

# Ask the Expert

**Amanda DeMoura**

**Essential Dental Services**





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Amanda DeMoura has immersed herself in the world of dentistry for nearly two decades, and it's been quite the adventure. Her journey began during dental hygiene school when I started working at the front office of a truly one-of-a-kind dental practice. However, it was as their Practice Administrator that I discovered my true passion. Being a Practice Administrator allowed me to explore almost every aspect of the dental office, and see just how important revenue cycle management is to a thriving practice.

Because she's a true {elder} millennial, 15 years ago she started a bit of a side hustle; helping local practices clean up their outstanding insurance claims. Fast forward to today, and now EDS has evolved into a comprehensive dental revenue cycle management company with clients all around the country. It has been an amazing ride!

Leading the passionate team she's fortunate enough to have drives her to keep her finger on the pulse. Amanda is continuously taking insurance courses to keep up with trends, speaking at meetings, and publishing articles.

She held the Vice President role of the Dental Manager Collective of Boston, completed the ADA's dental coding certificate program and maintain a Fellowship designation with the American Association of Dental Office Management. Outside of dentistry, you can find her getting her hands dirty in her garden or unleashing her creativity in the kitchen as a home chef. And of course, spending quality time with her amazing husband and their adorable two-year-old son is always at the top of her priority list. She is also co-hosting the Breath of Fresh Air Dental Podcast. Life is definitely full of excitement!

**Dustin Burleson:**

Welcome, everyone. I'm so excited to have Amanda DeMoura on the program.

Amanda, thank you for being here.

**Amanda DeMoura:**

Happy to be here. I've been looking forward to it for weeks, if not maybe a year now.

**Dustin Burleson:**

Yeah, we kind of talked about this a long time ago, and then life happens and you've been busy growing your company, Essential Dental Services. Tell us who you are and what you do. And I have a lot of great questions because I know our members are going to be excited to learn more about you.

**Amanda DeMoura:**

Sure. So Essential Dental Services is a remote billing and revenue cycle management company. I kind of started this locally a long time ago, over 15 years ago, helping an orthodontist kind get his outstanding claims back on track, and that was a fun and interesting experience. And I did that again and again locally, but a few years ago I decided I want to take this remotely. I want to be able to help clients long-term.

Of course, a lot of it starts off as a little bit of a cleanup project. That AR list is a little extensive, but we kind of come in, clean it up, and then we just take over with maintenance and keeping everything at an outstanding minimum.

**Dustin Burleson:**

That's good.

**Amanda DeMoura:**

So that's Essential Dental services.

**Dustin Burleson:**

Yeah, I'm so excited. So I grew up in a family of dentists. My dad was a general dentist and I helped him computerize his office when I was 16 or something, and I got to go through all the accounts receivable to put them into the computer, and I was like, "Dad, look at all these patients paying you like \$10 a month for crowns that they had like 10 years ago."

Or they would come in and bring fresh farm eggs and stuff from they're... So my dad was just really, I guess, maybe a little too lenient. I think that probably maybe earned him some stripes in heaven or something. But, I mean, he was such a good guy and wouldn't really watch the accounts receivable very closely. Is that pretty common? Do you feel like most dentists have a significant amount of money that is past due? Is that kind of the feeling?

**Amanda DeMoura:**

I mean, for sure the ones that I am working with. But one thing I sort of have noticed is a lot of... We've been working with a lot of startups, so doctors fresh out of dental school, and they really want to get their hands on the inner workings of a front office and claims submission and what that all means. So they are very savvy and it's kind of refreshing to see.

I'm not trying to age generalize, but a lot of the older doctors who have been practicing for maybe 30, 40 years, that's just not something they typically did or watched over, or they always kind of had a front desk person, front desk lady working on their accounts and that's just the way it always was.

**Dustin Burleson:**

I think insurance has changed. My dad started practicing when there wasn't such a thing as dental insurance, and so it was just a cleaning was like \$39 or something and you wrote a check for \$39. But there were no credit card fees. I envy those days. And no website. His name was in the Yellow Pages, like this big, and had this huge successful practice just because he was good dentist and nice to people, but there was no dental insurance. So, I mean, the world's become more complex. I mean, I feel like the inner workings, as you said, at the front office is probably something a new dentist really does need to get a handle on, right?

**Amanda DeMoura:**

Absolutely. I mean, it's so different from when I even first started, I feel like, which was almost 20 years ago at this point. I just feel like the front desk of the '80s and '90s is very, very far behind us. So like I said, it's really nice to see these young doctors eager and wanting to see all sides of the entire office, not just front desk.

