

**HUMMINGBIRD ASSOCIATES'  
ORTHODONTIC NEEDS ASSESSMENT**

This questionnaire is designed to help you decide whether or not management consulting would benefit your practice. Sometimes, the realization that you don't have information readily available is an indicator. For other people, realizing how their numbers compare to other practices is the best indicator. And for others, asking some hard questions for the first time will net answers that beg to be examined more closely. Please complete this questionnaire to the best of your ability. You may complete it online and submit it that way. We also suggest you print a copy for your records.

Practice Name \_\_\_\_\_ Referred By \_\_\_\_\_

Doctors' Names \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Back Line (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location of Additional Offices:

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Years in Practice \_\_\_\_\_

Number of Patient Days a week? \_\_\_\_\_ Number of Patient Days a month? \_\_\_\_\_

Annual Production \$ \_\_\_\_\_ Monthly Production \$ \_\_\_\_\_

Annual Collections \$ \_\_\_\_\_ Monthly Collections \$ \_\_\_\_\_

- Our office has:
- Systems and Procedure Manual
  - Employee Training Manual
  - Written Job Descriptions
  - Written Personnel Policy

Check if existing manuals need updating or improving.

Please be objective about yourself; check or add phrases that describe you:

1.  Managerial, leadership skills
2.  Good clinical orthodontic expertise
3.  Motivator team members
4.  Keeps abreast of advances in orthodontics

- 5.  Willingness to try new things
- 6.  Educator, trainer
- 7.  Sensitivity, kindness
- 8.  Admits mistakes
- 9.  Calm in crisis, emotionally stable
- 10.  Good problem solver
- 11.  Good people skills
- 12.  Good business skills
- 13.  Happy personal life
- 14.  High producer
- 15.  Other \_\_\_\_\_
- 16.  Other \_\_\_\_\_

Computer Software System you are using? \_\_\_\_\_

Payments for full treatment may be extended over \_\_\_\_\_ months.

Are your pre-treatment or Phase I-Phase II recall systems working well?  
 No  Yes Comment \_\_\_\_\_

Number of weeks before next available exam? \_\_\_\_\_

Do you do a one-step exam?  No  Yes  Sometimes

Do you take records at the exam?  No  Yes  Sometimes

Do you have a consultation?  No  Yes  Sometimes

Weeks between exam and treatment start date? \_\_\_\_\_

Do you have a treatment coordinator?  No  Yes

If at the exam, a patient says they wish to start treatment, how long before they can do so?  
 \_\_\_\_\_.

How many front office staff do you have? \_\_\_\_\_

Average number of patients per day? \_\_\_\_\_ Number of chairsides? \_\_\_\_\_

Do the chairsides take the next patient that is waiting or have their own scheduled patients?  
 \_\_\_\_\_

Are you on doctor time scheduling?  No  Yes

Does your office usually run on time?  No  Yes

Do the chairsides monitor patients beyond est. completion date?  No  Yes

Do you have cooperation contests for patients?  No  Yes

Are all your chairsides equally trained?  No  Yes

Do all the chairsides deliver the same message when delivering an appliance, when working with a non-cooperative patient, when doing a progressive review?  No  Yes

Are you on electronic treatment card?  No  Yes

What is the number of emergencies seen each day? \_\_\_\_\_

Average number of full bandings per day (Full and Phase II starts)? \_\_\_\_\_

Number of weeks between appointments during active treatment? \_\_\_\_\_

Average treatment time length for full treatment case? \_\_\_\_\_

Average number of visits for a non-extraction full treatment case? \_\_\_\_\_

How long do you see your retention patients? \_\_\_\_\_

Do your patients pay automatically by credit card  No  Yes

Do your patients pay automatically by check  No  Yes

Are you filing electronic insurance claims  No  Yes

Do you charge a late payment fee:  No  Yes \$ \_\_\_\_\_

If you have a defined process for following up on delinquent payments, please describe:

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**Fees**

Exam Child \$ \_\_\_\_\_

Exam Adult \$ \_\_\_\_\_

Records \$ \_\_\_\_\_

Surgical Records \$ \_\_\_\_\_

Consult \$ \_\_\_\_\_

Full Treatment – Child \$ \_\_\_\_\_

Full Treatment – Adult \$ \_\_\_\_\_

Invisalign Treatment \$ \_\_\_\_\_

Phase I Treatment \$ \_\_\_\_\_

Phase II Treatment \$ \_\_\_\_\_

Replacement Retainer \$ \_\_\_\_\_

How would you categorize your usual and customary fee structure for the area in which you practice?

Above Average  Average  Below Average

Additional Comments about Fees : \_\_\_\_\_

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How would you categorize your practice patient volume?

