

TREATMENT PLAN CLOSE PLAYBOOK FOR CLINICS. EDITION 1.

The Case Acceptance Script Book

How private dental practices turn diagnosed treatment into accepted treatment. The 5-question discovery script, the Hormozi value equation, the doctor-to-coordinator hand-off, the 5-objection decision tree, the 7-touch follow-up cadence, and the 5 small-yeses staircase that closes the loop.



Dickerman Dental Prosthetics

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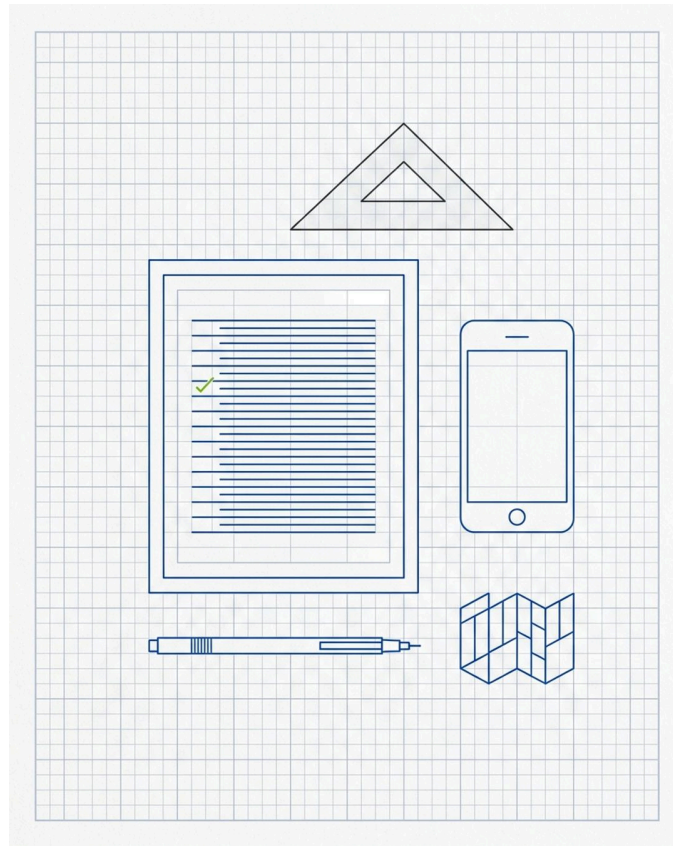
08 **The 7-touch follow-up cadence**

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A note from your lab.



Why we're giving you this. Dickerman Dental Prosthetics is a dental lab. We don't sit at the case-presentation table with your patient. But dentists who send us cases keep saying the same thing. "I diagnose strong treatment and half of it walks out the door." So we built this script book for you.

The gap is real. Levin Group says the most common target a dentist sets for case acceptance is 90%. Jarvis Analytics says the actual industry average is about 34%. ^[1] That is two out of three diagnosed plans walking out the door.

NOTE. PART 2 OF 3. THE REAL LEAK

The real leak.

Most owners think it is the price. The data says it is not. ADA-cited research published by the Dental CEO Podcast says 68% of patients who decline treatment are not actually concerned about cost. [2] They are concerned about something else. Trust. Clarity. Fear. The plan they got down the street last time that turned into two failed crowns.

The fix is not a coupon. The fix is a script.

✦ A practice owner on r/Dentists said it plainly. "Case acceptance improves more from clear communication, prioritizing treatment, and discussing finances upfront." [6]
Clear words at the close. That is the leak.

NOTE. PART 3 OF 3. THE CAST

The cast.

This script book is built around three people you already know.

Dr. Patel owns a 4-chair private practice. Strong clinical skill. She diagnoses well. Last month she presented \$180,000 in treatment. She closed \$63,000. That is 35%. She wants 70%.

Maya is Dr. Patel's treatment coordinator. She handles every plan over \$1,500. She has a script binder she has never updated. She thinks she is bad at her job. She is not. She does not have a system.

Sam is the patient. He is 41. He just heard the words "you need a crown and probably two more." He is going to say "let me think about it." Whether he comes back depends on what Maya says next.

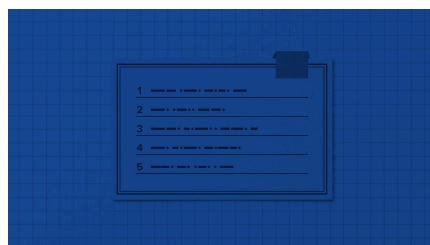
The plan is 20% of the win. The conversation is 80%. Practices that skip the conversation blame the plan.

CHAPTER 01

01

The 5-question discovery script

Diagnose the patient before you diagnose the teeth.



The 5-question discovery script.

1 _ _ _ . _ _ . _ _ _ _ _

2 _ _ . . _ _ . _ _ .

3 _ _ _ . _ _ . _ _ . _ _ . _

4 _ _ . _ _ . _ _ . _ _ .

5 _ _ _ . _ _ . _ _ . _ _

① **When to use this script.** Every new-patient consult before any treatment plan is shown on the screen. Five questions. Five minutes. Then the plan.

Sam will accept the right treatment for the wrong reason and decline the right treatment for no reason. This script surfaces his real reason before Dr. Patel shows a single tooth chart.

CHAPTER 01. THE FIVE QUESTIONS

The five questions.

DR. PATEL. OPERATORY. 5-MINUTE DISCOVERY BEFORE THE PLAN.

- 01 Question 1. What brought you in today, in your own words?
- 02 Question 2. If we get this right, what does your mouth look or feel like a year from now?
- 03 Question 3. Has anyone given you a plan you didn't follow through on? What stopped you?

- 04 Question 4. Who else helps you with decisions like this? A spouse, a partner, a parent?
- 05 Question 5. If money were not part of the conversation today, what would you want me to do for you?

CHAPTER 01. WHY EACH QUESTION WINS

Why each question wins.

01 Question 1 surfaces the trigger.

"I cracked a tooth last weekend" is a different patient than "my dentist of 20 years retired."

02 Question 2 surfaces the dream.

Hormozi calls this the dream outcome. Without it, every recommendation is a price tag.

03 Question 3 surfaces the wound.

A patient who walked away from a plan once is your highest-objection patient.

04 Question 4 surfaces the absent decision-maker.

Half the "I'll think about it" responses are "I have to ask my husband."

05 Question 5 surfaces the want.

Money is the loudest objection and almost never the real one.



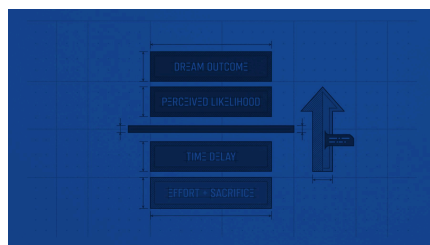
Compliance. The ADA Code Section 5 (Veracity) restricts misleading representations.
[4] Use the discovery script to understand the patient, not to upsell them. Document the answers in the chart.

