



Smile Potential Dental Practice Coaching

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DOCTOR'S QUESTIONNAIRE

Practice Information

Please tell us about your practice.

Doctor Name

Practice Name

Office Address 1

Office Address 2

City

State

Zip Code

Work Phone

Work Fax

Cell Phone

Home Phone

Personal Email

Work Email

Website

Practice Data

More detailed information about your practice.

of Doctors

of Hygentists

of
Administrative

of Assistants

of Treatment
rooms - Doctor

Hygiene

Consult

Type of Practice

of Active Patients

Length of time in
Practice

At this location?

Office Schedule

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Do you
participate in
Insurance Plans?

Which ones?

6 Month Metrics

Start with the financials from last month, and work backwards. Month 6 is last month, Month 5 is the one before that, and so on.

Please note your responses for the next page

	<i>Month 6</i>	<i>Month 5</i>	<i>Month 4</i>	<i>Month 3</i>	<i>Month 2</i>	<i>Month 1</i>
Doctor Production						
Dr Production Total						
Doctor Hours						
Dr Hours Total						
Hygiene Production						
Hyg Production Total						
Hygiene Hours						
Hyg Hours Total						
Total Production						
All Production Totals						
Collection						
Collection Total						
A/R						
A/R Total						
# of new patients						
New Pt Totals						

Overview - Financials and Goals

Please refer to previous page for 6 month averages.

	<i>Last Calendar Year</i>	<i>Average 6 months</i>	<i>Monthly Goal</i>
Doctor Production			
Hygiene Production			
Total Production			
Collections			
Collection % at time of service			
Total A/R			
A/R over 60 days			
Labor Cost %			
<i>Include Payroll Taxes, Bonus and Benefits</i>			
Lab Cost %			
Dental Supply Cost %			
Advertising/ Marketing Expenditures			
New Patients			
% of new pt that accept comprehensive treatment plans			
Average production per new pt			
Average production for all patients of practice			
<i>(Yearly Production / New Pt Total)</i>			

Overview - Financials and Goals

Please refer to previous page for 6 month averages.

	<i>Last Calendar Year</i>	<i>Average 6 months</i>	<i>Monthly Goal</i>
Current Dr Income			
Doctor retirement contributions			
Total of bonuses paid to team			
% of production in elective dentistry			
<i>(Cosmetic/Implants)</i>			
% of broken appts, late, cancellations, no shows			
Value of lost production from open times			
\$ Value of lost production (due to open time slots)			

Desired Changes

Tell us about what you'd like to see change in your practice.

What are the top 3 concerns for your practice?

Number 1

Number 2

Number 3

Any other concerns?

Goals and Monitoring

What are the goals for the practice and yourself?

What are the things that are preventing you from attaining those goals?

Please answer the following questions:

	Yes	No	Not Sure
Do all your team members know and understand the goals of the practice?			
Are you monitoring the important practice vital signs monthly and discussing them at team meetings?			
Do you feel that an incentive bonus system would help to motivate your team to help you achieve these goals?			

In how many years would you like to retire?

Production

Are you satisfied with how your administrative team is scheduling you each day?

What's not working?

Does your administrative team schedule for a production goal each day for every Producer (Doctor & Hygiene)?

Are you attaining these goals?

Does your administrative team have an effective system for tracking treatment that has been diagnosed, but not completed?

Are you happy with the management of new patients (Initial telephone contact, comprehensive exam and treatment acceptance)?

If not, what would you like to improve?

When was the last time you analyzed your fees and/or had a fee increase?

- Within the last 3 months
- Within the last 6 months
- Within the last year
- Over a Year
- Other

Are you happy with the hygiene production?

Is 33% of your hygiene production resulting from periodontal procedures?

Is your hygiene department generating large amounts of cosmetic and quadrant restorative procedures for the doctor?

Do you participate in any managed care programs?

If so, what percentage of your patients participate?

Are you satisfied with the programs that you participate in?

Collections and Accounts Receivable

Please answer the following questions:

	Yes	No	Not Applicable
Are financial arrangements properly offered, set up and followed through?			
Are your over the counter collections at least 50% of production?			
Do you promote 3rd party financing (i.e. Care Credit) to your patients?			
Are you happy with your billing system?			
Are you happy with the insurance processing in your office?			
Would you like to become less dependent on insurance companies and managed care plans?			

Customer Service and Marketing

Do you feel your team conducts themselves in a professional manner?

Is there anything about this that you would like to change?

Do you feel that your administrative and clinical team members have effective communication skills with the patients?

Does your team create a “Wow” experience that patients talk about to others, such as friends, neighbors and coworkers?

Do you have a budgeted and scheduled marketing program throughout the entire year?

What high-tech equipment do you have in your office?

Practice Business Plan

Please answer the following questions:

	Yes	No
Have you ever figured out what your annual “Break Even Point” is for your practice to meet overhead expenses, capital improvements, desired doctor income and retirement contributions?		
Is there a monthly budget to follow for office supplies and dental supplies?		
Do you have an annual budget (assigned percentage and dollar amounts) for the different expense areas in your overhead costs?		
Is this monitored to maintain expenses?		

Indicate your fees for:

Crown

Quadrant of Root Planing

1-surface Resin

2-surface Resin

3-surface Resin

Leadership

Do you hold morning meetings every day?

Are they effective?

If no, why?

How often are team meetings held?

Do you feel that they are as effective as they could be?

If no, why?

Has conflict between team members been a source of turmoil in the office?

If yes, please explain:

Do you give regular performance reviews?

If no, why?

What is the hardest part of doing the review for you?

Finding the time

Confrontation

Other

Keeping it un-emotional

Appearing unprepared/unskilled

List each team member and what you consider their strengths and weaknesses:

Name	Strengths	Weaknesses
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Name	Strengths	Weaknesses
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Name	Strengths	Weaknesses
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Name	Strengths	Weaknesses
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Name	Strengths	Weaknesses
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Name	Strengths	Weaknesses
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Name	Strengths	Weaknesses
------	-----------	------------

Name	Strengths	Weaknesses
------	-----------	------------

Name	Strengths	Weaknesses
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Note specific concerns about any team member and the way that they are performing their job?

Consulting Experiences

Have you ever worked with a practice management consultant before?

If yes, who and when?

What were your successes?

What didn't work?

List the top 5 things that you would like Smile Potential Dental Practice Coaching to help you accomplish in your practice?

Number 1

Number 2

Number 3

Number 4

Number 5

Please feel free to attach any additional comments/thoughts that you would like to share. All information submitted will be held in the strictest confidence.

Doctor Signature: _____

Date