



## **Full Episode Transcript**

**With Your Host**

**Dr. Tarun Agarwal**

## Ep # 23: A Conversation Dr Rich Rosenblatt

Welcome to *T-Bone Speaks* with Dr. Tarun Agarwal where our goal is to change the way you practice dentistry by helping you achieve clinical, financial, and personal balance. Now, here's your host, T-Bone.

**T-Bone:** Coming to you live from room 1406 at the Westin Hotel in Chicago.

**Rich:** With the spinning – whatever the hell is that big spinning ball that we just saw.

**T-Bone:** Oversized whack.

**Rich:** Oversized it was a whack.

**T-Bone:** I apologize in advance that this episode is going to be a little off filter because I'm sitting here at my good friend, Dr. Rich Rosenblatt and we have an audience of one Houten Shahidi just listening to us and we have been on an adventure already from one room to the other, to the bar, back to this room and I wanted to take the opportunity while he's here in Chicago to talk to Rich and see what's going in his life.

Rich, what's up?

**Rich:** Nothing, T. How have you been, man? I feel like it's been a while since we got to see each other.

**T-Bone:** It has been a while. I haven't looked down lately, so I haven't seen you. [Laughs]

**Rich:** I'm not missing. I have seen you right [crosstalk]

**T-Bone:** Well, part of the problem is my belly's gone a little bigger so I can't quite see past it anymore. [Laughs]

**Rich:** It's like your private. [Laughs] God, I miss you.

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- T-Bone: So Rich is a well known speaker. He does a lot of work with CEREC and CAD/CAM and digital dentistry. He's a father of two, three...
- Rich: Plus one.
- T-Bone: Plus one kids, and apparently, is a husband as well, but that is questionable how often you're a husband.
- Rich: Listen, I always say, I lecture.
- T-Bone: Well at least three times you are a husband.
- Rich: Yes, I guess. I mean, three times I was a father.
- T-Bone: Yeah, [Laughs]
- Rich: I always say I do travel a lot for what I do, but I think it's the only way my wife can tolerate me is by me being on the road a bunch so it keeps things happy at home.
- T-Bone: So what did you think about the old people coming into 1406 asking where the alcohol was?
- Rich: Yeah, I was surprised we didn't have any when, you know, you can't throw a party in 1406 and not have booze in there, right?
- T-Bone: I'm just saying specially you own a Vodka company.
- Rich: Legit question.
- T-Bone: I'm just saying. So Rich, tell me, what's new? What are you even up to? What's going on? Tell me about dental life. What's going on?
- Rich: So dental life, well, my life's been a bit crazy lately. I've purchased a practice in March of this year and [crosstalk]

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T-Bone: Let's clarify that. You purchased a practice to merge?

Rich: Yes, I purchased basically the patient charts.

T-Bone: Unfortunately, they ended up with you?

Rich: Well, that too. I didn't even think about that point, but yes, probably a little bit of that too. No, the gentleman whose practice it was, was diagnosed with terminal cancer and literally in about three weeks past.

It's very sad and he was a great guy. I didn't know him personally but a lot of my colleagues in the town are very close to them and super well respected guy and just an all around good person from what I heard. So, it was very sad but it's made my life very busy in the last six months or so, five plus months.

T-Bone: So talk to us, so one of the things that I've heard about a great way to build practice is by merging another practice into your practice. Talk to us about the decision process to do that.

Rich: Have you ever done it? Have you ever bought a practice and merged it into yours? Have you ever done anything basically generic – not generic, I don't want to say generic, but organically?

T-Bone: No, no. I've always just built my practice.

Rich: So, I bought it [crosstalk]

T-Bone: My personality is conducive to building practices, not buying them and bringing them in.

Rich: You should try it. It's a pretty interesting way to...[crosstalk]

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T-Bone: Can you imagine anybody selling me something? Can you imagine me paying for something?

Rich: I would love to be of [unclear] in that negotiation. Oh, my God. [Laughs] I give you \$8 for that practice. He wants a million you want to give him \$12.

T-Bone: Yeah, \$12.

Rich: Can we meet in the middle, somewhere, like \$32?

T-Bone: It don't exist.

Rich: It will be bad. I agree. So, no, I bought this practice in a small town north of Chicago about 25-28 miles and it's a town that has no land to build so it's right against Michigan. And so for the last nine years, after I bought this practice, I've been trying desperately to build this practice. You and I have had so many conversations over the years at the beginning when I was really struggling trying to figure out how to gain new patients and I was kind of weighing the pros and cons of joining PPO's and insurance and you were a big part of that of making me kind of try to think more like a business person where you are like...[crosstalk]

T-Bone: But you are Jewish so why do you not think? [crosstalk]

Rich: I'm the black sheep of the Jews, so it's, yeah, I'm learning. I'm learning as I go along to finally try to be a business person but it was – you know, that business is definitely not my strong suit at all, and so. When, so you would talk to me about, listen, would you rather have open chair time and not make any money or join some PPO's and get some patients?

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And it really did sort of help stabilize my practice, but it wasn't a growth boom to my practice either. I mean, there was new people to the practice so it helped that it kind of kept me afloat, but I needed more and in my town, there's just no way. We were averaging when I bought the practice like two new patients a month.

I remember, I spent \$16000 the first four months that I was in my practice to do direct mail, all kinds of things, advertising in newspapers, everything under the sun. And we got 15 patients – with \$17,000 I got 15 new patients from \$17,000. And it was the end of July and I was just devastated. And my front office person, Yolanda, comes in and she goes, “Did you see how many new patients we had this month?” And I'm like ready to cry. I said, “Yes. I mean, I can't believe it we have 15 new patients.” She goes, “No, unbelievable, we haven't had that many new patients in a year.” And I mean, it was like the air coming out of the balloon. It was like sitting on a cushion psstttt...And I just...

T-Bone: And you're like, what did you buy?

Rich: I thought I was dead. I mean, all I saw was me going bankrupt in six months. So it was very scary thing because I didn't know how to market. I didn't know how – and advertising, we're in a very affluent town and so trying to figure out how to make that work by advertising in a way that would resonate in that area was not easy to do for me. So it just was a long – when I bought the practice it was about 750 patients or so in the practice, maybe 800, not even close to 800, a little less and I built it till March, we had 1484 in our practice.

T-Bone: How many years?

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Rich: Nine and a half years. It took me to double.

T-Bone: So in ten years you grow 700 patients so that's averaging 70 patients a year, divide that by 12, so that's a little like, God, four patients, five patients a month.

Rich: And most of that growth happened, probably in the last three or four years.

T-Bone: Okay.

Rich: So, we were really – it took a long time to go from two patients, three patients a month until my name got out there and started to get a little bit of a trust factor and you know, the CEREC helped my practice a lot because the economy died right when I bought my practice in 07 and the economy crashed in 08 and we have so many...

T-Bone: Do you treat a lot of short people in your practice?

Rich: Are we just call them people in my practice so, you know, I don't call them shorts. They just don't look short to me.  
[Laughs]

T-Bone: Wait, wait, I don't think anybody looked short.

Rich: It's actually a pediatric practice. [Laughter] I just thought they were tall. I just thought they were regular sized people, they're actually kids, you see. So, honestly, it was – that helped a bunch but it still wasn't the growth that – the exponential growth that I was hoping for and then all of a sudden, I bought this practice in March of this year and...

T-Bone: Do you think you paid too much for your initial practice?