CHAPTER 02

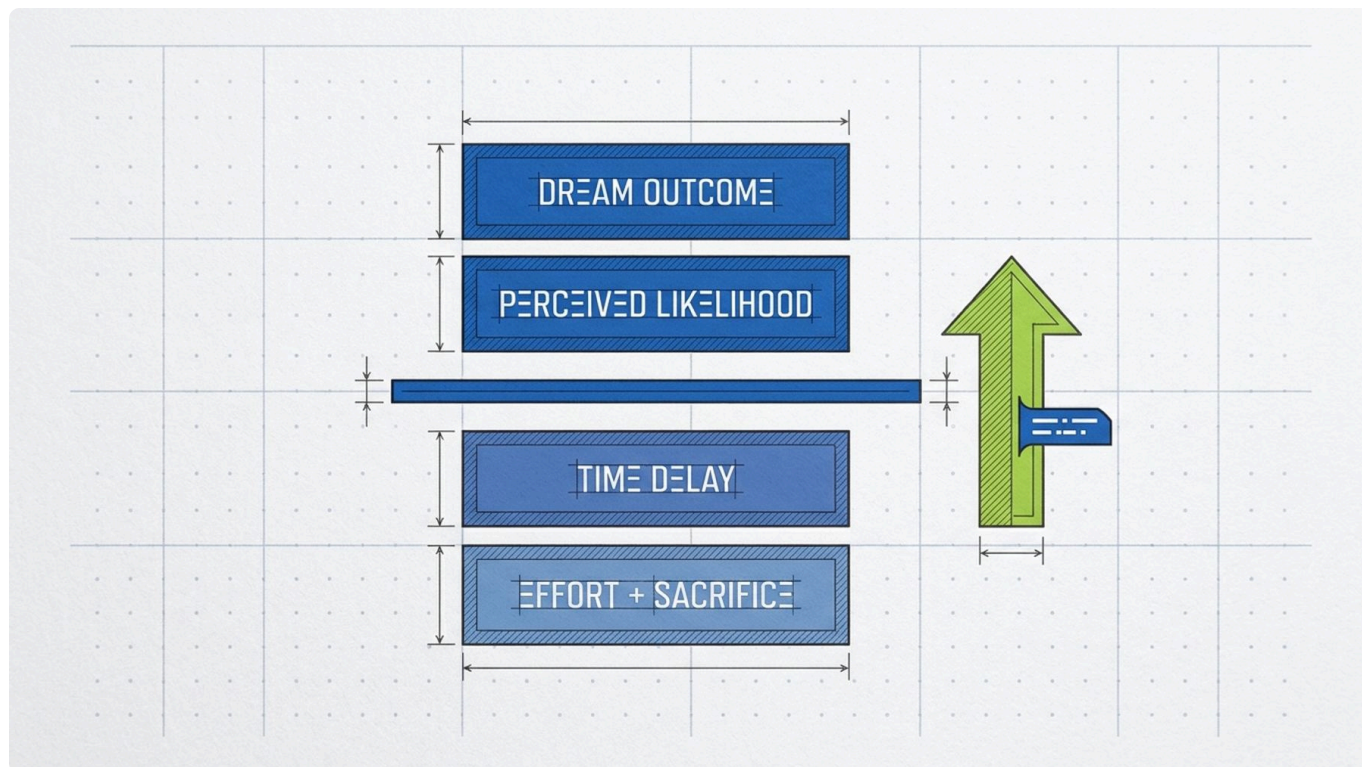
02

The Hormozi value equation

Why a \$4,800 plan feels like a steal or a rip-off.



The value equation.



- ① **When to use this framework.** Every treatment plan over \$1,500. Build the equation BEFORE you quote the price.

Alex Hormozi's value equation says perceived value is a fraction. The top is what the patient gets. The bottom is what it costs them in non-dollar terms. If the top is bigger, they accept.

CHAPTER 02. THE EQUATION

The equation, written for dentistry.

TOP OF FRACTION	DREAM OUTCOME multiplied by PERCEIVED LIKELIHOOD OF SUCCESS
BOTTOM OF FRACTION	TIME DELAY plus EFFORT AND SACRIFICE
PERCEIVED VALUE	the top divided by the bottom

The patient says yes when the top of the fraction visibly outweighs the bottom. Move the top up. Move the bottom down. In that order. Price is one number on the bottom. It is not the only number.

CHAPTER 02. THE FOUR LEVERS

How to move each lever.

01 Dream outcome up.

Name what the patient said in question 2 of the discovery script. "You told me you want to chew steak again." Then anchor the plan to that.

02 Perceived likelihood up.

Show the proof. Years in practice, materials warranty, "Dickerman Dental Prosthetics has been building crowns since 1965."

03 Time delay down.

"We can start today. You'll wear the temporary out the door."

04 Effort and sacrifice down.

"Two visits, three weeks apart. Most of the work happens between visits at our lab, not in your chair."

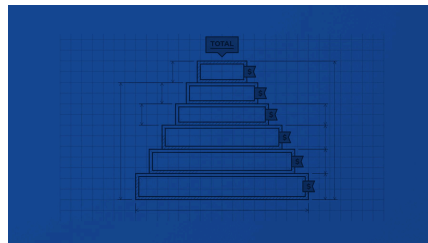
The patient who declines a \$4,800 plan and accepts a \$14,000 plan two months later did not get richer. The second plan moved the levers on the top of the fraction.

CHAPTER 03

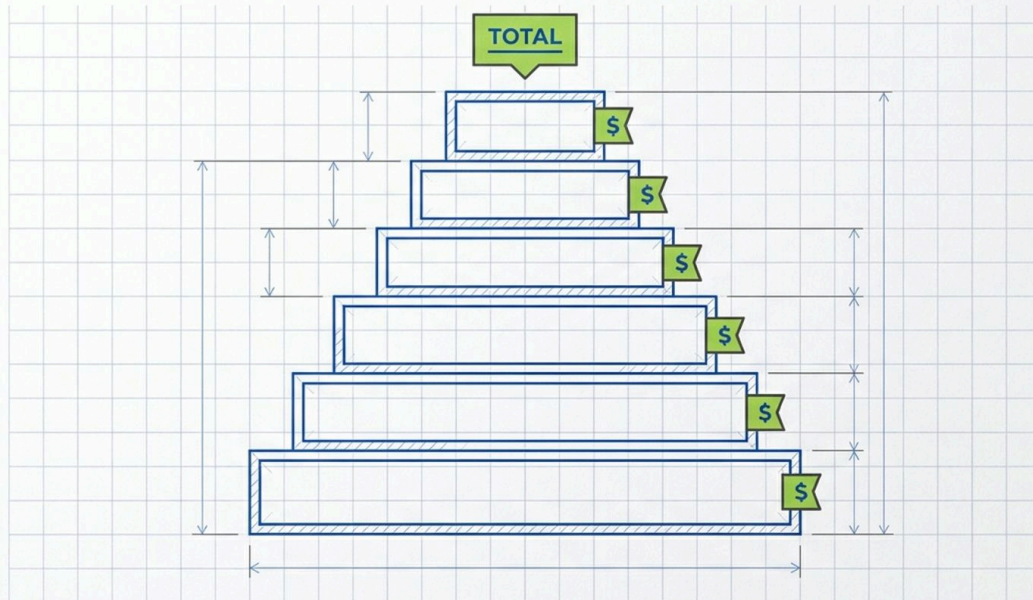
03

The value stack

One offer. Six layers. The price stops being the only number.



