# Patient Reactivation Project

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# Getting Started with the Reactivation Project

This project will help you reactivate dozens, if not hundreds of patients back into the practice. It is important to follow the guidelines exactly as written. For optimum results do not start this project in the months of May, June, November or December, unless otherwise suggested by your consultant.

This is a tried and true approach to reactivation and will help revitalize your practice. After the initial project we recommend doing this project each year in January.

## How to Begin the Project:

1) Assign someone to be in charge of overseeing the project. Inform the rest of the staff that the office is doing a reactivation project and let them know what part if any, they will play.

2) Verify the knowledge of the person in charge of the project on use of the computer software program. They will need to know how to generate reports and print cards that include a message, as well as the patient address.

3) You may need to contact the computer software company for the following:
   a. Instructions for generating a report showing who is due to come in the office by last visit date. The idea is to generate a list of patients that have not been in the office for 6 months or longer. Go back at least 3 years and as much as 5 years.
   b. Creating and printing post cards with a customized message.
   c. Printing the card from the computer with the individual patient's address.

4) Record the phone call with the computer software support department, if you live in a state where this is legal, or take good notes to reference in the future.

5) You should start a binder titled "Reactivation Project." Put everything that pertains to the project in the binder, the next time you do the project all of the materials are there for reference.

## You will need the following:

1) A copy of the Reactivation Project Checklist given to you by Classic Practice Resources.

2) The sample recall card (showing both sides) with our recommended message for patients that have not been coming on a regular basis.

3) The name and telephone number of a local printer to produce the cards with our recommended front side design and the special green or gold color.

4) A computer list of all patients whose last visit to the office was six months or longer. Go back at least 3 years and as far back as 5 years. This will include all patients of record.

5) The number of patients on the computer list to order the cards. You will be able to cut down on the cost of the cards if you order enough for all three mailings. It is impossible to know the exact amount of cards you will need on the second and third mailing, so I suggest ordering twice the amount of cards that you need to do the first mailing. <u>We do not recommend outsourcing the mailing of these cards.</u>

6) A written procedure for handling the cards that will come back to you after the first mailing. These will be cards belonging to patients that have moved, changed dentists, are deceased and so forth. We will supply you with a checklist for CD (changed dentists), CD-due to insurance, MOT (moved out of town), Inactive or Deceased Patients.

7) A calendar, so that you can mark the date the cards were mailed as well as how many were sent.

**Refer to the Reactivation Project Checklist to Begin the Project**

## <u>Terms to Know</u>

Recall – In dentistry this means to summon back to the office to see the hygienist on regular intervals.

Reactivation – To make active again

Inactive Patients – Patients that have not come in for 7 or more years and all efforts have been exhausted.

## *Scheduling*
# Reactivation Project Checklist

### SITUATION:

There are patients of record in your practice that are overdue for hygiene recall and have outstanding treatment. Use the following steps to successfully reactivate them through the hygiene department. If you follow the procedures exactly, this project should bring back 10% to 19% of the overdue patients. You will continue your normal recall protocol during this project.

Project Start Date:

Person in Charge of This Project:

Others Assigned to this Project:

**INSTRUCTIONS**: Go through each step listed below. Date and initial as each step is completed. Do not go out of sequence. This is a 90 to 100 day project.

### STEP ONE:

Generate and print a list of all patients that have not been in the practice for at least 6 months, going back 3 to 5 years. This report will contain patients that also have outstanding diagnosed treatment. The idea is to get them in the office for needed treatment.

Number of patients on this report (needing a cleaning):

Date completed:      Initials:

### STEP TWO:

Choose a recall card to be mailed to these patients. Classic Practice Resources recommends the following message on a fluorescent green or goldenrod postcard.