Rich: Yes. I didn't know anything about due diligence. I didn't know how to look at a practice and know if I was getting,

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like how to see how many really new patients we are having and just was something that I was – it was in my town, it was in an affluent area, I just figured, the gentleman who did it was a very good dentist and a good guy. But you know, it's when you sell a practice, you have an idea what you want to get for it and I just didn't know what you should be paying for it and I didn't have a ton of money when I was looking to buy a practice and so I just figured, I'll just figure it out. I thought I could figure out the numbers with an accountant and it didn't go the way I expected it to. I mean, it was really a long journey for me, the last nine years and so when this thing happened with the new practice, I mean, we're like gang busters. It was amazing, the difference.

T-Bone: Well, it was like steroids, a shot in the arm.

Rich: Yes, it was drinking water, I was like drinking water through a fire hose. I mean it was really that – and it was small t four ops [crosstalk]

T-Bone: That means you're drowning then.

Rich: No. It's just a lot of water coming out too fast.

T-Bone: You do understand English is my second language.

Rich: Okay.

T-Bone: So I don't know what you're talking about.

Rich: So just, a lot of water – a lot of, it was overwhelming at the beginning. I wasn't drowning but it was very overwhelming going from 22 new patients in January to a hundred. When I say new patients, new patients that I've seen face to face from the practice that I bought in the month of March.

T-Bone: I want to go back for a second, okay?

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Rich: Sure.

T-Bone: So, you bought a practice seven or eight years ago, how long ago?

Rich: Ten, nine and a half.

T-Bone: The number's irrelevant. Don't mess up a good story with the truth, okay? So, how did you go from something that's averaging two patients a month to 20 patients?

Rich: There's a little combination of everything. It was PPO's, now patients were referring people a fair amount. And we were doing SEO. I was working with a company that kind of get my SEO up there. There's this company Dentist Identity helps me with that personally and did my website and stuff. So, all those things like little things of everything, maybe we get eight or nine PPO patients that month. We get five or six internal referrals that month. We get a couple of people just looking for dentists in Lake Forest or whatever it was, looking for – you know, I come up big in CEREC and stuff like that and want to do the crowns.

T-Bone: Okay.

Rich: So all those things kind of...[crosstalk]

T-Bone: And you think people are searching for that?

Rich: They do. I just had two people in this week that – I said, “how did you find me?” And this person had come from, Seattle or something and she's like, “I wanted CEREC.” I'm like, “how did you know?” I saw a commercial and started looking for it.

T-Bone: You really think people are searching for convenience in CEREC dentistry and things like that?

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Rich: Yes, I do. I think a lot of people really search out things. They're becoming smarter as far as I can tell from when I ask them how did you find out about us? We had somebody call our office. They come from – they were in the southern Illinois like three hours away and they're like, "I researched you." He knows that I was affiliated with Spear and all like that kind of stuff. He had this crazy – just saying all these...[crosstalk]

T-Bone: He didn't say I want to come over and get an MOD from you?

Rich: No, I mean, he was like. I don't mind. I said, we're three hours away and he's like, I have all these old dental work with decay underneath and I travel three hours to see a periodontist. I'm like, there's a lot of stuff going on.

T-Bone: That person might need to see a psychiatrist.

Rich: So, you know, I'm just saying that people are looking stuff out. I didn't to say that we, you know, that it came to fruition. I'm just saying that.

T-Bone: No, no, I get it.

Rich: But this week, there's been a lot of that and we always tend to ask where are you coming? How did you find out about us and what did you search out or something like that. And I see more and more of that all the time, I really do.

So I think it is important to patients. I still think in network of me talk about all the time is really important. We get that all the time.

T-Bone: Are you still in network?

Rich: I am still in network.

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T-Bone: Are you happy with that? Unhappy with that?

Rich: Ahhh... I'm sort of mixed with it in all honesty. Sometimes it gets frustrating when you want to do something and you know that from a time perspective it's just not financially [unclear] even just, what, composites?

T-Bone: Like doing fillings.

Rich: Like doing composites. You know, just sit there and have them say well we're just going to downgrade it or pay next to nothing for it. And it's the hardest thing to do. I mean, it's so grueling and to get paid a hundred bucks for like and MOD...

T-Bone: And when you have short fingers like that, they don't quite reach the second molars [crosstalk] Can you even reach second molars?

Rich: I kind of tried putting a band in between the second molar with a Jimmy Dean here. So, I mean, but yeah, I was going to ask you a question before as far as, how much percentage is your PPO?

T-Bone: Oh dear, I don't know. I know that we're roughly 70% insurance. Like 70% of our patients have insurance. I would say 50% are in net work.

Rich: Fifty percent of that 70% or of total practice?

T-Bone: Fifty percent of total practice is probably in net work.

Rich: It's a big number.

T-Bone: It's a big number.

Rich: It is.

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T-Bone: It's a big number in my practice.

Rich: So, I mean, you gave me a tip that worked well for me when I was starting to decide what I wanted to do which was, I didn't want to join every plan. There was a couple of plans what we had where patients – I had a big percentage of my patients like MetLife was a big one for my practice where one of the drug companies near us took it and use it. And I said, I mean, that's going to kill all – a big chunk of it so you said, run a thing to see what one you take the most of and start from the bottom and work your way up. So don't start with the ones you take the most of. Start with the ones you take the least of and try to get them.

T-Bone: Yes, because you know what, you don't want to do when you start taking insurance suddenly is you don't want to downgrade your existing practice.

Rich: Right, because they're already coming to you.

T-Bone: Right.

Rich: So why is it they're – just give them the discount because they're a nice guy. If you want to give them a discount, just give them a discount.

T-Bone: Right, in fact, give them the discount without having to deal with the insurance non-sense.

Rich: Exactly. So that was a great for you and it really helped me a lot. When we're talking before, earlier before the microphone, you know, I was making a joke about you never doing anything good for me, but that was one good point.

T-Bone: You came up with one good thing. That's awesome.

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Rich: I do appreciate that.

T-Bone: So before we move into the merging of the practice, what else have you done over the last nine or ten years that you have found has grown your practice, grown your production, and grown your professional satisfaction?

Rich: I think a big thing from me was three and half years before this October, we did a remodel in my practice. Even though the size of the practice – I lease my space in a building with – there's three other suites and mine and one of the landlord is a friend of mine who's an orthodontist and he needed to actually expand his space. So we wanted to expand in where we have a common wall but it was going to take up one of my ops. So I basically worked it out with them where they would go ahead and use my – they would reconfigure my internal space so I would still have four ops. And when I did that, I built a space for a Cone Beam. I bought a Cone Beam and then started to try to do some implant stuff and just better diagnosis. And that was pretty awesome. I mean, I really – I love that technology.

T-Bone: Has Cone Beam been a good investment for you?

Rich: I love Cone Beam. It's just one of those ones – I mean, everybody knows I do so much CEREC stuff so I'm a big junkie. I just like tech. I like intra oral cameras. I like digital X-rays.

T-Bone: You know I hate intra oral cameras.

Rich: I know. You like regular cameras.

T-Bone: Yes. Intra oral cameras suck.

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- Rich: I like mine. I do like my camera. I don't use it when I'm documenting cases, obviously, I don't use an intra oral camera but just for the ease being in a room real quick and you can just snap pictures and you can just show in people [unclear] dentistry and arches and stuff. It's nice and easy to use for me so I just do it that way.
- T-Bone: But your standards aren't very high.
- Rich: No, I agree. You know, so, that's fine. I mean, I've got to do some of the special crowns you're doing. [Laughs]
- T-Bone: Yes, [unclear] to a crown.
- Rich: But they're nice, you know.
- T-Bone: Yes.
- Rich: So white out, paint them. [crosstalk] to the adjacent teeth. But I do, but that one for me was one where – I remember one of the doctors, a doctor called me ask me about why do I like Cone Beam and yes, the production was a big part of it because I'd maybe comfortably want to do implants because I do all my implants guided. I don't do freehand implants for me. I just find – I'm not saying that you can't do free handed implants because people always want to yell at me.
- T-Bone: No, but you can, of course you can.
- Rich: I just find, with my comfort level, I like doing them guided because I like knowing where I am at all times. So it's just like driving with GPS. I just enjoy having that and so...
- T-Bone: Do you have to sit on a booster chair when you drive?

