

# Call Conversion SOP

Turning Phone Calls Into Scheduled Patients

## ■ WHY THIS MATTERS

Marketing costs \$150–\$300 per phone inquiry. The difference between a 30% and 80% call conversion rate is not your budget — it's how the call is handled. Every unanswered or mishandled call is revenue you already paid to generate.

### THE TARGET

<b>Minimum acceptable</b>	65% of new patient calls converted to scheduled appointments
<b>Target standard</b>	80%+ conversion rate
<b>Answer rate goal</b>	95%+ of all calls answered by a live person during business hours
<b>Missed call cost</b>	80% of new patients who reach voicemail never call back

### THE C.R.I.S.P. FRAMEWORK — EVERY CALL, EVERY TIME

<b>C — CONNECT</b>	<i>Answer every call warmly and immediately. Introduce yourself by name. Get the caller's name and callback number within the first 30 seconds — before anything else.</i>
<b>R — REQUEST</b>	<i>You must invite the patient to schedule. This is the #1 missed step in call conversion. Asking is not pushy — it is your job. 'Would you like to come in this week?'</i>
<b>I — IDENTIFY</b>	<i>Understand exactly what the caller needs. Match it to availability. Listen more than you talk. Never assume — ask.</i>
<b>S — SCHEDULE</b>	<i>Offer two specific times. Never ask open-ended 'what works for you?' — offer exactly two options and let them choose. 'I have Tuesday at 10am or Thursday at 2pm — which works better?'</i>
<b>P — PREPARE</b>	<i>Confirm the appointment details, collect contact info, and tell the patient what to expect before arrival. Close every call with a confirmed booking or a clear next step.</i>

### THE 48-HOUR BOOKING RULE

<b>Booked within 48 hours</b>	~95% of patients keep the appointment
<b>Booked 3–14 days out</b>	~75% show rate — urgency drops significantly

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<b>Booked 2+ weeks out</b>	~50% show rate — becomes a scheduling liability
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Always try to schedule within 48 hours. Lead with your two soonest available times. If a patient insists on evenings or weekends, offer a daytime alternative first — keep premium slots for patients who are committed to attending.

## HANDLING COMMON BARRIERS

### 'How much does it cost?'

#### IF INSURED

*'With most insurance plans, a new patient exam and X-rays are fully covered. Let me get you scheduled and we'll have your benefits ready when you arrive so there are no surprises.'*

#### IF UNINSURED

*'We have a dental savings plan that significantly reduces your costs, and a new patient special for those without insurance. Would you like to hear about your options?'*

### 'What's the soonest you can see me?'

#### RESPONSE

*'I have an opening today at [X] or tomorrow at [X] — which works better for you?' Always lead with the soonest available. Urgency is built through your tone, not pressure.*

### Patient on the fence / price-sensitive

#### RESPONSE

*'Would you like to come in for a free consultation to meet the doctor first? No obligation — just a chance to see the office, ask questions, and understand your options. Most patients find it really reassuring.' These patients often convert at very high rates.*

## WHAT TO AVOID — COMMON MISTAKES

- Never say 'we ONLY have evenings and Saturdays' — frame premium slots as in-demand, not limiting
- Never ask 'do you want to schedule?' — ask 'would Tuesday or Wednesday work better for you?'
- Never answer a new patient question with 'I don't know' — say 'let me find that out for you'
- Never end a call without making at least one attempt to schedule
- Never send a new patient inquiry to voicemail if you can possibly avoid it

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## ■ COACH KAL'S TIP

The best call conversion tool is genuine warmth and confidence. Patients can hear whether you actually want them to come in. If your team sounds like they're reading from a script, patients feel it. Practice these frameworks until they sound like you — not like a training manual.

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