

Where Have All the New Patients Gone?

Chris Bentson, President of Bentson Clark

Whether it is merely an economic cycle or a greater force at work, it seems clear that countless orthodontic practices are experiencing lower referrals, fewer new patient exams and a drop in case acceptance. The evidence behind this trend is well-documented by many individuals and organizations. A variety of reasons are suspected to cause this overall patient decrease.

Earlier this year, Paul Zuelke wrote in his Spring 2007 newsletter, "During the most recent 9-12 months I have noticed that many of our clients, and more than 75% of the non-clients whose numbers I have reviewed (roughly 500 doctors' statistics have been evaluated), have seen a decline in their new patient flow."

The United States Census forecasts that from now until 2010 there will be a 0.2% decline in the number of children between the ages of five and fourteen. In addition, while the population of braces-aged children is projected to remain virtually flat through 2010, it is also projected that there will be very little increase in affordability, with the average median annual household income remaining around \$47,000 during the next several years.

"I will just attract more adult patients," you may say. That is a good idea, but you very well may be competing with your referral base. During the third quarter of 2007, Align Technology, makers of Invisalign, reported that 52,050 new Invisalign cases were shipped, and almost all of the cases were for adult patients. Of these cases, 18,150 were

"The best practices are, in fact, still growing."

delivered to U.S. orthodontists, 26,500 were delivered to U.S. general dentists, and the remaining 7,400 went to doctors outside the U.S. Align also reports that the cases shipped to U.S. doctors were sent to 3,710 orthodontists and 10,200 general dentists. Compare these numbers with data from the first quarter of 2005, when Align shipped 13,300 cases to 3,300 orthodontists and 13,000 cases to 5,400 general dentists, and it is obvious that much of Align's growth is from a significant increase in the number of cases treated by general dentists.

Competition for new patients from the management services sector seemed to be reduced when Imagine Orthodontics experienced financial issues and appeared to be leaving the orthodontic arena prior to and during 2006. However, a management company you may not have heard much from yet is OrthoSynetics. OrthoSynetics is the new name for a rebranded and retooled OCA. OCA officially came out of bankruptcy in January of 2007 under its new name and is now owned by Silver Point Capital, which has assembled an executive team with loads of orthodontic experience.

The recent and on-going collapse of the sub-prime mortgage industry and decline in home values are also taking a toll on the U.S. economy. More than 30 sub-prime lenders shut down or filed for bankruptcy in recent months, and foreclosures in nearly every state continue to rise. Many experts predict that these real estate-related woes will continue into 2008. How do these factors affect new patient starts? We are not economists and do not pretend to be, but it is apparent that much of the country is no longer experiencing the increases in real estate equity that have been enjoyed to varying degrees over the last ten years, previously allowing many people to cash out on the increased equity in their homes.

In This Issue:

Where Have All the New Patients Gone?

page 1

Financial Challenges in the Orthodontic Practice

page 3

Residents Look Towards the Future

page 5

Something New: Privacy Sign-In Sheets

page 6

Staying Fulfilled - Staying Home

page 7

The Bentson Clark reSource (ISSN 1559-1360) is published quarterly by Bentson Clark, LLC, 301 North Elm Street, Suite 301, Greensboro, North Carolina 27401. Periodicals postage paid at Greensboro, North Carolina 27401.

POSTMASTER: Send address changes to Bentson Clark, LLC, 301 North Elm Street, Suite 301, Greensboro, North Carolina 27401.

Telephone: (336) 379-8822 / (800) 621-4664
Fax: (336) 333-0015
Website: www.bentsonclark.com
E-mail: laura@bentsonclark.com

©Bentson Clark, LLC. 2007.
Copyright strictly reserved. This journal is intended for use by the individual to whom it is addressed and may not be reproduced in whole or in part or redistributed in any way - including reproduction for internal distribution - without the prior written permission of Bentson Clark, LLC.



Where Have All The New Patients Gone?

Continued from page 1

With access to credit tightening and home values stagnating, it is fair to assume many prospective patients are holding on tighter to their hard-earned money and delaying orthodontic treatment.