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Rich: Yeah, the one that I borrowed when we we're at the course that we took in your place?

T-Bone: That was awesome, wasn't it?

Rich: That was really one of the funnies things you ever did to me.

T-Bone: So for those of you who are listening, you think that I'm being totally mean to Rich, which is kind of true. Rich is about 5'2".

Rich: No, I'm not 5'2" you jerk! I'm 5'6" with heels.

T-Bone: Okay, so he's about 5'4". [Laughs] Okay. And not that that's tall or short, it is what it is. So we make fun of his height just like he makes fun of my width.

Rich: And I make fun of my height.

T-Bone: Yes, and he makes fun of himself. So Rich was coming to our training center to take an integration program and so just because Rich and I have been great friends for a long time, so I went to my car and I took out my son's booster seat.

Rich: First of all, let me interrupt the story because you did something before that. As we were driving in, we have a bunch of people that were in the van that knew me and a bunch of people who didn't that were just people coming in for your class. So I said, I warned them, I said, "Listen, when I go in there, these are the eight jokes that Tarun has been telling about me for the last ten years that I've known him. It's the same six-eight short jokes."

T-Bone: Well why would I come up with anything new?

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Rich: No, you laugh at them so I mean, if you figure you'll laugh hard enough, people will just laugh by infection, it's fine. So, I'm like, here's what he's going to do, bang, bang, give your standards.

So I walked in and what's the first thing? I see Aaron with her camera videotaping me as I'm walking in. I'm like, why are we getting videotaped as we walk in? And as we walked it through your lobby and then your thing to go upstairs, there's that long vertical chalk board and everyone's looking. I'm not paying attention. I looked around the chalk board, it says, you must be this tall to enter this class.

And I'm like, oh my God.

T-Bone: It's like a roller coaster ride.

Rich: It was unbelievable. We were dying. That was really funny. So what did I do to [Aehren] I flip through the bird into the camera, to you, because that was very obnoxious and then I went upstairs and of course you lay out the seats and you already have 12 seats whatever, up there. So everyone has assigned seats. You put me right front row, middle.

T-Bone: Front and center.

Rich: So you're like, go grab a seat, we're going to get the class started. So what do we do? I opened up the seat to pull back my chair to go sit in it and you put your son's booster seat in my chair.

T-Bone: It was awesome.

Rich: It was awesome. I laughed really freaking hard at that.

T-Bone: That was good.

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Rich: You don't usually have good jokes but that was really – that was too out of the parker. I was really impressed with it.

T-Bone: That was like five star.

Rich: Yes, but now you've been living off that one for like four years now.

T-Bone: Does it matter?

Rich: No, no. It's good.

T-Bone: I have peelings, okay? So don't mess with my peelings.

Rich: I won't mess with your peelings.

T-Bone: Or I'm going to make you wear a CPAP too. Alright, back to reality. So Cone Beam's good for you. Obviously CEREC has been good for you. Anything else? SEO's been good for you.

Rich: SEO's been good for us too, yes. I think SEO's been good and we use patient communication in my practice. We are Lighthouse user for a long time. I do a lot of stuff with Patterson. Patterson's been really good to me and I know that they work. I have EagleSoft. When I switched practice and I upgraded it, I went from Dentrrix to EagleSoft which, EagleSoft's awesome but when you switch [crosstalk] it's the worse.

T-Bone: Any switch is horrible. It's horrible.

Rich: So I added Cone Beam.

T-Bone: Like your team hates you.

Rich: Yes. I added so much new stuff all at one time and they were so mad at me. I said, it's like wisdom teeth. You don't

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tell somebody to get out one. You get out all four and you just heal all at one time. So that's what I did. I put every new thing at one time.

T-Bone: And you got healed.

Rich: And we healed. We healed very nicely. And so, and the other thing we did was we implemented at that point, it was LightHouse. And then we now – like I said, I went with EagleSoft and I was getting better and better at trying to utilize more of the stuff with it. Revenue Well now really does a nice job of integrating all of the stuff that they do even with treatment and you're the reason that I switched, in all honesty.

T-Bone: That's another good thing we have done for you.

Rich: Well, I don't know yet. I mean, we're just early in but it's been good so far. And I said, I really like Lighthouse, I mean they're good company, good people [crosstalk] but with the integration with what they were doing with EagleSoft for me and how nice it was to be able to send the stuff over from your treatment plans and all that stuff, it's really pretty amazing. So I did – so we switched, but even just having when I use Lighthouse all those years, man, it was, I think for us that was a big part of the schedule not breaking apart all the time. It reminded people their appointments and...

T-Bone: By text, email...

Rich: All that kind of stuff. It's just great.

T-Bone: I think you'll find as you get more and more used to Revenue Well and you start using it, you'll find that you're going to really start noticing a difference in that software, because it's not just patient communication, it's also patient

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marketing. I think that's really, in my opinion, what separates revenue well from many of the products. The other products are patient communication tools, but Revenue well is truly a marketing platform.

Rich: Yes, their campaigns that I saw were very nice and the way that their site is laid out is very easy to navigate and they've been really good. So I said, I'm just early in. I'm talking more just having a patient communication system and again, I went over there mainly because you kept annoying the crap out of me.

T-Bone: Well, that's my job.

Rich: It is, but one thing I always say about you, we all get to hear a lot of speakers all the time and I've said this on other podcast that we've done is, you always resonate very well for me as a speaker because I kind of model how I speak off of what not and all the cursing and stuff.

T-Bone: What? Geez, Luis.

Rich: Geez, Luis, that was good. That was a nice one. So, the way you always lay things out in a very A-Z kind of a fashion, do this, then do this, then do this, and then this happens.

T-Bone: Right.

Rich: And so you're very good at simplification.

T-Bone: Thank you.

Rich: No, I appreciate that because it's a definite skill set to be able to do that.

T-Bone: Well, that's because my brain doesn't think very fancy.

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Rich: And that's why I think we get along so well and why I try to lecture the same way. I like to think about sort of being on the lead, being on the left side of the bell curve a lot of the time as far as our comprehending stuff. I'm not these guys that like set the standard. I'm the guy who listens to the person who sets the standard and tries to figure out how do I make that work for me and I just need that person to sort of dumb it down so I can get it.

T-Bone: Right.

Rich: And you do a great job of [crosstalk] being sort of a standard setter but also being able to sit there and feed that to people. I think that in the years that we've been doing all our CEREC beta testing and stuff, I've really worked hard to try to do the same type of thing. When you were telling me about all the stuff that this does, it really kind of made me finally just say, alright, let's give it a whirl.

T-Bone: We just had to bother you enough.

Rich: Yeah, just gives me another reason to hang out with you more.

T-Bone: Thank you, Rich. Thank you so much for the complement. I think at the end of the day, what I try to tell people when we do workshops is, listen, you go learn the science and learn all the knowledge somewhere else but let me teach you how to make it work in your practice.

Rich: I'm an anecdotal guy. I do. This is how it works for me. I'll quote the science from other people who do it and so I can regurgitate.

