



Full Episode Transcript

With Your Host

Dr. Tarun Agarwal

Ep # 18: How to Charge a Premium Rate Your Patients Won't Refuse

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: Alright everyone welcome to another episode of T-Bone Speaks. I'm your host T-Bone and today I'm joined by a good friend, fellow colleague, and a fellow brown person, Dr Neal Patel and you know Patel is probably the most common brown name I think there is in this country.

NEAL: Yes, in fact it is. Hello everyone my name is Neal Patel.

T-BONE: I just told them what your name was.

NEAL: Yes, thank you very much T-Bone. Sometimes they can't hear your voice and [crosstalk]

T-BONE: Really, are you kidding me? How can people not hear my voice?

NEAL: So yes, that's true I think Patel is going to be taking over the world at some point.

T-BONE: Do you drive a taxi cab?

NEAL: I don't I think I have a lot of family members who do.

T-BONE: Convenience store?

NEAL: Certainly, yes we have convenience stores

T-BONE: Do you have a convenience store?

NEAL: I personally don't but...

T-BONE: How about Dunkin Donuts?

NEAL: No Dunkin Donuts either, I just finally got into the restaurant business.

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T-BONE: But you do a high end restaurant? Indians typically don't do that. What about motels you must be in the motel business?

NEAL: I'm not in the motel business but my family members are I have uncles and aunts who are in the motel

T-BONE: That means you have one percent investment.

NEAL: I'm trying to be outside the box Patel, I'm not trying to fit into a category that is overwhelmed with convenience store owners, motel owners, physicians I think...

T-BONE: But your dad is a physician?

NEAL: My dad is a physician, that's correct. I'm trying to do something different.

T-BONE: Do they make any stupid Indians?

NEAL: There are plenty of them but they stay in India.

T-BONE: They stay oh that's what it is.

NEAL: Yes see.

T-BONE: So we're only importing the good ones?

NEAL: The good ones get imported the ones that can actually financially thrive in the country, yes absolutely.

T-BONE: And then what about the IT folks?

NEAL: IT folks well with these days they can just telecommunicate right, so they don't have to bring them over.

T-BONE: But you know here's the difference in you. I'm typically Indian, I dress like Indian I wear tennis shoes, polyester pants, you wear three piece suits for God's sake.

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NEAL: I have to I have to at least be a different than my fellow Patel's' but you know I think I've developed my own style and my own flare, but at the end of the day when I strip off my three piece suit I'm still an Indian for sure so.

T-BONE: I'm not interested for stripping anything with you, Neal ok that is your own deal. Alright so let's start here, okay? So who is Neil Patel and why should our listeners know you?

NEAL: So you know, listen, Neil Patel, I don't know what's been said out there, what people have in their mind in terms of what they've heard about me in the past, but until they get to know me I don't think that it's fair to pass judgment on me. I honestly I'm just a wet fingered dentist; I'm a family person I have three girls, a beautiful wife who I love dearly. I've got a practice that I built from scratch that I've poured my energy into with blood, sweat, and tears and I'm a product of American culture but Indian ancestry.

T-BONE: Where you born here in America?

NEAL: I was born in Ohio, raised in Ohio.

T-BONE: Small town.

NEAL: Small town.

T-BONE: Like how small?

NEAL: Small town meaning 30,000 people.

T-BONE: Oh, that's huge

NEAL: It is huge compared to what?

T-BONE: I grew up in 6,000

NEAL: Oh wow, that is smaller.

T-BONE: Yes but with other brown people there?

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NEAL: There were no other brown people there so.

T-BONE: Ok so that was kind of like me well actually there were other brown people where I live. But we own every motel in my town. It was owned by an Indian, every motel.

NEAL: That was you?

T-BONE: Oh no, no we don't own them, not all of them at least, you know?

NEAL: [laughs] it's too funny.

T-BONE: So you left out what about being a DJ?

NEAL: So, oh so you know that's one of...

T-BONE: Oh you know just forget about that, Bangalore DJ?

NEAL: No, I was a house DJ so I did house music, dance music, Chicago house but that started back in college. In fact, I had always loved music I had great collection of music that I acquire over the time and long story short there was a party in college where I was asked to spin at and a because I had a good collection.

T-BONE: Like when you say spin like my age group that means like a like break dancing from the ground.

NEAL: So literally, literally we had turn tables, and see DJ's and I was asked to spin a party and that's where I realized that I was passionate about music and DJ'ing and that became a career that I had.

T-BONE: You made money doing these?

NEAL: I made money in college that was put me through dental school too. Yes.

T-BONE: Not that your dad didn't put you to dental school.

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NEAL: You know what the reality was is that in my culture and in my family I was raised and groomed to be a physician and I fell short because I've had to someday tell my family that I'm not interested in becoming a physician but in fact the dentist and T-Bone [crosstalk]

T-BONE: You're not a real doctor.

NEAL: It's not a real doctor we do street dentistry as you probably seen in the YouTube videos and they were worried that that's what going to become of me here in the United States but you know I won them back over eventually and they realized that...

T-BONE: And now they wish they were dentist too.

NEAL: You got it right so you know that thirty physicians in my family who constantly gripe and complain this podcast is dedicated to you.

T-BONE: Yes, exactly.

NEAL: Because we have nothing to gripe and complaint about in dentistry.

T-BONE: You know you're my first brown guest, well if I count Houtin he's Iranian

NEAL: He's Iranian

T-BONE: Persian, Iranian I don't want to be incorrect there.

NEAL: Yes he is a brown guest I guess but he is technically.

T-BONE: Yes kind of white.

NEAL: He is really white.

T-BONE: He is light skinned.

NEAL: Yes, even if you talk to him if you [crosstalk]

T-BONE: He looks more Mexican than anything else quite honestly

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NEAL: That's true!

T-BONE: Especially with the shaved head and stuff.

NEAL: Yes, we should do background check on him.

T-BONE: We should, we should find out if Houtin is even real because that is not his real name ok he's really Jose.

NEAL: Jose [Laughs]

T-BONE: But he is hiding in Southern California. Alright listen, listen selfishly I want to talk about your practice ok because quite honestly I'm unbelievably jealous. You made me feel bad about myself last week in Des Moines. So Neil and I speak together quite a bit. We do the 3D Summits that was put on by Dentsply Sirona and Patterson. It's weird saying Dentsply Sirona by the way.

NEAL: I still think it's Sirona.

T-BONE: I just want to live in the good old days with Sirona, you know and they're a lot of fun honestly.

NEAL: Great fun

T-BONE: I look forward to these events, hanging out with everybody and seeing our friends and shoot and shop and I tried to pick Neal's brain because I want to know what can I do in my practice to be more like Neal and there are parts of your practice I would never want to like some of the people that you deal with and some of the characters and the demands that you have I wouldn't want that, but certainly the production and the types of cases and the fees that you were able to charge you know I want some of that.

NEAL: I appreciate that I'm blessed to be in the position I'm in. Certainly I'm proud of my practice there's a lot of areas that I actually need to grow and it's mutual I think, there are things that you're doing that I need to do. [Crosstalk]

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T-BONE: Like this whole life balance

NEAL: There ye go. That I mean the fact that you've really taken sleep by the horns and that's...

T-BONE: Oh, yes, I've got to show you a picture a little later.

NEAL: Absolutely.

T-BONE: Give us a brief overview, what is your practice? How would you describe your practice if you're talking to another dentist on the show and how would you tell, what would you say about your practice?

