



## Make Your Last Impression as Good as Your First: Fine-Tune the Fee Quote

By Karen Zupko

**Y**ou've spent thousands on attractive branding and Web design. You've hired a capable team that excels at personalizing the patient experience. Your office décor rivals the Four Seasons.

So why on earth would you give your patients a fee quote that looks like *that*? So much for "branding."

We review more than one hundred aesthetic practice fee quotes every year. If you could see what we see, you'd be horrified. Spelling errors. Poor grammar. Bad photocopies. Sentences that make no sense at all.

If you're now wondering, "Well, exactly what *are* we handing out to patients?" You are not alone. So many great practices have awful fee quotes that we can only assume the surgeons have abdicated development to staff, and are blissfully unaware of what's being given to patients.

If you haven't looked at yours lately, or you've been "meaning to" give yours a facelift, here's why and how to make sure it creates a last impression that's as good as your first.

### Last Impressions Matter Most

Though it's true that you never get a second chance to make a first impression, data show that the *last* impression is the one people remember.

Research led by Nobel-prize winning psychologist Daniel Kahneman indicates that what we remember about the pleasurable quality of our past experiences is almost entirely determined by two things: 1) how the experiences felt when they were at their peak, (best or worst), and 2) how they felt when they ended. This "peak-end" rule of Kahneman's is what we use to summarize the experience, and then we rely on that summary later to remind ourselves of how the experience felt—which in turn influences our decisions about whether to have that experience again.<sup>1</sup>

What that means for your practice is that a bad experience with your fee quote can

"cancel out" the great experience the patient had when she scheduled her appointment, interacted with your appointment confirmation text app, or was offered soothing hot tea at check-in.

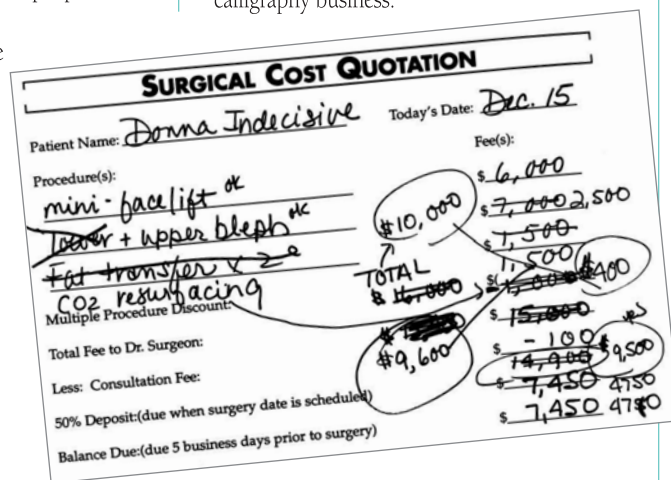
What your quote looks like, how it reads, and how your word choices are perceived by the patient *all matter*. In fact I believe the fee quote is the most impactful marketing piece you have. If it's well designed, clear and professional it becomes the capstone of the patient's visit. If not—it can be a deterrent to scheduling surgery. Leaving patients with the impression that their surgeon pays insufficient attention to detail is not comforting.

### Avoid Common (and Comical) Mistakes

Review your quote to make sure the practice has not made any of these blunders:

#### 1. Handwritten forms.

Really? If being "old school" is important to you, by all means keep the handwritten forms. But if you want to appeal to modern women, working professionals and anyone under 50, switch to computer-generated quotes immediately. The only acceptable paper quote we've ever seen was one used by a Patient Care Coordinator who had a calligraphy business.



Fee Quotes should always be printed from a computer system. Handwritten quotes look sloppy and are perceived as "dated." This example is based on a quote from a multi-specialty group.

#### 2. Spelling as if you didn't know "spell check" existed.

"Surgical," "blephoroplasty," and "depost"—all discovered in client fee quote reviews. Do you think that supports the image of clinical quality? We don't.

You shouldn't expect your employees to be National Spelling Bee Champs. But you should expect them to use the spell check feature in your word processing system. The business world has been using it for more than twenty years. Your staff must learn to use it too.

#### 3. Failing to proofread.

The fee quote is given to every aesthetic patient. It must be pitch perfect. Copy errors such as these are unacceptable:

**Error:** Dr. Smart will be honored for three months from today's date.

**Corrected:** Dr. Smart will *honor this quote* for three months from today's date.

**Error:** All fees are due on you pre-op day.

**Corrected:** All fees are due on *your* pre-op day.

If two or three people haven't reviewed the document, and the physician hasn't done a final review and sign-off—you're *not doing enough proofreading*. Multiple reviewers, and review rounds, are essential. Not all practice management systems have spell checking features embedded into the fee quote module. If yours is one of these, thorough proofreading is a must.

#### 4. Shouting at the patient; especially about money.

Do these look familiar?

- "SIGN HERE TO INDICATE THAT YOU UNDERSTAND SURGICAL DEPOSITS AND DR. AMAZING'S FEES ARE NON-REFUNDABLE."