The value stack.



- ① **When to use this framework.** Build the stack ONCE per common treatment plan. Use it forever.

A coupon is a price. A stack is a list of everything the patient actually receives, priced separately, summed at the bottom. The summed-stack number is the value. The single-number price below it is what they pay.

Sam's \$1,950 single-crown stack.

CROWN, MILLED AND LAYERED	Custom-built crown made at Dickerman Dental Prosthetics (worth \$1,650)
DIAGNOSTIC RECORDS	Full-arch digital scan, panoramic radiograph, photographs (worth \$285)
SHADE MATCHING AND TRY-IN	Custom shade-matched, with a try-in step if needed (worth \$165)
NUMBERED COMFORT VISIT	Same-day prep visit with a temporary you can chew on (worth \$325)
ONE-YEAR ADJUSTMENT	Any bite adjustment in the first 12 months, at no charge (worth \$185)
TWO-YEAR WARRANTY	If the crown fails from a workmanship defect, we redo it free (worth \$1,650)
TOTAL STACK VALUE	\$4,260 stack, yours for \$1,950

A \$1,950 price against a \$4,260 stack is a yes. A \$1,950 price with no stack is a coupon.

CHAPTER 03. THE SIX LAYERS

The six stack layers.

- 01

Layer 1. The hero item.

The thing the patient came for. The crown. The denture. The implant.
- 02

Layer 2. The records and prep.

Things the patient assumes are free. Scan, x-rays, photos.

03 Layer 3. The comfort and convenience.

Same-day temporary, comfort kit, sedation if applicable.

04 Layer 4. The included follow-up.

"One free adjustment in the first year."

05 Layer 5. The workmanship warranty.

"If it fails from our work, we redo it free." Doubles acceptance.

06 Layer 6. The lab credibility.

Name Dickerman Dental Prosthetics. Sixty years on the bench. Ten certified technicians.



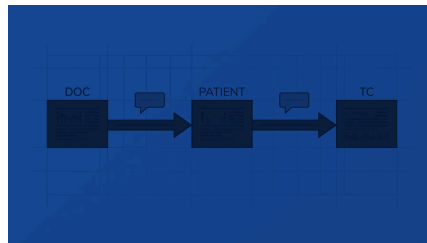
Compliance. Stacks only work if every line is true. ADA Section 5 (Veracity) and FTC Health Products Compliance both apply. [\[4\]](#) [\[10\]](#)

CHAPTER 04

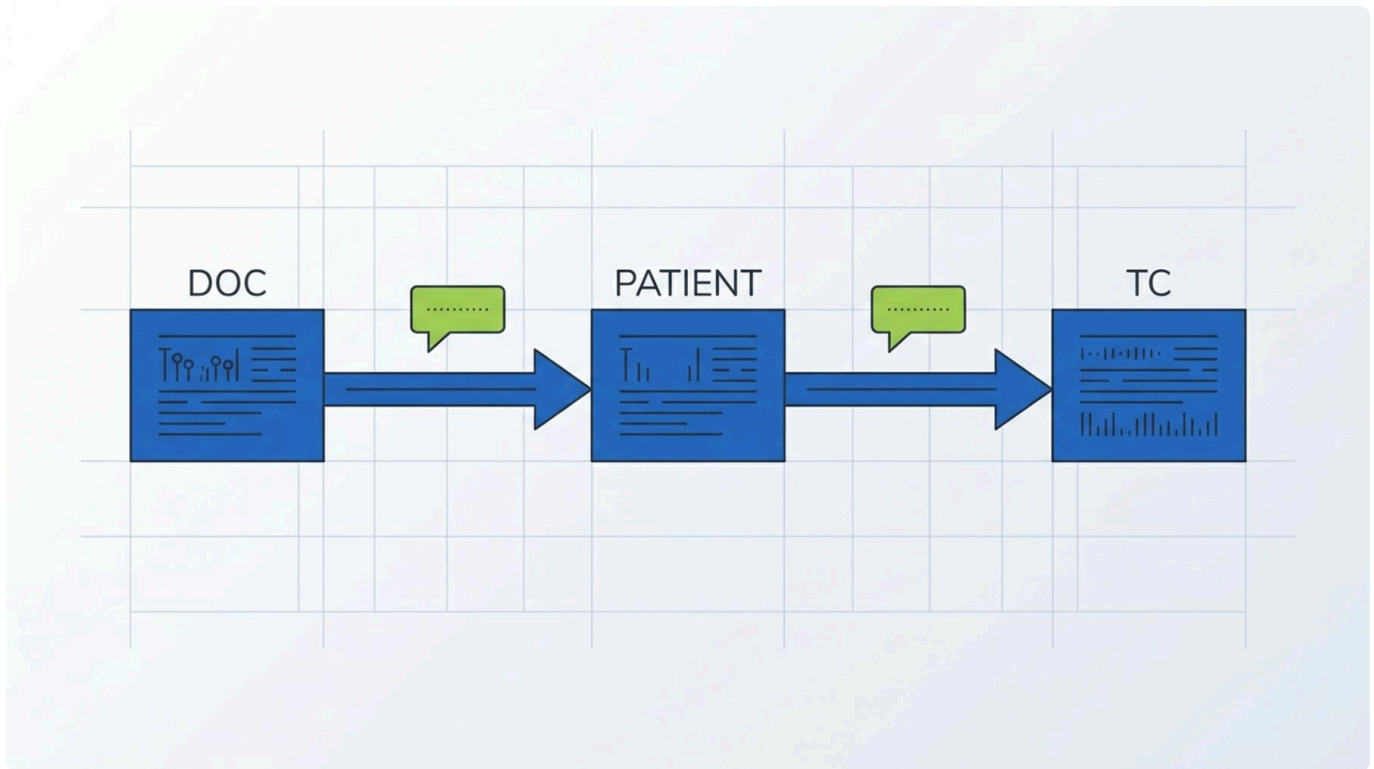
04

The doctor-to-coordinator hand-off

The 12 seconds that decide the close.



The 12-second hand-off script.



- ① **When to use this script.** Every plan over \$1,500. The hand-off is the moment the doctor walks the patient out of the operatory and physically hands the conversation to the treatment coordinator.