You might be tempted to simply fold up your practice tent after reading the facts above. But fear not; the best practices are, in fact, still growing. Paul Zuelke's Spring 2007 article continues on to say, "...this decline in new patient flow is occurring throughout the entire dental/orthodontic profession, in every part of the country, but it is not occurring in every practice." At Bentson Clark, we are seeing similar circumstances. While many doctors we have spoken with have experienced a decline in new starts and case acceptance rates, many practices in various parts of the country are continuing to experience strong growth. Efficient, well-managed and well-run practices are growing in the present environment. What's the difference?

We have addressed many of the items that are hallmarks of an excellent growing practice in previous *Bentson Clark reSource* newsletters. Here are three key areas to focus on as you plan for 2008:

1. Best practices have a strong marketing plan

The key word here is *plan*, not just a dollar amount. Bentson Clark has published articles in many past issues of our newsletter about marketing ideas (see references below). If you need help with your plan, there are consultants who can help. You should have an internal and external component to your plan. As a guideline, 1.5% of annual collections is generally adequate. Remember, marketing does not have to be expensive, and it is more than yearbook ads, plastic cups and t-shirts. Good patient and referral education is a key piece of the pie to a good orthodontic marketing plan. Past *reSource* newsletters on this topic include:

- ***Rewarding Professional Practice Referrals***
Volume II, Issue I
- ***The Great American Flu Shot Party***
Volume II, Issue I
- ***The News on Newsletters***
Volume II, Issue III

2. Best practices know their numbers (operational and financial)

It is still surprising to us that many practices we work with have great difficulty in identifying things such as how many active patients they have, the contracts receivable balance, how many paid-in-full patients or what monies were spent on marketing. While we have not done a study on this, from experience we have observed that the practice that can produce the information required to value a practice the fastest is almost always more valuable than the practice that struggles

over many weeks or months to supply this information. The best practices have good, reliable, internal systems. Some guidelines for tracking important operational and financial statistics can be found in the following *reSource* newsletters:


- ***What's My Practice Worth***
Volume I, Issue I
- ***Intangible Valuation Drivers Part 1***
Volume I, Issue III
- ***Intangible Valuation Drivers Part 2***
Volume I, Issue IV
- ***How Do You Compare***
Volume II, Issue II

3. Best practices use consultants

We see that practices that work closely with highly qualified and well-respected consultants (and implement the consultants' recommendations) are usually more profitable, more efficient and better managed than practices that do not. For this reason, we frequently ask consultants to contribute to the *Bentson Clark reSource* and share their ideas. Many well-known consultants within the orthodontic industry, including Mary Beth Kirkpatrick, Char Eash, Debbie Best, Paul Zuelke and Charlene White, have written numerous articles in past *reSources*.

You do not have to hire a consultant to come to your office or take your staff to a meeting where a consultant is speaking. Some consultants sell tapes or books that you can go through as a team in the privacy of your own practice. The key here is to invest in your practice by leveraging proven ideas and strategies, and consultants are a good source for these. Past *reSource* articles include the following topics:

- ***Open the Gate to Increased Efficiency and Profitability***
Volume I, Issue I
- ***Creating Change within a Mature Practice***
Volume I, Issue II
- ***Hiring Employees with the Right Fit***
Volume I, Issue III
- ***Questions To Ask Yourself If You Want to Rejuvenate Your Practice***
Volume I, Issue IV

The current economic climate may indeed present challenges that make it more difficult to grow an orthodontic practice than in the past. However, during this economic cycle, if you invest your time, energy and money in the three areas noted above, you can watch the positive effects on your practice. New patients are available and are waiting to be attracted to your practice through a variety of opportunities. It is just a matter of finding them. 

The *Bentson Clark reSource* articles referenced can be downloaded at www.bentsonclark.com.

Financial Challenges in the Orthodontic Practice

Bill Holt, President of OrthoBanc, LLC

Changing technologies improve many aspects of our lives. Who wants to go back to the days of manual billing and filing systems? None of us want to give up the convenience of cell phone technology, DVDs, iPods and other expediencies that our children now consider necessities of life. Certainly we are all thankful for the advances in cardiac care that mean the simple insertion of a stent removes the need to open the chest cavity for bypass surgery. Yet each of these modern technologies challenge those who use them to adapt, perhaps through additional education, adjusting a business practice or giving up old approaches that simply no longer work.

