9 Mistakes You Don’t Want the Patient Care Coordinator to Make

Aesthetic Society News – Summer 2017
by Karen Zupko, President

Looking to build the skills of a newly hired Patient Care Coordinator (PCC)? Need an objective approach for showing the PCC how to polish her professionalism? Want to help your PCC go from good to great?

This article offers some options.

It covers the most common mistakes we observe PCCs making while interacting with patients. They are so common, in fact, that even PCCs themselves recognize them. When we cover this topic in our aesthetic practice workshops, the discussion is a lively learning experience for everyone.

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“Sorry, I didn’t call you back last week, Karen. I was climbing mountains in Nicaragua.”

That was the message that New Orleans plastic surgeon John Church, MD, left for me after my call requesting an interview.

What a perfect message and precursor to the fascinating, motivating, and instructional conversations I’ve had with nearly a dozen plastic surgeons who have transitioned from active practice — and one who returned to recreate a practice.

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“Can This Marriage Be Saved?” was a McCall’s Magazine column I used to read with great fascination as a teenager. Each month, a psychologist would address questions from real readers whose marriages were on the rocks. The problems were frequently related to miscommunication, money, incompatibility, or the children. In most cases, the marriage was a risk of falling apart because the couple had not taken the time to set expectations, clarify what each of them really wanted, or have an open and honest conversation.

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10 Things a Billing Service Should Provide Your Practice
Last week, a plastic surgeon from Tennessee called. He outsources his bill six months ago and asked which reports the service should send him each month. To date, he had not received any reports, and cash flow was slow.

A client with a blended reconstructive and aesthetic practice engages a billing service that uses different software than the practice. A great deal of faxing, Federal Expressing and mailing is necessary to file claims. If staff have a question about a claim status or balance, they must call or email the billing service because they have no access to patient accounts. The billing service does not provide a computer-generated aged accounts receivable (A/R) report by payer, nor one that details patient and insurance carrier balances. The practice can’t get a detailed adjustment report-only the monthly total-and past due account status updates are nonexistent.
We frequently visit practices that have spent the equivalent of a Mercedes convertible on a practice management system (PMS).

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10 Non-Financial Reasons Patients Don’t Schedule

Aesthetic Society News – Spring 2016
by Karen Zupko
There is a common perception among aesthetic surgeons that the primary reason a patient doesn’t schedule surgery is because of the fee. You aren’t “cheap” enough. You won’t discount or haggle. Someone across town charges less so they probably scheduled with him/her.

Dealing With a Patient’s Fear of Scars

by Cheryl Toth, MBA
In 15 years of asking more than 2,000 patient care coordinators about the non-financial reasons patients don’t schedule surgery, fear of scarring is consistently ranked as reason number four. In fact, it just may be a clandestine objection that’s keeping your patient acceptance rate (PAR) from being as good as it could be.

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Dropped Leads, Why They Happen and What to Do About Them

by Karen Zupko

After mystery shopping over 150 aesthetic plastic surgery practices through their websites and by phone, we’ve come up with a pattern of kerplunked leads. Whether the “lead,” (AKA “prospective patient”) calls or writes your office you’ll be
surprised how many inquiries are not answered or answered well.

Here are six recommendations on how to avoid dropped leads which are the ‘termites’ eating away at your promotional return on investment follow.

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The 5th P: “Personnel” is Essential to Your Practice’s Marketing Mix

Aesthetic Society News – Fall 2015

by Karen Zupko


These “4 Ps” comprise the classic Marketing Mix and are foundational components of any marketing discussion or
marketing plan development.

But I propose that there is an important “P” missing from this mix: Personnel.

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Financial Reports and Data Aesthetic Surgeons Need to See

Aesthetic Society News – Winter 2015
by Cheryl Toth, MBA

We frequently find that aesthetic surgeons make expensive business decisions based on hunches or staff suggestions instead of data. And when we ask which reports the surgeon reviews each month, we are often told, “the P&L,” if anything. This is often followed by:

- “I keep asking my manager for reports but I still don’t receive them.”
- “The staff said the computer can’t run that report/provide that information.”
• “I was told our report data isn’t accurate.”
• “I’m not sure which reports I’m supposed to look at every month.”

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