**Dustin Burleson:**

Yeah. It's cool. That's a pleasant surprise to see them eager and willing to learn. I'm curious what's the most shocking or surprising thing you've seen on the other end where



*When you're out there taking advice on how to submit claims and what to do, Facebook might not be the place to get that information.*

you were like, "Oh my God." We've worked with clients who are like, "Dude, 40% of your AR is past 90 days. We've got a major problem."

**Amanda DeMoura:**

Well, I tell this story a lot, but that very first office that I went into, also young and eager myself back then... No, I still am. Maybe not young, but still eager. That was really interesting. I mean, they had maybe \$500,000 outstanding. That was a lot. Many of it was years old. They had a family member working at the front office, and she also was their ortho assistant, so she was just crazy stretched all over the place. And she didn't want to appear as though she was getting behind on the insurance stuff. So when insurance payments would come in, she would take one payment, let's say it was a \$200 payment for one person, and she would split it among 10 accounts. So 20 here, 30... I mean, this was like a crazy nightmare situation. So that was one of the crazier things I've ever seen. And then also we stumble upon some illegal things here and there in terms of insurance fraud and embezzlement and things.

**Dustin Burleson:**

Wow. Okay. Well, we've got a lot to talk about because I think a lot of dentists don't understand that if you're not paying attention to how the billing is happening, you could be legally liable for... I mean, particularly in restorative dentistry, is that post and core buildup covered? Is it not? How do you code it? Is that a pattern in your office to try to get more revenue, even if you're not doing the procedures to the code? I mean, that's a real scary area. And the dentist sometimes is unaware of that. And then, yeah, I mean, there's some staggering statistic. I mean, there's a significant number of dental offices that will have an embezzlement issue at some time in their career, correct?

**Amanda DeMoura:**

Absolutely. I mean, it happens all the time. So we've seen it a handful of times. I've gone into offices in person that I've caught it in and I've worked in practices myself where it happened. So it's very, very prevalent. I am not the embezzlement expert by any means. There's a lot of those out there, but I am not them. But yeah, interesting to see for sure. And obviously doctors are none the wiser, usually, which is sad.

But I think when you're out there taking advice on how to submit claims and what to do, Facebook might not be the place to get that information. I feel like sometimes people post questions on Facebook like, "Oh, how should I bill..." whatever. And then the responses are always like, "Well, I can do it this way and I've never had any issues." That doesn't mean it's right.

**Dustin Burleson:**

Yeah. Just because you won the hand of poker doesn't mean you played it right.

**Amanda DeMoura:**

Exactly.

**Dustin Burleson:**

You might have been playing it entirely wrong. Wow.

**Amanda DeMoura:**

Yes.

**Dustin Burleson:**

Wow, wow, wow. Okay. It's like my head's spinning out because I thought we were going to talk mostly about efficiency. We'll talk about revenue cycle management. But there's a principle here for viewers, and that is if you're not looking, if you're paying attention to it, there's probably some really potentially scary things going on underneath the hood, right?

**Amanda DeMoura:**

Yeah. I think having someone you're really depending on submitting your claims and doing your payment posting and payment receiving is really... I mean, you are quite frankly entrusting, depending on the size of your practice, millions of dollars to this person, you need to make sure they know what they're doing and they're trustworthy. And if you can't ensure that's happening, I think outsourcing is a really great way to... I mean, outsourcing to the right company is a really great way to make sure that's happening.



**Dustin Burleson:**

Yeah. I work at Children's Mercy Hospital part-time ,a teaching institute, and that is a huge, sophisticated, complex part of the business, medical billing. And you compare that to a dental office where it's like, well, Susie files the insurance claims. It's like, but what experience, what training? And it's really frequent training. I mean, these things change all the time and the rules and the reimbursement and just the entire world of reimbursement for dental insurance is like you need someone who's trained in this. And I just don't see-

**Amanda DeMoura:**

Yes.

**Dustin Burleson:**

And I just don't see that a lot, right?

**Amanda DeMoura:**

Right. I think a lot of people are just learning when they arrive at the office or they learned many years ago. One of my most current clients, though, it was an office manager. She had been at this practice for 20 years and she just said to me, "Quite frankly, I am so sick of staying up on top of these new rules and trends. I just want to get this off my plate, and here you go." Which I don't blame her.

