



# In Practice

WITH DR. RONALD E. GOLDSTEIN

## How Do You Deal With “Scam” Patients?



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[QA: Need Goldstein's introduction]

*In your opinion, what is a “scam” patient?*

**Craig Mabrito, DDS**—A scam patient is a person who intentionally misleads a practice or who is not forthright in his/her discussions. This may be regarding their intentions not to pay for treatment, providing a dental history that is not credible, having an ulterior motive other than having treatment accomplished, or seeking drug prescriptions. Because I do not advertise and I practice in a large professional building rather than a freestanding dental office, people desiring prescription drugs rarely find us.

**Baldwin Marchack, DDS**—There are really two kinds of “scam” patients. One is related to money only and the other is related to treatment. The money only scam patient (type 1) has all recommended treatment performed, but has no intention of paying. The treatment scam patient (type 2) accepts a recommended treatment plan, has treatment up to a point, then ceases to continue with the scheduled sequence by citing financial diffi-

culties, leaving the dentist in the awkward position of not knowing how best to proceed.

**Dan Mayeda, DDS**—A scam patient is anyone who comes into my practice whose intention is not to compensate me as agreed on before treatment. This “scam” patient can range from an individual who delays initial payment for some reason, such as waiting for tax returns, and never pays you to the patient who either pays you for part of the treatment or the entire treatment but then finds fault in your treatment. The intention of this patient is to get the entire payment refunded and in extreme cases, to demand compensation for substandard treatment.

*Have you encountered problems with scam patients?*

**Craig Mabrito, DDS**—The scam patient was more of a problem during my first 10 years of practice than it has been the last 10 years. This is especially true regarding individuals requesting drugs. These patients seem to know which dentists are new in practice and of whom they can take advantage.

**Baldwin Marchack, DDS**—Of

course, I believe all dentists, as well as anyone in the medical profession, have encountered problems with scam patients. [QA: We expanded your answer. If you'd like to add more, please do so.]

**Dan Mayeda, DDS**—Early in my career, I was very eager to render treatment for patients who charmed their way into starting treatment before any payment was made. One line was, “My trust fund will release the money in 3 months, but I really need the treatment now.” Another scamming line was, “You are really the best dentist I know who can do this treatment, and I really want only you to provide this esthetic treatment for me, but I can only pay you monthly.” After getting burned a few times, I stopped falling for these lines and came to terms that if the patient really valued my treatment, they would prioritize their finances to pay me in full before the start of treatment.

*Do you have specific questions your receptionist can ask to protect your practice from the “scam” patient?*

**Craig Mabrito, DDS**—Yes, we have a definite interview process that one of two administrative team members undertakes with a new patient on the telephone. There is an outline that is followed, although the employee is encouraged to ask open-ended questions to illicit the patient's specific concerns. The employee gives her undivided attention to this new patient.

This conversation should take place without any interruptions.

During this process, potential “red flags” are often heard by the employee and called to my attention. A follow-up telephone call before the patient's first appointment can often clear up any questions we may have and discourage a scam patient from ever coming in for an initial appointment.

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We also inform our patients on the telephone of their financial responsibility for their first appointment before they arrive at the office. We give them a range of fees for a set of comprehensive records and explain that we do not work with any insurance plan.

**Baldwin Marchack, DDS**—My office does not have anything in place that screens for these individuals [QA: We expanded your answer. If you'd like to add more, please do so.].

**Dan Mayeda, DDS**—Our office has derived a simple screening process. I hold new patient consultations at the end of my clinical day for only esthetic or implant procedures. During this consultation, if the



patient really does not have an esthetic or implant request, I do not accept the patient into my practice. Our initial consultation fee is a mere \$50 for a 30-minute consultation. We feel a patient needs to be willing to pay for this informational appointment, and if not they are not a good candidate for our practice. It is all about value. We want patients who value what we do for them, including giving advice. When a new patient comes in for a new consultation appointment, a "consultation information" form and not a patient registration form is filled out. No date of birth, social security number, insurance information, or other private information is requested. This gives me the freedom of accepting the patient into the practice. Recently, a middle-aged gentleman came to the office for an initial consultation. His requests were unrealistic and not within my ethical standards; plus he repeatedly contradicted my fee after repeatedly quoting him that each implant/prosthesis is \$7,000. He needed 14 implants and kept on stating that the total fee is \$5,000. Plus, he only wanted his anterior teeth restored, even though I advised him to replace his missing molars in every quadrant. At that point, I terminated the consultation by telling him I will send him a report of the consultation. I knew he was not a good candidate for my practice because I do not tolerate individuals who do not listen to my advice, or who try to dictate treatment and constantly negotiate a fee. My receptionists also screen patients who are not willing to pay the consultation fee, new records fee (those patients who do not want new x-rays or diagnostic casts taken), or who are demanding of immediate treatment even after being informed that we have a systematic diagnostic process.

*Have you had patients that you thought were legitimate, only to find out later that they had fooled you?*

**Craig Mabrito, DDS**—There have been some that have

worked their way through our system, but the number has been small in the past few years. We have become more perceptive and instituted more policies to the practice so this problem has been significantly reduced. Even if a scam patient comes into the practice, very little treatment is rendered before we are able to identify their goals and dismiss them. Having systems to control the practice is the key to reducing scam patients.