NEAL: So I took a leap of faith in 2007 and decided to start my own practice.

T-BONE: And you're straight out of school?

NEAL: Straight out of school.

T-BONE: Not even an associate or anything?

NEAL: No nothing. I was [crosstalk]

T-BONE: So straight out of dental, but you did a one year residency?

NEAL: I did a one year residency in implant prosthodontics at the Ohio State University.

T-BONE: Why do you guys have to put "the"? What happened if you lose what if you got rid of the word "the"?

NEAL: You can't. It's legally binding actually, yes so.

T-BONE: But I think the whole dictionary – did I ever tell you a story about my grandfather? He used to locked me in the closet and tell me to read the dictionary.

NEAL: I thought he still does that?

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T-BONE: No, no he passed away.

NEAL: I'm sorry to hear that.

T-BONE: It's been a long time. He would locked me in the closet and the one time he put me in a closet that did not have a light bulb. [Laughs]

NEAL: Teach you a lesson.

T-BONE: Teach me a lesson and he get in you read the A's then when you come out I will test you on the A' and he literally go to the dictionary and ask me words and definitions.

NEAL: So how come you never entered the spelling bee?

T-BONE: Listen I forgot to ask you as an Indian do you do spelling bees?

NEAL: I missed that on it I was in a small town and didn't get to compete with the big boys.

T-BONE: Yes

NEAL: I would have failed miserably though, to be quite honest.

T-BONE: Yes, so back to your practice, so you do the one-year residency...

NEAL: I did the one-year residency and decided - look I don't like the way half the people in private practice, practice. It doesn't make any sense. It didn't appeal to me and I didn't want to get stock in someone else's' box doing dentistry the way they knew how to do it and you know I had been reading all these articles of German dentistry and going digital and this is back in 2005, 2006 and I realized that I can certainly follow the traditional pathway of becoming an associate and working for someone else but at the end of the day I wouldn't be able to do the kind of dentistry that I wanted to as quickly as I wanted to adopt that kind of dentistry so I took a leap of faith and decided to build a practice.

T-BONE: Now, more than just a practice you built a building?

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- NEAL:** I built a building. I bought a property while I was in dental school and I leveraged some of the property by doing a lot of split so I did a lot of split and leveraged the additional parcels back to the bank and came to an agreement where they would facilitate building a building for me and that's where it all started. So, I went big I knew that if I was going to do these I'd rather fail while I was young and recoup later than start off with a building that I couldn't grow into so.
- T-BONE:** Yes, I look at these this way I say if you're going to fail let's just fail big, dude.
- NEAL:** Fail big.
- T-BONE:** I mean if you're going bankrupt who cares if you're going bankrupt by a dollar or million dollars right?
- NEAL:** You got it.
- T-BONE:** So you built this building, straight out of school, straight out of your residency?
- NEAL:** You got it and outfitted it with everything that I can possibly think of and I think I took some risk that I probably looking back I said no I should have dialed it back a little bit because it was difficult to keep my head above water and put a lot of stress on, on my family, put a lot of stress on my wife.
- T-BONE:** And at that time you were married?
- NEAL:** I was married. I got married in dental school in my third year so my wife was the kind of backbone for all these and facilitated certainly keeping me in track and certainly helping me with the business aspect while I focus on the dentistry. Honestly she took the [unclear] force of all the challenges and so I'm thankful to her that she kept me in line but the reality.
- T-BONE:** She probably won't listen to this. You don't have to be nice to her.

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NEAL: Oh I know I just figured, just in case if someday she does listen to it.

T-BONE: So how about I record it and send it to her.

NEAL: Yes absolutely, that would be perfect so thank you Ami for doing that but I couldn't say that I did it on my own.

T-BONE: What was it like from the beginning? So did you go fee for service to begin with? Did you take insurance, you have- how did you decide what you're going to be? Did you even know what you're going to be?

NEAL: I didn't know what I was going to be. Honestly, I built a 10,000sq.ft practice thinking I was going to have a fourteen or fifteen operatories and I was going do all these by myself and have three hygienist and just run in circles all day and produce, produce, produce and I came to realized that I was actually pretty slow as a dentist and I didn't think that the volume business model was going to work for me and I realized that within the first year that's where I had to really rescript the way I was going to conduct my business and decided that I did want to in fact do more of a boutique style where I focus on a case by case basis.

I recognized early that general dentistry although that was by degree of what I was practicing I was really interested in comprehensive care where if a patient needed a couple of teeth moved I wanted to be able to move those teeth I didn't want have to rely necessary completely on my specialist, although I honored that relationship and certainly know where to draw the line.

I wanted to explore the different facets of dentistry and have an involvement and feel like I can orchestrate everything better so that the final result was something that I was more involved in as opposed to just delegating it out and outsourcing to other specialist.

T-BONE: So the first year?

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NEAL: The first year

T-BONE: You didn't – you were just going to be I call it the typical Indian mentality. You want to be just all things for all people as big as you can make it possibly you know, die of heart disease young you know but hopefully with a lot of money in the mattress and then one year later about 2008 you decided to make a shift and become a boutique style practice.

NEAL: That's correct. I realized that the clientele I was drawing in because of the facility and the quality of you know the finishes in my practice it attracted a certain kind of clientele.

T-BONE: Did you set – when you built this place did you set out to do that?

NEAL: I didn't. I knew that I like finer things in life and I wanted to build something with higher end finishes just for me and my own personal place.

T-BONE: Like glass door that smoke when you close them. [Laughs]

NEAL: You got it. Yes, so I have privacy glass and LED lighting everywhere and just really high end, modern finishes that I really did for myself because I didn't want get bored of dentistry.

I saw so many of my mentors and faculty that were bored of dentistry. They were just doing their routine stuff that they were doing day in and day out and I didn't want to be like that. I wanted to enjoy my environment, I wanted to cultivate a Google-like atmosphere for my team so I can acquire the best team and give them an environment that was conducive to doing great dentistry.

T-BONE: **And so define complex care for me.**

NEAL: Complex care is having the ability to take care of a patient from start to finish, certainly delegating certain components of the treatment where necessary, but having the end vision in mind and working

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backwards to reconstruct their mouth, whether it's something conservative or even more invasive but having the ability to take a patient from start to finish and accomplish something that has multiple facets and care. So certainly including all the facets that we're accustomed to, where it's general restorative dentistry, prosthodontic applications and fix rehabilitation, introducing implants as a teeth, tooth replacement solution as supposed to bridge work, having the ability to do minor tooth movement to accommodate minimal invasive reduction and tooth structure, to addressing a periodontal disease and or reconstructing gingival soft tissues to periodontal plastic surgery, having the ability to augment bone from a surgical aspect and at the end of it still have the ability to showcase a smile and classify and categorized it as a cosmetic case.

T-BONE: I got you. So what you said so you talk a lot of big words there so I like to keep it simple for our listeners. So what I have found over the years in my own journey is that - you may not like let's just use an example, hey you don't like doing soft tissues surgery okay, but it's a component in the aspect of the treatment that you're providing and I think what happens is too often we as dentist block ourselves from learning about things that we don't like to do.

NEAL: Exactly

T-BONE: And what it does is it limits our ability, so you said something very important there you talk about seeing a vision for the final result and if you don't understand maybe you don't do perio plastic surgery. Maybe you don't do soft tissue surgery, I know you do, let's say you don't. You have to understand it because that way you can look at something and collaborate instead of just farming out your patient to periodontists and believing everything that they say which they may just believe in 1980's techniques right when you have an understanding that allows you to be able to treat the patient whole.