Concerns Related to Payment Plans

The orthodontic industry continually pioneers new technologies that improve treatment procedures, but the industry is not immune to the challenges that these innovations present to traditional business practices. With the introduction of treatment methods that significantly compress treatment time, the use of traditional payment plan arrangements leaves the practice with several concerns. The following are common concerns that we have found:

Concern over Monthly Payments. For years the treatment time for a typical orthodontic case has been about 24 months. The resulting payment plan presented by the practice conveniently fit the family budget. At a treatment cost of \$5,000 and a down payment of 25 percent (\$1,250), the balance of \$3,750 was easily paid over 20 months at \$187.50 per month.

When treatment is reduced to 15 months and the traditional payment plan methodology is applied, the monthly payment soars to \$312.50 over 12 months. Payments at this level exceed the tolerance of most family budgets.

Concern about Lack of Collateral. A huge advantage to the orthodontist when extending monthly payments has been the collateralized nature of the payment plan. Since treatment time periods exceed the repayment terms, practices are safe offering monthly terms. If payments are behind and the end of treatment is imminent, patients are put on maintenance until the payments are brought current.

To combat the high monthly payments resulting from compressed treatment methods, practices are considering extending terms beyond treatment. This results in concern that once treatment ends, so may the payments. This is especially troublesome given the fact that patients' attitudes toward

medical and dental debt are casual at best, and the priority of paying off medical debt does not rank very high to those with limited finances.

Concern Regarding Third-Party Financing. A possible solution for shorter-term treatment is outside financing. However, most outside plans either do not offer shorter-term financing in the 18 to 24 month range or they do so with no-interest plans. Such zero-interest plans are expensive to both the practice and the patient.

In general, participating practices pay an administrative fee as high as 10 percent on no interest plans, while patients, believing they are receiving an interest-free option, find that only one missed payment results in retroactive interest as high as 23.99 percent. Third-party finance companies have done their homework and depend upon a calculated percentage of patients failing to meet their obligation of paying on time, thereby incurring usurious levels of interest. Many practices feel that these plans are detrimental and counterproductive to the relationship of trust being built with the patient.

Sensible In-office Options

Offices have come to depend upon the steady monthly payments from in-office plans that make treatment affordable for patients and provide the practice with excellent cash flow management. Are there ways to address the challenges these new treatment options offer while protecting the in-office plan?

Modifying the traditional approach to in-house payment plans is required, but it is also feasible. It is necessary to establish some sensible guidelines that must be followed whenever deviation from the current business model is necessary.

Credit risk assessment. Before extending terms beyond the treatment period, the practice must know the risk involved in doing so. The only historical record of payment history is the credit report. If used properly, credit reports are a tremendous tool to evaluate risk and develop an appropriate payment plan.

The three major credit reporting agencies compile credit histories on all adult citizens in the United States. Information will vary somewhat between the agencies but, on the whole, the information they compile is the same. Each agency charges an application fee and assesses a monthly minimum fee. They each have tools to analyze reports and help you understand the information you receive. All three agencies have reports available via the Internet.

To make the use of credit reports practical and safe, offices should only offer terms beyond treatment to the very lowest credit risks. Those patients have the ability to pay and,

Continued on page 4



Financial Challenges in the Orthodontic Practice

Continued from page 3

in fact, do pay their debts. You need to define the level of risk that qualifies for an in-house plan and stick with that definition. Patients who fall outside of your risk tolerance must be forwarded to outside financing or traditional treatment methods must be utilized so that payment terms are within the treatment period.

Auto-debit Payments. To properly protect against loss, patients whose terms extend beyond the treatment period should have their monthly payment auto-debited. Auto-debiting raises the priority of your payment and insures that you are paid each month. If the money is in the account, you will be paid. Leaving the decision to make a monthly payment in the hands of the patient will inevitably lead to a decision to withhold or delay payment. After all, "It's only a dental payment."

Auto-debiting is available from several sources. Be certain you evaluate the true cost of the service and not just the advertised rate. Hidden fees, or even disclosed fees that are charged more frequently than you might think, drive up the cost of some auto-debiting services. Make sure the company offers both ACH (checking and savings account) and credit card auto-debiting services. Check the credit card rates closely to avoid excessive costs.