T-Bone: I can't even quote the science because I don't even, quite honestly, I don't understand it. So okay, so now here we

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are, we're in a situation where you practice to doing obviously much better than when you bought it. Things have stabled to a certain degree, but you still need one and need that shot in the arm.

Rich: Well, so for me, it's not that the shot in the arm. I mean, the volume for me now is not my issue. My issue now is –

T-Bone: No, I'm talking about pre merging.

Rich: Oh, pre merging.

T-Bone: You know, before the merge, you wanted it, you needed it, okay. So, how did you come to that decision to take that risk because the first time you bought a practice retrospectively, it wasn't a great decision so now here you are faced in a way the same opportunity so obviously, you must have jitters and must have had this scary thoughts. Oh my God, I'm going to buy another practice. This is going to happen again. So talk to me about that.

Rich: I was so scared. So scared and when this whole thing was coming to fruition in like February. And I remember, because when I bought my practice the first time and we are going through numbers, my father who I love and respect immensely, he's an amazing man and he's just very smart with numbers, and we're going over the numbers and he was just like, it didn't really make sense to him to the first time. But I know dentistry and I'm doing all these stuff that this...

T-Bone: Well, you're trying to convince yourself.

Rich: Well, and the guy that I bought the practice from didn't do endo, didn't do extractions.

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T-Bone:           Implants and all these things.

Rich:             So I'm thinking, I'm going to kill it. I just didn't realize that there were no patients to be able to kill it. You need people, you know.

T-Bone:           It's interesting you say that, by the way, because that reminds me of something that I tried to get to my younger dentist and I honestly, even though our older dentist. I think we spend too much time clinical dentistry and not enough time learning how to get our patients into the clinical dentistry.

Rich:             Agreed.

T-Bone:           So that's the same thing. You were focused on, "hey, I'll have so much dentistry to do." But you forgot to look at, are there patients to do it on.

Rich:             I have the ability to do so much more than the person who was referring all that out and now all of a sudden I get in, I realize there's nothing – he's a really good dentist so clinically his stuff was great, everything was looking really good so there wasn't I mean a [piped] IQ population as far as even dental IQ was pretty good.

T-Bone:           Are you – is the IQ only compared to you?

Rich:             I'm talking, yes, maybe in the physical stature.

T-Bone:           How come even a mental stature.

Rich:             I set the bar low, man. I set the bar low. I'm relatable. So that for me was a very scary moment. I remember going to do this and what did it for me in all honesty was initially, when I was looking to purchase the practice potentially back in January after it happened, there was like four other

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people looking to buy it and I wasn't – I said I'll look at the numbers but I just – in looking at them, the practice was a viable practice, but I didn't want a second location. It was down the street from me half a mile and I'm like, I don't want to run two locations. I don't want to do that. I just wanted the charts. And then I realized, I don't want to get in a bidding war. I don't want to offend this person by giving a low bid for somebody in my town.

T-Bone: That wouldn't bother me at all.

Rich: I know it wouldn't but it just wasn't something I was comfy with. So I just said to – so I said to the person who was looking, who was helping to sell the practice, it was his brother, I said, "you know what, I'm going to step out and let these other people do it and bid." And so when they came back to me about a week or two later, and said, we really like to – the people in the office I did some help with the practicing emergencies and trying to help them through this...[crosstalk] so I was seeing all the emergencies for free. I was doing all the crown seats that were outstanding for free just to try to help them and I wouldn't take any patients of record.

T-Bone: Help them transition [crosstalk]

Rich: My thing to the family was, I will not see a patient of record until you sell the practice to whoever and then they meet the new dentist and if they're not happy, then I'll take them because they're going to leave anyway. So then, they can come to me but I wouldn't step on any toes.

So when they came back to me, I basically had a number in my head that I knew was a low number.

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T-Bone: What was that number?

Rich: I don't want to talk about numbers. It's not – I don't want to get to that point.

T-Bone: Okay, no problem.

Rich: But it was a number based on – you know when you're talking that a practice is making whatever and most people are [crosstalk]

T-Bone: Typically 60-75%

Rich: So I was definitely under that lower...

T-Bone: Because it was a fire sale for a death.

Rich: Correct. And after going through what I went through the first time, I figured I'm just going to give a number that – and this I said directly to the person who was selling it. I said, "The place – it's been six or eight weeks, seven weeks since he passed and I – this is a number that if not one patient came in, if everybody went somewhere else in this seven weeks, [unclear] how many people are left. And they didn't have – they had one computer in the front that had practice management software. No computers in the ops. No digital X-rays. No nothing. So it was very hard to really know how many patients they truly had. And so I said, I threw out a number that was under 50% and I said, this is what I'm comfortable where I can afford because my office is going to be paid off in May. So I figured, I have a couple of months of double payments.

T-Bone: [unclear] another mistake.

Rich: I can't afford this one. Even if I get some patients, I'd probably be able to at least salvage what was going on. And

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so I was like at that comfort level and then I gave that number to my father in law and he said, “man if that happens, you got to do this.” Because my wife is like, tell my dad, he’ll tell you not to buy it. And then I went to tell him, he was like, you got to buy it if you get it for that. And I did and they came back four days later and accepted the offer.

And so, ever since then it’s been crazy.

T-Bone: And what percentage of the patients have stayed or staying with you right now?

Rich: We’ve only given up in four months, we’ve only twelve patients – we’ve had to send records on 12 patients so far.

T-Bone: That’s awesome.

Rich: Yes. So huge. We’re going to have like an 85 to 90% patient retention.

T-Bone: Okay, good. And this is essentially almost, not quite doubled.

Rich: It almost doubled my practice.

T-Bone: Doubled your patient base.

Rich: Yes.

T-Bone: So now we’ve got a new problem, Rich. Now our problem is time, integrating new team members, and suddenly not – I don’t use the word over diagnosing but not shocking your patients because typically when younger people and you’re still young by older practice, the older practice is slowed down they’re not diagnosing as well. They’re not diagnosing

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modern diagnosis. So you don't want to be the new guy that comes in and tries to sell them something.

Rich: It's interesting you bring that up because the big thing that's really made this transition for me that's been amazing. So I hired the front desk from the old office. I hired the hygienist and both of them have been there. The front desk has been there.

T-Bone: So did you have the option not to hire some people?

Rich: Of course. You know, but I called them both. It was SuperBowl Sunday.

T-Bone: How many employees did he have?

Rich: He had – well the assistant had left so we had one front, one hygienist, and one assistant.

T-Bone: Okay, so you had a choice of three people.

Rich: But the assistant was already gone, so it was just really two that I could hire from there. And so, I talked to them both and I figured, you know what, these people have been going to this doctor for 34 years, a lot of them. The hygienist has been with them since the beginning. So I figured it would be a great way to sort of bring that transition and make it a seamless one.

We sent out a letter saying that we've hired Dianne and Andy and so it was a very comforting thing to say we're very family oriented. All of our practice and you're going to have the same kind of experience that you have had before except for the fact that we bring a technology aspect that you probably never seen before. To give them idea that we have cameras and digital X-rays and what I didn't realize

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the value was going to come in was not only the patients like being blown away, but the new employees were blown away by what was going on.

T-Bone: And then they had that built in trust.

Rich: So they want to come right when the new patients come in for the first that they're so excited to see, "Oh, Andy, I'm so glad you're here." She goes, I'm going to take these and she walks about to the Cone Beam and she's like where do you see this? And she's so excited to tell the new patient about the Cone Beam.

T-Bone: You have the existing patient to her, new to your practice.