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Whether you physically do it or not but I call that being the conductor of the orchestra. So as the general dentist at the end of the day your patient coming to you to get a result, okay and then you're the general contractor, the conductor of the orchestra and sometimes there are things that you can do, and sometimes there's things that you can't do and you have to sub it out right but ultimately that vision of the final result comes from the general contractor.

NEAL: Absolutely, one thing that I have observe is that that often general dentists are not comfortable diagnosing an absolutely treatment planning what they want for their patients and they rely on their specialist to do it for them and that's where all the mistakes happen.

T-BONE: And specialist, and listen, my brother is a specialist; my best friend is a specialist.

NEAL: My sister is a specialist.

T-BONE: Yes, she's [unclear], so specialist aren't bad but they're tunnel visioned to a certain degree, they see wisdom teeth they see extractions, right? They see gingival defect, they see soft tissue surgery right? They see tooth infection, they see root canal, right? and I think what happens is we're all tunnel vision to a certain degree and one of the complaint I hear from a lot of dentist is, "hey I want to do more complex cases" and the first thing I tell them is they need to learn how to diagnose and do that treatment you know the over all treatment now you may not actually be able to do it but you need to be able to know what's possible you so that you can diagnose and you can direct what's going on so that you're not beholden to somebody else what their limitations themselves may be.

NEAL: Absolutely, it's been quite difficult sometimes for general dentists to actually conduct the case from start to finish because perhaps there

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not use to right tools and what you and I both realized and I cannot as a starting point is digital SLR pictures.

T-BONE: Yes, number one technology, I'd say.

NEAL: First and foremost

T-BONE: Talk to me about that.

NEAL: Yes, it's actually something that has become a starting point for all of my cases where we take images, their diagnostic images of the current situation and we're evaluating our patients using concepts driven by facially, facially generated treatment plans, the term that's often associate with Frank Spear but you know to be quite honest that term has been modified and adopted over the course of time and Frank Spear has the ability to teach that but it's something that we've known about for a long time. Orthodontist have been doing that for a long time it's facially generated treatment planning.

T-BONE: Or denture work at the end of the day.

NEAL: Exactly

T-BONE: You know at the end of the day I look at every cases if I had no teeth there if I had a clean slate where would I set this teeth up right? And then say ok what I'm I going to do to get those teeth, natural teeth in that position and the supporting structures that go there?

NEAL: Yes, and the difference is, is very simple there are some of us as dentists who prefer teeth for example for anterior work, let's just say we're doing eight units in the anterior right for aesthetic case. The difference is that although you and I or some other dentists might be able to get the incisor edges where we want them the difference on how you manage the case when you lift the lip up is what shows the true skillset because the reality is, there's a group of us who actually put the finish line to where the current gingiva exist and that's to

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accommodate the current situation but there's a few of us who also take into account the gingival aspect of the case.

T-BONE: The pink not just the white.

NEAL: The pink. And often we have to augment the pink to address the levels of the gingivo either through ausschuss approach and or soft tissue approach, but to realized and recognized that before you start treatment is best idealized and visualized through smile pictures, right?

Looking at the patients' face and understanding where the teeth are and where the teeth should be, where the pink is where the pink should be and that's the starting point for generating a good treatment plan.

T-BONE: So I want to give the listeners three things I want them to do and here's the great news - a lot of these doesn't cost any money, okay. So in Europe there is this big movement in understanding the pink and the white, okay. And what I find in America and I'm not – I'm American, I love American dentistry. I've never want to live anywhere else but too often we get become tunnel vision and that we see cavity, we see filling, we see broken down tooth, we see crown and what you're talking about is seeing everything so where somebody can learn where I've learned a lot of this just from an exposure level it has been on Facebook, okay. So there's two groups I want people to consider joining on Facebook 1) Style Italiano - those guys will make you sick, guys and gals will make you sick because their work is so unbelievably good.

NEAL: Exquisite

T-BONE: Exquisite dentistry, exquisite photography, exquisite documentation. Probably much of it unrealizable in real life certainly within our fee structures that we have or maybe the fee structures I have in my practice but if nothing else, it gives you an opportunity to see what's

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possible and to maybe challenge yourself; now the other group I would suggest on Facebook is Nexus. N-E-X-U-S and that group is fantastic as well mainly international dentists who are sharing cases and it's much more multidisciplinary that's there. And the other thing that I want to promote or at least encourage people to do is to take a look at the concept called (DSD) Digital Smile Design made popular by Christian Coachman.

I don't know who ultimately developed it but if you look on Facebook for him and the Digital Smile Design, there's lots of opportunities there, if you search on YouTube there's lots of ways to learn how to do that. If you search on the Google Digital Smile Design there's lots of things available to learn that and ultimately what often happens is or what happened for me as an insurance base practice I said well that doesn't fit into my practice but what really happened is when I still said you know I want to learn about these and I want to implement these, one case came up and then next case came up and it's amazing how as you learn your eyes see things differently. So all I had is a screw driver, a Phillips and a flat head screw driver that's all I did right but as soon as I get some nails like a hammer as soon as I got – I'm not a tool guy by the way so that's pretty much, that's pretty much where I go. You know I got, I got a phone that can call a handy man okay, but as soon as I learn those things or I can see those things but more importantly when I was able to communicate those things to patients using DSD using just photography. [crosstalk]

NEAL: These are patients who never thought would ever even consider the [inaudible] right?

T-BONE: And they're there because you take the insurance at least in my practice, right? And it's amazing when you show them and they say okay what would that look like how would that work and you start having this conversations and then my team member sees us

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having these conversation and I'll walk in and they say, "hey I told Mrs. Jones that you would do the smile analysis on them because she had mentioned she may be interested in fixing her smile and we don't know if these needed next thing you know I'm not doing that much stuff as you are but the next thing you know I'm doing way more that than most PPO dentists.

NEAL: I think the reality is we sell our patients short and I...

T-BONE: We sell ourselves short.

NEAL: We sell ourselves short, but do not passed judgment on a patient. Never sell them short because you have no idea how many times I walk into my practice thinking this patient's will never going to be able to do XY and Z and they're prepared to do ABC through XY and Z.

T-BONE: Once they see the value and once you show them, to me I always go back to my number one technology, listen we speak for Sirona, Dentsply Sirona, we speak for implant companies I would still always go back to the number one tool we have in our practice is a digital SLR not an internal camera a digital SLR that takes good quality photograph with a 100 millimeter, macro lens and a ring flash or when you get to your level maybe a stereo flash because I assumed that's what probably you're using. I'm still on the ring flash and I'm cheap. I don't want to buy a new one.

NEAL: It doesn't matter what flash it is but it has to be digital SLR and you have to be able to take a series of pictures and teach your team how to take it for you as well and show your patients right on the spot because that's the other thing that we see a lot of clinicians who take beautiful pictures but they actually never take the time to organize their pictures and also show other patients and educate other patients on what they're capturing let alone the patient that they're taking pictures of.