**Dustin Burleson:**

Yeah. So in the *Atlantic* there's a neat phrase. It's called a time tax where things are so complicated with medical insurance the consumer's now saying, "It's not worth

fighting them. It's a small enough amount. This should be covered for my family. This medicine or this procedure *should* be covered, but it takes me so long to fight for it that I'm just going to write it off and I'm going to pay out of pocket." So a lot of dental offices are doing the same thing. They're like, "You know what the time tax is... I can't pay someone \$30 an hour to sit on the phone for three hours with Delta Dental to fight a \$17 fluoride charge."

**Amanda DeMoura:**

Right.

**Dustin Burleson:**

So they know that, right?

**Amanda DeMoura:**

Right.

**Dustin Burleson:**

Taking advantage of that. What efficiencies do you all offer? I mean, obviously there's a smarter way to do this to get reimbursed. What's that look like? If a doctor or an orthodontist calls and says, "I want to hire Essential Dental Services," where do they start? Do they have to be a certain size practice? Do they have to be small? Kind of give us a lay of the land for working with someone like you.

**Amanda DeMoura:**

Oh, any size practice. We have really, really small ones, single practitioner, and then we have 15-location or DSO

type of offices. And every specialty. Obviously ortho has my heart a little bit because that is where I got my start. In terms of efficiencies. When I started out and I was like, "Okay, I want to hire my first person," of course the team has grown in size quite a bit since then, but I was like, "This is a saturated market of billing companies. How can I stand out?" And the only way I knew how to do that was with talent. So everybody on my team, they have to have been a practice manager for at least eight years. We are all continuously taking CE, attending conferences. We have a group team chat. I'm always sending webinars in there, like, "Hey guys, take this one please." Some of them I'm hosting. Some of them I'm not. So that's how we kind of keep our finger on the pulse.

So I think when people are picking us over another company it's for that reason, hopefully, usually. So the difference I think is just us knowing these processes in and out. And in the larger picture, being former practice managers, knowing what it really takes to make an office run and how important all of these steps are to that, they kind of have a domino effect into everything else.

**Dustin Burleson:**

That's really exciting. I think a lot of offices think, "I'm not big enough to have enough AR to work on this," but even that first practice, you had half a million dollars, and that's really significant.

**Amanda DeMoura:**

That was. Not my biggest number.

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*Dentists are paying a time tax when they realize they can't afford to pay someone \$30 an hour to sit on the phone for three hours with Delta Dental to fight a \$17 fluoride charge.*

**Dustin Burleson:**

Yeah. Some way more.

**Amanda DeMoura:**

Yes.

**Dustin Burleson:**

I think it's interesting. In our industry, we often kind of like just... Because most people watching this who are dentists and orthodontists are obviously smart people and they think, "Well, I can figure this out on my own." And like you said, a lot of your new grads do. But then at some point you do need to... You can't do everything. Unless you want to stay there until 10:00 at night. I've tried that. I don't recommend it. You have to stay in your lane and do what really works for your patients, and that's being a great doctor and being a leader for your team and instilling great culture.

So I think we talk about this with other companies we recommend like Retainer Club. There's a time when it's right to outsource. And I think if someone else can do it at a higher quality than you. I always joke with Retainer Club and say, "We make all of our own retainers," and our joke is like, "Give Susie her lunch back." You've got an employee who's locked in a lab and during lunch she's just cranking out Essix retainers for these orthodontists.

**Amanda DeMoura:**

Oh, man.

**Dustin Burleson:**

And I said, "You don't make your own dental chairs. You don't have a mill where you've mined the earth for metals and make your own brackets and wires. Why are you making all your own retainer?"

So, I mean, quality is an issue. You can do it better, faster, more economically, but also then it allows us to focus on what's really important. I think all of these offices that we work with, we see so much wasted effort and time, to use that example, waiting on hold for Delta Dental, and then it's a totally different set of rules for Blue Cross Blue Shield, and it's a totally different set of rules for MetLife.

**Amanda DeMoura:**

Right.

**Dustin Burleson:**

So I'm curious and saying, "I'm going to think about outsourcing this," do you all look at current insurance and say, "Hey, these three are awful. You might consider

dropping those." Or, "There's one over here you're not taking." Do you look at the whole picture and make recommendations? Or what's your take on doctors who might be taking insurance maybe they shouldn't be taking?

**Amanda DeMoura:**

Sometimes this is very hard because we don't want to overstep. Because I do offer some consulting to do just that, but if that's not something they're wanting, sometimes it's hard for me to not be like, "Maybe you should do this different." So again, it's hard to not overstep and especially overstep on office managers' toes because I don't want to do that. I wouldn't want that done to me. So a little bit of a fine line there. But to your point in question there, we do offer some consulting if someone is interested in trying to get out of some PPOs or Medicare or something like that. Yeah.