*Dear Jane,*

*We miss seeing you in our office. As you know, when dental decay, gingivitis, periodontal disease or other complications are discovered in early stages, treatment is not complicated and costs are less. Please phone the office at (insert your phone number including area code) for a convenient appointment.*

We have found that we get a better response by using card stock purchased from a local printer rather than the "cutsie" type cards. We recommend having the printer typeset the doctor's business card or a photo of the office on the opposite side. Either way, it is kept conservative and professional. Always have "Return Service Requested" printed under the return address on the front of the card so that you will receive the patient's new address. If you have any questions, call Classic Practice Resources. You will need to get your doctor's approval on the message to be used. Determine the cost of the cards and postage for three mailings. Get approval from the doctor before ordering.

Date completed:      Initials:

### STEP THREE:

Have your Accounts Receivable/Finance Secretary review the list printed in Step One. Using a red pen, have her mark through any undesirable patients. You do not want to recall patients that have been turned over for collections. Have the doctor look over this list to verify.

Date completed:      Initials:

## STEP FOUR:

There are two ways to achieve this step. Read over each of them and choose the one that will work best in your practice and with your software. Please call us if you have any questions about these procedures.

1) Generate a computer report using a specific date range. You'll need to **find out which Patients have not been in the office for 6 months or longer, going back at least 3 years. You will want to send these folks the same card, three months in a row.** This exact date range will be used each month during the project. The list will get shorter each month as people will call and schedule. You'll find out that some have moved, are deceased and have changed dentists, as you work through this project. You should take care of these folks as you become aware of them being on the list so that their name does not come up each month.

2) Another way to do the project is to create a special data base for the patients on the project. The first step is to **find out which patients have not been in the office for 6 months or longer, going back at least 3 years. You will want to send these folks the same card, three months in a row.** This procedure will require a special recall date that all past due patients will be given to create the database. Use something like 12/25/45. Each month you will use the special recall date to generate a report to send the cards to this database. You'll see the list get smaller as patients call in to schedule. I suggest putting undesirables such as collection problems or denture patients in their own special database. This should be done regularly in every dental practice. For example 12/25/50 for collections and 12/25/55 for dentures, etc. This will guarantee that these folks do not end up on your regular recall.

Make sure any decision to put patients on special recall dates are approved in advance by the doctor. Type up the protocol you decide to use for your practice and place it in the project binder so everyone will know the process. It will be useful in the future when you do the project again. This will also ensure that everyone in your office will know the designation for these special groups and they can follow-up. By using these special dates, you will be assured these patients will not be recalled until you are ready for them and that each one is easily recognized by their special date.

Write the recall date that you selected for this project here:_____

Date completed:_____ Initials:_____


## STEP FIVE:

If you decided to do the second choice in Step Four you will need to print the report of everyone due and go into each person's account and enter the "special" recall dates. Using a red pen put a check mark next to the name on the recall list as each recall date is entered in the computer.

Date completed:_____ Initials:_____


## STEP SIX:

At this point you are ready to send recall cards to the group you want to reactivate. Generate a current report now, using the special date or date range and another one each month before mailing the cards. The list will get shorter as patients schedule. Print the names and addresses on the cards or you can print mailing labels for the cards. We do not recommend outsourcing the mailing of these cards. Count the patients on the list that will be recalled as a part of the project and enter the number here: _____
Date completed:_____ Initials:_____

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## STEP SEVEN:

Mail the cards.  Some of them may come back because the patient moved.  Locate the patients and get them in. You'll need to update addresses on the record and in the computer as you become aware of a change; this will ensure the next mailing will have updated information. You should research new addresses when you do not have the correct one. Update the information in the computer and get another card out right away using the new address. As patients call in to make an appointment as a result of the project, you should update their recall date in the computer.

Enter the number of cards mailed: _____

Date completed:_____ Initials:_____


## STEP EIGHT:

Twenty-five days after the first mailing goes out, generate and print another report using the same special date or date range. This list should be shorter than the first list because people will have called and scheduled an appointment.  Enter total number of people on the list here: _____

Date completed: _____ Initials: _____


## STEP NINE:

Print the cards for the people on the list in step eight for a second mailing.
Enter the number of cards mailed here: _____

Date completed:_____ Initials:_____


## STEP TEN:

Twenty-five days after the second mailing, generate and print a report of past due patients using the same special date or date range.  This list should be shorter than the second one.
Enter total number of people on the list here:_____

Date completed:_____ Initials:_____


## STEP ELEVEN:

Prepare and mail the cards. This is your final mailing.
Enter the number mailed: _____

Date completed: _____ Initials: _____


## STEP TWELVE:

Wait three work days to begin calling each person from the last report, noting the results of the calls in the computer. As patients make an appointment as a result of the project, you should update their recall date in the computer. Do not give up trying to contact patients via phone after only one or two attempts. *Do not* leave messages over and over on a machine. Confirm contact information and update changes. You may have to work on locating lost patients and always update records as you go.

