



Busyness Optimizer & Clinical Treatment Intensifier

PRACTICEBOOSTER DATA REQUIREMENTS QUESTIONNAIRE

Your PracticeBooster Analyst will speak concurrently with both the doctor and the business manager to jointly verify and clarify the data as submitted. The **Data Requirements Interview** will probably take about 15 minutes which ensures the accuracy and integrity of the data provided.

Date:		Practice Name:	
Doctor:		Contact Person data submission*:	
Work# ()		Fax# ()	
Home# ()		Cell#()	
Address:		City:	
State:	Zip:	CPA Name:	

* If additional information is required after the Data Requirements Interview, the Analyst will notify the contact person who is responsible for the data submitted.

1. BEFORE BEGINNING - Select a recent 6- or **12-month (preferred)** "snapshot" from your practice management software (Dentrix, Eaglesoft, PracticeWorks, etc.) for the following date range: **DATE** ___/___/___ **to** **DATE** ___/___/___. (This DATE RANGE is to be used to answer all subsequent questions). The date range selected should be as stable as possible (same doctor/hygiene days throughout the range, if possible. Otherwise, prorate the days appropriately in Question #3 and #7).

2. CHECKLIST - Please check off each item upon completion:

___ **A. Type of Practice:** General Dentistry **OR** Prosthodontics

___ **B. Zip Code for your practice:** _____

___ **C. Provide us with your practice management Report (from Dentrix, Eaglesoft, etc.) printout:**

- (1) ADA-coded unrestricted (full) fee schedule printout
- (2) ADA-coded procedure count office report printout for the practice, itemized by ADA-coded procedure, not category, for the six or twelve-month period listed above.

___ **D. List the practice's total monthly production and collections for the same data range selected for the six or twelve month period below:**

Month	Production	Collections
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
6	\$	\$

Month	Production	Collections
7	\$	\$
8	\$	\$
9	\$	\$
10	\$	\$
11	\$	\$
12	\$	\$

___E. List the total production of the practice for each of the following years:
2007 _____ 2008 _____ 2009 _____ (Y-T-D as of _____)

3. What are the number of Dentist days worked per week?

Definition:

1 dentist day = one 8 hour clinical day

(36 clinical hours/week = 4.5 work days/week)

If the work schedule varies week-to-week during the month, then add the total hours worked over the month and divide by 8 hours to get days worked. Then divide the total days worked by the work weeks in the month. **Report as days and fraction of a day per week.**

It is assumed that the doctor(s) take about two vacation weeks plus a week of holidays, plus CE on some Fridays/weekends from time to time. If significantly more than this amount of time is taken off, please explain in the "comments" section later.

Example #1 – One doctor working 4 eight hour days plus 1 doctor working 3 eight hour days = 56 hours or 7 doctor work days)

Example #2--One doctor only works six months of the year. If he works 4 days per week when working, then 2 days per week would be reported, on average.

4. What is the overall doctor busyness (solidly booked) in terms of weeks (example: 2.5 weeks or .5 weeks). For group practices, *average* the busyness of all the doctors (overall score). If you use doctor "block scheduling" then ignore those intentionally made "holes" which don't reflect a lack of

5. What is the doctor's established standard of care for the following procedures:

This is measured in clinical hours treatment per week (converted to 8 hour days)

_____ hours/week average, doctor #1

_____ hours/week average, doctor #2

_____ hours/week average, doctor #3

_____ hours/week average, doctor #4

_____ hours/week average, doctor #5

_____ hours/week average, doctor #6

_____ **Total hours/week divided by 8 hours=**

_____ **dentist work days/week on average during the data "window" period (report as fraction of day for accuracy).**

Note: List **specialist hours** only if the practice directly bills the patient and pays the specialist a salary/commission. Also, it is assumed that the procedure counts reports submitted **contain the production** of the specialist. If a specialist works in your office, be sure to answer Question #16.

_____ **weeks doctor(s) average weeks solidly booked ahead**

A. Average bitewing interval: _____ months on average

(For instance, almost everyone has bitewings every 12 months, on average—enter "12" months)

B. Full series/pan interval _____ months on average

(For instance, the interval for most patients is every 3 years, and for a few others every 5 years interval. On average, the interval is about 3.5 years—Enter "42" months.