High  Moderate  Low

Number of active patients currently in your practice ? \_\_\_\_\_

Number of pre-treatment recall patients currently in your practice ? \_\_\_\_\_



How do you follow up on referrals? \_\_\_\_\_  
\_\_\_\_\_

What are your feelings regarding the growth of your practice to date?  
\_\_\_\_\_  
\_\_\_\_\_

What are your feelings regarding your current net income from the practice?  
\_\_\_\_\_

**Average Treatment Monthly Numbers**

- Orthodontist's Clinical Hours \_\_\_\_\_
- Number of Patient Days \_\_\_\_\_
- Total Staff Hours \_\_\_\_\_
- New Patient Exams \_\_\_\_\_
- Initial Exams into Pretreatment Recall \_\_\_\_\_
- Limited Treatment Starts \_\_\_\_\_
- Phase I Starts \_\_\_\_\_
- Phase II Starts \_\_\_\_\_
- Full Case Starts (No Prior Treatment) \_\_\_\_\_
- Scheduled Emergencies \_\_\_\_\_
- Unscheduled Emergencies \_\_\_\_\_
- Debands \_\_\_\_\_
- Scheduled Patients \_\_\_\_\_
- Failed Appointments \_\_\_\_\_
- Ph I, Ph II, and Full Tx Retention Patients Seen \_\_\_\_\_
- Patients Seen Who Are Beyond Their Est Comp \_\_\_\_\_
- All Patients Beyond Their Estimated Completion \_\_\_\_\_
- All Patients In Active Treatment \_\_\_\_\_

**Average Monthly Financial Information**

- Gross Charges \$ \_\_\_\_\_
- Charge Adjustments \$ \_\_\_\_\_  
(Indicate whether + or -)
- Net Charges \$ \_\_\_\_\_
- Gross Collections (Payments) \$ \_\_\_\_\_
- Collection Adjustments \$ \_\_\_\_\_  
(Indicate whether + or -)
- Staff Salaries \$ \_\_\_\_\_
- Earned and Unearned Receivables \$ \_\_\_\_\_
- Total Delinquents \$ \_\_\_\_\_
- Patient Delinquents \$ \_\_\_\_\_
- Insurance Delinquents \$ \_\_\_\_\_
- Lab Expenses \$ \_\_\_\_\_
- Clinical Supply Expense \$ \_\_\_\_\_
- Clerical Supply Expense \$ \_\_\_\_\_
- Facility Expense \$ \_\_\_\_\_

Assign a number to each of the following areas of your practice that may require attention, 10 designating the most immediate attention and 1 designating the least attention. **You may use any number as many times as necessary.**

- \_\_\_\_\_ Personnel Administration
- \_\_\_\_\_ Accounts Receivable Management
- \_\_\_\_\_ Significant increase in net profits
- \_\_\_\_\_ Communication Skills
- \_\_\_\_\_ Organizational Systems and Procedures
- \_\_\_\_\_ Collection Management
- \_\_\_\_\_ Office expansion, remodeling, or purchase
- \_\_\_\_\_ Purchase or sale of practice
- \_\_\_\_\_ Practice Building (More Patients)
- \_\_\_\_\_ Associate or partnership issues
- \_\_\_\_\_ Computerization
- \_\_\_\_\_ Other \_\_\_\_\_

Please visualize your dreams for a moment. Be as honest as you can. What three things, more than any others, would change your life for the better?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Practice Goals:**

- # of Days per month: \_\_\_\_\_ compared to \_\_\_\_\_ presently
- # of Vacation Weeks per Year: \_\_\_\_\_ compared to \_\_\_\_\_ presently
- # of Exams per Month: \_\_\_\_\_ compared to \_\_\_\_\_ presently
- # of Bandings per Month: \_\_\_\_\_ compared to \_\_\_\_\_ presently
- Dollars Collected per Month: \_\_\_\_\_ compared to \_\_\_\_\_ presently
- Overhead Percent: \_\_\_\_\_ compared to \_\_\_\_\_ presently

If you know the following, please enter the data—this information may not be readily available.

- Conversion Rate of Exams to Starts \_\_\_\_\_%
- Conversion Rate of Phase I to Phase II \_\_\_\_\_%
- Failure Rate (Percent of Patients who no show each day) \_\_\_\_\_%
- Percent of All Patients Beyond Estimated Completion Date \_\_\_\_\_%
- Collections Per Orthodontist Clinical Hour \$\_\_\_\_\_
- Collections Per Staff Hour \$\_\_\_\_\_
- Collections Per Patient Visit \$\_\_\_\_\_
- Patients Seen per Clinical Hour \_\_\_\_\_
- Delinquency Ratio (30, 60, 90+ day delinquency dollars as a percent of total A/R) \_\_\_\_\_%
- Lab Overhead Costs (including lab staff) as a Percent of Collections \_\_\_\_\_%
- Clinical Supply Costs as a Percent of Collections \_\_\_\_\_%

Do you experience high turnover, stress that is beyond normal levels, lost charts, angry patients or parents, a difficult staff member, a team that doesn't seem motivated?

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What are you proud about regarding your practice?

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Is there anything additional we should be aware of regarding you, your present practice, or future practice goals/objectives and plans?

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We look forward to hearing from you.

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