Date completed: _____ Initials:_____

## STEP THIRTEEN:

Complete this checklist within two weeks after the last mailing.  Generate and print a FINAL report using the same special date. Enter total number of people on the FINAL list here: _____

*Enter the number of patients from STEP SIX:* _____

*Subtract the number of patients remaining on*
*the report that never came in.. (You will get this number*
*from the last list you printed in STEP THIRTEEN):* _____

*Total number of patients reactivated  from*
*performing this special reactivation  project.* _____


## STEP FOURTEEN:

If you chose option one in Step Four for the project and you go back to past months on a regular basis to recall patients that are past due, then you are fine. We do not see offices doing that. Therefore we suggest that you put everyone not contacted or that has not scheduled during this project, on a recall date three (3) to six (6) months in the *future* using the last report.

If you chose option number two in Step Four for your project, no one should have the special date that your office used for this reactivation project. Every patient you want to return to the practice should have a *future* recall date in the computer. You should verify this by generating and printing one last recall report using the special date. If everything was done properly, no names should appear on this FINAL report.

Date completed: _____ Initial: _____

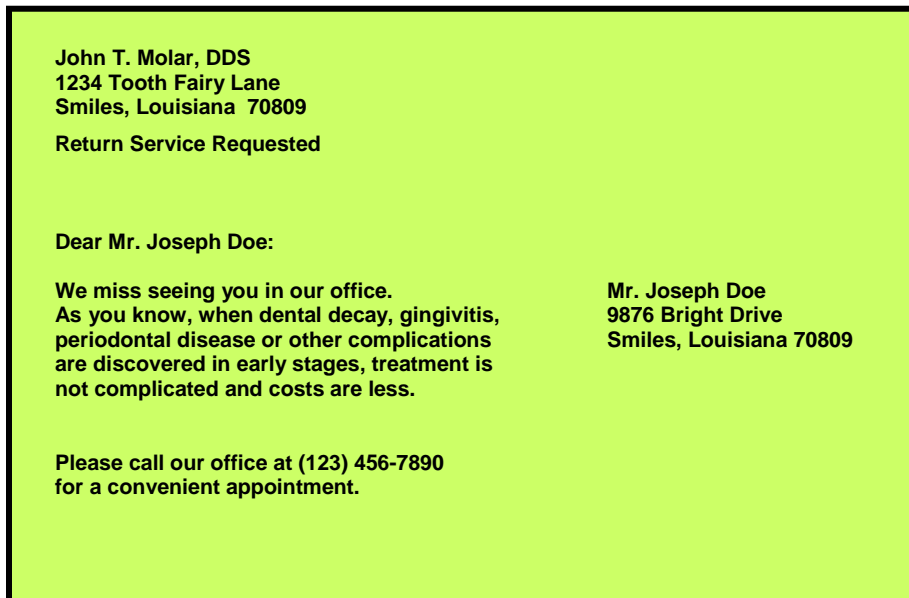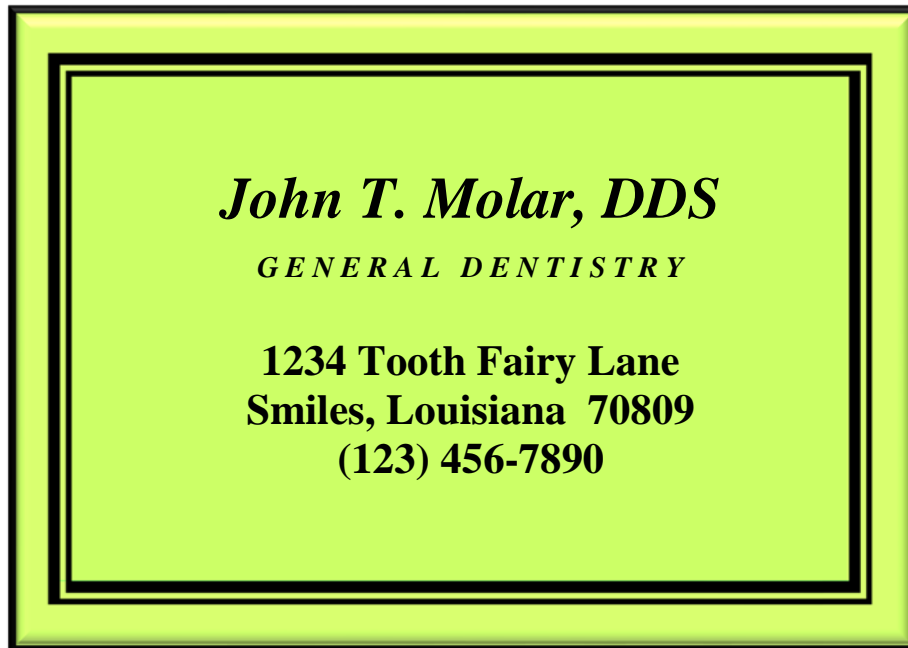This project should be performed in your practice each January.