**Baldwin Marchack, DDS**—Of course I have. I do not think anyone can say they have never been fooled by "patients." [QA: We expanded your answer. If you'd like to add more, please do so.]

**Dan Mayeda, DDS**—I've certainly been scammed a few times. About 15 years ago, a prominent attorney's wife and mother of my son's classmate came to my office for an emergency appointment pleading for me to crown teeth Nos. 28 through 31 because her "old fillings were fractured." I trusted this patient explicitly based on my relationship with her family. As you can expect, her husband either did not value our treatment or did not value his wife having a healthy mouth and refused to pay for the treatment. We requested payment-in-full before the cementation appointment, and consequently this patient chose to keep the temporaries in after receiving a letter from my office informing her that her treatment was not completed. Our collection agency informed us that our claim is not the only one against this patient's family, and that they have a long history of bad credit. The lesson here is regardless of a patient's social or financial position, strict and consistent payment policies need to pertain to all patients.

Another time, the new wife of a patient came to my office requesting esthetic treatment. Her line was that I had known her (new) husband's family for more than 10 years, thus it would be safe to extend credit for her treatment. Although she made a 50% pre-payment, she proceeded to find things wrong

with my treatment. She not only asked for a refund and waiver of her balance but also hand drafted a document demanding \$30,000 by a certain date to deter her from consulting an attorney. I ignored her requests and nothing happened.

*How do you handle present patients who are trying to scam you?*

**Craig Mabrito, DDS**—If a patient owes us money, we confront them about the issue. Generally, financial arrangements have been made in advance, and, if they do not accept responsibility for their part of our relationship, then we dismiss them.

Often a payment plan can be worked out through an extended payment program directly with us, through a dental finance company, or with a credit card. If there is a large balance due and some type of payment plan cannot be worked out, then we may turn the account over to an attorney for collections. Small accounts are generally written off because it is not worth our time to deal with these people.

*Having systems to control the practice is the key to reducing scam patients.*

Interestingly, we recently had someone come into the practice that we had not seen for about 5 years. We had written off \$42 and kept accurate records of what had transpired. Because she had some significant difficulties in life at that time, she fell behind in her payments. We accepted her back and had the opportunity to collect \$42 plus a reactivation fee.

**Baldwin Marchack, DDS**—We are at an impasse with some type 2 patients. If they come up with the fees, then we will proceed with treatment.

**Dan Mayeda, DDS**—If we know that a patient of record has a history of bad credit or requests

additional treatment without paying for the "extras," we do not succumb to performing the additional treatment until the patient pays for it. A typical situation was a patient wanted the dentists to "just touch-up her defective direct composites," but during the touch-up treatment, became dissatisfied and insisted on a smile makeover. In this situation, I calmly informed the patient that she had not asked for a complete makeover during the appointment and that she chose to have her old bonding repaired. I told her that if she wants a makeover, an additional appointment with ample time can be scheduled, and that an estimate for the makeover will be given to her. I feel that this type of situation can be handled objectively while putting the patient in his/her place.

*What percentage of fees do you collect up front?*

**Craig Mabrito, DDS**—If up front means at the time the services are rendered, about 85% of the fees are paid at the appointment time. We do not accept any insurance as partial or complete payment, so most people pay at the time the services are rendered. There are a few patients who request a statement be sent to them. These are usually people who have their businesses pay for treatment or older individuals who want to write a check from their home and do not use credit cards.

Complex treatments are paid in two or three installments depending on the time it takes to complete. Specialty care is often needed the treatment during the restorative phase so the treatment often takes several months, and fees are collected during that time.

**Baldwin Marchack, DDS**—It depends. We usually collect 100% [QA: We expanded your answer. If you'd like to add more, please do so.]

**Dan Mayeda, DDS**—That depends on whenever patients ask me, "How can I pay for treatment?" I simply state that payment in full for the treatment



is required before treatment is started. This policy needs to be made clear to patients, especially when treatment is done in phases. Let's face it; sometimes patients are willing to give you \$10,000 every 3 months, instead of \$30,000 before treatment is started. This scenario pertains especially to implant treatment during which I stage my treat-

ment into three phases:

- Implant surgery
- Transitional prosthesis
- Final prosthesis.

When this method is used, it must be made very clear and repeated that each payment is for each of the sequential treatments, and not the entire treatment. I explain that payment for all three phases is desired before Phase 1

is started to prevent confusion during the transition of phases.

*Have you changed your payment policies in the last 5 years? If so, why and how?*

**Craig Mabrito, DDS**—Yes. We have become independent of insurance during the past 7 years, and we have started collecting most of the payments as

treatments are being rendered. Even though some people elect not to see us because of that policy, the practice is much easier to control when dental insurance is not a factor in the financial arrangements.

For significant treatment plans, most of the people make two or three large payments during the course of accomplishing their care. With this type of relationship, we often have payments being made before their scheduled appointments.

**Baldwin Marchack, DDS**—Yes, mainly because of insurance company tactics of delaying claims processing and denying payments even after pre-approval. The subsequent problems with patient arise after they discover there will be no insurance benefit after all.

**Dan Mayeda, DDS**—When providing only restorative procedures, I request complete payment before treatment. If the patient expresses that that is not financially possible, I present only one option. This option is 70% before the first appointment, and the balance before the cementation appointment. ○

