence by Jay Abraham. And, Frank, as you and I have talked, we want to assign the CEO doctors to read the Strategy of Preeminence two times in a row in the same week. And if that doesn't change your thinking about expanding your business I will be absolutely amazed. Don't read it while you're driving. Sit down in a private room, get yourself a cappuccino or go over to Starbucks or something and read the Strategy of Preeminence.

Frank, I want to thank you for sharing the time with me here this afternoon to deliver the CEO call. I'm also very excited that next week we'll have our Jay Abraham call with the CEO group. As you remember, it's the last Wednesday of each and every month. We also have an outrageous update about what Jay and Frank have been working on for the electronic marketing system, which so many of you are chomping at the bit for. When you see the copy and the procedure and the process of that it's just going to blow your mind.

We're moving this profession and the way in which people view chiropractic on a whole different level, and we want to continue to help you grow your business in the CEO program, but more importantly, to grow your business so we can all work together for the common goal. And as you know, that goal is to put chiropractic in its rightful spot, having it a cash-based process,

where we're no longer insurance-dependant, a place where doctors of chiropractic using the ProAdjuster are branded and specific, they have control of their life, control of their practice, they have results for their patients that go on a level that no one has ever seen. We've got research that just is literally exploding and showing that we do have the right premise for healthcare, which is motion dynamics improve health.

You have the tool in your hands to change your business. You have the tool in your hands to change your practice for the future. You have the ability to get out of your own way and quit making excuses and play this game in a very big way. Learn your job and do your job. Make it very simple. Your job as the CEO is to expand your company. Get people out of your way that are stopping you from doing that. Get people on the bus that are going to help you drive your practice to an entirely new level, and when you take this game more seriously and you get out there and you get known and you make things happen, we can finally get to the spot where we need to be, which is changing this profession for the better, having more sick people get under chiropractic care, and literally changing the way in which people view healthcare and wellness.

I'm confident, my friends, if we get out there and do all those things we can and we will become the number one healthcare choice on planet Earth. Thanks for your time and attention this afternoon. Have a great day and a great week and thanks again, Dr. Corbo, for being here.

*Dr. Corbo:* You're welcome. Thank you, Dr. Moe.

*Dr. Moe:* Bye-bye, everyone.

*Dr. Corbo:* Bye now.

*Operator:* This officially ends today's call. Everyone have a great afternoon.

*[End of Audio]*