Managing auto-debiting plans and complying with the rules and regulations related to auto-debiting requires attention to detail. If care is not taken, such an automated process can negatively impact many patients with just the click of a mouse. Staff members need to be fully trained before auto-debiting is implemented.

Professional Plan Management. Your in-house payment plans require close monitoring by an individual or company trained in managing accounts receivables. This is true whether your accounts are traditional plans secured by traditional treatment times or the new approach that is the focus of this article.

Patients whose accounts become delinquent by 10 days or patients whose payments fail when using auto-debiting must be contacted immediately. A practice cannot wait 30 days to see if a payment is going to arrive. The staff cannot wait for the next appointment to "check in" with the patient. The key to successful collections is immediate contact. Proactive measures and persistence are needed, yet these are often not the traits inherent in the staff charged with accounts receivable duties.

By implementing these in-office options, a practice can successfully continue in-house payment plans that extend

beyond the end of treatment. This means that new technologies do not have to be a challenge to the in-house payment plan - provided the practice adapts its business practices and keeps them in line with good lending policies that work.

The OrthoBanc Solution – An Outsourced Approach

OrthoBanc, LLC was formed in 2001 as a professional payment management company for orthodontists. The management staff has a combined 60+ years of experience in risk management gained in the credit reporting industry. Now, with over 1,500 providers using its services, OrthoBanc has become an outsourced solution for practices wanting to gain control over their payment plans.

Credit Recommendations. OrthoBanc has developed risk assessment tools designed to eliminate the need to learn how to read and analyze credit reports. Statistical analysis is used to reduce the data into a simple risk level, A – E. These assessments are performed in just seconds and the practice can act quickly upon the payment plan recommendation that is returned in plain English.

Auto-debit. Once the payment plan is determined, practices can easily setup an OrthoBanc account for the responsible party using either OrthoBanc's website or their own practice management software, most of which have integrated with OrthoBanc. Once the account is set up, OrthoBanc auto-debits the responsible party's account (checking, savings, or credit card) each month, making certain that the practice is paid on time.

"A practice can successfully continue in-house payment plans that extend beyond the end of treatment."

Once payments have been processed, the payment is posted to the ledger at the practice. Payments are easily posted five times per month using either a report available at OrthoBanc's site or through the interface in the management software.

Professional Management. When payments are unsuccessful due to insufficient funds, over limit balance, or lost or stolen credit cards, OrthoBanc contacts the responsible parties to resolve the missed payment, re-drafts the account, and pays the practice. Since the OrthoBanc staff is trained in the rules and regulations that govern auto-debiting, practices are assured that their accounts are handled in accordance with industry standards.

Focus on orthodontists. Built with the orthodontic practice in mind, OrthoBanc is sensitive to the fact that practices are building relationships between patients and responsible billing parties. Each contact made on behalf of the

Continued on page 8



Residents Look Toward the Future

Laura Bennett, Director of Marketing at Bentson Clark

The orthodontic industry is an ever-changing industry. A constant surge of brackets, bands and bonds are continually being created, techniques are being modified, and computer systems are being updated to increase efficiency. Offices are being renovated to reflect the most up-to-date styles and colors, making practices feel fresh and ‘in touch’ with today’s culture. As time passes, styles and fads come and go, but the one thing that does not change is the reality that doctors age over time and eventually plan to enjoy retirement. Another unchanged truth is the large number of residents graduating each year who are in need of practice opportunities.

The majority of current residents know the general type of practice scenario they hope to enter into after graduation; although, with thousands of possible towns and cities, residents sometimes have a difficult time narrowing down a single practice location. Most residents have at least two or three practice locations in mind while they are still in school.

For some residents, selecting a final practice location is a very easy decision. A specific city or town may be attractive because of its weather, cost of living or even opportunity for growth. The most common reason for choosing a location is to return to one’s hometown or their spouse’s hometown for family reasons. Regardless of hundreds of logical reasons, some residents will select a practice location “just because,” without much justification.

"Newer residents are open to more geographic locations."