C. Estimated percentage of new patients who should receive periodontal treatment (SRP/D4910) in your practice _____%

6. Does the hygienist **routinely** have an assistant's help with the following tasks? If **yes**, the approximate hours per week need to be calculated and entered below in #7.

Do the assistants perform the following tasks **routinely** for the hygienist?

Sterilize instruments _____ Yes _____ No
 Turn the operatories _____ Yes _____ No
 Assist probing & charting _____ Yes _____ No

Who takes the Full Series/Pan/Bitewings:

Provider	Full Series	Pans	Bitewings
Hygienist(s)	_____ %	_____ %	_____ %
Assistants(s)	_____ %	_____ %	_____ %
Total	100 %	100 %	100 %

7. What are the average Hygiene days worked per week?

(Include any assisted hygiene hours/days by **dedicated assistants** in the hygiene count – total the hours/days worked by all hygienists and **dedicated dental assistants**.)

Definition:

1 hygienist day = one 8 hour clinical day

(36 clinical hours/week = 4.5 work days/week)

If the work schedule varies week-to-week during the month, then add the total hours worked over the month and divide by 8 hours to get days worked. Then divide the total days worked by the work weeks in the month. **Report as days and fraction of a day per week.**

It is assumed that the hygienist(s) take about two vacation weeks plus a week of holidays, plus CE on some Fridays/weekends from time to time. If significantly more than this amount of time is taken off, please explain in the "comments" section under question #17 later.

This is measured in clinical hours treatment per week (converted to 8 hour days)

_____ hours/week average, RDH #1
 _____ hours/week average, RDH #2
 _____ hours/week average, RDH #3
 _____ hours/week average, RDH #4
 _____ hours/week average, RDH #5
 _____ hours/week average, RDH #6
 _____ hours/week average, RDH #7
 _____ hours/week average, RDH #8
 _____ hours/week average, RDH #9
 _____ hours/week average, **DA #1 (dedicated)**
 _____ hours/week average, **DA #2 (dedicated)**
 _____ hours/week average, **DA #2 (dedicated)**
 _____ **Total hours/week divided by 8 hours=**
 _____ **hygiene/assisted hygiene work days/week on average during the data "window" period (report as fraction of day for accuracy).**

8. Mark the descriptor to the right that best describes the overall busyness of the hygiene department:

Note: Open slots indicate too many hygiene "slots" for the number of patients needing hygiene appointments. **Broken appointments, on the other hand, indicate open time today due to no-shows.** This question does not relate to **broken appointment** issues.

Check **one** of the categories below:

_____ **open slots** - lack of patients to fill available slots.
 _____ **booked solid** - several weeks out—hygiene busyness is in equilibrium.
 _____ **overflowing** – difficult to get patient on to schedule, particularly SRP

9. Important Coding Questions:

A. Do you code all new patient evaluations (children* and adults) as D0150? If "Yes," proceed to: "B" below.

*Technically, use D0145 if child is under 3 years old
 Note: The definition of a new patient is one that is x-rayed and treatment planned by the dentist.

_____ Yes _____ No

(1) If "No," do you code new patient children or adults as D0120 to hold down the new patient evaluation fee? If "Yes," do not use D0120 in the future, but use D0150 – the correct code – at a lesser fee.

_____ Yes _____ No

If yes, you need to check the new patient count of your software which always includes emergency patients. Subtracting your estimated "emergency patient count", then enter here your best guess of annual new patients. Best guess _____ annual New Patients.

(2) If "No," do you code any new perio patients as code D0180 (comprehensive perio evaluation)? If "Yes," do not use code D0180 for new patient (perio) evaluations in the general practice as D0150 is a more broad and in-depth evaluation)

_____ Yes _____ No

If yes, list what percentage of D0180 patients are:

Category	Percent
New (perio) patients	____%
Recall (perio) patients	____%
	100%

(3) If "No," do you code any new patients as a second opinion Consultation D9310? If "yes", do not use code D9310 unless a dentist or physician has specifically referred that patient. If the second opinion is a self-referral of the patient, then use either D0150 (comprehensive evaluation) or D0140 (limited evaluation) for the evaluation of the self-referred new patient, depending on its purpose.

