



Collecting 100%

Welcome to the ProAdjuster Expansion Series. I'm Dr. Maurice Pisciotano and I'm the President and CEO of The ProAdjuster Group the creator of the ProAdjuster and ProSoft.

I will be your instructor in these lessons to ensure your skills are enhanced. I have treated over 400,000 office visits and I have trained over 15,000 chiropractors and their staff. I am absolutely honored to have your attention.

In this lesson I would like to share with you how it is that you could be more consistent in collecting a higher percentage of your services rendered. The goal in all chiropractic practices should be to collect 100% of your services rendered. That doesn't mean 82%, it doesn't mean 95%, it means 100%.

What I would like to explain to you is the Pro Collections Method This allows you to have a better financial position and it allows you to be more compliant with your state and federal relations which our job is basically to collect for the services we render.

Compliance is a very hot topic in our environment today. This is a particular lesson that is not designed for compliance but collections. You should definitely spend the time, energy and effort with an attorney or a certified coder and seminars learning compliance.

I'll reference some points in compliance but that's not the point of this program.

Wouldn't it be nice if you were able to collect 100% of the services you rendered?

Well it's possible.

You might ask me how. That's the purpose of this lesson. Before I get into the "how" I think it's important we discuss the "why." Why is it important to collect 100% of the services rendered in your facility?

First and foremost it's because you're required to. You're required to collect every possible dollar you can and why not, if you provided the services that was clinically appropriate and medically necessary then you should collect it all and you should be paid period. Not only do I want you to collect all of the services that you render in cash but I also want you to have a system in your practice that allows you to know what your fees are, know that they are consistent and know that they are consistent across the board.

What that means is the fee is the fee. It shouldn't change based on the category of patient ever. Now it's possible that you might have a patient or two who can't afford care, maybe it's more than two, of course it's possible but that doesn't mean you change your fees.

Using the system I'm going to show you in this lesson, you'll be hard pressed to find a patient who cannot afford your care. Let's take that rationale away and let's take that excuse away from you who actually, in fact, change fees based on the particular patient in front of you.

Collecting your fees should not be complicated. Chiropractors make it too difficult. It should be as simple as going to the grocery store. If you go to the grocery store and fill up the basket and pushed it out to the front counter and went to the checkout person and said go ahead and add this up and then send me a bill. They'd laugh at you. So why does it happen in a chiropractic practice?

It's because we let it happen and its time for a change.

What I want to do is give you the first step in collecting 100% of your fees. That is you, the chiropractor, the owner of the practice and the CEO have to make a decision that you will be paid 100% of your services rendered period. What I'm saying to you is this; it's about you making a decision that 100% of the fees should be collected. Let's take a look at that. That means that you have to alter some of the ways in which you might do business today.

If it means you're going to be more compliant and frankly you're going to make more money, you'll be more profitable and that will actually allow you to help more people. Isn't that really a true no-brainer?

Of course it is.

Now the other thing to understand about collecting 100% of your fees is that you also have to have fees which are reasonable. Too many chiropractors are stuck in what I call the insurance model of practice. What that means is that they actually have set their practice up to actually coincide directly with what the carriers are willing to pay.

I'm going to explain more in detail what I mean by that but your percentage of collections in your practice reflect this insurance model. When I say reasonable fees what I'm saying is you should look at your fees from a pragmatic standpoint. Look at the fee for your adjustments. Look at the fee for your therapies, as well as your x-rays, etc., once you've had the opportunity to look at these fees you've got to make a judgment call. Here is the question that will help you make the judgment call.

The question is very simple that I have for you. If the patient was paying cash for your fees are they affordable?

If the answer to the question is yes then your fees are in alignment with where they should be. If the answer to the question is no or absolutely not that my patients couldn't pay me cash then your fees are probably not in alignment of where they should be. I believe we should actually schedule, I believe we should evaluate our fee schedules and charges against what would be acceptable for a cash patient to be serviced. Let me give you an example of what I mean.