The University of Saint Louis hosted the 2007 Graduate Orthodontic Resident Program and Bentson Clark had the pleasure of attending the event. We surveyed 101 residents who attended the event to learn more about their future plans within the orthodontic industry. With approximately sixteen percent of current orthodontic residents responding, the results are a small illustration of the entire resident community.

According to residents’ responses, the most popular state is California, followed by Texas and Florida. The top five most popular states were rounded out by Illinois and Michigan. These findings are slightly different than the results of the 2006 GORP Survey. In 2006, Arizona was the third most popular state in 2006, but fell to sixth in 2007, while Florida moved up from the twenty-sixth position to third; a substantial jump.

There were a small number of states that none of the surveyed residents noted as possible or desired practice locations. Those twelve states are Arkansas, Delaware, Mississippi, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Vermont, West Virginia, Wisconsin and

Wyoming. One must take into account that the residents who were surveyed were in St. Louis, and it is possible that residents from more distant locations did not attend the event.

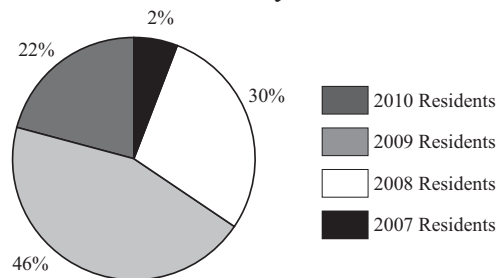
Most Popular States for Residents

1.	California	19.	Missouri
2.	Texas	20.	New Jersey
3.	Florida	21.	Tennessee
4.	Illinois	22.	Georgia
5.	Michigan	23.	Idaho
6.	Arizona	24.	Iowa
7.	Colorado	25.	Minnesota
8.	Massachusetts	26.	New Hampshire
9.	New York	27.	Oregon
10.	Pennsylvania	28.	Alabama
11.	North Carolina	29.	Alaska
12.	Ohio	30.	Hawaii
13.	Utah	31.	Indiana
14.	Washington	32.	Kansas
15.	Virginia	33.	Louisiana
16.	Connecticut	34.	Maine
17.	Kentucky	35.	Montana
18.	Maryland	36.	Nevada

Within the survey, residents were asked to note if any particular cities were of interest. San Diego and Los Angeles were the most designated locations within California. Texas’ most popular cities were Dallas, Houston and Austin, while Tampa was the most sought after city in Florida. Other cities that were named often by residents included Chicago, New York City and Boston.

A breakdown of the residents who were surveyed showed that almost half (46%) complete their residency in 2009. An extremely small percentage of residents surveyed (2%) complete their program in December of 2007; the remaining residents are scheduled to finish in 2008 (30%) and in 2010 (22%). The male percentage of residents surveyed (64%) was larger than the female (36%).

Residents By Year



Fifty-one percent of residents are planning to buy into an established orthodontic practice as a partner or associate.

Continued on page 6

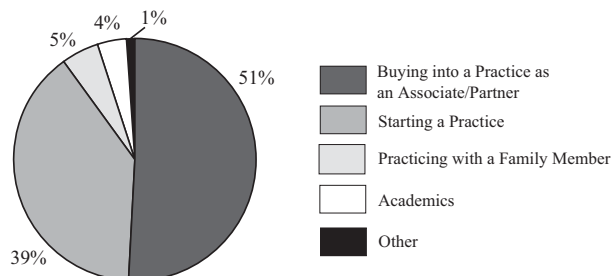


Residents Look Toward the Future

Continued from page 5

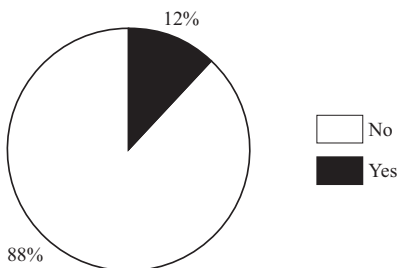
Over one-third (39%) are looking to start their own private practice. A small percentage (4%) is expecting to work with a family member. Academics and other orthodontic options are anticipated by a total of six percent of residents.

Residents' Future Plans



According to the survey, only 12% of current residents have located a practice opportunity. The majority of the residents who responded that an opportunity has been located were planning to practice with family members or are residents who will graduate before the year is over.