Rich: My new patient but her old one that she has this long 30 some relationship with. And then she's like, wait until he takes picture you're going to see all your teeth. And so we start going through and I do full photos on everybody and all that...

T-Bone: Can you believe for a practice that don't take photographs?

Rich: No, I can't.

T-Bone: You know, that's what started my career as a speaker.

Rich: Right. I remember, yes.

T-Bone: [crosstalk] all just the photography.

Rich: Photography. I remember it very well.

T-Bone: I'm that 24 year old punk for God's sake, right?

Rich: Yup, absolutely. And that in your over the shoulder stuff back then. I remember those. So that was for me when you talk about having this cell dentistry, I don't – I just take

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photographs and I show the patients, this is what's going on and they're like, I didn't know that was there. And then they start to own. They're like, this is amazing. I didn't realize. So I started working – one of the problems I was having was it was just so much chaos going on and I don't know how to run a business that I finally went my big props to my Patterson rep. And this is what I tell people all the time and people want to say, "well, I used net32 or eBay or whatever for my supply is China, wherever they're buying stuff from. And I say...

T-Bone: Why didn't you say India?

Rich: Whatever, India, Alibaba.

T-Bone: No, Alibaba is Chinese, but that's okay.

Rich: Is it? Oh, okay. It sounded like [crosstalk]

T-Bone: Sounded like Persian, maybe.

Rich: Yes, something like that. So, I said to my rep, in the beginning of the year did something – he said, he's a very driven guy. His name is Nick. And Nick said, I have two goals, a personal goal, whatever is personal goals and a business goal. And my business goal is I want to work with 50 most productive dentists in Chicago.

Now, he just can't go and pick the 50 most but he's like, so what am I going to do to make my crop of doctors in that 50 top 50. So he started looking up practice management and how to do – and he brought in Bruce Bear, P-D-A (Productive Dentists Academy) to Chicago last month, in July.

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Back in March, he told me I'm going to bring him in. Are you interested? And I've been looking at going that for a while. I couldn't afford it.

T-Bone: You know Bruce was in Raleigh and I couldn't make it. I was [crosstalk].

Rich: Bruce is a great guy. I really enjoyed Bruce. He's just down to earth, good dude and I like his systems. I really like what he's done with PDA so I told my team we've got to do something to sort of get the scheduling, the meetings, all the stuff in order. So I brought my whole team with me and we went to see him on the two day class that Nick brought them in and ...

T-Bone: So this is a private PDA?

Rich: Private thing. Yes. PDA came up to Chicago.

T-Bone: Just for?...

Rich: Just for Nick's customers. And we had to pay him to do it, but you know, it was great. I mean, so I brought my whole – I was the only person...[crosstalk]

T-Bone: You don't have to travel.

Rich: Saved me a ton of money. More than half, and I brought my entire – I was the only one who brought my whole team with me.

T-Bone: So that's the first problem. You can't win without bringing your team.

Rich: You have to bring your team. You can't do it alone.

T-Bone: SO that's the first problem, you can't win without bringing your team. You can't do it alone.

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Rich: You can't go back and be all excited about something and all they want to do is to shut you up and go back to what they're comfortable doing. So you have to be able to have them buy in and what I did was, after we went for two days, I said, "I'm not asking you to believe everything that they're saying, but if you believe the core, we're going to come back we had our office meeting on Tuesday. We have a monthly meeting for 2.5 hours. Every Tuesday we block out our schedule just to go over our numbers and stuff like that and I said, "everybody give me a five minute, two minute synopsis on what you thought about the meeting. And I went around and everybody told me what they like and what they didn't like. And I said, "if I decide to go with this coaching, are you in? I said. And it was like, I said, pretend you're all seeing in the exit row and need a verbal yes or no. And I made everybody own wanting to go to this and so, they all said they would do it. And so I said, "alright, you said you're in and I also told them, I said, I really appreciate it. I'm really excited to do this, but also realize that if you decide you're not going to buy in after the fact and we're going forward and you're going to be the laggard, I said, there's job security here too.

But I said it out loud in front of the whole group and everybody, they've been great with it. They've been really great with it. So I think everybody's looking forward to doing that. I'm just deciding that this year, now that I'm doing this, it's time to invest back in me and start getting a coach.

I hired somebody to help me with billing, a little bit and do stuff like that. It's going to be a good year. I mean, I'm really looking forward to sort of changing up what we are doing before and what we're doing now.

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T-Bone: So it's awesome.

Rich: Yes, thanks. I appreciate it.

T-Bone: Good. So what is some of your struggles that you're dealing with right now?

Rich: We're dealing with the space problems. Here's a problem, I've built when I [unclear] my office, three and half years ago, I put in a new opertory in a small op that we had built and...

T-Bone: That was op number four.

Rich: Op number four. So I read it up number four and I always had rear delivery in my old practice in the city. So I said, I want rear delivery back, not realizing that in the small op, you can't put rear delivery. And it really – so nobody likes doing work in there. So now you're really have like a three op practice and we do impressions and really quick fillings and stuff right there. I won't do a CEREC in there because the person can't get past the chair on either side and they're screwed.

So I'm actually ripping out my op that I built three years ago and building a new op so I can make it functional.

T-Bone: Okay.

Rich: I've figured, instead of having a new one, I can build a brand new practice, I'll just spend some money on – re-spend some money on doing it the right way and making enough money so in a few years when I have to – when I really need the space, I'll go ahead and that thing will pay for itself pretty quick.

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T-Bone: Has your existing team gotten along with the acquired team members?

Rich: It's been amazing. So the two – the two ones from the other office really enjoyed the camaraderie. We have a very...

T-Bone: They're probably excited to have some fresh...

Rich: They do. We like the buzz balls a lot. I can be a little intense, but I can also, I really like to have fun.

T-Bone: You can be a little person intense.

Rich: A little person in tense, we just call it intense in the little world and so – but also I really like to have buzz...[crosstalk]

T-Bone: We like to have fun.

Rich: We do. So I tried to bring that in to a lot of what we do. So I think that, you know, just having the two of them, it was – there wasn't as much interaction.

My front desk, Yolanda, she's so much fun. So Dianne and Yolanda have a great time. It's been really good. And then I hired a very young assistant fresh out of assisting school, never worked in a practice in her life and I interviewed like four or five people, the second I met this one, I knew that she was going to be great. She just was a go-getter, has been working in their family's business since she was thirteen. You could just tell she's super motivated and within three months she's designing my CEREC's already.

T-Bone: Wow!

Rich: Oh, she's been great. I mean, I still like check stuff real quick. But now I go to hygiene check and she does all my

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design while I'm doing all the other stuff in the office and she does all my staining glaze within a week. She was doing all the staining glaze in the practice.

T-Bone: That's awesome.

Rich: Yes. Kind of bring them in and now with this Revenue Well, we just started it on Monday or whatever it was and I don't have time to look at the computer and do all that. She's going through the first day we put in Revenue Well, we had all these outstanding emails that were never collected and they sent out text messages to everybody. We need your email. And so people are calling in, what's going in? Is this a virus? And so we're like, "no, we just started this new program", and Michelle had all of these emails. Within the day 200 and some emails put them all in the Eaglesoft. She's just not afraid of the computer so she's been wonderful.

And I actually didn't hire her. My other assistant whose been with me since I'm there, she's been there 20 something years, I had to make sure she wasn't going to feel threatened. So I said, you have to be here when I interview everybody and I need to pick out the person you're going to feel that we're going to be able to grow together with. And you're not going to feel like, "Oh, my God, that's the one I want."

T-Bone: Oh, good.

Rich: Yes, it worked out good.