The doctor leaves the operatory. The patient is sitting upright. The coordinator walks in. In the next 12 seconds the doctor will either set up the close or kill it.

The hand-off script.

DR. PATEL. DOORWAY. HAND-OFF TO MAYA THE TREATMENT COORDINATOR.

- 01 Sam, I am going to step out and let Maya walk you through what we talked about. Maya has been with us for [number] years and she has helped a lot of patients in your situation figure out the path that works. She will show you the plan and the numbers and you can ask her anything you would ask me. I will come back in at the end so we can answer any clinical questions together. You are in great hands.

CHAPTER 04. WHY IT WINS

Why this hand-off wins.

01 Names the coordinator.

Sam now sees Maya as the trusted next-step person, not the cashier.

02 Frames her experience.

"Helped a lot of patients in your situation" lowers Sam's guard.

03 Pre-frames the close.

"Maya will show you the plan and the numbers" gives Maya permission to discuss money.

04 Doctor returns at the end.

Sam knows Dr. Patel is not abandoning him. The doctor is the trust anchor.



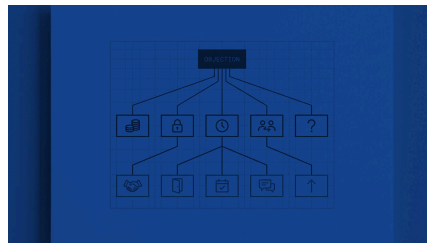
The SPS Dental Academy team-hand-off script makes the same point. "Dr. Patel is amazing with these cases, you are in great hands." [5]

CHAPTER 05

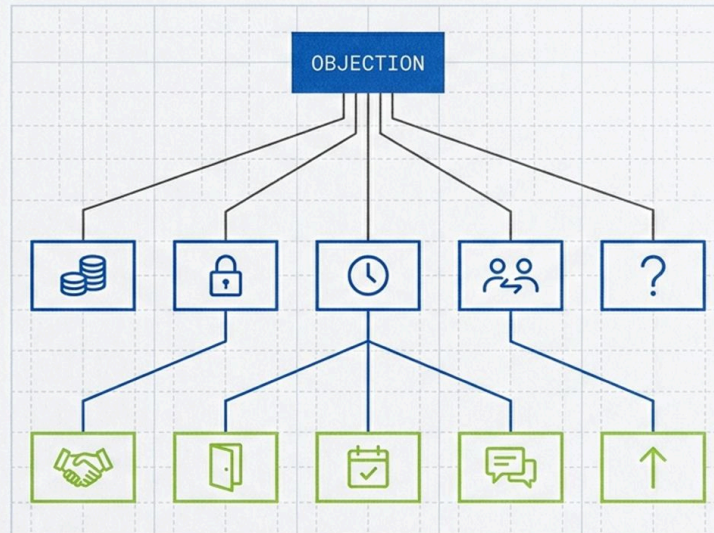
05

The 5-objection decision tree

What to say when Sam says no.



The 5-objection decision tree.



- ① **When to use this tree.** Every "I'll think about it." Pull the laminated card. Pick the branch. Read the response. Then listen.

Sam's "I'll think about it" is one of five objections in disguise. The decision tree below tells Maya which one it is and what to say next.

The decision tree.

OBJECTION 1. COST	"I get it. Let me show you three ways patients in your situation usually handle this." Pull the financing card from Chapter 06.
OBJECTION 2. FEAR	"What part of the visit are you most worried about?" Then name the comfort layer in the stack.
OBJECTION 3. TIME	"Let me break this into two phases. The first phase fixes the [pain or front tooth] this month and the second phase can wait until [next quarter]."
OBJECTION 4. SPOUSE	"Would it help if we set up a 10-minute call so you both can ask me anything? Or take the Dickerman Dental Prosthetics credibility sheet home so your [spouse] can see exactly what we recommended."
OBJECTION 5. DOUBT	"Have you had a plan in the past that did not go well? Here is what is different about this one." Then name the warranty and the lab credibility layer.

CHAPTER 05. WHY IT WINS

Why the tree wins.

01 Names the objection out loud.

Patients relax when you name their hesitation instead of arguing with it.

02 Offers a path, not a pitch.

Each branch ends in an action Maya can take in the next 60 seconds.

03 Saves the relationship.

Even if Sam still leaves today, he becomes a 7-touch follow-up candidate, not a permanently lost lead.



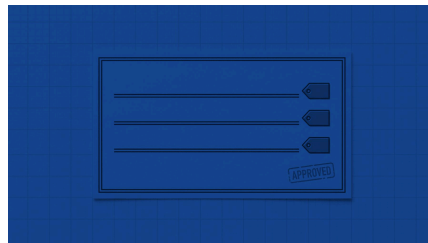
The ADA-cited research is clear. 68% of declines are not about cost. ^[2] The objection tree forces you to find out which of the other four it is.

CHAPTER 06

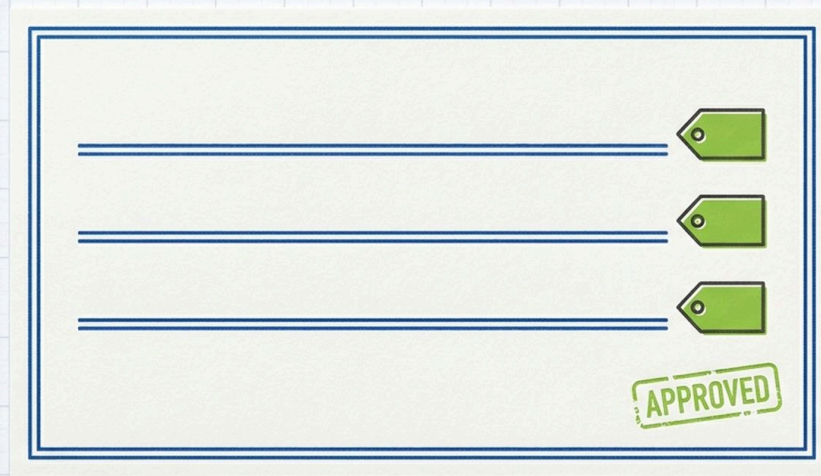
06

The financing-offer card

Three options. Said the same way every time.



The financing-offer card.



- ① **When to use this card.** Every plan over \$1,500. Show the card. Read the three options. Let the patient pick. Do not pitch.

ADA guidance on patient financing is direct. "Many external, third-party financing options involve an outside company issuing the patient a credit card." [3] The ADA warns that failure to properly disclose the terms of a consumer finance transaction "can result in serious fines and penalties." [3]

CHAPTER 06. THE SCRIPT

The three-option financing script.

MAYA. TREATMENT COORDINATOR. FINANCING CONVERSATION.

01 Sam, there are three ways our patients usually handle a plan in this range.

MAYA. TREATMENT COORDINATOR. FINANCING CONVERSATION. (CONT.)