Residents That Have Located A Practice Opportunity



What do the survey findings mean to doctors who are reaching retirement age? It can simply be used as a guide to judge the ease of possibly bringing in an associate or selling a practice. Having a practice in one of the more popular markets is generally a great indication for older doctors. The probability of a quick transition is very common due to the significant possibility of a buyer or multiple buyers interested in that particular location. For practices in less popular markets, planning ahead for retirement is the key element for a successful practice transition. Taking advantage of the many outlets to market one's practice is essential when the time arrives to bring in a buyer or associate. Even though some locations are distinctively more popular than others, every location is appealing for a specific reason. Positioning the practice as unique and noting the many reasons why a resident would want to begin his/her career in that particular location is highly suggested.

"Practice location and practice scenario preferences change."

One must also keep in mind that the majority of current residents only have a tentative idea of what they hope their futures will hold after graduation. For many residents, practice location and practice scenario preferences change before their orthodontic program is completed. Newer residents are open to more geographic locations than their soon-to-be graduating counterparts who have a more defined geographic location and practice type.

Laura Bennett is Director of Marketing at Bentson Clark. She graduated from Appalachian State University where she received her Bachelor's Degree in Advertising. Laura can be reached via e-mail at laura@bentsonclark.com.

Something New: Privacy Sign-In Sheets

Chris Bentson, President of Bentson Clark

Bentson Clark recently visited an orthodontic office located in California. We noticed that the practice used a privacy sign-in sheet that was unlike anything we have observed in the past. This particular sign-in sheet is a new approach to helping protect patient privacy. Each signature line has an adhesive back that the front desk staff can simply peel off after the patient has signed in. This protects the patients' names from being seen by anyone else. A carbon copy of the patient's name is recorded on the second page of the form for



daily records, which cannot be viewed until the pages of the form are separated.

The privacy sign-in sheet is available through Medical Arts Press. Each packet costs \$38.50 and has 125 pages that accommodate 20 patients each. While we are not giving a legal opinion on this form from the standpoint of HIPAA compliance, it is surely superior to a practice produced sign-in form on a clipboard.

Medical Arts Press is based in Minneapolis, Minnesota, and provides professional printing and practice-related supplies to physicians and dentists across the nation. They can be contacted at 1-800-328-2179 or by visiting their website, www.medicalartspress.com. Bentson Clark has no financial interest in Medical Arts Press.



Staying Fulfilled - Staying Home

Rosemary Bray, Consultant

As an orthodontist prepares to phase himself or herself away from an active practice life, there are many concerns, issues, and thoughts that come into play. Many have nothing to do with the value of the practice, the terms of the sale, or the length of time the retiring doctor will continue to spend employed by the new owner. Instead, a few of the common concerns that I have experienced when speaking with retiring doctors are:

"How can I let that 'kid' treat my patients?"

"Will he or she do it the way I would have?"

"What will I do with myself all day long every day?"

"Will I feel alone, bored, or without purpose after I leave?"

It is critical that well in advance of those final days of in-office life; the departing doctor should have in place a **hobby**, an **interest**, or a **sport** to fulfill the hours of enjoyment that he or she has worked so hard to deserve. One retired doctor, who is in his 70's, makes beautiful sculptures and jewelry that look like they are created by a professional artist. Another retired doctor I know personally was a small aircraft pilot years ago. He currently builds and flies intricate remote controlled model airplanes. Both of them have found healthy and profitable ways to spend their retirement years.

Another beneficial, but perhaps less entertaining pastime, is involvement in group activities. These could perhaps be philanthropic in nature. There are typically meetings to attend and functions to plan for a sole purpose. A doctor in my home city has come out of retirement to work a few days each month at the San Diego Children's Dental Health Center. He helps to provide orthodontic care for indigent children between the ages of 13 and 18. What a great way to spend time – after retiring! Everyone can win with this type of post-retirement involvement.