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T-BONE: You know I've got a good story that will segue way into something else for us, so I remember having a conversation with you about four, five years ago and I was asking you because you brought, you've been to our TV program your assistants come with you to assist a live surgeries and you know I was talking to them and my God they're so good. They're well versed, they know what's going on, they support you very well and you talk, they talk finely of you and they, you talk finely of them about how much they help your practice and I remember I was talking to you about how much you pay your team members and you shared with me what you pay them and I was like good God that's a lot of money but you know the overhead penny guy in me said why would you pay that and then I said to myself I got home and I said you know what maybe that's why he has good people, and maybe that's why your practice is doing so well is that you're surrounded by good team members and I don't think paying people makes them good I think giving them the opportunity to earn more and rewarding them for the results helps keep the people like a good team only where they're going to go [crosstalk]

NEAL: Absolutely, I will turn it back on you because I actually learned that from you whether you realized it or not. About six years ago when we first met, seven years ago when we first met you said I only surround myself with winners and that stuck on me.

T-BONE: Yes I do and I told winners to stick around maybe [Laughs] because that drives the losers away.

NEAL: That concept stuck with me whether at practice, with my staff, whether it's with my social interactions with friends and people in the neighborhood and the community if you have that mindset to surround yourself with winners it elevates everything.

T-BONE: And we define winners differently right.

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NEAL: We do. It doesn't have to mean monetarily.

T-BONE: But that's what too much we think about winners as money and I tell you I don't surround myself with people that have lots of money because I don't want to become that person that are so driven by money.

To me I surround myself – I look at you have a better family balance and I'm sure it's not as good as you want it to be with as much speaking you do but you have a better family balance than I do, so I look at that I look at some of my friends and they're like hey they play more golf than I do. You know the saying is that you're an average of the five people you hang out with you know

NEAL: Ah that's another thing I learn from you, there you go.

T-BONE: So you know and in dentistry people say you know my associates says to me why you're so passionate about dentistry? I go if you come hang out with me and see the dentists I hang out with I have no choice but to be you know when I hang out with Neil Patel, Samir Puri, August and Jay and a lot of these people that's who I hang out within dental circles I mean there is no, there is no level of stupidity that you can have around them, you know they're not going to accept, I mean they're going to kick me out of the club before you know it.

NEAL: [Laughs] I thought we kicked you out a long time ago.

T-BONE: I just keep coming back.

NEAL: Keep coming back. [Crosstalk] He doesn't even need an invitation.

T-BONE: I'm just you know if you cross me out I threaten to kill you.

NEAL: Or sit on us.

T-BONE: Or sit high on that too, that too, that too, so ok so talk to me about being insurance free.

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- NEAL:** So insurance free, you know we started out being very driven by insurance then I realized that insurance was something that the patients relied upon to accomplish the dentistry that they were hoping to accomplish and the moment that we recognized that it was holding us back we decided to go fee for service now the reality is, is that going fee for service doesn't mean you don't accept insurance. We accept insurance we help our patients.
- T-BONE:** Do you file for them?
- NEAL:** We do file for them that's a service that...[crosstalk]
- T-BONE:** Do you accept the assignment of benefits?
- NEAL:** We do not. So you know the reality is that it's something that's important to patients but it gives us a chance to actually help them to understand how insurance should be utilized and could be utilized and we don't allow it to over step what we need to do for our patients. It's certainly there, but we want to make sure that patients learn that insurance is not going to cover what they hope and dream for their mouths. The reality is, is that insurance is obviously not kept up with the needs of our patients with the inflation and everything else insurance is just not name of the game. [Crosstalk]
- T-BONE:** Don't give me the vote; don't give me that all in 1970 when we started insurance. You know anytime these gurus going to that I'm like just shut up. Like come on at the end of the day I look at it so I look at insurance differently and we've talk about this.
- NEAL:** Sure absolutely.
- T-BONE:** I look at insurance as building a base practice that allows me to pay my bills and allows me to be able to grow into the practice personally that I want and that's the part that I'm trying to selfishly get out of you is you've managed to do that without the insurance which is fantastic. So now that's the face of my career that I'm in

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where I want to say hey I don't want to give away the insurance practice that I have.

NEAL: No, and you don't have to.

T-BONE: Because it made me a lot of money, it's made me successful, right? And it allowed me to pay my bills but now I want to transition myself into the type of dentistry that you're doing. Listen I do the type, egotistically I do the type of dentistry you're doing I don't charge enough for it and I don't do enough of it.

So let's talk about fees how do you get to a point where I don't say this lightly, I don't want to say that you're expensive because I know that can be taken as a negative connotation but ultimately you're expensive.

NEAL: Sure, no absolutely and I've been told that the reality is that we set our fees so that we can do the quality of dentistry that we want without having to sweat about the actual margins and everything else that we have honestly have to worry about the business margins right? So what we've figured out over the course of time is that we're catering to a subset of people who want the best and with the best as long as we explain to them and the cost associated with that we have the ability to set our fees where we want because we've established a system of value that our patients are coming to us for.

T-BONE: But that also means that you provide them, you cater to them?

NEAL: We do, we have a red carpet service you know, we have staff members who actually go to the homes of our patients at times of you know, if a patient goes to surgery, we have staff who on their own, by the way I don't have to tell them "Hey go check on Mrs. Smith". You know they'll actually call Mrs. Smith after hours when they've already clocked-out ok and see how Mrs. Jones is doing.
[Crosstalk]

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T-BONE: You said something your team doesn't clock- in and clock-out.

NEAL: They don't, No.

T-BONE: Ok so in my office is the same way you know I remember I had somebody came in you need to put a time clock why the hell I don't I don't even want to create that concept of a time clock-in and clock-out of my office.

NEAL: Yes, we are very much like a Google office, right? You come in and you go as you please at the end of the day we have patients that we need to see. [crosstalk]

T-BONE: Yes the thing in the middle of surgery they probably won't be coming back. [Laughs]

NEAL: They probably won't be coming back. You got that right. So you know we have a campus in our office where our staff do not clock-out for lunch. We don't require that they do certain things traditionally offices should be doing but the reality is we cultivate an environment where our staff members really are treated like team members. I can't go through a procedure without Fay helping me out on surgery for example or Mariana helping me on a reconstruction case and they know that and we work as a team to accomplish... [Crosstalk]

T-BONE: And the patients have relationships not inappropriately but with your patients because we've seen that in your office. Liz is my main assistant and I have patient that e-mail her directly instead of me and I quite honestly I love that I mean that's great. It's good I mean it bother me less right but you know and I tell patients here's my cell phone number if you need me on the weekend they said oh I'll just call Liz. You know and that's good because what happens is when I tell them they need something there is that ok well he needs a new Mercedes or whatever maybe right and but when Liz tells them that they're like ok Liz has my best interest in heart.

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- NEAL:** Absolutely, and that's where magic happens. If you can cultivate that with your own team and I'm not saying everyone just jump into it without having some systems and protocols.
- T-BONE:** It takes time.
- NEAL:** It takes time to develop but if you cultivate that it dramatically changes your business.
- T-BONE:** But it's interesting you talk about system and protocol I think we have to have agreements and rules and I call it being a...
- NEAL:** Boundaries,
- T-BONE:** Yes, but I call it being **firm in principle, flexible in procedure**. I think sometimes when we create practices that have too many systems it forces people to really only think about the system and not think outside the system and what the culture I tried to cultivate is and I feel funny as a non-Christian saying this - but do unto others as you would have them do unto you and I want our team members to say you know they say what do you want me to do? What would you do if you own the business and you're the patient, what would make you happy there? You know and sometimes I make decisions I don't like and I always support them on that and sometimes I make decisions that are better decisions that I would make myself.
- NEAL:** That's what makes a good leader.
- T-BONE:** In a way, right?
- NEAL:** Yes.
- T-BONE:** I call it being lazy.
- NEAL:** [laughs] that's your vision of it but reality is...
- T-BONE:** My belly tells me other things.
- NEAL:** [laughs] that's too funny.