- 02 Option A. Pay in full today. Most offices offer a small courtesy discount for full-pay. We do [percentage] off.
- 03 Option B. Split the plan over our in-office payment schedule. We can break it into [number] payments over up to 90 days at no interest. Past 90 days we would switch to a third-party plan.
- 04 Option C. Third-party financing. We work with [provider name] which gives you up to [months] of low-interest payments. You fill out a 90-second application on your phone and see your terms before you decide.
- 05 Which one feels right for your situation?

CHAPTER 06. WHY IT WINS

Why this card wins.

01 Three options, not one.

A single offer feels like a pitch. Three options feels like a menu.

02 The 90-day disclosure is built in.

ADA warns that any in-office plan over 90 days could make you a "lender" under consumer finance law. [3]

03 The closed question at the end.

"Which one feels right" forces a decision without forcing a sale.



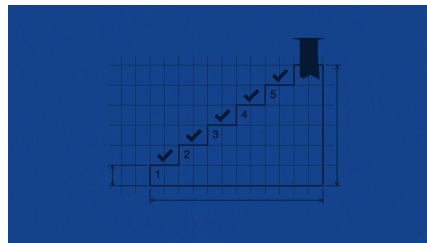
Compliance. Verify your state's consumer-finance rules. The ADA recommends "a knowledgeable attorney in your jurisdiction who specializes in consumer finance regulations review all documents." [3]

CHAPTER 07

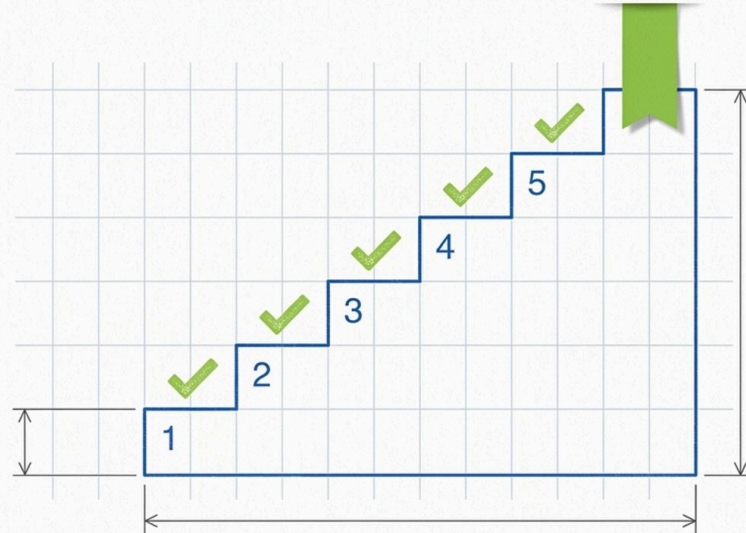
07

The 5 small-yeses staircase

One big yes is harder than five small ones.



The 5 small-yeses staircase.



- ① **When to use this staircase.** Every plan over \$3,000. Climb the five steps in order during the chairside conversation. By step 5 the close is already done.

People say yes to a big decision more easily when they have already said yes to five small ones along the way. Maya climbs the staircase one step at a time. Each step gets a small yes. Step five is the close.

The five steps.

STEP 1	"Does this match what you were hoping we would be able to do for your mouth?" [yes]
STEP 2	"Does the timeline I just described feel doable in your life right now?" [yes]
STEP 3	"Does the [financing or pay-today] option I showed you feel like the right fit?" [yes]
STEP 4	"If we could start this week, would [day A] or [day B] work better for your schedule?" [picks a day]
STEP 5	"Great. Let me put you on the schedule. I will send you a text confirmation in about an hour." [signs the form]

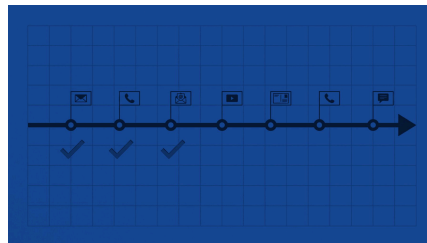
The patient who walks out without the big yes is the patient who never got asked the five small ones.

CHAPTER 08

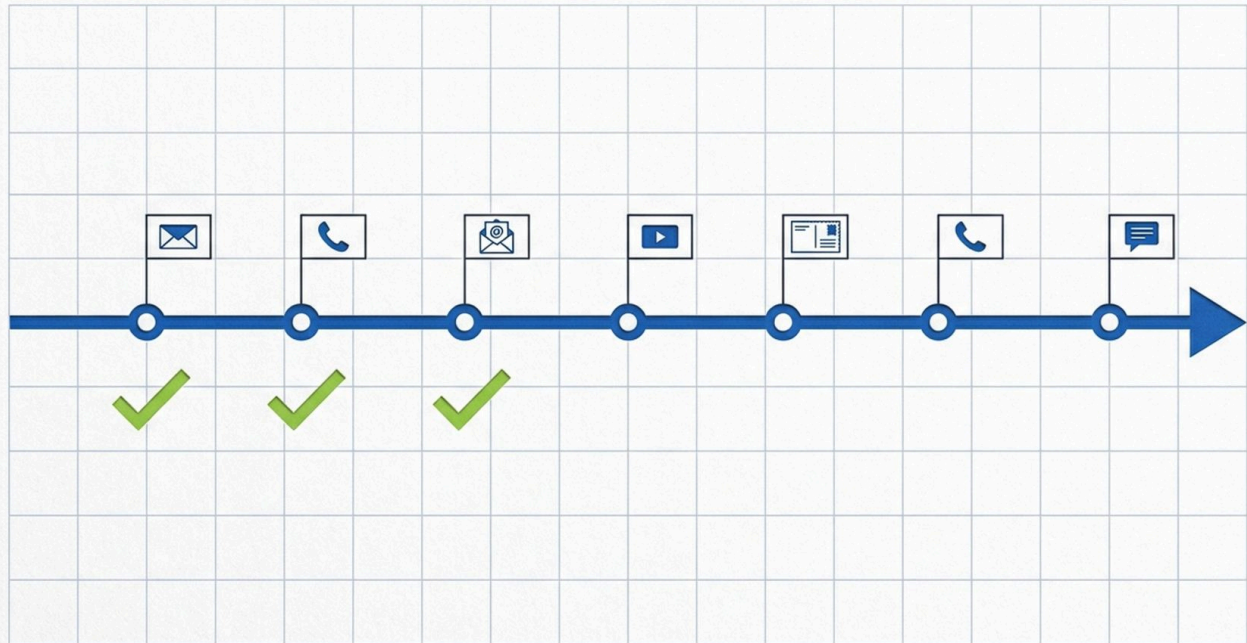
08

The 7-touch follow-up cadence

The 25-40% you can still rescue.



The 7-touch follow-up cadence.



- ① **When to use this cadence.** Every patient who left without scheduling. The Dental CEO Podcast says "25 to 40% of patients who initially decline treatment" convert through follow-up. ^[2]

Sam walked out at 3pm. He did not sign. Most practices put him in the "lost" column and stop. The cadence below is built to rescue the 25 to 40% who would have come back if anyone called.