Having a core group of **friends** is also an essential ingredient to a happy retirement. I have observed doctors who left their practice and then were literally alone. Loneliness can set in after the first few months as one adjusts to a new, less structured lifestyle. Some doctors go back and visit their old practices on a regular basis, hoping to be asked questions, having the desire to feel "needed," only to find that the patients and staff have moved on and life has continued without any of their expertise or assistance. This situation happened to me personally when I *retired* at the end of 1998. No one called


me and no one seemed to need my help! I quickly learned that I had to keep myself busy and not wait for others to come to me. I have never been busier in my life since! Family is, of course, vital to one's personal happiness. However, friendship outside the immediate family provides a secondary support system that

"There is no reason that retirement need be boring, dreaded or even feared."

family alone often does not offer. Some of these friends are colleagues you already know! Attending an occasional AAO or regional constituent meeting (i.e.

PCSO, SAO, RMSO, etc.) after retirement is a fantastic way of staying in touch with professional colleagues. It is also a great way to remain current on new trends within the orthodontic industry. Meetings give the retired doctor a terrific opportunity to continue long-time friendships and engage in social events that he or she can look forward to attending. Having an empty calendar is a sure-fire journey to boredom and even clinical depression.

Another wonderful activity for the retired doctor is to contribute to the future of orthodontics through education by **publishing**, **editing**, or **mentoring** within the field. What a wonderful sense of fulfillment to know that one has made an educational contribution to the orthodontists of tomorrow, the future of our great profession! Another educational contribution that the retired doctor can make to the future of orthodontics is to give **guest presentations** to orthodontic programs. One can share his or her knowledge, clinical or otherwise, that he or she has gained which helped his or her active practice life to be satisfying, successful, and completely enjoyable. Universities and orthodontic schools are begging for guest lecturers on a myriad of topics. Simply contact the schools and inquire about their particular needs to determine whether you will be available to occasionally assist the students with your particular area of expertise. Passing on your knowledge to others is a great way to still feel like you are still connected to the larger practice of orthodontics.

There is no reason that retirement need be boring, dreaded or even feared – as long as the plan has been put into place well in advance. Let it be rather like planning the ultimate orthodontic case – this time, your own. 

Rosemary Bray has spent more than 30 years employed in the dental profession, with experience in general dentistry, periodontics and orthodontics (18 years). She lectures nationally and internationally on behalf of the American Association of Orthodontists, several orthodontic companies, various dental societies, dental study groups and for her own workshops and seminars. She can be reached by phone at (760) 268-0760 or via e-mail at rosemarybray@msn.com.

Any tax advice contained in this publication, including any attachments, was not written or intended to be used, and cannot be used, for the purpose of avoiding tax-related penalties or promoting, marketing or recommending to another party any tax-related matter addressed herein. This publication is not intended to render authoritative legal or accounting advice. If legal or accounting advice or other expert assistance is required, the services of a competent professional should be sought.



Financial Challenges in the Orthodontic Practice


Continued from page 4

practice is handled in a courteous, professional manner - just as the practice staff would handle it. Extensive reporting keeps the practice fully informed of OrthoBanc's activities on their behalf.

Savings of time and money. OrthoBanc services provide several benefits including the elimination of coupon books and mailing statements and considerable reduction of payments received by mail. They also remove the need for practice staff to make unpleasant phone calls about missed payments.

OrthoBanc's solution works for all payment plans, not just those that may extend beyond treatment. OrthoBanc works with over 1,500 practices to help manage their payment plans and improve their financial condition.

Change Is Inevitable

Innovation is an exciting part of the human spirit that provides us with a richer life experience. Whether a practice develops its own solutions or selects a company like OrthoBanc to professionally manage its payment plans, solutions to the challenges brought about by new treatment methods are available. 

Bill Holt has been President of OrthoBanc, LLC since its inception in 2001. Previously, he was Chief Operating Officer of ChoiceDATA, Inc. for 11 years. ChoiceDATA is a 50 percent owner of OrthoBanc, LLC. Bill has extensive experience in credit reporting, serving with affiliate credit bureaus of Equifax, Inc. and Experian (formerly TRW and Chilton Corporation). Bill can be contacted at (888) 758-0585 or via e-mail at bholt@choicedata.com.

Searching for a Past Issue of the Bentson Clark reSource?

Find it on our website

www.BentsonClark.com



PPSRT STD
U.S. Postage
PAID
Permit No. 409
Greensboro, NC