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T-BONE: So you're insurance free.

NEAL: I'm insurance free.

T-BONE: And you don't see yourself changing that?

NEAL: I don't see myself changing that because I feel that the trend in dentistry for the kind of dentistry that I want to accomplish
[Crosstalk]

T-BONE: Insurance is not an issue anyway.

NEAL: It's not an issue, yes.

T-BONE: So when you say the kind of dentistry what do you mean by that?

NEAL: You know there are times when I...[crosstalk]

T-BONE: Give me examples.

NEAL: For example we have a patient that has mandibular dentition that's terminal in nature where yes someone could say.

T-BONE: Where did you learn those words from?

NEAL: Oh I hang out with people like you. [Laughs]

T-BONE: Not from me I never use the word. The only time I say the word terminal is when I'm talking about the airport.

NEAL: There you go, there ye go. So you know we have situations where you know as a dentist I know what I can accomplish for my patient. The reality is I'm often, I'm perplexed when I see my colleagues who don't even want to discuss these things because they're afraid of what the patient's going to think when they realized what the cost. I try to create a relationship with my patient where I ask permission.

T-BONE: Yes, you asked them what they want.

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- NEAL:** I asked permission to tell them what I think is appropriate whether they choose to do it or not whether they choose to have me to do it or not at least I have an open invitation to discuss what their options are and give me a chance to share with them what their options are and educate them about the process and the cost and certainly allow them to make those decisions. I can help them with those decisions but I never force them into the situation.
- T-BONE:** You said a key word there, permission.
- NEAL:** Yes.
- T-BONE:** You know I always get permission from my patients and people think of permission as asking for permission and I don't look it that way. I think of it sometimes it's a statement that you say you know like a let's say let me break it simple ok not a complex case. Neal you come to me with a broken tooth on the nineteen ok I think the first thing that happened is you got to take the photograph of it ok I take that photograph I put up on the screen and I would say Neal what do you want to do about that and what the patients typical response is you tell me doc.
- NEAL:** Yes, I'm here for that reason.
- T-BONE:** Yes, so what is that? That's permission, that's now permission for me to tell you what I would do if that were me.
- NEAL:** That's correct.
- T-BONE:** Which is ideal treatment and so the same thing with the smile, or same thing with a missing tooth?
- NEAL:** Oh let's go back to that right number 19 breaks what do most dentist do that he fix number 19 and then in the future maybe they'll talk about the other teeth but the reality is [crosstalks]
- T-BONE:** 19 broke for a reason.

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NEAL: 19 broke for a reason what we do is we define certainly the options and fixing number 19 like we all do but then we take it up to next level.

T-BONE: In addition to that.

NEAL: In addition to that.

T-BONE: You know we can look at what caused this to happen.

NEAL: That's correct we say Mrs. Smith yes this tooth is broken here are the options in fixing it but let's really take a look at the big picture because if this one broke you have other teeth that look very similar to that one that just broke so we need to think about those things and I'm asking you to make a decision today but I want you to come back so we can re-evaluate where we're at to make sure you don't come back on a frequent basis fixing broken teeth. I'd rather addressed what needs to be addressed so that we can prevent these from happening.

T-BONE: So that's called being proactive versus reactive.

NEAL: Exactly,

T-BONE: Yes, it's interesting we practice much a like I just get paid ten cents on every dollar.

NEAL: [Laughs] so that's something that it becomes a habit, it becomes a habit because that's what the staff are used to what patients' become used to and you train your patients to assume that that was your fee structures. I didn't change my fee structure until recently about three years ago we did a fee analysis and we realized that you know,

T-BONE: The fees weren't high enough?

NEAL: The fees weren't high enough despite the fact; listen despite the fact that I had a very high fee structure. We found out through fee

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analysis third party service that we were on certain procedures 50 percentile and I look back and I said you know with the fact that how much I bend over for my patients, my staff and so for my...

T-BONE: But you come in sometimes you talked to me about going to work at 4 o'clock in the morning?

NEAL: 4o'clock, 2 a.m. staying until midnight you know. The kinds of clientele that I'm attracting these days have demands and those demands are demands that most people were saying would not occur to me because there's balance in life but I've cultivated an environment where that something that patients if they need we accept.

T-BONE: So you don't say no?

NEAL: We never say no.

T-BONE: There comes a cost.

NEAL: There comes a cost with the [crosstalk]

T-BONE: To you and to the patient to say no.

NEAL: Yes, that's correct, yes and so we accommodate our patients in their request. Now in order to do the dentistry we have to have a certain fee structure for that kind of dentistry to happen right and we also have to have certain kind of staff, team members who are willing to come in at midnight, who are willing to wake up at 2a.m., who are willing to work 80 hour a week but I have to be reasonable as well.

T-BONE: And you got to compensate them for that.

NEAL: We have to compensate them for that absolutely yes.

T-BONE: So talk to me about your team? Let me come back to these fees ok, how do you charge double what I charge?

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- NEAL:** I don't know, that's a good question I would love to spend some time with you and I always said that I want to come hang out with you because there are things that I can learn from you, absolutely.
- T-BONE:** You can learn how to be mean to your patients. [Laughs]
- NEAL:** You know I think, I think that you have to make a decision and you have to realize that you may not be recognized as a team but you have patients in your practice where if you change the fees if you quadruple your fees there going to gripe about it but they will not leave you.
- T-BONE:** No, I don't think so.
- NEAL:** They would not.
- T-BONE:** Because they know what they're going to get.
- NEAL:** Yes.
- T-BONE:** Good bad or indifferent, at least they know what they're going to get you know. So listen, I just I don't like talking about numbers a lot in my program so and my fee for a hybrid so somebody that has terminally ill dentition [laughs] it just sounds so horrible to say that, somebody that's going to lose all their teeth, or has lost their teeth that needs implant therapy with the fixed hybrid that's a \$30,000 case for my practice, what is that in your practice?
- NEAL:** Per arch we're looking at \$70,000 to \$100,000 per arch.
- T-BONE:** So where did you even come up with that number from?
- NEAL:** You know given the time, the energy that we put into it we can line by line we actually go ahead and calculate where it really costs right, but the reality is that I know how much energy and how much energy my team's going to put into that patient in that case and so we figured out that there's a magic number there were cases where I presented treatment that was even much more than that and there

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were cases where I presented a much lower fee structure and given the volume of procedures we're doing that time we had to be available to do this treat this patients we figured that this number made sense for us as a team to operate at the level that we were hoping to operate at with the quality of prosthetics that we're hoping to deliver and not have to nickel and dime patients but certainly not also feel like we're not getting it out anything out of it from our reward standpoint.

T-BONE: What does this also allows from what I've always heard you say is you're able to use the best?

NEAL: Always, always.

T-BONE: But with those, see when I do a case with thirty grand ok and listen that's a lot of money ok I'm not saying it's not a lot of money but there comes a time when I have to say well whose going to do the lab work, because thirty grand at some point sometimes some of these lab restoration can be ten grand in lab fee you know I can't afford ten grand at a \$30,000 fee structure so I think those are the limitations that I, I don't even give the patients the options to be paying more to be quite honest and that's sad on my part. I should give my patient the option of pay, "hey this is what a \$50,000 will get you, right and see ultimately I think what you're doing the analogy I would use is you're giving everybody a Maybach ok and I'm giving everybody a S class and they're both fantastic unbelievable cars but some people want a Maybach.