**Dustin Burleson:**

That's awesome. If you compare how most dental offices do, they do a lot of batch processing. They'll send out invoices at the end of the month and then they just like constantly-

**Amanda DeMoura:**

Ugh.

**Dustin Burleson:**

Yeah. That's the response I assumed you would give us. Compare and contrast. What should we be doing? What does today's consumer want when it comes to going to the dentist and making sure that the billing is handled?

Because that's the other thing we don't think about is patients get really upset. If you've messed up their insurance claim, they don't like that, right?

**Amanda DeMoura:**

No, they don't.

**Dustin Burleson:**

You all forgot to file it. They're like, "Yeah, we did. That's on us." So it happens.

**Amanda DeMoura:**

It does.

**Dustin Burleson:**

What does that look like from you show up in an office and, "Okay, this is what we see, these are common things we see and here are the solutions at Essential Dental Services"? What's the compare and contrast in those two camps?

**Amanda DeMoura:**

I used to love when patients would call and be like, "You coded this wrong. I called my insurance company and they said it's like..." That's actually not true. Or they would try to tell you how to code something. So the biggest thing, like you said right at the beginning is patient billing. So sending invoices once a month, not acceptable. Those have to go out every single day. I don't care what size your practice is, those have to go out every day.

I actually just was speaking about this at a conference. We're talking about specifically patient AR and patient



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billing. So you're posting your payments hopefully every single day from in the insurance company and automatically statements are getting generated. Send them out right then. And maybe close your due date window. Not 30 days, 15 days.

And also make sure you're set up for text-to-pay for sure. Patients want to pay at their convenience very easily. And a lot of times they want to pay when they're sitting at home on their couch watching TV, like, "Oh, I got to log in to place some orders and pay my bills." So make it easy for them to do that, make it easy for them to pay their bill when the office isn't open. Because a lot of times, especially if it's past due, they don't want to call. They just want to fly under the radar and pay that bill.

**Dustin Burleson:**

Yeah, I've noticed that.

**Amanda DeMoura:**

So tightening the window to 15 days, and then after maybe 30 days, they're getting a past due letter. So this is kind of what we're doing for our clients. So we'll send all



those statements, we'll reach out to patients who are past due and send them a text and email. Custom letters on the office's letter head with a little QR code, "Scan this to pay your bill." All kinds of attempts that we document, very detailed in a spreadsheet that we share with the office. This is so often neglected. So most of our clients, they haven't sent statements in a year. I mean, you think patients are mad about billing. It's like they haven't received a bill in a year and they're getting one, they're not happy.

**Dustin Burleson:**

Yeah. Yeah, they don't like that.

**Amanda DeMoura:**

No. They do not like that. Usually-

**Dustin Burleson:**

Bad surprise. Bad surprise.

**Amanda DeMoura:**

In situations like that, we're sort of recommending anything over a year, you might want to consider writing off because you're going to start losing patients over this.

**Dustin Burleson:**

Yeah. Do you work with most softwares? If the practice doesn't have a good software to allow online billing... I think text-to-pay, just the easiest. Send me an email with a pay link. Let me pay this at 10:00 at night if I need to.

**Amanda DeMoura:**

Yes, exactly. We will try to make some recommendations because if it's an older, antiquated software, I'm not going to name any names, you're right, it can be a little hard to integrate some of those new great text-to-pay systems. But there's workarounds, so we're happy to make suggestions and help them get it set up and rolling.

**Dustin Burleson:**

That's awesome. I'm curious your thoughts on this as an article to write sometime soon. I've got a long list. I was talking to a friend, she's like, "Where do you come up with all these ideas to write all these blog posts and content?"

**Amanda DeMoura:**

Did you say ChatGPT?

**Dustin Burleson:**

Yeah. Right? I sent them all... I'm old-school. I sent them all to an email address. Please nobody email... Oh, I won't tell you the name, but it's a newsletter dot something at our domain. So I'll send stuff there, and one of them was Pacific Dental Services. They're putting a lot of their new clinics next to urgent care centers, and they were the first large DSO that I'm aware of. There might be others that are small that I don't know exist, but I think they're the first large DSO to go to Epic, which is a medical record.

**Amanda DeMoura:**

Yes. Yep. Yep.