T-Bone: Alright, so let me you ask some tough questions, Rich.

Rich: Talk to me.

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T-Bone: Where are you at with medical billing?

Rich: I used Houten's company, but I don't do very much medical billing, especially now with my office being in chaos and trying to control it. I – for me personally and we had this conversation actually at dinner tonight and I had it with Houten also, my biggest thing is that if you're an organized office and have good systems, you can – I mean, you'll kill it.

I didn't and need it for me to be able to – there's a lag time in waiting for some of the stuff to come through and I didn't personally get all of the nuances of how to make it happen. So, I talked to Houten and I said, really, just like you were talking about breaking down a lecture and how you break it down into the simplicity of it, it's a very – you know, medical billing, just trying to do it on your own is crazy. So when you have somebody like Houten and his crew that really know how to like, what you can bill for and there's such an amazing amount of knowledge for you and take a lot of – all of the owners of the billing side away from you, it's more of the, Okay, now that I do that, number one, you have to talk to patients differently about it because you're like, when you bill for an appliance, what do you – do you know what your billing number is for sleep appliance when you're sending the medical?

T-Bone: Dollar amount?

Rich: Yes.

T-Bone: We send in \$4000, allowed is \$2600 something.

Rich: Okay, so when – but if they didn't have medical, are you still billing the patient for a grand? I mean...

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T-Bone: No, no. Our cash price is \$2500.

Rich: So when you're trying to kind of – it's trying to get a good kind of way to explain that to patients so they understand it and then trying to figure out a way from an accounting perspective to make all that simple and that for me has been the hardest part. And I think that when we get through all those kinds of things, it's an absolute gold mine like for somebody like you, who you are...

T-Bone: But I'm not organize at all.

Rich: But you're way more organized than the average grizzly bear you look like. So there's – I've taken many, many courses from you and you may say you're unorganized, but when you talk about the way that you do your financing where you just create these, like there's that comprehensive finance, so you kind of do your own comprehensive finance. But you just do it in-house.

T-Bone: So we do payment plans versus financing.

Rich: Correct, payment plans but you know what I mean. But you're taking all the risk in doing it. And you teach us how to do it and why it's worth it and all that kind of stuff. Most people are never organized to do something along those lines. That's why you work...

T-Bone: But to me that's not an excuse because at the end of the day we're after time or money or whatever it is. So somehow, we have to create, sometimes we have to take a step back from our practice. We got to take a time out, half day off, whatever it may be and dedicate it to this one system. What do we got to do to make this work?

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Rich: I hundred percent agree with you. I mean, that's why, like this year for the first time, I decided that the beginning of the year, before I even bought this practice, we blocked out the second Tuesday of every month for two and half hours to be able to sit and talk uninterrupted as a whole group because it was the only day that the whole office could be there, because I have part time hygienist every day of the week. So that Tuesday block was the one time everybody could be there. So I said, block it out for the rest of the year. And I know it's production out of my office, but it's amazingly worth it. And so, I only have enough energy to do little spurts like that and kind of command that and then move on to the next thing. I can't do – if I try to do ten of those things like throwing medical billing and throwing like block scheduling and all these other stuff I want to incorporate in my practice, I'd never do an of it. And so, that's why – so I know it's an excuse, I'm giving you my excuse why it hasn't happened.

T-Bone: I think one of the challenges that you and everybody has with medical billing is – and I had it, so I'm saying these things from my own experience is that, complicating what's not necessary to complicate. And I think, really what you should focus on is billing for your exams, especially the exams that you give away. Those are your hygiene patients you see for the third time a year. The ones you don't charge them for or your post op follow ups, your bite adjustments, these kinds of office visits that you're doing for free. You're doing your CT, your Cone Beam, you're essentially doing that for free. So to me, those are the things that you bill for. So you're right, it does take longer to get paid on certain things and if you can't – if you don't have that ability to extend out AR in the beginning, don't bill for those things,

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bill for those things that you're going away so it's truly  
[crosstalk]

Rich: That was the scariest face I've seen in a long time.

T-Bone: It was a yawn, you know.

Rich: That was not a yawn. Your mouth didn't open.

T-Bone: Yes, but I yawn through my nose.

Rich: Wow, man, that was unbelievable. [Laughs]

T-Bone: I yawn through my nose. I fart through my butt. I'm just telling you.

Rich: Don't worry, I've seen it all night long. So, that's the other thing too is, the other big stumbling block for us and when people talk to me who've attempted it and not been successful like some of the [unclear] or even some of our local friends. My local friends here in Chicago who've been really doing well with it. My old office that I've worked at in the city was, it's that freaking deductible and you get that massive deductible. So what do I do? Do I not bill it now? Do I hold this thing off until...

T-Bone: I don't think you should do it.

Rich: So you know what I'm saying, it's all of that stuff and then trying to bill it and it goes to the deductible so it's just that...  
[crosstalk]

T-Bone: And then you go to dental.

Rich: Again, so it's just...

T-Bone: So you're making up – I'm just saying you and everybody else, me included, you're making a problem that doesn't

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exist because listen, somebody's going to – your patient's somebody's going to get that deductible money, right? Whether you charge them for it and they eat the deductible or whether their physician charges them and they eat the deductible or whatever it is. Someone's going to do that. So, anyway...

Rich: I'm with you on all that.

T-Bone: So promise me this, by the end of the year, you'll be billing medical insurance.

Rich: I will say, I'm not going to say by the end of the year. Houten offered to fly out to help me out, by the way, and I'm hoping that I'm very special or do you just do that for all of your peeps. So, what I will say is this, that is on my list of important things to do. It's definitely not on my list of the most important thing to do because I need to control my everyday systems in my practice first and just signing on with this company to help me out. So I will say by January 1, that will be my...[crosstalk]

T-Bone: Let me ask you this, working backwards.

Rich: What if I say no?

T-Bone: It's okay. I'm just asking you work backwards. What else would fix your practice? We know it's in chaos. Would another team member fix your chaos?

Rich: I don't know. I don't know.

T-Bone: Possibly, right?

Rich: Well, I'm hoping that hiring the consultant is kind of like adding a team member.

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T-Bone: But it's not.

Rich: Kind of is, but it's not. I understand what you're saying, but listen, I have two assistants and one of them is really kind of doing a lot of stuff. So there's a lot of...

T-Bone: The reason I say this, Rich, is that the saying is that winning fix is everything, right? And in dentistry, winning is production and collections, correct?

Rich: Yes.

T-Bone: So when you collect more, it kind of makes things better, right? There's certain thing that we're willing to put up with for the right finances. There's certain things that right financing allow us to buy this certain privileges like having a personal assistant for me.

Rich: Right.

T-Bone: I've earned that at this stage in my life, not because I've earned it because of time, I've earned it from a financial end, right? And so, I think that if you dedicated a little bit of time and effort to implementing medical billing, what you would find is it will buy you another team member.

Rich: Look, again, this isn't something me saying I'm not going to do.

T-Bone: I get it, but I'm challenging you.

Rich: For me – I'm accepting your challenge just not by the day that you laid out.

T-Bone: Why not? Because I'm right.

Rich: You can say you're right. [crosstalk]

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T-Bone: But I am. But here's why Rich, okay, so look, you don't have to do it.

Rich: Thanks for letting that out, I appreciate that.

T-Bone: The people that listen don't have to, but I want to justify what I'm saying, okay, in that, you're going to miss the three best months of medical billing.

Rich: Right, no, I get that.

T-Bone: Okay, October, November, December are the best months, okay, so if you don't put the implementation into place now, you're going to miss those months and then you're going to start doing medical billing in January, February, March, and those are the worst months in medical billing.