NEAL: And some people don't have to pay for the Maybach and the fee structure that I'm hoping to treat them at. We don't turn people away.

T-BONE: People turn you away?

NEAL: People turn us away right we want to treat the patient and if they don't have the means to accomplish or to go through the treatment

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at the fee structure that I'm hoping for we make it happen. That happens when I give myself options, I don't want to be boxed into a practice where I have to rely on a third party lab to generate the work for me. So we embrace the fact that we have the ability to create our own lab.

T-BONE: So you brought your own, so let's talk about that so that brings into a team now ok so to allow this to happen to support your vision, to support your patient needs, to support your cases you brought a lab into your office?

NEAL: That's correct, I realized that and I love my assistants and their skillsets are fantastic as all of us do. It would have taken me ten thousand hours to train an assistant to become a master ceramist because that's a lot of [crosstalk]

T-BONE: Yes, and then you will have to spend more of your time in doing that.

NEAL: That's correct and I recognized several years ago that you know there's actually probably a lab technician out there that I could very easily hire and train the lab technician to become an assistant. It would take me two months to train them to become an assistant and I found someone just like that I found a master ceramist who does all of our wax.

T-BONE: And that is Marina?

NEAL: And that is Marina and what Marina brings the table is really unthinkable literally we have a situation, now we have a lab tech, a ceramist who worked with me chair side so that even though we're doing a digital workflow with CEREC for example, I can step away and have Marina actually do the design and see through the whole milling process and the finishing process and try and whether it's one tooth or full arch and see through the whole process chair side

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instead of doing it on the model because the model is in the chair and she can help through that process [crosstalk]

T-BONE: Yes, the best articulate is the human being.

NEAL: Is the human being, **the best judge of aesthetics is the human being who you're cementing the work into** and so the reality is that that's brought a whole new layer of thinking. [Crosstalk]

T-BONE: And that's how could just high your fees. I thought that it cost you more because it probably saves you money quite honestly having Marina in the office what it does is it gives you that you know Mrs. Jones, you know one of the benefit of coming to your office is that you got to work directly with the ceramist and she's going to work tirelessly to give you the results that you want until you're happy.

NEAL: Yes, I really think that the future of a modern practice is having access to a technician who can be at chair side. I'm not saying that everyone should go out there and hire full time ceramist because it comes at an expense but it also requires the technologist.

T-BONE: Yes, but likeminded people I want to hire somebody I talk to you about it. Where do I find somebody because I see the value in it because I but see here's more important this is where I want it a cross to the team sorry to our listeners is it may not make financial sense today but if you start it today you'll grow into that and you'll slowly transform your practice to where you can never work without it, like it didn't make financial sense to you five years ago?

NEAL: No, not at all, yes.

T-BONE: Ok and it probably didn't make financial sense the day you hired Marina but now today makes way more sense that you got, you told me that you might need a second person?

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NEAL: That's correct, and so these are the challenges that we all have in our practices and I think what defines my practice, T-Bones' practice and sets us apart is we take risk.

T-BONE: Yes, I talk about that in my speaking event you know I say to somebody and I let's talk about that briefly. So you know if you're listening to these or I mean otherwise you won't hear these but so as you listen to this you know think about yourself, when you got out of school how did you get to where you're at right now? You took a risk, R-I-S-K right four letter word and I asked people when is the last time you took a risk and if I ask you when was the last time you took a risk you can literally tell me last month.

NEAL: Yes.

T-BONE: If you ask me when was the last time I took a risk I said I went home and told my wife what in the world I did because a little I took a risk of my life but too many of our colleagues, the same ones that are complaining that are saying I want more, ok they don't take risk and so to me the key is, is that listen, if you're not complaining, if you're content and you're happy don't do anything different ok but if you want something more if you want something more for yourself when's the last time you took a risk? What's the worst thing that could happen, you hire Marina, six months later it doesn't work you part ways and you lost a little bit of money.

NEAL: But I've gained so much experienced, experienced and definition on how I can move forward. You know the reality is that I say these to a lot of our colleagues, sometimes you have to jump and sometimes that parachute is going to open and sometimes it's not but you have to jump you're not living unless you jump whether it's for some simple decision in your practice or some simple decision for your family sometimes you have to jump or otherwise you're not living.

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T-BONE: Yes, you got to take that risk bottom line you got to take that risk. Alright, so let's we're getting to the end here so let me talk to you about something I give you grief about ok? Why do you not have a general dentist associate in your practice?

NEAL: To be quite honest,

T-BONE: You have an associate?

NEAL: Yes we have an associate. I have a...

T-BONE: Prosthodontist

NEAL: I have a prosthodontist, who's an associate, his faculty to the Ohio State.

T-BONE: The Ohio State you just get the point taken off.

NEAL: And Dr. Salyda's his name he's a phenomenal he's a great teacher but the reality is, remember that concept that TBone and I talked about surrounding yourself with winners, now If I had found a general dentist who had the mindset of thinking of a larger picture comprehensive care. [Crosstalk]

NEAL: Yes most of the general dentist that I would hire has their own practices absolutely and that's why it was so hard for me to find an associate.

T-BONE: That's killing you not having one.

NEAL: You know I think it is and it isn't.

T-BONE: Not financially, I'm talking about mentally and physically and I think it's holding you back because you're still doing fillings Neal.

NEAL: It's true.

T-BONE: Why in the hell are you doing fillings, why in the world are you doing single crowns?

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NEAL: You know at the end of the day.

T-BONE: I mean you can't charge a patient enough to justify your time to do a single crown.

NEAL: To do a single crown, you're correct, there are things based on the mix of procedures that we're doing some people would analyze it and say why are you doing single tooth dentistry? I say because I built my practice for my patients and that's what my patients need. I have... [Crosstalk]

T-BONE: Yes but why do you need an associate?

NEAL: I do probably need an associate from a consult standpoint absolutely.

T-BONE: Not probably I would tell you if we got Monin here from a psychiatric point of view you need an associate.

NEAL: That's very true.

T-BONE: A general dentist associate see I told you to get an associate you went and get prosthodontist, that doesn't help you. I mean that person is doing their own dentistry right?

NEAL: That's true yes; you know I think that I'm open to finding an associate who is a general dentist who's willing to think outside the box.

T-BONE: So listen, if you listen to these and you're in dental school or you're dis-enchanted with your practice or wherever you're working give Neal Patel a call.

NEAL: There ye go I appreciate that.

T-BONE: But be prepared for him to drive you, for him to expect greatness out of you for him to demand excellence you know so to me those are the things that you got to do. You got to do that.

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NEAL: Absolutely, so I welcome that I'd love to expand my practice.

T-BONE: What are your stresses?

NEAL: My stresses are pretty, pretty simple; I get stressed by not having enough time in the day. I really don't

T-BONE: That's why you need an associate.

NEAL: That's why we need an associate. We have a lot on our plates both of us, you and I both and the things that we do. We have a full time practice, we're educators, we have families, we have other businesses you and I both have other businesses outside of dentistry and in life it's all about balance. But what stresses me is when I have I don't have any balance and it's hard to find balance it really is. But I think that it's those kind of things that stress me. I don't get stressed out by the dentistry, I can do the dentistry I can do it with my eyes close. I'm going to have good days and I've got bad days but I don't let it eat way at me.