**Dustin Burleson:**

So keen to know what your thoughts are on... I guess kind of see that as the canary in the coal mine that as dentistry becomes more intertwined with medicine, it's not going to be optional at that point. There's no option to mess up your billing with Epic. You've got to be on the ball. And obviously companies like Aspen and Pacific Dental certainly are. They have the resources to do that with thousands of locations between the two of those.

There's a question in here somewhere. The question is what do you see with maybe the next five or 10 years with dental medical billing, and how can we get prepared for that, I guess is kind of an opal. We'll start there and I probably have more questions. But that kind of shocked me. It was just like, "Whoa." They're really trying to merge themselves with medicine.

**Amanda DeMoura:**

Right. I was consulting with a local hospital to me that had just switched to Epic as well. I don't know that that was going that well, but they had to. And this was kind of in relation to... This is a big hospital. They have their team of medical billers who are now trying to do the dental billing and are just completely frazzled. They don't know what to do or what's what. And the same would be the opposite usually.

**Dustin Burleson:**

Oh my gosh. Yeah. They'd be like, "Oh, just bill their medical insurance for their TMD treatment." I'm like, "Good luck with that. Let me know."



*Make it easy for patients to pay their bill when the office isn't open. Because a lot of times, especially if it's past due, they don't want to call. They just want to fly under the radar and pay the bill.*

**Amanda DeMoura:**

Exactly. What? I think that we've sort of been seeing hints of this kind of merger in ways of billing. I mean, there are already lots of Medicare, Medicaid plans that are wanting ICD-10 codes. I mean, those are medical diagnosis. So it's going to keep trending that way for sure.

So we've just been trying to get ahead of the curve and whatever medical, dental, cross-coding classes we can take, we're certainly trying to take. But we're going to get there for sure. I mean, we've seen it in other ways too in dental, but it's just shifting more over to a medical type of setting and rules and regulations and things like that. I feel like, let's say 20, 30 years ago, dentists just felt so free. They're like, "We're not under the thumb of what the big medical world is under," and now we're getting there.

**Dustin Burleson:**

Yeah. I think the dentists held off. The American Dental Association lobbied pretty hard. I think at some point in the CARES Act or the Inflation Reduction Act or whatever act it was when we spent trillions of dollars, they tried to throw a significant sum at Medicare for dentistry.

So with more Boomers and seniors and an aging population, I don't know that dentists will be able to resist that forever. And at some point, when the majority of your patients in parts of the country where there's a higher average age, like Florida and other retirement communities, like maybe in California, you're going to have to learn how to bill for Medicare, and it's really complex because all the diagnostic codes. We see those with our oral surgeons who are doing jaw surgery for our orthodontic patients. You see this huge list of diagnostic codes. I'm like, "Whoa, that's just a different world." So yeah, I think just-

**Amanda DeMoura:**

Totally different. Well, this didn't get launched, luckily, but the ADA was trying to formulate their plan for these enhanced CDT codes. So it was sort of like, "Okay, we did this procedure," but then they want to know the subset of that. Like, "What kind of impression material did you use? Was it a VPS?" And then all these other things. It's like we don't even have people who have a grasp on these codes right now, let alone what kind of etch we were using.

**Dustin Burleson:**

But it's coming, right? But that's coming. And the reason is the more data we have, the more insurers and patients can be informed about outcomes. I mean, that's another, we can do another webinar on that. But, I mean, someday our kids or grandkids will live in a world where healthcare reimbursement is based on the outcome, not just we drilled on a tooth and we put a crown on it. What was the long-term outcome? And dollar cost average over long periods of time for larger cohorts, I think that's

coming. I think maybe far off, might be a whimsical dream, but I feel like that's the impetus in some areas is to just pay for health outcomes and not simply more procedures. Certainly we spend a ton on this country on healthcare.

**Amanda DeMoura:**

Hopefully I don't see this in my lifetime, but I probably will.

**Dustin Burleson:**

I could imagine how ridiculously complex that would be because there's a thing called human behavior that you really can't account for, right?

**Amanda DeMoura:**

Yes.

**Dustin Burleson:**

I can't drive home and make the patient take their insulin if I'm a family physician, right?

**Amanda DeMoura:**

Exactly.

**Dustin Burleson:**

Yeah. Wild. Tell me, what big tips do you have for someone who says, "Hey, I think I've got an accounts receivable problem. Number one, how do I know for sure? Number two, how do I gauge whether I'm hitting best practices for our orthodontic practice? Are we sending statements once a month versus just-in-time

emails and texts and statements going out?" For someone who says, "I don't even know if I have a problem."