Rich: Right. I agree. That's a great point.

T-Bone: You know, I always look at this. Set yourself a success. Set your team members up for success, right?

Rich: Right.

T-Bone: Because if you start doing this and they have to do a little bit more work and not seeing the rewards for it because of the deductibles, because of [unclear], because of all those things, then they're not excited about it. And so, just food for thought.

Rich: No, I like it. That's a great point. Really good point. I love it.

T-Bone: So my next challenge, where are we at with sleep? I know you're tired right now, but where are we at with sleep apnea?

Rich: You know I love the fact that you're T-Bone sleeps.

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T-Bone: Yes, and I'm wide awake.

Rich: I know, it's shocking. I don't do and that's with my practice coming in. Every year I try to kind of reinvigorate a part of my practice.

T-Bone: One new procedure.

Rich: Every year. This year wasn't necessarily procedure to me. This year for me is controlling – just creating systems. So next year, but sleep is by far where my next 12 months is for my practice.

T-Bone: So have you been doing any sleep?

Rich: I don't do a lot of sleep right now.

T-Bone: But you've been trained on it?

Rich: Oh, yes.

T-Bone: So where's the struggle there? I'm asking because so many people have taken sleep education and then I ask them how they're doing with it and they're like, "yes, I do it" and as soon as they say that [crosstalk]

Rich: But we don't do it.

T-Bone: They're like one every month, or every other month.

Rich: Yes, right. Exactly.

T-Bone: So why not?

Rich: You know, I think what ends up happening is just like everything else that we do, specially now, I know for me with my career in the last nine years, which is since I bought my practice has been trying to get the practice to grow and it was kind of half of my energy was focused there.

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T-Bone: You're just trying to survive sometimes.

Rich: I was and also, I was building this lecturing career that was kind of going off in a like – talking about things going off exponentially, that really went exponential for me.

T-Bone: But you put attention to it. SO I know the things that you put attention to will do well.

Rich: Agreed. And so now, what I'm trying to do is I'm lecturing less now. My big thing is, now I have actually gotten away from doing some lectures, not only for this year, but I've set a limit on myself for the remainder of this year and in all through next year of how many I'm willing to take. So instead of doing three lectures, sometimes four a month, I'll do one and maybe one local one. So now what it does is it finally gives me the time because it is – in trying like you said, you got to spend some time to do it, well, I'm at my office 11 hours on Monday. I'm at my office 8-5 so I get to my office at seven in the morning to deal with some of the paperwork I didn't get the day before. So 7-5:30 on Tuesday, 7-5:30 on Wednesday, 7-2 on Thursday, and then I run to the airport and I fly somewhere to lecture Thursday, Friday, I mean, Friday, Saturday, then try to get home Saturday night, but sometimes Sunday.

T-Bone: It's tough.

Rich: I got kids. I got a wife. I want to see them. I want to talk to them. When you get to sit there and say, you got to make time to do this, you just taught to me so much over the last nine years that what I was got to do is you got to find a balance. And so, in wanting to find the balance, I know I want to do sleep, but with everything else going on, it's trying to sit there and trying to figure out when that balance

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is for me. So now I'm trying for the first time to sit there and say, alright, it's time to step back a little bit from the lecturing side of stuff. I'm still going to lecture, just not the way I was. And really, I want to focus on like, watching this practice grow the way it's growing. I want to control it in a way that, now I get to just do the stuff I want to do and then hopefully grow it to maybe expanding the practice, getting an associate, doing all those kinds of things, one year, three year, five year, kind of goals.

T-Bone: Good for you. Have you written those down?

Rich: I do have them written down. As a matter fact, because that was part of the coaching thing that I had to do.

T-Bone: Good. Because the first step to achieving any goal is to write it down. It's interesting, you know what I did to my office? I painted everything a whiteboard. My whole office, Houten, remember? My whole office is a white board. It's not white, but it's a white board lacquer that you put so I can write on anything and erase. Somebody will come in. Why are you laughing at me?

Rich: I'm not laughing at you.

T-Bone: I mean, I'm just saying I just put everything as a white board I can write on there and erase and it's awesome.

Rich: I like it.

T-Bone: I go in there and I look like the Beautiful Mind guy.

Rich: You do not look like the Beautiful Mind guy. Who was the Beautiful Mind guy like? Russell Crowe? Or something?  
[Laughs]

T-Bone: But I'm much better looking than Russell Crowe.

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Rich: Russell Grow. [Laughs]

T-Bone: I'm Russell Peters, okay. What are you talking about, okay? [Laughs] You got any questions for me, Rich?

Rich: Let me, my questions for you are, here's what I want you to do because I love the way you do stuff and we're talking about challenges, my challenge to you is – I know important things like medical art to you, to getting people to do it, because I think you see there's a way to create easy revenue for dentists when the people aren't doing it. But again, [crosstalk]

T-Bone: I look at medical (I'm sorry to interrupt). I want to clarify how I look at medical insurance, okay? At the end of the day, look, I'm comfortable producing what I'm producing, for me personally, okay.

Rich: This is [unclear]

T-Bone: I don't look at it that way. I'm not really trying to increase my revenue, my personal revenue, what I'm trying to do is increase where my revenue comes from.

Rich: Okay.

T-Bone: So every thousand I collect for medical, for example, that's six fillings I don't have to do.

Rich: Right. I get it.

T-Bone: In our practice, we're averaging probably \$15000 a month in medical insurance. So that to me is – what is that, that's a hundred fillings or so, I don't have to do. So that's how I look at everything.

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Rich: So my question to you is, how are you as an educator in something that you're very passionate about, obviously we spend a lot of time talking about medical, so for me the left side of the bell curve, the dumbass that sits in the back is doing Pokemon Go.

T-Bone: I wouldn't call you dumbass, but that's okay.

Rich: That's okay. So I'm doing Pokemon Go and I'm watching, I'm eating, I'm shooting things at your armpit that you know, there's little Picachu in your armpit. Come up with a way and Houten sitting here in the corner I've challenged him too.

T-Bone: I've got a way.

Rich: Huh?

T-Bone: Go ahead.

Rich: To do, not only just to say, this is great, but come up with a flowchart for me so I can hand it to my front and be like, this is how you do it.

T-Bone: Just come down to Raleigh.

Rich: I get that but I'm not talking about for me, I'm talking about the masses.

T-Bone: I've got it, okay.

Rich: I won't be at Raleigh, I told you that.

T-Bone: We've got it, we've got it. It's a routing slip that when you're in the opertory you check off what you did on the patient, what your diagnosis codes were, you give it to your team members and your admin team takes it from there. And ultimately, you don't have to come to Raleigh to get that,

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okay, but I'm saying because ultimately in the other part of that is I urge, urge, urge people to stop being fancy with medical billing. And too often we're too fancy with it and at the end of the day, to me it's about the exams, the x-rays, the appliances, and the basic oral surgery that you're doing. The basic stuff, not these fancy cases, not these fancy stuff. It's about the everyday stuff. The stuff that you've given away for free, the stuff that you're not doing, the things that you can utilize medical to get your patients to say yes to it, things like sleep.

My average patient pays between 0 and \$500 out of pocket for an appliance. Those appliances bring \$2500-\$3000 each to the practice. So we have a systemized way of utilizing medical insurance to help out patients to get sleep appliances just like we have a systemized way of helping up patients get exams covered or systemized way to help CBCT get covered.

Rich: You're doing notes or your team member's doing your notes for you?

T-Bone: We have templated notes that I will do on complicated cases and we have templated notes that the team does base on my route slip because I check off the diagnose codes I want to be used that they do.