I spoke with a doctor just yesterday and he told me that his fee for an adjustment was \$90. Personally I believe that's too high. Why, because chiropractic adjustments aren't worth \$90? Of course not, they're definitely worth \$90, they might be worth \$900 but that's not the point, it's that a \$90 adjustment is far outside the realm of what's reasonable and what's actually acceptable for a chiropractic adjustment.

You have to look at it from the standpoint of what is reasonable. So because if you charge patients cash in your area if \$90 was too much for a visit it probably wouldn't be affordable so it's just a very simple rule of thumb. You may want to take a look at each of your individual expenses and make sure they fall into alignment.

Now I think you should do the same thing with your therapies and your x-rays, etc. Once you have this fee schedule that you'll be charging for each individualized service, you call that a fee schedule, you have it in alignment, you should look to collect on average. With my experience working in hundreds and hundreds and hundreds of practices, working very closely with certified coders and compliance attorneys, we have found that there is a range that for sure you should be able to collect what is medically necessary or clinically appropriate and on average somewhere between \$50 and \$70 per visit and that's in the door. That's what you're actually collecting.

Where does the number come from? It comes from your total collections over a period of time divided by the number of visits in that same period of time. As an example if you looked at one year and you had your total income for that year in how much money you collected and you had your total number of visits that you serviced during that same year, this would give you the numerical value we need by dividing the number of visits into the total collections and that would tell you your collections per visit.

We have found that if your collections per visit is between \$50 and \$70 roughly you probably have the right mix of the right fees.

Now I know some of you might say I don't like that what you just said Dr. Pisciotano because it's a pay cut for me. I understand that but I also recommend that you thoroughly evaluate your compliance risks because are you charging co-pays and deductibles

standard? Are your cash patients paying the same amount as your insurance patients? If they are not that's a risk.

Keep in mind what I want for you is all the best. Part of that has to do with restful sleep at night and not worrying whether or not you're running your practice correctly. What I'm saying is that if you stay conservative and you follow the model which I'm sharing with you, you will do extremely well in practice and financially and you will get the best possible results for your patients.

If you follow the system I'm outlining in this lesson your practice will be as tight as possible and you will be on top of that collecting more money. Now what's wrong with that, absolutely nothing at all. The system in this lesson that I'm sharing with you has taken me over 15 years to completely figure out. Keep in mind during those 15 years I've treated tens of thousands of patients and have done financial consultations at a level that very few doctors listening to this recording have every done.

Let me tell you what I've learned over these years of experience and thousands and thousands of cases, it boils down to one simple fact, people, your patients, are willing to pay for your services. Let me say that again. People are willing to pay for your services. Now it's only what's in your head that's stopping you from collecting your services. If you're forthright with the patients and you share with them what their responsibilities are and I have outlined for you in this lesson and in another lesson called the Financial Consultation, which I recommend that you actually do, in fact, review over and over and over again to increase your skills and certainty in this area so that you're better at doing the consultations.

Now it's important that the patient takes responsibility for their care so now let's get back to the fee is the fee and discuss a little bit more on that. I believe you should bill the carriers and the patients the exact same amount for the services that they receive. So if a patient is a cash patient and receiving therapy in your facility, they should pay for that therapy.

If you're treating a cash patient and they need a set of x-rays or a second set of x-rays or a third set of x-rays, they should pay the same fee that you would bill an insurance company. When you have this type of system in place it makes it easier for everyone. Even if the fees are lower than what they are today, you're going to be more compliant and you're going to make more money.

Forget about the money and let's forget about compliance, even though it's critically important, what is really most important is patient care. It's important that you do the best job possible for the patient in front of you and not count their money for them. Let's simply do what's best for them and let's bill them for it and you will find that people are willing to pay for your services.

I think it's important that we take a look at this. When you have this type of system in place that I'm describing it makes it easier for everyone, doctor, the patient, the collection people in your facility and frankly the insurance company. So if you have the proper fee schedule in place and you know I hate to get my point on what I'm sharing with you, let's standardize it and let's move on. Once we've standardized it and everyone in the practice agrees with how the system works it's just a matter of applying it to each and every patient.

