## The Bio-Engineering Co.

## Making Acceptable Financial Agreements

## Understanding the Fee Schedule

The Financial Agreement stems from the treatment fee and thus, we must have the treatment fees under control to have the financial agreements under control. The doctor sets the treatment, but the TC, using the fee schedule, sets the fees. The doctor should have all of his/her treatments represented on the fee schedule - if not they must be calculated and entered into the Fee Schedule. Below is an example of the new Fee Schedule-2005. It was redesigned to serve your needs better for making financial agreements that help to get patients started.

## FULL Fees:

The first five columns are the same structure as your old fee schedule, except that the "Appointments" column is left out. The example CHILD fees are shown below with their explanations following for columns 1 through 9 . Columns 3 through 9 are the financial agreements offered to patients, depending on their Credit Rating ( $A$ is best rating, $B+$ is close to $A, C$ is a worst rating and $B$ - is close to C ). The degree to which each financial agreement is offered is explained after the explanation of the structure of the 2005 Fee Schedule.

| CHILD FULL Tx: |  |  |  | Fee Multiplier \$5.55 |  |  |  |  |  |  | 5.0\% |  | 2.0\% | \$15 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| FEE | Active | AVG IP | High IP |  |  | Spread-Out IP |  |  |  |  | Other Payment Plans |  |  |  |
| CODE | Tx Fee | Mo PMTS IP | Mo | PMTS | IP | 1st | 2nd | 3rd |  | MP mos | $\begin{array}{\|c} \text { Paid } \\ \text { In FULL } \end{array}$ | Save | Credit Card | Extended PMT Plan |
| C-12 | \$3,780 | $12 \times \$ 240$ + \$900 | $12 \times$ | \$160 | +\$1,860 | \$650 | \$425 | \$305 | + \$ | \$240 x 10 | \$3,591 | \$189 | \$3,705 | \$172 for 24 mo |
| C-18 | \$4,280 | $18 \times \$ 180$ + \$1,040 | $18 \times$ | \$120 | +\$2,120 | \$675 | \$425 | \$300 + | \$ | \$180 x 16 | \$4,066 | \$214 | \$4,195 | \$157for 30 mo |
| C-24 | \$4,780 | $24 \times \$ 150+\$ 1,180$ | $24 \times$ | \$100 | +\$2,380 | \$675 | \$525 I | \$280 | + \$ | \$150 x 22 | \$4,541 | \$239 | \$4,685 | \$147for 36 mo |
| C-30 | \$5,280 | $30 \times \$ 140$ + \$1,080 | 30 x | \$90 | +\$2,580 | \$675 | \$400 / | \$285 + | + \$ | \$140 x 28 | \$5,016 | \$264 | \$5,175 | \$140for 42 mo |
| C-36 | \$5,780 | $36 \times \$ 120$ + \$1,460 | 36 x | \$80 | +\$2,900 | \$775 | \$525 I | \$400 | + | \$120 x 34 | \$5,491 | \$289 | \$5,665 | \$135for 48 mo |
| 1 | 2 | 3 |  | 4 |  |  |  | 5 |  |  | 6 | 7 | 8 | 9 |

- Column-1: An easy to refer to fee code, based on the number of months of treatment for a Child.
- Column-2: The proper fee for those months of treatment.
- Column-3: The AVG payment plan, which should be used for the majority of A \& B+ patients.
- Column-4: The HIGH payment plan, which should be used for the majority of $C \& B$ - patients.
- Column-5: The SPREAD-OUT payment plan, which should be used for some A \& B+ patients.
- Column-6: Paid-in-Full with CASH (showing a typical 5\% courtesy).
- Column-7: Amount saved when Paid-in-Full in Cash.
- Column-8: Paid in Full with a Credit Card (showing a typical 2\% courtesy).
- Column-9: Extended Payment Plan monthly fee for Tx months +12 months with $\$ 15 / \mathrm{mo}$ processing fee.

The ADULT Full Tx: fees have the same structure as the CHILD Full Tx: fees.