**Amanda DeMoura:**

Yes. Right. Yep.

**Dustin Burleson:**

Where can they start?

**Amanda DeMoura:**

In a broad sense, and specialties can kind of vary a little bit, but your total accounts receivable outstanding should be no more than one month of your total production. So that's a nice little guideline. So I want to try to-

**Dustin Burleson:**

Including 90 days plus, we should be at one-twelfth of annual revenue.

**Amanda DeMoura:**

Yes. Our software makes this very... If you're using a good software. Our software makes this pretty easy. So you should be able to pull up your AR report. It's going to lay it all out in current, 30, 60, 90, 90-plus. And if that 90-plus is very high, we try to keep it below 3%. That's our goal. That's our benchmark. Of course, I really want to see it at zero, but that's where we try to get our clients. So that's a gauge for your over 90. And a lot of people's is quite high. So those are some areas to start. I would say pulling the report. A lot of people don't even pull the report. So step one is get that report, and then step two is kind of comb it over and if you see holes, you got to start asking your staff what's going on there.

We have a bunch for offices who aren't ready to outsource, they need to fill in some gaps, things like that, we have a bunch of resources on our website, some training guides and spreadsheets and all kinds of stuff that they can use to help manage and get organized here.

**Dustin Burleson:**

Cool. Yeah, I had this conversation with a doctor a long time ago, and I still tell the joke because it's funny, sad but funny, but he didn't know how much was sitting in AR and particularly 90 days out. And once we looked at it, it was kind of a staggering number. I don't think it was a half a million. It was like \$450,000.

**Amanda DeMoura:**

A lot.

**Dustin Burleson:**

It was a super large number. Yeah, it was a lot. And it was kind one of those, well, what do I do about it? I said, "If you need motivation, call a family meeting and ask your spouse and your kids-"

**Amanda DeMoura:**

Oh gosh.

**Dustin Burleson:**

... "what they think you should do about it." They're like."

**Amanda DeMoura:**

His wife would be in there in a second.





*Your total accounts receivable outstanding should be no more than one month of your total production.*

**Dustin Burleson:**

Yeah. On the phone-

**Amanda DeMoura:**

Calling the insurance company.

**Dustin Burleson:**

It's your eight-year-old on the phone. "I'd like to inquire about a claim my dad was too lazy to check in on because I want a new bicycle." So yeah, ask your family. Cool. So if someone engages with Essential Dental Services, how long does it take for them to see a result? And then what's that look like? Are you onsite? Are you remote? Are you both? Is this training existing employees? Is this maybe they don't need a full-time financial coordinator if they start with you out of the gate. What's that look like? How long and kind of details on working with you guys?

**Amanda DeMoura:**

All remote. I was doing some consulting in person locally, but I've tried to stray from that a little bit. So all remote, definitely working with the team very closely. I mean, all of my clients, they have one dedicated account manager. That's yours. You have direct communication with them.

And I think they really do start to feel like a member of the team, honestly. They just talk so much and obviously they're pretty helpful. And we send weekly reports every Friday of what we've been up to and progress that's made and all of those things.

**Dustin Burleson:**

So weekly, I want to highlight that for our listeners.

**Amanda DeMoura:**

Yes.

**Dustin Burleson:**

Weekly. And most of the time it's like, "Oh, we had a bad month." I'm like, "But you should have been checking in every week."

**Amanda DeMoura:**

Right. Yep. Every Friday. However, how soon are they going to see results? I mean, pretty instantaneously. We have a plan for attacking outstanding claims, and I've got that laid out in a couple of our guides as well. But obviously starting with the oldest first. And from the oldest we're doing the largest dollar amount because we want to start seeing money come in immediately. We want to see that fruit.

**Dustin Burleson:**

Smart. Smart.

**Amanda DeMoura:**

Yes.

**Dustin Burleson:**

So you're kind of running two races. One is let's get the past stuff cleaned up and the next race is let's start doing it right from the beginning.

**Amanda DeMoura:**

Right. From this day forward. Exactly. So making sure that all the claims and stuff are going out.

**Dustin Burleson:**

That's awesome. So there's training and oversight, and then a weekly report. Yeah, I mean, I don't know where, probably my father and his practice. He was always measuring phone calls and he's very smart with how he ran the practice, even though he let people pay him in bananas and-

**Amanda DeMoura:**

Eggs. Yes.