The next big piece of this puzzle of collecting 100% of your services rendered is to understand that patients do expect to pay 100% when they get a service. If you take that under advisement and under consideration the problem is really you, it's not the patient at all. You will instantly start to collect a higher percentage of your services rendered and be more compliant if you just simply make a decision that you're going to do it. I believe patients should only have several options on how to pay their bills in your clinic. The simplest way in which to pay for the services is by the visit as they receive those services each and every time they come in.

Sometimes that's complicated when you're dealing with a third party carrier as doctors have told me I'm not sure what the carrier is going to pay. Well that might be an accurate statement but let's really look at the facts. If you wanted to go back in your records and look at the types of cases that's similar to the patient that we're talking about and you looked at them from the standpoint of their conditions, as well as the type of insurance company that you're dealing with, you would see that there is a pattern on how that carrier pays. In other words you'd see basically how they'd pay and how much for each service. So the balance between what the carrier pays and the total which you bill, which has already been established as reasonable, should be billable to the patient under most circumstances. If that is the case the patient should be aware of that and they should pay by the visit and actually roughly what amount it is that they are going to owe. That means that the patient has to actually on an ongoing basis be actually willing to pay.

We have to have this discussion with them. That means the patient may carry a balance in your computer but about once a month I recommend your insurance department does a review of every active patient and in active patient and balance whatever is left over from the patient balance so the patient understands. Let me give you an example of what I mean. Your insurance department after this review, should actually do what's called balance billing to your patient and send statements so that the patient knows where they are plus or minus. The patient has a co-pay roughly around say \$15 a visit which you've estimated because you know it's going to be somewhere between \$13 and \$20, at the end of the month they may have paid a couple of dollars too much and at the end of the month they might still owe you say \$10, \$15, \$20.

Whatever the amount is that they actually owe they should be sent a statement so that you could square it to 0. This keeps the patient in the loop as to where they really are because sometimes you might have thought an insurance company was going to pay a little more

than they did but because they didn't the balance has to be billed to the patient. It's important to keep the patient in the loop if you will.

Let me give you an example. I'm going to use simple numbers here because I want to just do this for illustration purposes. If you have an insurance company that will pay you 80% of the charges and to keep the numbers simple let's say the visit is \$80 per visit so you know the insurance company will pay \$64 for the visit and the balance is going to be owed by the patient.

That balance will be \$16 so this patient in this case would pay you \$16 a visit if their deductible had already been met and there was no co-insurance, etc. Again to keep it simple the carrier is going to pay \$64 and the patient is going to pay \$16. At the end of the month they need to receive a statement that's clear to them, as well as for your records, as to what they actually owed today.

Now this does require that you have a front desk person who is able to do mathematics but that's just the case today in our environment and in a chiropractic practice, as well as in health care for that matter. If your front desk person is very, very weak at mathematics, you may have to move her to a new position and get someone else new there.

I also believe that this patient who wants to pay by the visit should sign a form that says that they understand that they are paying by the visit but it is an estimate and at the end of the month they will be sent a statement of their actual balance. Then they will be given the opportunity to pay the balance that they owe or maybe they want to come in on the next visit and pay. Now the other option is they might have paid a little bit too much so maybe we owe them \$5 and they could make a choice whether if they are going to end care at that point and send them a check for \$5.

The goal of this system is to insure that no patient should owe more than \$100 total unless they are on the audit debit program, which I'll be explaining next.

The next key piece of collecting 100% of your services rendered is understanding my auto debit program. This is one of the best ideas I've ever come up with and down for collections and making it easy for patients to be able to afford care. This will prevent you from having patients drop out of care because the bills are too high or perhaps they can't afford your per visit fees. It will also prevent you from ever having to make deals with patients or lower your fees. That's always an awkward position to be put in.

This new system that I'm going to share with you in this lesson is actually going to give you the tools that you need and also give you the option so that more people will get well under chiropractic care. You'll never have to hound patients to pay their bills. You'll never have to send them to collection or send collection letters or go to a magistrate's office to get them to pay the balance.