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The CHILD Ph-I Tx: fees are individually calculated based on the number of minutes it takes to treat the case times the Fee Multiplier (shown at $\$ 5.55 /$ minute) and are shown below.

| CHILD Ph-I Tx: F |  |  |  | Fee Multiplier \$4.75 | 5.0\% |  | 2.0\% |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| FEE | Active | $\begin{array}{lll} \hline .7 & \text { AVG IP } \\ \text { Mo } & \text { PMTS } & \text { IP } \end{array}$ | $\begin{array}{lll} .5 & \text { High IP } \\ \text { Mo } & \text { PMTS } \end{array}$ | Tx Mechanotherapy | PAID-in-FULL Payment Plans |  |  |  |
| CODE |  |  |  |  | $\begin{aligned} & \hline \text { Paid } \\ & \text { CASH } \end{aligned}$ | Save | Credit Card |  |
| AXB-R | \$1,780 | $6 \times \$ 230+\$ 400$ | $6 \times \$ 150+\$ 880$ | U Hawley with Springs | \$1,691 | \$89 | \$1,745 |  |
| AXB-F | \$1,830 | $6 \times \$ 230+\$ 450$ | $6 \times \$ 160+\$ 870$ | U\&L 6-2-1's | \$1,739 | \$91 | \$1,794 |  |
| PXB-F | \$1,780 | $6 \times \$ 230+\$ 400$ | $6 \times \$ 150+\$ 880$ | Bonder RPE | \$1,691 | \$89 | \$1,745 |  |
| PXB-R | \$2,080 | $6 \times \$ 260$ + \$520 | $6 \times \$ 180+\$ 1,000$ | Banded RPE | \$1,976 | \$104 | \$2,039 |  |
| LIM-12 | \$3,130 | $12 \times \$ 200+\$ 730$ | $12 \times \$ 130+\$ 1,570$ | One-Arch Tx of 12 months | \$2,974 | \$156 | \$3,068 |  |
| LIM-18 | \$3,630 | $18 \times \$ 160$ + \$750 | $18 \times \$ 100$ + \$1,830 | One-Arch Tx of 18 months | \$3,449 | \$181 | \$3,558 |  |
| 1 |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

The CHILD Ph-Il Tx: fees are actually full treatment fees with a $\$ 250$ to $\$ 500$ courtesy. The Ph-II fee table below shows a $\$ 300$ fee courtesy (compare the child Full fees to these Ph-II fees).

| CHILD Ph-Il Tx: |  |  |  | Fee Multiplier \$5.55 |  |  |  |  |  | 5.0\% |  | 2.0\% | \$15 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| FEE | Active | AVG IP | High IP |  |  | Spread-Out IP |  |  |  | Other Payment Plans |  |  |  |
| CODE | Tx Fee | Mo PMTS IP | Mo | PMTS | IP | 1st | 2nd | 3rd | MP mos | $\begin{gathered} \text { Paid } \\ \text { In FULL } \end{gathered}$ | Save | Credit Card | Extended PMT Plan |
| Pll-12 | \$3,380 | $12 \times \$ 220+\$ 740$ | $12 \times$ | \$160 | +\$1,460 | \$550/ | \$375 / | \$255 + | + $2220 \times 10$ | \$3,211 | \$169 | \$3,313 | \$155 for 24 mo |
| Pll-18 | \$3,880 | $18 \times \$ 170+\$ 820$ | $18 \times$ | \$120 | +\$1,720 | \$550/ | \$400 / | \$210 + | + \$170 $\times 16$ | \$3,686 | \$194 | \$3,803 | \$144for 30 mo |
| Pll-24 | \$4,380 | $24 \times \$ 140+\$ 1,020$ | $24 \times$ | + $\$ 100$ | +\$1,980 | \$575/ | \$425 / | \$300 + | \$140 $\times 22$ | \$4,161 | \$219 | \$4,293 | \$136tor 36 mo |
| Pll-30 | \$4,880 | $30 \times \$ 130+\$ 980$ | $30 \times$ | \$90 | +\$2,180 | \$575/ | \$425 / | \$240 + | \$130 $\times 28$ | \$4,636 | \$244 | \$4,783 | \$1317or 42 mo |
| Pll-36 | \$5,380 | $36 \times \$ 120+\$ 1,060$ | 36 x | \$90 | +\$2,140 | \$575/ | \$425 / | \$300 + | + $\$ 120 \times 34$ | \$5,111 | \$269 | \$5,273 | \$127for 48 mo |
| 1 | 2 | 3 |  | 4 |  |  |  | 5 |  | 6 | 7 | 8 | 9 |

The Adjunctive Tx Fees and MISC FEES are determined for the practice.
The various Treatment Fee Courtesies, on the bottom of the Fee Schedule shows additional courtesies not built into the fee schedule.