### HAPPY SCHEDULING!!!

**For verbal skill and communication training, attend one of Sandy's future workshops.**

**Contact Sandy for information on how she and her group of consultants can help your practice grow during this new economy. Customized training workshops at your office are available.**

**Sandy@classicpractice.com**

*John T. Molar, DDS*

G E N E R A L   D E N T I S T R Y

**1234 Tooth Fairy Lane
Smiles, Louisiana  70809
(123) 456-7890**

**John T. Molar, DDS
1234 Tooth Fairy Lane
Smiles, Louisiana  70809**

**Return Service Requested**

**Dear Mr. Joseph Doe:**

**We miss seeing you in our office.
As you know, when dental decay, gingivitis,
periodontal disease or other complications
are discovered in early stages, treatment is
not complicated and costs are less.**

**Mr. Joseph Doe
9876 Bright Drive
Smiles, Louisiana 70809**

**Please call our office at (123) 456-7890
for a convenient appointment.**

# Reactivation Cards

## Order Classic Practice Resources' PROVEN, Effective Reactivation Cards



*Sample Card : Front*

**The Tooth Fairy Dentistry**

1234 Cavity Court  -  Dental Floss, LA  70002



The Tooth Fairy
1234 Cavity Court
Dental Floss, LA  70002

RETURN SERVICE REQUESTED

This message will feature Classic Practice Resources' proven effective custom messaging. This developed messaging has had the highest patient return success rate.

Please call our office at (123) 456-7890 for a convenient appointment.

*Sample Card : Back*

*Take $100 off your Setup Fee for Reorders!*

### Design / Setup

Initial setup, design, and incorporation of a logo / photo and contact information using Classic Practice Resources' proven, effective Reactivation Card layout with their **custom message**. *Initial setup fee is required for new customers.*

**INITIAL SETUP  =  $150.00**
**REORDER FEE  =  $50.00**

### Printing

Cards will be printed in B/W on Neon Green, 65# cardstock, cut to 5.5" X 4.25".

**1,000 CARDS  =  $390.00**
**2,000 CARDS  =  $485.00**
**3,000 CARDS  =  $580.00**
**4,000 CARDS  =  $675.00**
**5,000 CARDS  =  $770.00**
**6,000 CARDS  =  $865.00**
**7,000 CARDS  =  $960.00**
**8,000 CARDS  =  $1,055.00**