T-BONE: You know I say that ultimately we're after three things ok, we're after either more money, we're after more time, or we're after more professional satisfaction. I would say that Neal you have enough professional satisfaction, you're doing a dentistry that you visioned and dreamed of ok that you continue to take risk to do whatever your heart desires.

My guess is you're making enough money ok to where you don't need for the basic things in life and you don't need for the ability to take risk because you make money in and you're self-made person, you're not leaving off your parents or anything like that and then my take on you Neal is that you need more time.

NEAL: Yes I agree, at the end of the day time is what I need and how do we create that? We can't we can't magically out of twenty-four hour but we can do is learn how to manage your time better.

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T-BONE: So you can take more vacation.

NEAL: Take more vacation, yes, absolutely. These are the things that I'm actually learning from TBone I think that he is a master of figuring those things out and that's why I hang out with him because I'm always learning the things that I'm not focusing on because he has a third party perspective and he is willing to share and evaluate. He is not afraid and tell the truth and that's what I've come to learn and love about TBone.

T-BONE: You don't love me, man?

NEAL: I do love you.

T-BONE: Alright ok so **what CE suggestion would you give to our listeners?** If I'm listening to this and I say you know what I want to do what Neal is doing how do I get there?

NEAL: Ok you know I really feel that.

T-BONE: And be specific ok? I want you know give examples of CE's that you've taken.

NEAL: Ok there are some that I can recommend that I have not taken but because I get to hang out with these people on a weekly basis I can feel comfortable recommending them to you without question everyone needs to take some form of orthodontic education.

T-BONE: And where would you recommend them to go?

NEAL: There are several places you know there's Six Months Smile short term orthodontics. We've got Rick de Paul in Ohio, Power Prox phenomenal instructor there. We've got comprehensive orthodontic curriculum all over the United States with Gerber.

T-BONE: Where did you learn?

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NEAL: You know honestly I took a six months smile at [unclear] back in the day and then after that I realized that I just needed to look at the resources that we're already available revealing the textbook that I got in dental school.

T-BONE: Maybe you're not talking to your specialist?

NEAL: Talking to specialist, hanging out with specials sharing cases and learning from other specialist.

T-BONE: It's interesting you say that sharing cases, a lot of time my associates ask me these like how did you get this way, I said well I just relied on my specialist and they say how do you do that I said I do something you don't do. I said I take pictures of my work not just before but also the after.

NEAL: The good, the bad and the ugly.

T-BONE: You don't even know it's uglier the bad until you share with somebody and they share with you what's going on right? So this photography thing I can't stress it enough for people that it's important to get patients to say yes but it's also important for you to evaluate your work and get better on what you're doing.

NEAL: Can I ask you something? How do you organize your pictures? Let's talk about that.

T-BONE: So I have a Windows computer at the office unfortunately because everything we do runs on windows and basically I put everything in, we put everything into our Eaglesoft practice management system and then what I do on my own personal note is the things that I'm doing for documentation I keep them by patient name in a basically in a file folder and then I use the Picasa from Google as my album software essentially so it indexes everything and it allows me to search. I can tag photos like you know if somebody call me and say hey I need a CEREC anterior case I can type in CEREC anterior

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and find out who those cases are and also since I'm using Dropbox what I do at the office also syncs to my computer at home and to my laptop so while I'm here like I just had a guy earlier out on the hallway asked me, we're in Denver, Colorado right now. I had a guy earlier in the hallway ask me take a look at the case and I was able to pull out my cases on my phone and say this is the case like yours, so this is how we handle this.

NEAL: That's great you know some other CE courses I would say without question if you're looking into implantology Dr. Arun Gard.

T-BONE: Yes implantseminars.com

NEAL: [Implantseminars.com](http://implantseminars.com) T-bone actually got a phenomenal digital dentistry course.

T-BONE: Yes, but what I'm doing is so different from Arun, I'm fundamental implant which is great and advance implantology. I would say what me and you are doing is more along the technology side of implantology in a greater technology but you know people have to invest a lot of money and take that risk to get there, what else?

NEAL: You know honestly this is one subject area that I feel most dentist have totally forgotten is just reading you know go to Quintessence. Quintessence is a publisher of some phenomenal textbooks and buy one book a month it's an investment.

T-BONE: Yes and they can buy it thru Amazon.

NEAL: You can buy if from Amazon. Buy one book a month.

T-BONE: Give me an example of a book that you'll suggest everybody to read?

NEAL: The Art of the Smile.

T-BONE: Okay.

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- NEAL:** It's a phenomenal book on comprehensive treatment planning and seeing what the potential can be.
- T-BONE:** Who's the author do you know?
- NEAL:** It's got to be Michael Cohen.
- T-BONE:** Ok the Art of the Smile by Michael Cohen. On Amazon?
- NEAL:** It's on Amazon, It's on quintessencepublishing.com
- T-BONE:** Yes, Amazon makes everything easy.
- NEAL:** Yes absolutely. It starts with *The Art of The Smile* and look at that book because it talk about periodontics, orthodontics, fix prosthodontics, smile make overs with veneers, digital smile design, looking at oral surgical applications. It's comprehensive so you can actually see what it takes to master the art of smile.
- T-BONE:** I want to give two books. I'm going to give Pascal Magne book what it's called *Bonded Porcelain Restoration*, unbelievable book, unbelievable book and that also is available thru Amazon and then I'm going to say you need to read Carl Misch, book on implantology. I believe he has two or three.
- NEAL:** He does, yes.
- T-BONE:** And I have bought all three of those and so that's what would I say, so that's interesting you know in today's world and listen this is coming from people who make money educating people, you know myself and [crosstalk]
- NEAL:** Yes we have to learn from somewhere too, right?
- T-BONE:** But you know it's ultimately it's about time right and money for some people it's money too right they don't have enough money to comes pay thousands of dollars to come here as teach that right so I always tell people there's nothing that we teach that you can't learn

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directly from us for free through Facebook, thru our websites, thru the Google, thru the YouTube.

NEAL: Thru our articles.

T-BONE: Through our articles, through Amazon and book there's so much information available out there we simply not – ok what about what else where did you learn soft tissue grafting bone, grafting stuff like that?

NEAL: From textbooks literally I have not taken a soft tissue course other than pinhole technique as a requirement to do that procedure.

T-BONE: Ok what do you think about that?

NEAL: I think it's a phenomenal breakthrough you know honestly there's a gingival recession is one of the most prevalent problems that I see amongst my patients because today tooth loss is not a problem in my area but gum loss is because of the nature...[crosstalk]

T-BONE: People don't want to look long in the tooth.

NEAL: No. You know they aggressively brush their teeth.

T-BONE: You do it are you using the pinhole technique.

NEAL: I do absolutely.

T-BONE: It's a John Chow?

NEAL: It's a Dr. Chow I apologize on not knowing his first name I just know him as Dr. Chow but...

T-BONE: His real name is probably not John?

NEAL: Yes, that's right

T-BONE: Because the Asian you know like the Indians everybody's Mario, Mike but their real name is like Mahindra you know?

