



Live Discussion Q&A

Revenue Leakage: A Whole-Practice Approach to Capturing Every Dollar

Check-In and Front Desk Collections

? What should front desk staff prioritize during check-in to reduce revenue leakage?

Focus on verifying insurance, collecting co-pays and outstanding family balances, confirming contact details, and prompting well-visit scheduling. Where possible, complete these steps during remote check-in so families are primed before arrival.

? How can practices help front desk staff confidently collect payments?

Provide clear scripts and expectations (e.g., "How will you be paying today — card or check?"), avoid yes/no phrasing, and reinforce that payment at service is standard. Place staff who are naturally effective at collections at check-in. Consider small monthly incentives to encourage consistency.

? Does remote check-in really help with collections and efficiency?

Yes. Sending reminders at 5, 3, and 1 day prior and prompting for demographics, insurance updates, co-pays, and prior balances increases collection rates and shortens in-office check-in. Even if payment isn't completed remotely, families arrive aware of what's due, reducing friction at the front desk.

? Is it acceptable to restrict scheduling for families with unpaid balances?



Some practices lock accounts for unpaid balances to trigger payment before new appointments are scheduled. Patients who present in person must still be stabilized and treated as required, but clear written financial policies and a path to pay or set up plans are essential.

Scheduling and Patient Recalls

? How do high-performing practices keep schedules balanced and full?

They mix visit types to maximize provider time (e.g., schedule time-intensive newborns or behavioral health visits alongside quick sick visits) so the clinician is rarely idle. They also strive for every departing patient to have a next appointment booked and use slow periods to push targeted reminders.

? What's the most effective way to keep well visits on track?

Book the next well visit before the family leaves, even if they're unsure; the automated reminder later prompts them to confirm or reschedule. Run monthly recall reports and send mass texts to overdue patients. This low-effort outreach can generate hundreds of bookings within days.

? How can recalls be targeted for better response, especially with teens?

Segment by age and tailor the message to what matters to that group (e.g., sports physical form completion for 16-year-olds). Combine texts with selective phone calls from staff for nonresponders and consider letters for those with long gaps (e.g., inactive after two years) to prompt re-engagement.

? Should recalls be used beyond well visits?

Yes. Apply recall plans to chronic conditions (e.g., ADHD med checks, asthma, constipation, GERD) and to vaccine catch-up lists. Every visit should end with a clear plan and a scheduled follow-up date to avoid the costly "call if needed" gap.

Provider Coding and Templates

? **How can templates reduce undercoding and missed charges?**

Customize templates so documentation supports the intended E/M level and auto-populates common orders for that visit type. For example, default vaccines and administration codes for 2-, 4-, and 6-month well visits, or default throat culture for likely strep in a sick template. Staff can remove or add items as clinically needed.

? **What's the impact of undercoding, and how can practices correct it?**

Chronic undercoding (e.g., defaulting to 99213) leaves significant revenue on the table. Set a goal of roughly balanced 99213/99214 distribution when appropriate, ensure documentation includes the elements that support higher levels when clinically justified, and audit E/M mix regularly. Capture same-day sick E/M in 20–40% of well visits when separate and medically necessary.

Marketing, Growth, and New Patient Acquisition

? **What's the core growth target for pediatric practices?**

Track monthly newborns/new patients per provider. A healthy growth benchmark is roughly 17–20 per provider per month; sustained numbers below this suggest stagnation or decline. Monitor this continuously and react quickly if trends dip.

? **Which outreach channels are most cost-effective for new patient growth?**

Consistent, daily social media posts can generate high-ROI awareness and referrals. Feature physicians and NPs prominently — parents choose providers, not practices. Have clinicians participate in short videos, community events, school or hospital outreach, and be visible in posts and campaigns. Provider-led content builds trust and drives conversion. Combine this with geo-targeted digital ads aimed at expectant parents, OB office outreach, and a monthly email newsletter to your patient base to drive bookings and keep your practice top-of-mind.