**EACH ADDITIONAL 1,000 CARDS  =  $95.00**

### Shipping

Please include the cost of shipping and handling at the rate of $15.00 per 1,000 cards ordered. A direct mailing service is also available; if interested, call us for details and rates.
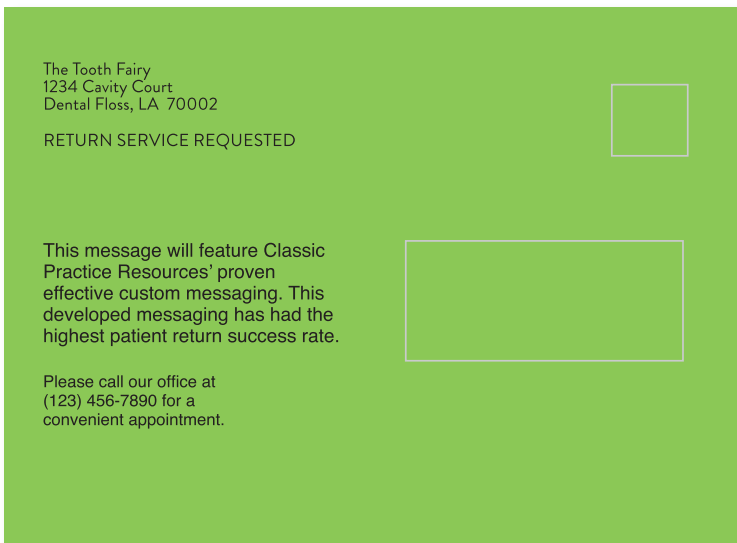
**SHIPPING PER 1,000 CARDS  =  $15.00**

*See page two for the process overview, payment details, and terms and conditions.*

*See page three for a printable order form with customizable setup and design options.*
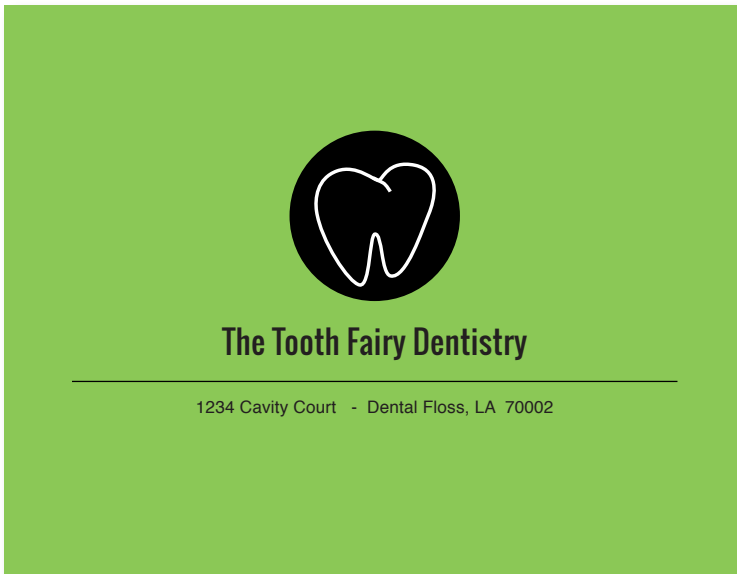
**Deep Fried**
ADVERTISING + WEB DESIGN

# Process,Terms + Conditions

## Card Development + Printing Process

**PHASE 1: PAYMENT**
Order forms may be delivered by fax, email, or mail. Once an order form is recieved, the order will be processed, invoiced and sent to the Client via email for payment.

*Note: Deep Fried cannot move into the setup + design phase until payment has been recieved. Card designs will mimic the provided sample on page one, and the written content on the back of the card will feature Classic Practice Resources' proven, effective reactivation messaging.*

**PHASE 2: SETUP + DESIGN**
After payment is received and content is delivered, a design proof will be drafted and sent to the Client via email. After Client review, any necessary edits can be made before sending to print. Initial proof delivery and edits can usually be completed within one to three business days.

**PHASE 3: PRINTING + DELIVERY**
After Client has approved the proof, the cards will be sent to print. It usually takes about two to three weeks for printing, shipping, and delivery. If you have opted in for the direct mailing service, this process may be slightly different.