So that all exist. What else you got for me?

Rich: I want to know who taught your son his med Jedi skills.

T-Bone: That would be all me because I have mad exercise skills.

Rich: You do. I've seen you exercise. Where was the [unclear] meeting, didn't you walk into the thing for like one minute. How long was it?

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T-Bone: Yes, that was with Don Bell, the insanity. I was like, I showed up in dress shoes, number one, okay. I got that for like three minutes. I was like, what the hell is this? Why did I get up for this? But I made a promise that I'd be there so I got there. I didn't make a promise that I'd stay. No, but all seriousness, I took my son, he would have been five at the time to see Star Wars, Episode VII. And I took him to see it. He never heard or see it. He was mesmerized, mesmerized by it. So we got home and I happen to have already had all the six episodes on iTunes. So he watches them, he can repeat the words to them. Then he wanted a light saber.

Rich: He needs a YouTube channel.

T-Bone: He has a YouTube channel, it's Marvel Abi.

Rich: When I – honestly when you post videos of him just in your then – I could watch it all day. I could watch it all day. It's hysterical.

T-Bone: And then his dream came true when we went on the Disney Cruise, the Star Wars Cruise and he got to fight Darth Vader. He thought he was in heaven. I mean, it was awesome and then he was, when he said, they're like the Star Wars day, like, one day was Star Wars. He saw Chewbacca, he saw the storm troopers.

Rich: That's awesome.

T-Bone: I think he was trying to fight these people and stuff. It was awesome.

Rich: Here's a question as we're talking about these great vacations. You said something to me at dinner today and I know you've talked to me about this the way you're talking about balance and all that stuff. And one thing you say that I

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really love and I don't know how to do it yet, but I know what you're going to do. I know what you're going to tell me to do, but, I asked you about taking vacations. And what did you say to me today when...

T-Bone: I said, number one, we pre-plan them. Well, number one I said, we take a week off a month and I pre plan them.

Rich: So, yes, I mean, that to me was fantastic.

T-Bone: Okay, but so again, I come back to – see this is why I'm so passionate about what I call auxiliary income, okay? Secondary provider. Medical insurance to me is a secondary provider. It is something somebody else does for me or some team member, or you can have Houten do. Sleep apnea is again another thing that my assistant does, okay. Invisalign, it's another thing that an auxiliary does in my practice. Certainly, I do the diagnosis and I come in and check, right? But it's not like an MOD. For me to do an MOD, I got to do this stupid thing. I got to prep it, I got to do all. I got to fill it. I got to do all of it, in North Carolina, at least, right?

So to me, that's why I'm so passionate about these secondary procedures, number one, they don't take up my time. Number two, they can be done without me and they pay better.

You know, fillings pay \$150 a pop, sleep appliances pay \$3000 a pop, right? Invisalign pays for 5-6 whatever the number is, per time you do it. So to me, I get frustrated with dentists who spend more time on how I'm going to do fillings, how I'm going to have systems to do, how I need assistants to treat my 800 patients or whatever the number is, my influx of patients. And to me, it should be, okay, what

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do I got to do so I don't need to see this 800 patients, right? And so to me, that's why I'm so passionate about medical billing right now. I'm so passionate about sleep. I'm passionate about implants. We didn't even talk about implants very much.

There's so many things I'm passionate about there because it allows me to say, you know what Rich, I think the next step for you quite honestly and I briefly mention this today at dinner was, that you're going to need to bring an associate partner, whether that's part time, whatever that is, because quite honestly, to me it's unfair that you are a practicing dentist of 18 years, 20 years now and you get paid the same as a first year associate for fillings because you're on insurance plan.

Rich: Right.

T-Bone: So why in the hell are you doing , fillings?

Rich: Right.

T-Bone: Why in the world are you doing those things. You should be beyond that. You can pick and choose certain patients you can do them on and all of that but you should be, Rich, I know you. You should be beyond that. You should honestly, we should all be beyond single unit crowns. Why in the world are we doing single posterior crowns? There's no reason for us to be doing those, quite frankly, and we need to be focusing our attention. We need to create some level of open time so that we can fill it with more productive procedures. And to me, productive isn't more patients efficiently. To me I define productive as better procedures and less patients.

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- Rich: Yes, great.
- T-Bone: Alright, Rich, we're out of time.
- Rich: T. It's been a great, however freaking long it's been.
- T-Bone: Yes, I thank God we're on room 1406.
- Rich: Thank God, now we can drink some of the...
- T-Bone: So how you're going to stay on the elevator?
- Rich: I'm taking the stairs now. [Laughs]
- T-Bone: Alright, everybody, real quick, my last words here is: I love Rich. Always loved talking to you. Rich, how can people get in touch with you?
- Rich: You can always just email me. It's my name [RichRosenblatt@gmail.com](mailto:RichRosenblatt@gmail.com) and you can come and visit at Lake Forest. I work with the guys down in CERECdoctors.com
- If you're a CEREC user, get on the website and say hi. Those are generally the main places to find me.
- T-Bone: That's awesome. So I want to say this and thank you for allowing me to ask tough questions and thank you for asking some semi tough questions. I was hoping you really ask me some tough questions and there's so much we didn't talk about. We didn't talk about Towner, we didn't talk about how we met. We didn't talk about your speaking, We didn't talk about, you know all – your family, your kids, your Hawaii vacations, we didn't talk about CEREC and basic training with us. So many things that we didn't cover but what I really wanted today and I got it was I wanted to really bring everyday dentists in that's had some struggles, that's

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having success, that's having growing pains and I wanted to get an honest assessment of it and I think people will really resonate with your message and they'll be able to hear this and say that's me, I feel that way and so, that's what I really selfishly wanted.

Rich: No, I appreciate it. I've always been very honest, you know me, there's never – I'm kind of like you, I just say it like it is. I don't try to pretend I know.

T-Bone: You're not like me. I just say inappropriate things.

Rich: Well, that too. And so I always say, I get up and I do all these lecturing that I do because I'm good at trying – breaking stuff down and teach people how to do it. It's just something that I – you talked about passion, I'm passionate about, but you know, I've always been honest the whole time about the struggles.

I'm not a business person. It's not something that I enjoy doing. It's just one of those things were I love the social aspect of it. I love talking with my patients. I hate running the business.

T-Bone: That's tough.

Rich: It's horrible. And so, I don't have a problem letting people know that – vocally I love what I do, so staying with it and knowing that eventually it would right – the ship would right I didn't expect something like this happening that happened to me and happened to unfortunately to the gentleman whose practice I bought.

There's a lot of ways to just kind of stay the course and make it happen. This way it was one that worked for me personally.

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But I'll always be honest about that kind of stuff and I'm thrilled to be able to share.

T-Bone: Honestly speaking, CEREC can use more people like us, to be quite honest with you. There's too many old [unclear] out there. There's too many people not telling you the truth. There's too many people that aren't living it everyday that aren't in practice. And honestly, it drives me crazy.

Quite frankly, I could quit practice tomorrow and probably more successful teaching and lecturing and doing all those things because I can spend more time on it but I would feel like a hypocrite to be quite honest with you to do that and not actually be practicing dentistry. And quite honestly, I love the challenges of it.

Rich, till next time. Thank you very much and everybody, thank you for listening. I hope you share this with a friend. Join our Facebook community at TBoneSpeaks on Facebook.

Have a great day.

Rich: Thanks, T!

Thanks so much for listening to T-Bone Speaks with Dr. Tarun Agarwal. Remember to keep striving for excellence and we'll catch you on the next episode.