The reason why is we're going to have their agreement and the agreement is pre-arranged so they'll know exactly what their balance is going to be each and every month. You need to understand that patients are familiar with budgeting. This is simply an outgrowth of what they are already used to. So why not make it easy on the patient and easy on the doctor's office at the same time and actually collect 100% of our services rendered. How are we going to do that? Well let's go through the process.

I recommend that you start to introduce this concept of budgeting as early as the first day you're with the patient. In other words I want them to be aware that there is an option that they could afford so that they do not drop out of care. Sometimes after the first visit patients go home and they basically do the math, they get shocked and they don't come back.

For example let's say your visits were \$70 a visit and for the first visit it might have even been a little bit more, the patient in their heads can do the math, you already heard as a patient that you come to the chiropractor three times a week, that's \$210 a week, \$840 a month I do that quick calculation as a patient and I say, can't afford it. So once I've decided I can't afford it I don't want to tell you that as the doctor or the doctor's office, I just don't come back.

I have found with my experience that doctors across the country experience this and that is the patient comes in for the first visit and doesn't return for the second. Do you know we lose one-half of our new patients in a chiropractic practice after the first day. In other words you bring in 10 new patients a week or 20 in a month or whatever and if you do a visit drop analysis, which I'm going to share with you in another lesson, you're going to find what your percentage of drop is after the first visit.

The national average is 50%. Now those aren't Pro-Adjuster doctors because Pro-Adjuster doctors understand the importance of the first several days. That's why we've developed the Report of Findings System so that you could actually do all the steps necessary to give the patients the options. When we take a look at these calculations and the patients say \$840 a month, that's more than my mortgage, I'm not going back, it's very difficult to actually convert that person back to an active patient. You have to realize chiropractors have lost millions of patients this way. Not because chiropractic was not the answer to that patient's particular condition or problem but because we didn't give them a solution on how to pay.

If we would have just given them a better option they would have stayed under care, they would have gotten well and that would have been another success result based story for chiropractic. I recommend my standardized Report of Findings System for the first three days but in these particular steps you must initiate the budget system on day 1. During the course of the first consultation I believe you should explain the budget program and let patients know that we've developed a system in our office that lets them budget the expense of their care in our facilities and you should explain to them that insurance

companies do not pay the entire bill, they never have, they never will and they won't in your case either.

Many patients, for example, don't have insurance that covers chiropractic care and you know what, that's okay. It's not a problem. We've created the budget system and the budget system allows you to spread your expenses out over time without interest and it's pre-determined so the amount that you'll pay on a monthly basis is already pre-figured out. Now watch this, it does not matter how much your bill accumulates as a patient because you're only going to be charged the pre-determined amount each month until your balance is \$0.

Let me give you an example, Mrs. Johnson, you may have an insurance company that pays part of your bill but you might also have a deductible and co-insurance, depending on your carrier. Some deductibles I've seen as high as \$1,000 I'd say routinely they are \$250, \$300, \$400 and sometimes that's difficult for a patient to just write a check for so you may find that some of our services which are completely clinically appropriate they may not be deemed medically necessary by the insurance company and I'll explain what I mean by that in a minute.

This is because of your policy and because of your insurance company. Many insurance policies will only pay for what's called crisis care or acute care. You may choose, for example, to pick our wellness care option or you might ask for us to service you in another way that may not be covered by your insurance company. When it's not covered by your carrier it's called a non-covered service.

Whatever is not covered by your insurance company will accumulate to what we call a patient balance. The patient's balance is what you will pay us at some point. What we want to do each month is to make it easy on you. The way we'll do that with this budgeting system is that the first of every month, and we do this for most of our patients as a special service, on the first of every month we're going to bill a credit card of your choice \$100 until your patient balance is \$0.

Now with some patients that might take three months, sometimes it might take six months and sometimes for more complicated cases, which may or may not be yours, it could take two to three years to pay off the balance. You know what, that's okay with me. The reason is that we want the best for you. We want to provide you the best possible service and get the best results. The best way to get the best results is to insure that you follow the pre-determined care plan in our facility.