- "PAY TWO WEEKS BEFORE SURGERY— or your surgery will be cancelled!"

These sentences scream, "HEY, THIS INFORMATION IS REALLY, REALLY IMPORTANT! WE HAVE PUT IT IN ALL CAPS BECAUSE WE DON'T THINK YOU ARE SMART ENOUGH TO READ IT OR PAY US UNLESS WE SCREAM AT YOU LIKE YOU ARE 5 YEARS OLD!"

This tactic can undo all the hard work you and your staff put into building a relationship and creating a five-star experience. SO DON'T USE IT.

## 5. Sounding all lawyerish in an effort to make the fee quote appear more “official.”

“I understand my financial obligations set forth herein” and “Per the Financial Responsibility Statement, I hereby agree ...” are two examples of this.

How about just saying what you mean: “I understand and agree to the financial obligations outlined above.” Plain language like this is clear to everyone, which minimizes the chance of patient misunderstandings (and consultant eye rolling).

## 6. Coming off as cheap.

**Fee quote states:** Patients who receive a partial refund for surgery payments or any payment made by credit card will be assessed a 2.75% processing fee prior to the refund.

**Patient thinks:** The office looks like a fine hotel and the surgeon wore Armani when he met with me. But if I’m due a refund I will be charged for it? Time to look for another surgeon. No retail or service establishments we frequent have a policy like this! Your practice shouldn’t either.

## 7. Information artifacts.

In one practice we visited, every fee quote for abdominoplasty included a 2-night hospital stay—which was true 18 years ago when the software was implemented, but hadn’t been for the last ten. The Patient Care Coordinator crossed this information out on each printed fee quote, making the practice seem out of date and silly.

The beauty of a computer-generated quote is that information can be changed with a few keystrokes. If staff are “too busy” to make simple changes for currency, it’s time to have a chat about priorities.

## 8. No customization by procedure.

If the facelift quote mentions the requirement of a pre-op mammogram or the patient is told to obtain pathology specimens for a breast augmentation, your practice looks asleep at the wheel.

Practice management and customer relationship management systems designed for aesthetic practices allow you to customize fee quotes by procedure type. Unfortunately, a lot of practices don’t take the time to do so. Make sure yours isn’t one of them.

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1 <http://neuroscience.tgdaily.com/zine/neuroscience>

## What Impression Does Your Fee Quote Provide Patients?

A professional-looking fee quote is a must-have for today’s sophisticated patients. Review yours to ensure it presents the right impression.

1	2	3	4	5
Not at all	Yes, but we could do better			Absolutely!

### Question/Criteria—Rating (1 – 5)

- 1 Is the fee quote computer-generated?
- 2 Is it graphically appealing and professional? (Nice page design, font color, and style. Not photocopied.)
- 3 Are all words correctly spelled?
- 4 Are grammar, tone, and syntax accurate? [Tip: Use MS Word’s grammar editor if you aren’t sure.]
- 5 Have you removed inappropriate ALL CAPS words, phrases, and clauses so you aren’t shouting at the patient on the page?
- 6 Have at least two or three qualified people in the practice proofread the fee quote?
- 7 Has the surgeon reviewed and approved the fee quote?
- 8 Have you stated that the “scheduling and booking fee is non-refundable?” (As recommended by Neal Reisman, MD, JD) Is this clearly described as a percentage or flat fee, or flat fee in steps?
- 9 Is the copy devoid of phony “legalistic” phrases that don’t make the sentence or paragraph any more enforceable than if they were removed?
- 10 Are multiple and bilateral procedure discounts clearly explained and shown?
- 11 Are fees for facility and anesthesia clearly stated and explained?
- 12 Are details about pre-op prescriptions and tests described as being essential to patient safety?
- 13 Is the cancellation policy included on the quote, as well as fees for changing the date of surgery?
- 14 Have you explained the criteria for re-dos and revisions, as well as time limitations and other details?
- 15 Are all other fees or value-added inclusion explained – specifically those that are patient responsibility?
- 16 Have you explained your policy for refunds when the practice postpones or cancels surgery?
- 17 Is there a signature line for the patient and the coordinator to sign and date?
- 18 Is an expiration date provided? (“Your quote is good for 30 days.” Or “Quotes are valid for 6 months.” Or “Professional fees are good for one year.”)
- 19 Do you call attention to key points in the quote by asking the patient to initial them? (“Initials” line should be shown next to each of these.)
- 20 Do you retain all originals, and give patients a copy?

Total Score \_\_\_\_\_

### Scoring:

- 90-100: Nice work! The quote presents a professional and positive last impression.
- 80-89: Needs fine-tuning. The quote has strengths, but weaknesses need to be addressed.
- 70-79: Revision required. The quote does not put your best foot forward.
- 69 or Below: Failing grade. The quote is turning away patients and may need a whole new approach. Schedule a team meeting, stat.