**Dustin Burleson:**

As far as making sure that we knew what was going on, it was kind of cool. I think the most common thing we saw in our business is the minute we started to put attention on it and just from missed phone calls to broken brackets or accounts past due, the minute we put attention on it, suddenly it gets better. It's kind of like paying attention to if you're trying to do diet and exercise, if you never step on the scale or you never really think about what you're eating, it's really easy to let that slip. But if we suddenly start focusing on it...

I kind of like the third-party vendor because now the doctor doesn't have to be the bad guy or the bad girl, where they're like, "Hey, what's going on with collections?" And then the assistants are like, "Got a brand new BMW. Relax." We have this... At least I did. Maybe it's my low self-esteem problem. I think I like this... A conversation with the front desk and the financial coordinator of like, "Hey, we need to collect more money," is an uncomfortable conversation to have, but-

**Amanda DeMoura:**

I agree. Coming from the doctor, I mean, that can just not always come off right. But your numbers and your metrics need to be where they need to be. So someone's got to be the bad guy.

**Dustin Burleson:**

A weekly report shows up. It's an email. You'd probably send it to the doctor, the administrative team, maybe the treatment coordinator, practice manager. I love that all your people are practice managers. Hats off to that. It's such a smart idea.

Nothing against outsourcing overseas, but a lot of times these sorts of vendors are using very low-cost labor, offshore, and the quality of communication and the consistency of that is not there. But then they're not experienced in running a dental practice in the US, so they really don't have answers to questions outside of, "Here's the things we did for you today." So there's a lot of these that are done with virtual systems.



*All of our clients at Essential Dental Services have one dedicated account manager. That's yours. You have direct communication with them. And I think they really do start to feel like a member of the team*

But back to the point, I think it's so cool to have someone else show up in that role, and it's not the doctor or the owner or the partners saying, "This is a money issue." It's just the team saying, "We agree with these metrics. Here's our report from EDS, and let's now go and work on next week." That's cool.

**Amanda DeMoura:**

Right. Yes.

**Dustin Burleson:**

I like that. That's very, very cool for whether you intentionally designed that or not is a really good motivation tool because now the doctor's like, "Cool, I get to be one of the people on the team trying to get results, and I'm not the person going to the front going, 'Hey, what's up with these claims?'" And they're like, "I'm already overworked." No employee has ever come to me and say, "Hey, Dr. B., I feel like I'm really under-worked right now. If you could give me a thousand insurance claims, that'd be awesome."

**Amanda DeMoura:**

That was really kind of why I start... One of my goals was I wanted to alleviate the pressure and workload of the front office, and then it sort of evolved into I have so many doctors and office managers that reach out to me and they just can't find staff, qualified staff or staff, period, to do this. So their only option is to outsource, which is a smart option. And then I kind of always joke that everyone wants to work from home and they want to work from home for me.

**Dustin Burleson:**

Man, I'm so glad you brought this up. Yeah. I mean, we'll all laugh and then we'll kind of sigh like, "Oh," but it's true. If you are talented, if you have eight years of experience as an office manager and you can do this work with Amanda's group or you can go back into the clinic after the pandemic, a lot of the most talented people in our industry have left for jobs that are remote. So now they're doing part-time hybrid work for Philips Sonicare or for Invisalign or for LightForce. These are skilled people who say, "I don't want to be in the clinic all the time. I'd rather have the flexibility." And so I'm so glad you brought this up because, number one, it is still really hard to find talented, skilled, experienced dental healthcare workers who want to be in the clinic. And number two, if you can find them, good luck competing with someone who's got hybrid work as an option, right? It's really such a smart point in that you might not even want to attempt this as an orthodontist to go find a financial coordinator, who, by the way, has to live in your town. If you practice in Fresno, California, the best

financial coordinator for you might be living in Chicago, right?

**Amanda DeMoura:**

Yes, that's true.

**Dustin Burleson:**

And she's not moving, he's not moving to Fresno. But remotely, they can work for EDS and can get it done. I mean, you do not have to be in office to be a good financial coordinator, but we all think we have to.

**Amanda DeMoura:**

Yes. I've seen a lot of offices kind of switch to this model of the remote team and then sort of like a patient concierge type of thing where they're greeting, they're checking out, they're of course doing some other things, but all of the heavy lifting is done remotely. So that's kind of interesting. Interesting shift.

But you are so right with that. They have to live in our town. Years ago, there were plenty of people who lived in your town who were qualified, but that's just not the case anymore. I don't know why people want to work-

**Dustin Burleson:**

What if you're a small town?

**Amanda DeMoura:**

Yes, that too. I don't know why people want to work from home. I don't really particularly enjoy it, but that might just be because I'm a little old-school in that sense.