The first four touches.

DAY	CHANNEL	MESSAGE
Day 0 evening	→ SMS from Maya	<i>Hi [first name], it was good to meet you today. I emailed you the plan and the Dickerman Dental Prosthetics credibility sheet we talked about. Take your time looking it over. I am here when you have a question.</i>
Day 2 morning	☎ Phone call from Maya	<i>"Just wanted to check in and see if you had a chance to look at the plan. Any questions I can answer?"</i>
Day 4 afternoon	✉ Email from Dr. Patel	<i>Three paragraphs. Names the discovery answer from question 2. Re-attaches the plan.</i>
Day 7 morning	→ SMS from Maya	<i>"Hi [first name], if part of the hold-up was the financing piece, here is the 90-second [provider] application link. No commitment. [link]"</i>

CHAPTER 08. TOUCHES 5 TO 7

The last three touches.

DAY	CHANNEL	MESSAGE
Day 11 evening	→ Postcard mailed	<i>Printed postcard with the Dickerman Dental Prosthetics credibility sheet and a short hand-written note from Dr. Patel.</i>
Day 16 afternoon	☎ Phone call from Maya	<i>"Just one last check-in before I close out your plan. Did you want to move forward, or should I keep this on file for later?"</i>
Day 21 morning	→ SMS from Maya	<i>"Hi [first name], your plan is officially on hold in our system. Anytime in the next twelve months you change your mind, just text this number and we will pick up where we left off."</i>

Why this cadence wins.

01 Day 0 is the rescue.

Most "I'll think about its" turn into yeses inside 48 hours if you stay in touch.

02 Day 4 is the doctor touch.

Hearing from the doctor personally re-anchors the trust.

03 Day 11 is the postcard.

Print is back for high-stakes outreach.

04 Day 21 is the soft-close exit.

"Your plan is officially on hold" gives the patient a way back without losing face.



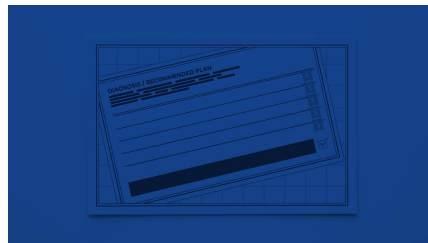
Compliance. Do not include HIPAA-protected clinical detail in any SMS or email touches. Reference the plan generally. The ADA Code and FTC Health Products Compliance Guidance apply. [\[4\]](#) [\[10\]](#)

CHAPTER 09

09

Mock creative samples

The actual cards your office should print and laminate.

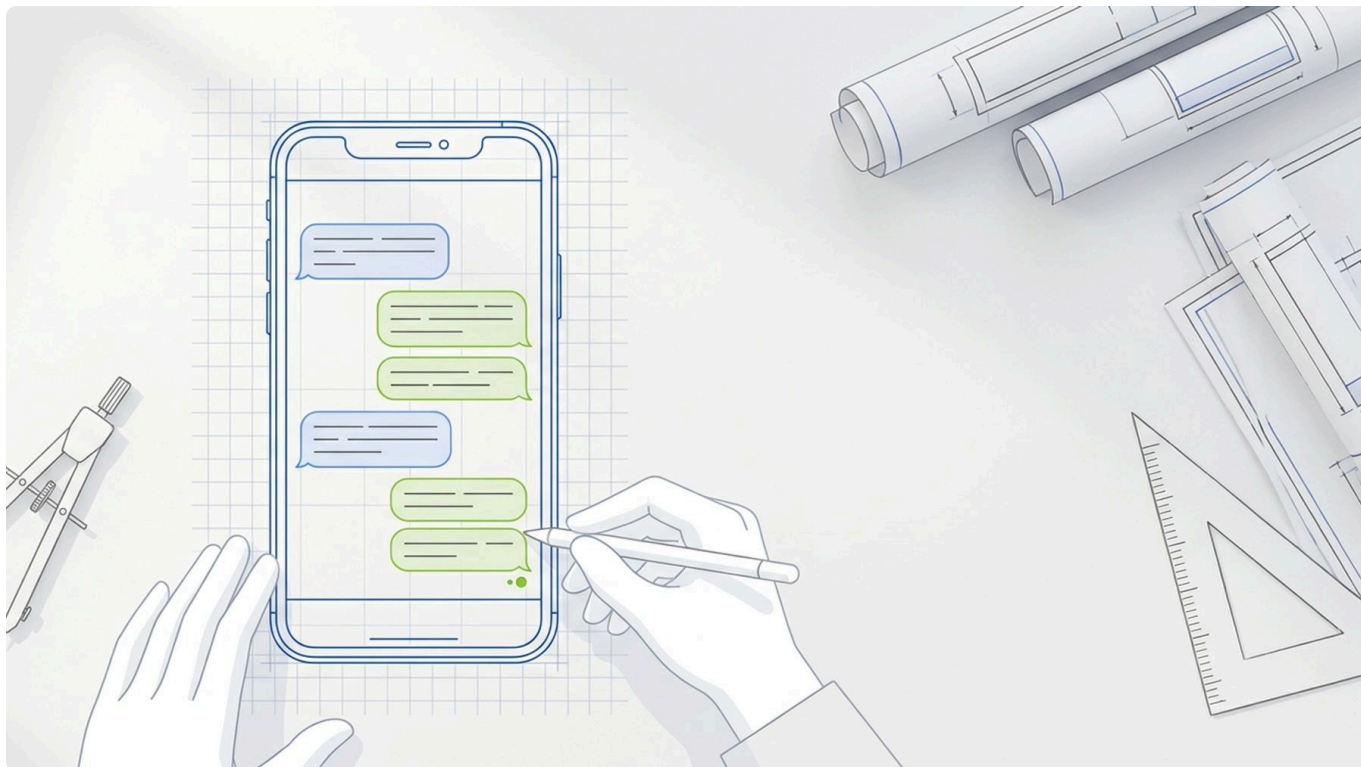


Sample 1. The treatment-plan presentation sheet.



HEADER LEFT	Patient first name and date
HEADER RIGHT	Lab partner. Dickerman Dental Prosthetics. Since 1965.
ROW 1, HERO PROCEDURE	Procedure name, doctor abbreviation, tooth number, dollar figure
ROW 2, PHASE B PROCEDURE	Next priority procedure, with its dollar figure
ROW 3, DIAGNOSTIC RECORDS	Scan, x-ray, photographs, with its dollar figure
ROW 4, INCLUDED COMFORT KIT	Numbed visit, same-day temporary
ROW 5, INCLUDED ADJUSTMENT	One free adjustment in the first 12 months
ROW 6, WORKMANSHIP WARRANTY	Two-year warranty
TOTAL STACK VALUE LINE	Sum of every row, shown above the actual price

Sample 2. The 7-touch text thread.