_____ Yes _____ No

If yes, list what percentage of D9310 counts were New patients: _____%

B. Did the practice "alternate" the coding for Prophylaxis (D1110) and Periodontal Maintenance (D4910), during the time period submitted? Once a patient is D4910 and the "switch" is turned "on", then continue this code for the "life of the dentition".

_____ Yes _____ No

C Do you "switch" from child fluoride (D1203) to adult fluoride (D1204) when you "switch" the child from child prophylaxis (D1120) to adult prophylaxis (D1110)? Always "switch" the child fluoride (D1203) to the adult fluoride (D1204) when the child prophy is switched to the adult prophy. Insurance usually reimburses adult fluoride (D1204) up to age 16,17, or 18 depending on contract limitations.

_____ Yes _____ No

D. When you take a pan plus bitewings, do you code and report it as a full series D0210? If yes, do not code these two procedures together as D0210. Always "report what you do", so code each of these procedures separately.

_____ Yes _____ No

E. At the recall visit intervals, do you routinely take bitewings **PLUS periapical x-rays?**

_____ Yes _____ No

If yes, check how many of each:

Bitewings	Periapicals
_____ two	_____ one
_____ four	_____ two
	_____ three

10. Office hours available for patient care provided by doctor and/or hygienist

Please list office hours worked:

_____ Mon. _____ Thurs. _____ Sun.
 _____ Tues. _____ Fri.
 _____ Wed. _____ Sat.

11. List the fees charged for the following services:

A. List the fees charged for the following tooth whitening services (fee listed is for both upper and lower arch) and percentage of each service rendered (totaling 100%):

Tooth whitening Services

Take-home trays _____ % \$ _____
 In-office power bleach _____ % \$ _____
 100 %

B. List the fees charged for the following occlusal guard services and percentage of each type of occlusal guard rendered (totaling 100%):

Do you make occlusal (bruxism) guards:

If yes, fill in the blanks below:

Type	Percent Done	Fee	% impressions by RDH
Guard	_____ %	\$ _____	_____ %
Soft	_____ %	\$ _____	_____ %
Hard	_____ %	\$ _____	_____ %
NTI	_____ %	\$ _____	_____ %
	100 %		_____ %

C. List the fees charged for the following implant surgery placement and percentage of each type of implant placed (totaling 100%), if applicable.

Do you surgically place implants? _____ yes _____ no

If yes, fill in the blanks below:

Implant type	Percent	Fee
Full size body	_____ %	\$ _____
Mini-implant	_____ %	\$ _____
Total	100 %	

D. If applicable, list the fees charged for nitrous oxide, and its use.

Do you have Nitrous Oxide available?

_____ yes _____ no

If yes, please answer the following:

Do you charge for nitrous oxide _____ yes _____ no

If yes, what is the fee? \$ _____.

List the estimated number of times nitrous oxide is used per year:

_____ workdays/year X _____ use/day = _____ Annual count

12. Answer the following questions regarding managed care (discounted fees):

A. What is the managed care (PPO/discounted plans) percentage of the practice revenues?

Definition: Yes, Delta Dental is managed care. The percentage to be listed is the per cent of managed care REVENUES (not discounted fees but full fees charged) compared to the total revenues of the practice.

_____ % of total practice revenues that are managed care revenues for all plans.

B. If you participate, do you know what the total write-offs per year are for all plans?

_____ Yes _____ No

If yes, list the total write-offs: \$ _____

C. Have you ever negotiated your fees with a PPO?

_____ Yes _____ No

If yes, were you at least partly successful?

_____ yes _____ No

13. Current Operatory Status & Number Available

Please list the status and number of operatories:

_____ # Plumbed operatories

_____ # Equipped operatories

Total operatory potential

Can additional operatories be added easily?

____ Yes ____ No

14. Equipment/Technology Availability

Please check-off all equipment utilized. If you have the equipment, check off how you use it – never, seldom or routinely. List year of purchase, where indicated.

Please check-off all equipment utilized. If you have the equipment, check off how you use it – never, seldom or routinely. List year of purchase, where indicated.

