

# 3-3-3

## **The 3-3-3 Dental Debt Collection Method**

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One of the more unpleasant assignments in any practice is dental debt collection. At a time when dentists and their teams are trying so hard to acquire patients and build strong, long-term relationships with them, it can be disheartening when those patients fail to pay on time for the professional services they've received. Your production total may be up, but if you don't collect, you've wasted your time and effort.

To help our clients deal with this problem in a way that's relatively easy yet truly effective, Levin Group developed what we call the 3-3-3 Method. If your practice is not collecting 99% of the money patients owe, consider instituting this 3-step approach:

1. The first day payment is overdue, call patients to remind them that they owe the practice and tell them they must act promptly. If you don't succeed with that first call—either not getting through or not getting the desired response—call again the following week and then, if necessary, the week after that. Patients are more likely to answer calls to their cell phone, so you should routinely get a cell number from patients so you can use it at times such as this.
2. If three weeks of phone calls don't solve the problem, escalate to email. Use more formal language as you restate practice payment policies and patients' financial obligations. As with the phone calls, plan on sending out such an email once a week for three weeks, changing the wording (and the tone) to indicate that it's becoming a serious situation.
3. Still not getting the right response (i.e., payment)? Time to send a very businesslike letter informing patients that they have a legal obligation to pay for services rendered. Like the emails, these letters should also demonstrate your growing dismay with the situation.

Note that the whole process takes nine weeks, or approximately 60 days. This is meaningful because, as any collections expert will tell you, your chances of collecting an outstanding

payment *after* 60 days are very poor. The good news is that, in most cases, your patients will respond to this 3-3-3 Method before you reach that point.