TOUCH 1 (DAY 0
EVENING)

"Hi Sam, this is Maya from [practice name]. Good to meet you today. I just emailed you the plan and the Dickerman Dental Prosthetics credibility sheet. Take your time and text me with any questions."

TOUCH 4 (DAY 7
MORNING)

"Hi Sam, if the financing piece was the hold-up, here is a 90-second application link. [link]."

TOUCH 6 (DAY 16
AFTERNOON)

"Hi Sam, just one last check-in before I close out your plan. Want to move forward, or should I keep this on file for later?"

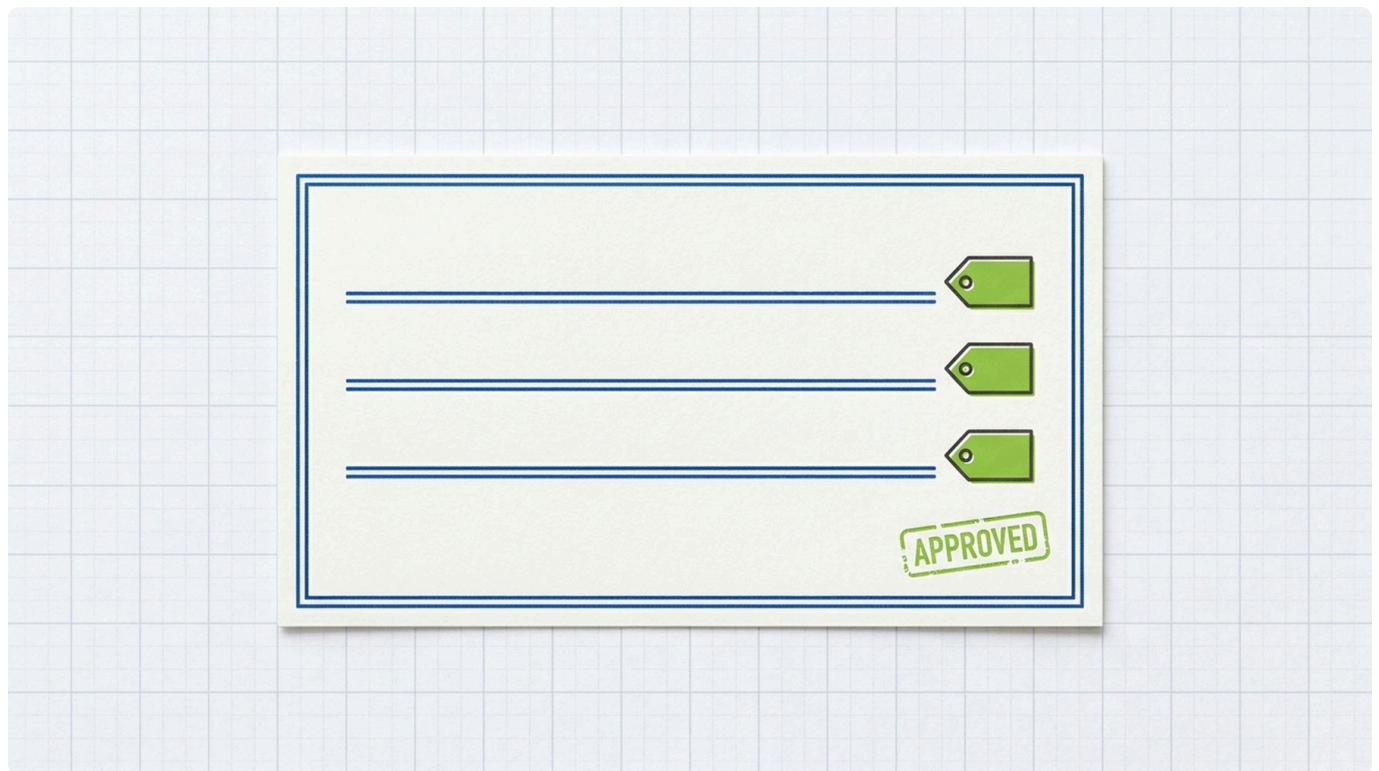
TOUCH 7 (DAY 21
MORNING)

"Hi Sam, your plan is officially on hold. Anytime in the next 12 months you change your mind, just text this number."

Sample 3. The 5-objection rebuttal card.

HEADER	Patient said "let me think about it." Pull the matching branch.
ROW 1, COST	"I get it. Three ways patients usually handle this." Pull financing card.
ROW 2, FEAR	"What part of the visit are you most worried about?" Name the comfort layer.
ROW 3, TIME	"Let me break this into two phases." Hand them phased plan.
ROW 4, SPOUSE	"Take this credibility sheet home so your [spouse] can see what we recommended."
ROW 5, DOUBT	"Have you had a plan in the past that did not go well?" Name the warranty + lab credibility.

Sample 4. The three-option financing card.



HEADER	Three ways our patients handle a plan in this range.
OPTION A. PAY IN FULL	[percentage] off for pay-today courtesy. No interest. No third party.
OPTION B. IN-OFFICE 90-DAY PLAN	Up to [number] payments over 90 days. No interest.
OPTION C. THIRD-PARTY FINANCING	[Provider name] application. 90 seconds on the patient's phone.
FOOTER	"Which one feels right for your situation?"

CHAPTER 09. SAMPLE 5 OF 5. WALL CARD

Sample 5. The script wall card.



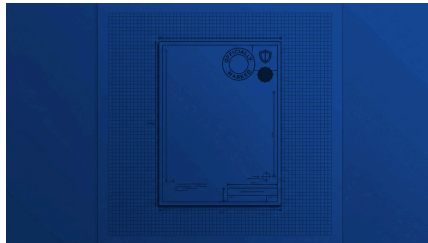
LINE 1	"Doctor walks the patient out. Names me. Frames the conversation. 12 seconds."
LINE 2	"I climb the staircase. Step 1 dream. Step 2 timeline. Step 3 financing. Step 4 day pick. Step 5 schedule."
LINE 3	"Patient says no. Pull the objection card. Match the branch. Listen."
LINE 4	"Patient walks out. Start the 7-touch cadence. Day 0, 2, 4, 7, 11, 16, 21."
LINE 5	"Never pressure. Always disclose. ADA Section 5. FTC Compliance Guidance."

CHAPTER 10

10

Compliance corner

A short primer so the script book stays inside the lines.



What to avoid.