A. Intraoral Camera ____yes ____no

If yes, year of purchase _____

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

F. 3D x-ray ____yes ____no

If yes, year of purchase _____

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

B. Patient Education Software ____yes ____no

If yes, check which software

- ____ Guru
- ____ CAESY
- ____ Other

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

G. Pan x-ray ____yes ____no

Digital Pan ____yes ____no

If yes, year of purchase _____

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

C. CAD/CAM ____yes ____no

If yes, year of purchase _____

- ____ E4D
- ____ CEREC
- ____ iTERO
- ____ Other

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

H. Digital x-ray ____yes ____no

If yes, year of purchase _____

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

D. Soft tissue laser ____yes ____no

If yes, year of purchase _____

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

I. Diagnodent ____yes ____no

If yes,

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

E. Hard tissue laser ____yes ____no

If yes, year of purchase _____

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

J. Electric Handpieces ____yes ____no

If yes,

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

K. Patient contact software ____yes ____no

If yes, check which software

- ____ DemandForce
- ____ Sesame
- ____ Smile Reminder
- ____ Other

Actual use:

- ____ Never
- ____ Seldom
- ____ Routinely

15. What technology are you considering purchasing in the next 12 months? Please check off each category you might consider:

- Diagnodent or other
- Soft tissue Laser
- Hard tissue laser
- Intraoral camera
- Electric Handpieces
- Other

What technology are you considering purchasing in the next 12 months? Check off each category you might consider:

- CAD/CAM
- Digital X-ray
- Digital Pan
- 3D X-ray
- Patient education software
- Patient contact software

16. Did you have a specialist working in the office during the timeframe of this report?

Oral Surgeon? If yes,

- Specialist paid you a rent or commission
- You paid a percentage to a specialist as an Independent contractor or your employee and you billed patients directly for charges.

Prosthodontist? If yes,

- Specialist paid you a rent or commission
- You paid a percentage to a specialist as an Independent contractor or your employee and you billed patients directly for charges.

Did you have a specialist working in the office during the timeframe of this report?

Orthodontist? If yes,

- Specialist paid you a rent or commission
- You paid a percentage to a specialist as an Independent contractor or your employee and you billed patients directly for charges.

Pediatric? If yes,

- Specialist paid you a rent or commission
- You paid a percentage to a specialist as an Independent contractor or your employee and you billed patients directly for charges.

Periodontist? If yes,

- Specialist paid you a rent or commission
- You paid a percentage to a specialist as an Independent contractor or your employee and you billed patients directly for charges.

17. List any additional comments about the questions on this questionnaire. Please list the question #, then comment.

UPON COMPLETION OF THIS QUESTIONNAIRE:

STEP 1 - Make a copy of this completed questionnaire and the fee schedule/procedure printouts for your records.

STEP 2 - Mail this form, the full fee schedule, and office ADA procedure count (consolidated report for all providers) to the PB Service Center located at:

Attn.: PracticeBooster Service Center
PracticeBooster Analytics, LLC
Pinnacle Professional Park, 547 Highland Street, Mt. Holly, NC 28120
866-858-7596 (phone) 704-822-3142 (fax)

STEP 3 - Your Analyst will call your office to set up your **Data Requirements Interview** date. Prior to the Interview date, the Analyst will send you a copy of the Service Center’s inputted data (including fees and procedure counts) for the doctor’s review and signoff.

STEP 4 - During the Interview, your Analyst will speak concurrently with both the doctor and business manager to jointly verify and clarify the data submitted. It will probably take 10-15 minutes for the **Data Requirements Interview** which ensures the accuracy and integrity of the information provided and result in a much more accurate analysis.

STEP 5 - At the Data Requirements interview, the Analyst will set the PracticeBooster Consultation date with the doctor. **The Consultation is for the doctor, no staff.** Later, the doctor may wish to share the Report, or selected parts, with the staff.

STEP 6 - After the Data Requirements Interview the doctor will “sign off” that the inputted Data (including fees and procedure counts) is accurate.

STEP 7 - Next, the Service Center will generate the PracticeBooster Report and send the doctor and Analyst the Report for the two hour (approximately) Consultation.

PRACTICEBOOSTER® CONSULTATION AND ANALYSIS

Fee: 3 monthly credit card installments of \$665 each – total \$1,995

Credit Card: ___ Visa ___ MasterCard ___ AMEX ___ Discover
Card Number: _____ Exp Date: _____ Security code _____
Name as it appears on the card: _____
Address: _____

Signature: _____