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## Fine-Tune the Fee Quote

### Ask Your Vendor About Style and Design Options

Many practices don't fully optimize the customization features in their practice management system. Talk to your vendor about how you can improve the design of the fee quote by asking questions such as:

- Can our logo be added to the fee quote?
- Can we choose font sizes and styles? (Don't use all of them, please!)
- Is there an option to use spell check within each fee quote generated? If not, re-read #3 about the importance of proofreading.

### 9. Lack of clarity about costs.

- "Fees shown below are only estimates."
- "Estimated fees only. Facility and anesthesia are billed by those entities."

Charlie what now? You discussed line-item details about each cost, but now you are telling the patient that there could be additional facility and anesthesia fees? Based

on what? Does the patient have any control over this?

Again, plain language wins here.

*You have received an accurate estimate of the facility and anesthesia fees based on Dr. Bee's usual operating time for the procedures shown. If your case exceeds the estimated time the ASC and anesthesiologist will bill you for the extra time.*

### 10. Being opaque about re-dos and revisions.

Of course there are breast augmentation patients who will want to go larger after they see how a "B" cup looks. Or rhinoplasty patients who'd like their tip modified. Or patients who have post-op problems because they failed to follow care instructions. Be prepared for these uncertainties. Clarify your policy, in plain language:

"Surgical revisions are sometimes appropriate and may be performed by Dr. Bee at a reduced professional fee. However, operating room costs and anesthesia fees are your responsibility."

Or...

"If revisionary procedures are deemed appropriate within the first year, the cost of the operating room, supplies and

anesthesia are your responsibility, however, Dr. Bee's fee may be reduced. For our practice to consider a reduced fee, you agree to keep all post-op appointments and follow all post-op instructions provided."

The good news is, all of these mistakes are pretty easy to remedy. Evaluate your fee quote using the checklist in Table 1. and prioritize improvements. Call your practice management system vendor to inquire about style options. And finally, ask 5 or 6 long-time, loyal patients to review the final draft for clarity and customer focus. It's a great way to leverage patient opinions and create a lasting impression that's as good as your first.

*Karen Zupko, President of Karen Zupko & Associates, Inc., is an internationally sought-after speaker, author, and practice management consultant. For over 27 years, she and her team have been advising and educating aesthetic plastic surgeons on management and marketing issues, including fees, personnel, technology, and practice expansion. Ms. Zupko is a featured speaker at American Society of Aesthetic Plastic Surgery annual meetings, IMCAS Paris, and regional workshops for aesthetic practices.*

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## 2013 Annual Statistical Data

'popular' took the top spots for the most significant increases in number of procedures performed over the course of a one-year period—with buttock augmentations in the lead at 58% compared to 2012 and labiaplasty coming in second at 44% compared to 2012.

Liposuction has taken the top spot in terms of number of all procedures performed for the year, replacing breast augmentation as the most popular procedure from last year, with a 16% overall increase. Non-surgical fat reduction saw a 24% overall increase from this period in 2012, including less invasive procedures such as CoolSculpting, Vaser Shape and Liposonix.

In the non-surgical category among injectables, ASAPS is reporting a near 20% increase in procedures from 2012, with hyaluronic acid (including Juvederm Ultra, Ultra Plus, Voluma, Perlane, Restylane and Belotero) seeing the biggest increase in this market segment at 31.5%. Botulinum Toxin still remains the top contender in this

category, with more than double the procedures performed over a one year period compared to the hyaluronic acid group:

- Botulinum Toxin (including Botox, Dysport and Xeomin) 3,766,148
- Hyaluronic Acid (including Juvederm Ultra, Ultra Plus, Voluma, Perlane, Restylane and Belotero) 1,872,172

"Overall, surgical procedures have increased by 12%—a significant increase suggesting that people are once again investing in their appearance and perhaps have more disposable income to do so. Given the state of the economy and the competitiveness of the job market, we expect to see the numbers for anti-aging procedures continue to increase," notes ASAPS President, Jack Fisher, MD.

While the buttock augmentation and labiaplasty procedure upwards trends are compelling, another notable fact that shouldn't be ignored is the increasing popularity of non-invasive facial procedures

including IPL photo rejuvenation which saw a 35% increase over the past year.

ASAPS, working with an independent research firm, compiled the 17-year national data for procedures performed between 1997 and 2013. A paper-based questionnaire was mailed to 23,000 Board-Certified physicians. An online version of the questionnaire was also available. A total of 723 physicians returned questionnaires, of which 56 were retired or otherwise inactive during 2013.

Final figures have been projected to reflect nationwide statistics and are based exclusively on the Board-Certified Plastic Surgeons, Otolaryngologists and Dermatologists. Though the confidence intervals change by procedure, depending on the grouping's sample size and the response variance, the overall survey portion of this research has a standard error of +/- 3.47% at a 95% level of confidence.

To obtain a full copy of the report, visit the media section of the Society's website, [surgery.org](http://surgery.org).