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NEAL: That's right yes, so yes I think It's a great tool in my practice, you have to learn how to draw the [linus?] in terms of where to use it but it's one of those things where it's made a dramatic change in the lives of patients that otherwise are not willing to go through traditional surgery so you have to think about the ability to do these procedures are untapped in your practice unless you go out and learn how to do them.

Everybody has patients in their practice in fact I think that by adding and educating yourself you don't even have to go out and seek more patients in your practice. [crosstalk]

T-BONE: Yes you know I talk about that all the time your patients watch within your practice. What else, what else would you recommend? Implants I know you did your fellowship and surgical part [Crosstalk]

NEAL: I recommend exploring overseas educational opportunities to be quite honest some of the European our European counterparts are so progressive. It's an unbelievable you know just like you had mentioned Style Italiano these educators out there who share their cases through Facebook certainly that's an easy way for us to see their work but they have curriculum in Europe and what they teach out there is just mind boggling. [crosstalk]

T-BONE: Like Josef Kunkela, his anterior CEREC stuff oh my God, I mean I want to go to publish time I mean like I called, I e-mailed him, I Facebook message him which is amazing.

NEAL: His place is called Dental Point.

T-BONE: Yes, Dental Point but what's amazing is you can get in touch with anybody today right and I Facebook message him and say listen i want to take your appointment so badly none of your dates work for me because I'm booked out all year so tell me what you got for 2017, you know he's like I have not thought about that far I'm like Man, I want to take it I just didn't know when I'm going to do it, right.

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NEAL: Absolutely.

T-BONE: We should go together to that.

NEAL: Let's do that you know I think what we can do that something that has interested a lot of us is bringing them to us. So maybe T-Bone and I will create something an opportunity where we create an International symposium on our home ground here.

T-BONE: Yes, it would be easier.

NEAL: It would be a lot easier.

T-BONE: Although I wouldn't mind Prague. It's beautiful

NEAL: I heard it's fantastic, yes absolutely.

T-BONE: Well, talk to me last thing, I keep saying the last thing, I keep on asking there's so much I want to ask you. I keep saying I want to make these only 45 minutes and then...[crosstalk]

NEAL: I don't know how long we are already.

T-BONE: Well we're probably at almost an hour now. So a couple of questions ok. What would you do differently looking backwards?

NEAL: You know I would, to be quite honest.

T-BONE: I want you to be honest I know it's a tough question.

NEAL: Dentistry has consumed me, I loved it it's a hobby for me but it's consumed me where if someone already say well what are you doing this weekend I'm reading a textbook on dentistry because I enjoyed it and I want to do it but it's consumed me and I feel bad, I feel bad for my family too because that's all I think about. That's what – it's the subject of my conversation and my family's learned that about me but it's not appropriate at times and it's kind of depressing but even though I love it, it's my hobby no, no I think it's

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about balance. Don't let dentistry consume you where it's the only thing that you're known for. I would love to be a great golfer like you.

T-BONE: But you did dancing with Ohio didn't you?

NEAL: Yes I'm trying to do some things outside.

T-BONE: You look very weird on that outfit by the way I just want to tell you.

NEAL: Oh, why are you looking at me?

T-BONE: No, I'm just saying I mean and you sent pictures of it out for us to vote for you and stuff you know? Like you would never catch me dead, number one you're much better than I am ok, you would never catch me dead on that outfit.

NEAL: That's too funny.

T-BONE: Sequences, you know.

NEAL: Did I really have sequences are? I don't know about that but.

T-BONE: Glitter, something you know, make up, God knows.

NEAL: Yes I would, I would explore life a little bit more and not make dentistry the only thing that I'm known for.

T-BONE: You know it's interesting you say that. We've made a commitment in our home to pre plan six vacations a year and what's important about that is we pre-plan the whole year out and we plan it around our kids vacation schedule from school and it's really allowed me and what works out that way is we take these almost every six day a week we get this little break where maybe typically it's a week long and it's really, really allowed me when I'm in the office to focus on what I'm doing and know, you see what happens is a lot of this and I don't listen. I love Ami and I love your kids ok, I think a lot of the pressure you feel is them putting the pressure on you rightfully so. And I was getting a lot of that pressure a few years back

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because you know we're on the road thirty times a year with full time practice, you know young kids. How old are your kids now?

NEAL: Nine, six and two.

T-BONE: Nine, six and two, mine are ten, eight and six right so you know a lot of that they put the pressure on us right so I found that when I committed to booking these things in advance and allow my wife to have control of that they knew that I was going to dedicate one week of time to them and then so they gave me a little bit more leeway to chase my passion during that non-vacation time right. And so I would say that to you that if you can you know let them do it I know you're a control freak ok but I know Amy wears the pants at home [laughs] so let her go ahead and book out six vacations a year and you know Mona just called my team and says hey these are the days he's going to be out and I don't have a say in it and what happens is now they know that no matter what because we never make time there's always some new CEO or some new important customer or some new must do lecture or some lecture that we want to do, right?

NEAL: Or invitation to be somewhere

T-BONE: Or something right, there's always something that comes up and so and I learn this from Entheos was that you got to schedule out your life and I would say that was unbelievably important for me and what it did indirectly is they took some of the pressure that they put on me rightfully so again I'm not saying that they're bad in putting the pressure on me but it relieved some of that pressure so I will tell you that maybe very helpful for you as well to give them that permission to do that.

NEAL: With that I would absolutely take that advice and I'm going to do it.

T-BONE: You should.

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NEAL: I appreciate it.

T-BONE: Just like you told me you didn't get an associate you end up with prostodontist. [Laughs] I don't know what the hell you're thinking.

NEAL: That's too funny.

T-BONE: And I want to know how do you shave this mustache every day?

NEAL: No, no about once a week, once a week just for you.

T-BONE: Men it's a pencil it's literally and then you got this little thing down here I don't even what is that called?

NEAL: I don't know. I think it's a love patch?

T-BONE: That's something I guess then now you have black mask.

NEAL: It's all about branding

T-BONE: And then you have black instruments.

NEAL: Black instruments, black mask, black lab coats,

T-BONE: Black gloves

NEAL: Black gloves, black stones, black wax. We try to be consistent with our brand in our practice.

T-BONE: What do you Goth?

NEAL: I'm not guff; I guess I'm dentally Goth yes, yes.

T-BONE: That's crazy dude. Neal I had so much fun.

NEAL: Awesome, thank you for having me, TBone you're always a pleasure.

T-BONE: How do people get in touch with you?

NEAL: Easy you can look me up through Facebook

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- T-BONE:** Neal Patel. N-E-A-L Patel if you don't know how to spell Patel you're not living in America, ok.
- NEAL:** That's correct.
- T-BONE:** p-a-t-e-l and if it says motel next to it that's not him.
- NEAL:** Infinite Smiles. I'm in Powell, Ohio. My e-mail is pretty easy It's drpatel@infinitesmiles.com
- T-BONE:** how do you spell infinite smiles?
- NEAL:** I-N-F-I-N-I-T-E smiles.com
- T-BONE:** And I think the best way to get in touch with us is I think everybody should come.
- NEAL:** Should come to our event.
- T-BONE:** Should come to our 3D summit I mean they're not there's fridge box
- NEAL:** Absolutely if they don't like it we'll buy you a beer.
- T-BONE:** You mean Sirona will buy you a beer.
- NEAL:** That's right yes.
- T-BONE:** [Laughs] That's the Indian in us. Everybody thank you for listening. I hope you have found this conversation as wonderful as I have and we look forward to seeing you on our next episode.

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.