☐ **NEVER use a stack line item the practice does not actually deliver.**

- › ADA Section 5 (Veracity) applies. Listing "lifetime warranty" if you don't actually warranty for life = false advertising.
 - › Cross-check every line item with the office manager + the doctor before printing the laminated card.
-

☐ **NEVER promise a specific clinical outcome.**

- › "We will save this tooth" = clinical outcome promise. Triggers ADA violation + state-board complaint.
 - › Replace with process language: "Our endo + crown protocol gives this tooth the best chance to keep functioning long-term."
-

☐ **NEVER pressure a patient toward a financing program without disclosing the full terms.**

- › Truth-in-Lending Act applies. Verbal disclosure must include APR, monthly payment, total cost, deferred-interest trigger.
 - › Document the disclosure in the chart + have the patient initial the financing agreement before booking.
-

☐ **NEVER offer an in-office payment plan over 90 days without attorney review.**

- › Beyond 90 days = you may be regulated as a creditor under state law.
 - › Some states require lender licensing for any plan over 4 installments. Check with a healthcare attorney in your jurisdiction.
-

☐ **NEVER include HIPAA-protected detail in any SMS or email touch in the 7-touch cadence.**

- › No tooth numbers, no diagnosis codes, no specific procedure names in unencrypted SMS.
 - › Touch text: "Hi {first}, following up on our conversation. Want me to text you the plan summary by secure email?"
-

What to always do.

☐ DO document the discovery-script answers in the patient chart.

- › Chart entry: "Discovery: patient's primary concern is X, financial constraint is Y, decision-maker is Z."
 - › This becomes the playbook for the 7-touch cadence + the doctor's chairside approach next visit.
-

☐ DO have every financing program reviewed by a qualified attorney in your jurisdiction.

- › Healthcare attorney. Not general business attorney. Specific to dental + healthcare lending regs.
 - › Annual review minimum. State + federal lending rules change yearly.
-

☐ DO disclose every financing term in plain language during the conversation.

- › Verbatim required: total cost, monthly payment, APR, term length, deferred-interest trigger.
 - › "Does that make sense?" after each. Get a verbal "yes" + document.
-

☐ DO let the patient see the value stack BEFORE the price line on the presentation sheet.

- › Print order: services included → warranty terms → support terms → THEN the total.
 - › Patients quoted price first compare to their bank account. Patients shown value first compare to the value.
-

☐ DO run the 7-touch follow-up cadence on every "I'll think about it."

- › CRM automation: tag "deferred" triggers 7 touches over 14 days.
 - › Touch 1 same day. Touch 7 day 14. Stop the cadence the moment they book.
-

☐ DO refresh the laminated cards monthly and re-train the team quarterly.

- › Cards: replace any coffee-stained or curled cards. Costs \$5/month.
 - › Team training: 30-minute roleplay session every 90 days. Practice the discovery script + the value stack walk-through.
-

What ninety days looks like.

DAYS 1 TO 7	Print the laminated cards. Practice the discovery script. Track every plan presented and accepted.
DAYS 8 TO 30	Add the value stack to every plan over \$1,500. Climb the staircase on every plan over \$3,000.
DAYS 31 TO 60	Add the three-option financing card. Run the objection tree. Start the 7-touch cadence.
DAYS 61 TO 90	Steady state. Acceptance rate should sit between 60% and 80% on comprehensive plans. [2] [5]



KEY TAKEAWAY

The five-question discovery script. The Hormozi value equation. The six-layer value stack. The 12-second hand-off. The five-objection decision tree. The three-option financing card. The five-yeses staircase. The seven-touch follow-up cadence. Do these eight things and your case acceptance moves from 35% to 70% inside 90 days.

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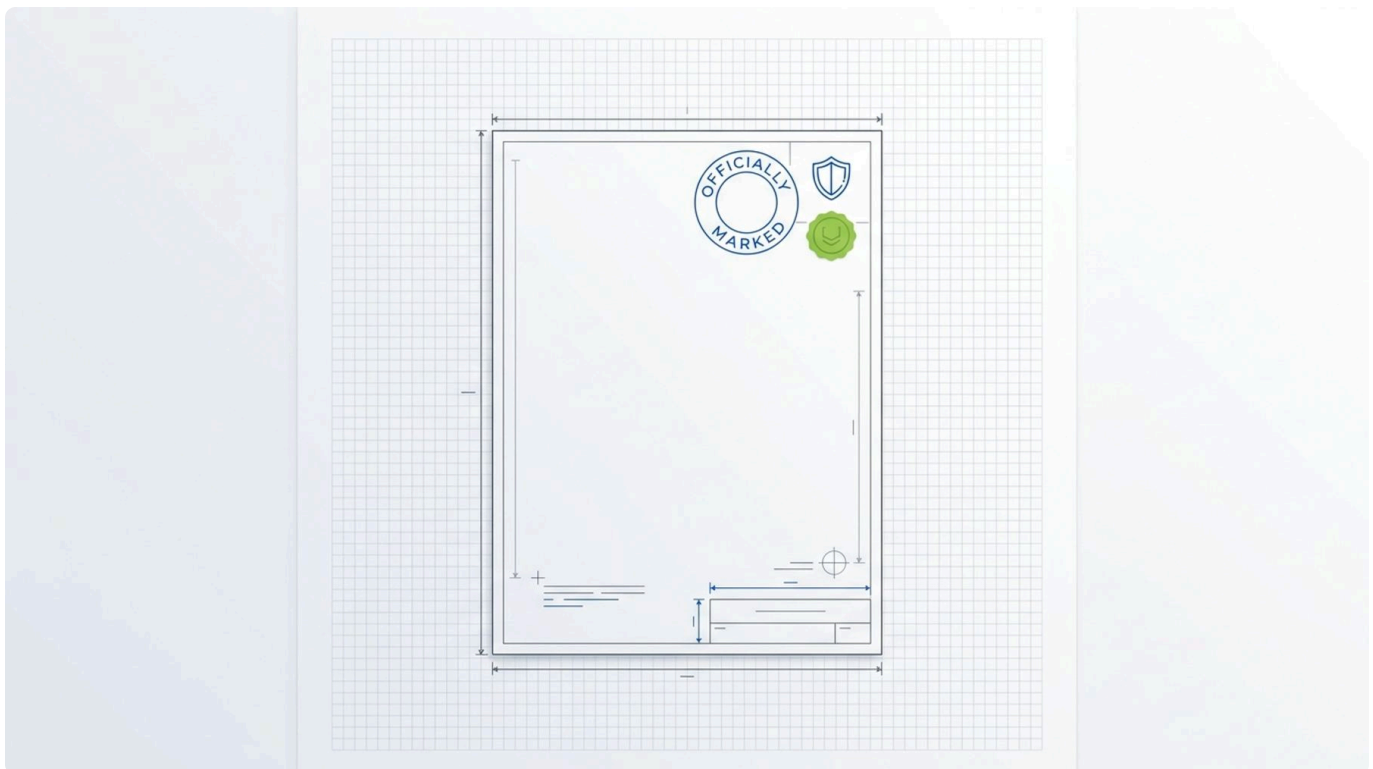
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Where these numbers come from

Every statistic, quote, and benchmark in this playbook is cited below. Inline numerals match the entries here. Sources are named authorities: peer-reviewed journals, the American Dental Association, the FTC, and the Academy of General Dentistry, listed by publisher and year.

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