**Dustin Burleson:**

I tried it. My wife kicked me out of the house. I'm back in the clinic a little bit. So it's been fun. Yeah. No, I mean it's just a different world. I don't call Delta Air Lines or Hilton or Marriott and ask, "Are you at the hotel? Is this the customer service rep? Are you in the building?" No, they're remote. They're halfway around the world. The consumer just wants products and services that are delivered without defects. They don't want to have mistakes on their dental claims. They do not want to have to call over and over again. They want it done promptly. They want to pay a fair price and they want to do it with people that are friendly. So if we can't do that in our current market, but someone like EDS can come along and do that, I mean, that's just to me a no-brainer. It's really, really smart. So congrats. It's a cool company.

**Amanda DeMoura:**

Yeah. Thank you.

**Dustin Burleson:**

I told you I'd keep you 30 minutes. We're like nine minutes over, so I apologize.

**Amanda DeMoura:**

Oh, I'm fine. Yeah.

**Dustin Burleson:**

Yeah. I think I'd like to make sure everyone knows how to find you. And below this webinar we will post a transcript to all the great things Amanda has given here. Great tips. And then we'll post a link to Essential Dental Services.



Anything else you want to add before we wrap? Next big things on the horizon?

**Amanda DeMoura:**

Yeah.

**Dustin Burleson:**

Anything exciting for 2024? Yeah.

**Amanda DeMoura:**

Definitely. So at the end of last year, as I mentioned, we started offering some digital resources for offices who are looking to get organized and fill in the gaps a little bit. And we also launched our ortho billing training guide called Ortho Billing Unraveled. So this is for general offices starting to offer clear aligners or to be used as a training guide for brand new to dental orthodontic treatment coordinators, starting literally as scheduling, going all the way to the end and retention, but in the middle, really focusing a lot on the insurance, the coding, work-in-progress claims, which really get everybody up in arms and people have trouble with, claim submission, claim follow-up, all that stuff. So a big insurance focus, but lots of other treatment coordination and just going over what some of this ortho treatment is in general. So we have that up on our website and we're trying to move forward with more digital resources for people, training, seminars, webinars. Really want to try to offer some free stuff too, of course. So that's what's on the horizon this year for EDS, and I'll be doing some speaking engagements as well.

**Dustin Burleson:**

Cool. Well, with your permission, we'll link to your website at that resource. Because I've never seen one. I mean, all the stuff we've ever bought from the ADA, which is fine, that's the American Dental Association, is just... It has the orthodontic codes in it, but there's no one guiding-

**Amanda DeMoura:**

That's about it. Yes.

**Dustin Burleson:**

That's it, right?

**Amanda DeMoura:**

Yeah.

**Dustin Burleson:**

And then the AAO, to my knowledge, has really never helped us at all with this, so.

**Amanda DeMoura:**

They have a two-page pamphlet that I got. Had to have one of my orthodontics friends get in there and get that for me. I did a lot of research. There's a couple little guides out there, but nothing... This is 65 pages or something. So nothing that's quite that in-depth. So I've had some offices use this as just having it in their office to use as a training guide for their new employees, and that's been really nice to hear.

**Dustin Burleson:**

That's awesome. It's so valuable. I can't tell you how many practices we've spoken to and worked with where I'm like, "What you're doing with these records, you can't do that. Delta Dental doesn't let you do that. You've got to stop."

**Amanda DeMoura:**

Yes. There's no one code for records, people. No bundling. No bundling.

**Dustin Burleson:**

Yeah. It was like, "We'll just bundle that." I'm like, "That's a illegal word you just used right there. Please never say that ever again."

So that's cool. Awesome. So we'll link to the resource guide. We'll make sure that we keep everyone posted on where you'll be speaking. I'd love to... I mean, we should get you to the AAO. Not that I have anything to do with that, but I think you'd be a great speaker at the American Association of Orthodontists. It's in New Orleans this year. So yeah, I would throw your hat in the ring. That'd be a great group because no one's really doing this effectively, so thank you for doing this.

**Amanda DeMoura:**

Thank you. I'm trying to make my way back into ortho. Like I said, that has my heart and I do feel like there's a definite void in the ortho billing world right now for training.

**Dustin Burleson:**

Oh my gosh. Yeah. I wish we would've had this years ago before we sold our practices. So yeah, thank you so much. I really appreciate it. It was an honor to have you on the webinar. Thanks so much.

**Amanda DeMoura:**

Yeah. Thank you so much for having me.

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