- The Regular Patient Courtesies are those given in addition to any other courtesies that are built into the fee schedule. For example: If there is a second, third, etc., family member starting treatment their INITIAL PAYMENT is reduced by the additional courtesy. If a second child starts a 24 -month Tx for $\$ 4,880$ and has chosen the AVG IP agreement, then their Financial Agreement form would show: a Fee of $\$ 4,780$, a courtesy of $\$ 100$ and thus, an initial payment of $\$ 1,180$ instead of $\$ 1,280$ with the same $\$ 150$ monthly payment.
- The PCD's Team Members, (but not their children), are also given a courtesy, in addition to any other courtesy built into the fee schedule - as long as they work for that dentist.

| $\begin{gathered} \text { TREATMENT } \\ \text { FEE } \\ \text { COURTESY } \end{gathered}$ | PCD Team Members <br> Child of Team Member |  | Regular Patient Courtesies <br> Ph-II Fee Courtesy = Included in Ph-II Fee |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Type of Tx | 1st Member | 2nd Member | 3rd, etc. Member |
|  | Team Member | 25\% Adj of IP \& MP | Full Tx | None | \$100 | \$200 |
|  | Child of Team Member | 15\% Adj of IP \& MP | Ph-I or LIM Tx | None | \$50 | \$100 |

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The Financial Agreement Priorities are categorized by credit rating A (great), B+ (good), B- (OK) and C (poor), to determine which priority list to use. It is also categorized by whether they desire a lower (first two listings) or higher (last listing) initial payment.

```
        Minimal Options
    Lower IP
        A & B+
    1-AVG IP
    2-AVG IP, Spread-Out
    3- AVG IP, Credit Card
    4- AVG IP, Home Equity?
    5- Pre-pay IP, future start
    6 - Extended PMT Plan
```

        Minimal Options
        Lower IP
        B- \& C
    1 - High IP, Cash
    2 - High IP, Credit Card
    3 - High IP, Home Equity?
    4 - Pre-pay IP, future start
    5 - Ortho Fee Plan (OFP)
    
## Other Options

Higher IP
A, B+, B-, C
1 - Higher IP, Cash
2 - Higher IP, Credit Card
3 - Higher IP, Home Equity?
4 - PIF, Cash
5 - PIF, Credit Card
6 - PIF, Home Equity?

The Minimal Options, Lower IP for A and B+ guarantors indicates that you first suggest the AVG IP (1); if they want a lower IP, suggest the AVG IP, Spread-Out (2); if they want an even lower IP, suggest the AVG IP using a Credit Card (3) which allows them to pay for it as they see fit; if they don't want to pay Credit Card rates, suggest a Home Equity, Line of Credit (4) which allows them to deduct the interest off of their taxes. If none of this works, suggest that they Pre-Pay (5) towards their IP over many months until paid, after which they can start treatment. There is also the option to use an Extended Payment Plan (6) with no initial payment. It spreads out the payments over and additional 12 months (e.g., making 36 payments on a 24 month fee), adding a $\$ 10-\$ 15 /$ month processing fee that gives you an additional $\$ 350$ to $\$ 540$ on a 24 -month Tx .

The Minimal Options, Lower IP for C and B- guarantors indicates that you first suggest the HIGH IP (1); if they want a lower IP, suggest the HIGH IP using a Credit Card (2) which allows them to pay for it as they see fit; if they don't want to pay Credit Card rates, suggest a Home Equity, Line of Credit (3) which allows them to deduct the interest off of their taxes. If none of this works, suggest that they Pre-Pay (4) towards their IP over many months until paid, after which they can start treatment. And finally, if nothing else works and you want them as a patient, then use OFP (5), which works for $\mathbf{C}$ guarantors who get a higher rate than A and B+ guarantors, although, this will cost you $7.5 \%$ off of the top of your Tx fee.

The Other Options, Higher IP for ALL guarantors is used when they want to pay a higher IP than is necessary. This is not typical with $\mathbf{C}$ and B- guarantors, but works equally well, as long as you start negotiations at the HIGH IP and ignore the AVG IP and Spread-Out agreements. If $\mathbf{A}$ and B+ guarantors, offer the HIGH IP, Cash (1); if a problem with that much cash suggest HIGH IP, Credit Card (2); if they don't want to pay Credit Card rates, suggest a Home Equity, Line of Credit (3) which allows them to deduct the interest off of their taxes. If they want to pay more than the HIGH IP amount, offer a Paid-in-Full agreement, indicating the $5 \%$ courtesy if PIF, Cash (4) or $2 \%$ courtesy if PIF, Credit Card (5). If they like the 5\% courtesy for PIF, but don't have the cash, suggest a PIF, Home Equity Line of Credit (6). Don't suggest OFP for A and B+ guarantors wanting to PIF.

