

Common Objections

“We are short staffed and can’t schedule an appt time”

Being understaffed and not having the time to perform critical tasks is troubling. What is taking up the most time for your staff right now? (Wait for the answer)

I heard you say that (their answer) takes up a lot of time. Fortunately, the tools I provide will give you more time to make up for the tasks that you are having to do double duties on right now. We eliminate and digitize many functions that save time on those tasks and free up time for others. **When can I show you how we can help free up time for your staff?**

“Office Manager is not available, and we don’t know their schedule”

Office Managers are always on the run! When do they usually schedule meetings like this? (Wait for an answer)

(The day/time they said) would be ok for me, I will just stop in, and we can look over it together, if he/she is not available, I can leave information and we can set up a proper time to have a consultation. **How does that sound?**

“We already do everything you are saying”

It sounds like you are already doing everything we can do. How many different companies or products are you using to do all of that? (Wait for the answer)

You are not alone in having many different companies working with you. We have learned it is so much more beneficial and efficient when these same tools can be from one company. **What do you think the benefit of having all those services under one roof would be?**

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“We don’t have an accounts receivable problem”

I am so happy to hear that you don’t have an accounts receivable problem. You are certainly in a unique position! What is your billing process?

(Wait for the answer)

I am impressed with how well that operation is running. Practices like yours often use our tools to build upon their success and get to a place where they never send another bill to a patient. I would love to help you implement just a couple of things to accomplish that goal. **How do you see that improving upon your process?**

“We get all payments at the time of service”

With so many patients’ responsible balances going uncollected, I understand that position. What do you do when there is still a balance left over from insurance? (Wait for the answer)

So you (restate their answer) for the unpaid portion. With our Vault, you can eliminate this frustration and simply charge the balance leftover to the same card you accepted from the patient the day of the appointment and mark it paid. It matches up perfectly with your approach to the patient when expecting their payment, the day of service and it will eliminate any balance that comes back that is out of your control. **How would you compare that process to your current process?**

“My patients are older and don’t use technology”

Being able to ensure your patient experience is great is important. What about our solution do you think is not applicable to your older population?

(Wait for the answer)

You mentioned that (rephrase their answer). I will say that I was surprised to learn that many of my practices that felt the same way found that many of their older patients did like to pay their balances online or through a text message. Sometimes older patients have other members of their family responsible for their health expenses and having digital payment options available can only help make it easier. Also, for all those patients that you do have that may not be older they will appreciate having the options. This is only about giving patients more options that may want or appreciate them, it will not prevent anyone from being able to pay you in the way they currently are paying now. **How do you think expanding more payment options will help your patients?**

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“Our clients don’t want us to save their credit card information”

(Usually means she is the type of person that does not want her CC stored so be careful on this one).

You’re concerned patients won’t want you to store their credit card information. What do you think they will be concerned about?

(Wait for the answer. Do not combat if they dig in)

If worried about security: Not only is the Practice Management Bridge fully secure and encrypted, cards are stored in our Vault, not your local system. I’d be happy to share some of the ways we make sure the information is secure (if asked, talk about Encryption, PCI Compliance, and Penetration testing), and we find that patients are generally consumers of companies like, Amazon, Netflix, Uber, and Walgreens – so they are getting more and more comfortable with Card on File Payments. Many even prefer it.

If worried about unexpected payments: When a patient registers, they can pre-approve payment for charges not covered by insurance up to a specific amount, and they can opt to authorize payment just for this visit, or for all visits this year. For example, they can authorize up to \$100 for this visit only. This ensures they remain in control over potential charges and most patients are comfortable because of this control.

With these controls in place, how comfortable do you think your patients would be?

Overcharging or incorrectly charging your patients can certainly cause challenges and rework. How often do the insurance companies complete revisions? **OR** – How do you handle refunds when this happens today?

(Wait for an answer)

That will certainly create a headache for you. The nice thing about this option is that you have 90 days from the appointment to charge balances to the card on file after insurance pays. So, if you feel like things may not be finalized for a patient, you can wait to charge the balance. Also, if you do happen to charge the patient a balance that is owed and that balance changes, you will love the fact that you can provide the patient with an instant credit back to his/her card with a refund. The refund is easy to issue and does not cost the practice a dime to provide. So, you are covered either way because you have access to our program that understands the challenges that come with insurance companies and payment.

How do you see our flexibility in when to charge the card help mitigate that challenge?