## Payment + Refunds

Invoices will be sent via email through Deep Fried's online payment system called Paymo. Payment can be made online via Paypal, using a credit card or Paypal account (a Paypal account is not required - users may checkout as a guest), or checks can be delivered to Deep Fried. Payment over the phone is not accepted. If you have opted in for direct mailing, service and postage fees are required before delivery.

Payment for cards is required before Deep Fried can move into the setup + design phase, and due to the proprietory nature of the of the written content provided by Classic Practice Resources, that will be featured on the back of the cards, refunds can not be granted after payment has been made.

## Content

Content that is necessary to begin design work includes artwork (e.g. logo or image) that is to be featured on the front of the card. Deep Fried does not offer stock logos for Clients to choose from. If a Client does not have a logo, a typeset version of the practice name can be created by Deep Fried to be used as the artwork. A typeset logo example has been provided to the right.

*Note: logos must be provided in vector format (EPS, AI or vector PDF), or a high-resolution JPG, PSD, TIF or PNG. Scanned / copied / low-resolution logos not provided in the requested formats may incur additional fees for reformatting / recreating.*



Typeset Logo Example

**THE TOOTH FAIRY DENTISTRY**

1234 Cavity Court  ·  Dental Floss, LA  70002
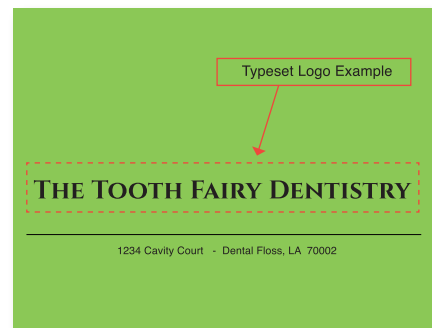
## Fees

Please understand that due to the changing costs of printing, paper, postage, etc., all printing and shipping fees are subject to change. Our order forms are updated regularly to reflect these changes, and if you have received an outdated form, we will notify you to send an updated form with proper terms and pricing information before moving forward.

# Reactivation Card Order Form

## Your Contact Information

PRACTICE NAME: _____ OFFICE CONTACT: _____

OFFICE ADDRESS: _____

OFFICE #: ( _____ ) _____ CELL #: ( _____ ) _____ FAX #: ( _____ ) _____

EMAIL FOR PROOF: _____

REFERRAL SOURCE: ☐ CPR Program ☐ Spice Up Your Practice ☐ Dentaltown Website ☐ Other: _____

## Setup

☐ **NEW CUSTOMER = $150.00** ☐ **RETURNING CUSTOMER = $50.00**

_____
**COST**

PLEASE SELECT ONE: I would like the front of my Cards to feature:

☐ **A logo + address or tagline** ☐ **A photo of office + address or tagline** ☐ **A typeset logo + address or tagline**

## Printing

☐ **1,000 Cards = $390.00** ☐ **3,000 Cards = $580.00** ☐ **5,000 Cards = $770.00** ☐ **7,000 Cards = $960.00**

☐ **2,000 Cards = $485.00** ☐ **4,000 Cards = $675.00** ☐ **6,000 Cards = $865.00** ☐ **8,000 Cards = $1,055.00**

_____
**COST**

**EACH ADDITIONAL 1,000 CARDS = +$95.00**

PLEASE SELECT YOUR PRINTING AND DELIVERY PREFERENCE:

☐ **I would like my cards to be printed and delivered as individual cards.** ☐ **I would like my cards printed and delivered with 4 cards up on an 8.5" x 11" page with perforated edges.** *(This option is recommended if you are planning to print addresses onto your cards.)*

## Shipping

**SHIPPING PER 1,000 CARDS = $15.00**

_____
**COST**

*Note: Shipping fees are subject to change. We also offer direct mailing: please notify us if you would like to receieve a list of rates.*

**PAYMENT:** **Please fax / mail / email this form & we will contact you to receive payment & begin work. Thank you for your order!**

**I WOULD LIKE TO PAY BY:** ☐ Check ☐ Credit Card (Online Invoice)

_____
**TOTAL PAYMENT**

*Note: We do not accept payment over the phone.*

**DeepFried**
ADVERTISING + WEB DESIGN

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