In return those services that are going to help you and improve your condition and improve your body's ability to function we're willing to do all that for you but we want to be compensated for the services that we render for you. Basically what we figured out is a way to win-win for both the practice and the patient simultaneously. So we want you to get the care that's affordable to you and your family and that's why we've developed this budgeting system so that you can get the care necessary today but not have to pay for it today. You could pay for it over time. Now you might think I don't need a system like

that, I make good money, I could just write you a check each time and I say to you whatever way you want to do it is okay with me but my experience is that people who are on the budgeting system get a better result because they don't have to think about finances, they just think about their body and getting in here and getting the service they need.

Let me ask you a question, does that make sense to you? The patient will respond yes and if you ask the patient and it makes sense to them then most likely you'll have a person who is going to accept the budgeting plan system. We reserve the right to do this on another day after we've given them the opportunity to understand the care plan as well. If they want to put their deductible and co-payment into this system for the first couple of visits, no problem, we simply at the end of the visit would get the appropriate form filled out and the front desk person would collect their credit card information and put it on the confidential credit card form and start the process that I've just outlined.

Let me tell you that I have taught hundreds and hundreds of doctors this system since I've developed it. I have found that every single doctor, every single one 100% of them have embraced it; they love it and have told me it's the best system they've ever used. I've had doctors who I consulted and shared this information with who've been in practice for 15, 20 and 25 years and we've discussed this one process as part of this program which is if you've been in practice lets say for example 5 or 10 or 15 or 20 years just do the math and if you only had 50% of your patients who would accept his budget plan because you were aware of it at the time, if only half of the patients accepted it you'd probably have hundreds and hundreds of patients, if not thousands on this system.

What I suggest you do is start the system today, start moving people towards the budgeting system, and start to consider how it is that you could collect 100% of your services rendered. Now let me tell you another benefit to using this system and that is on the first of every month you have \$100 being collected from each patient who is on the system so if you had, for example, 500 people or 1,000 people or 100 people just do the math. You'll very quickly figure out that every 10 patients is \$1,000 so 20 patients is \$2,000, 30 patients is \$3,000, etc.

So at the beginning of the month if lets say over time even if it took 5 years to get here if it took you 5 years to get 1,000 patients on this system and you had on the first of the month \$100 being charged for 1,000 people that's \$100,000. You have a 1.2 million dollar practice that's a guaranteed selection number. It's completely compliant. It's stress free and that doesn't count the fact that you'll have acute care being billed to the insurance company for the first 6 or 9 or 12 or 15 or 20 visits, depending on medical necessary.

See what this allows you to do is have control of your practice and actually be able to collect all the fees that you know you deserve, make it easy on the patient and easy on the doctor, easy on your staff and frankly it's the best thing for your patients because now they don't have to think about coming back to you when they have \$40 or \$50 or \$60 in their pocket. They don't even have to consider it.

Now you should know that if you put patients on this particular program that when you got to run the credit cards each month roughly 5% of them are not going to run. We have found 5% to be your threshold because you know credit cards expire; the numbers change, the dates change and sometimes people max out their cards. So is this 100% foolproof or fail-proof, no absolutely not but it's going to get you the best shot you've ever had at collecting 100% of your fees.

I'm hopeful the information that I've shared with you in this lesson has inspired you to make a new decision that you can collect a higher percentage of your services rendered. You could do a better job being compliant and you could actually do a better job for your patients by ensuring that they feel good that they are paying their bill. They will feel also much better about referring.

You see what this does is it actually puts a system in your practice that gives you back the power in an area that's out of control. When you take back an area that's out of control when you put it under control, stress goes down and your actual ability and your control and your environment and the way you talk and the way you speak and the way you feel goes dramatically up.

I'm confident if you use this system in this lesson you will do a better job for your patients, you'll do a better job for your practice and you will actually make a difference in your community. I'm confident if you take this piece seriously and we really get out there and implement it and make it happen we can and we will become the number one health care choice on planet Earth.

Thank you for your time and attention.

For more information regarding this and other systems, please call my office at (877) 942-4284.