

YOUR WINDOW ON THE LOCAL DENTAL ECONOMY

44th ANNUAL

FALL FEE & WAGE SURVEY

ALSO: Technology
And PPO Participation

PLEASE ACT TODAY!

September 2024

Dear Doctor,

You are invited to participate in Advanced Practice Management's Fall 2024 Fee, Wage & Dental Economy Survey. Past subscribers to the surveys have found them very useful in evaluating staff compensation and office budgets for the New Year. **Because of the large local participation and careful preparation, they are the best surveys of their kind in the area.** I'm proud of this tradition in this, our 44th year!

All invited Doctors who legibly and **fully** complete the enclosed surveys and return them on time, will be sent the results free of charge. In order to qualify, we **MUST** receive your information by **September 28, 2024**.

We anticipate releasing the results of the surveys in November, just in time for your year-end decisions.

Thank you!

Yours truly,



Bill Rossi
President

P.S. We send all survey results "**CONFIDENTIAL**" to the Doctor. As always, be assured all practice information will be kept **strictly** confidential and no salesperson will call.

Advanced Practice Management, LLC

2024 AREA DENTAL ECONOMY, TECHNOLOGY & INSURANCE PARTICIPATION SURVEY

DOCTOR, PLEASE FILL THIS AREA OUT PERSONALLY.



All Responses Confidential - Results sent to all participants - Information is not used for sales purposes

How optimistic are you in your dental practice as you look forward to 2025? (Circle One)

1.) Very pessimistic 2.) Pessimistic 3.) Neutral
4.) Positive 5.) Very Positive

Who is your Tech Support Company?

Rate your satisfaction
(Circle One)
1 2 3 4 5 6 7 8 9 10

STAFF RAISES:

Have you given or plan to give staff raises in 2024? (Circle One)

1.) Yes 2.) No 3.) To some, not all/variable 4.) Not Sure

What % of raise? Hygienists _____ Assistants _____ Admin _____

WHAT DENTAL SOFTWARE DO YOU CURRENTLY USE? (Circle One)

Eaglesoft XLDent Open Dental

SoftDent Dentrix

Other? _____

Rate your satisfaction
(Circle One)
1 2 3 4 5 6 7 8 9 10

YOUR INSURANCE PARTICIPATION

Please indicate if you are a Participating Provider or **not** in the following:

PPO NETWORKS:

PLEASE CIRCLE ONE

Connection PPOs Yes / No
Dentemax PPOs Yes / No
Premier Dental Group/SunLife PPOs Yes / No
Careington Yes / No
Other _____

DIRECT PARTICIPATION:

Aetna PPO Yes / No
Cigna PPO Yes / No
Delta Premier ("regular" Delta) Yes / No
Delta PPO Yes / No
Delta 216 Yes / No
Health Partners PPO Yes / No
Medica Yes / No
MetLife PPO Yes / No
United Concordia Yes / No
Medicare Advantage Plans Yes / No

Other PPO (name) _____

Other PPO (name) _____

Have you **dropped participation in a PPO** or PPO Network in the last 12 months? Yes / No

If yes, which one(s) _____

Do you plan on **leaving a PPO** in the next 12 months? Yes / No

If yes, which one(s) _____

Have you **joined a PPO or PPO network** in the last 12 months? Yes / No

If yes, which one(s) _____

TECHNOLOGY

CIRCLE ONE

SATISFACTION RATING (1-10)

(10 being excellent)

Cerec/E4D Yes / No 1 2 3 4 5 6 7 8 9 10
Online Medical History Yes / No 1 2 3 4 5 6 7 8 9 10
Online Bill Pay for Patients Yes / No 1 2 3 4 5 6 7 8 9 10
Patients Self-Schedule Online Yes / No 1 2 3 4 5 6 7 8 9 10
Dental Intel/Practice by the Numbers Yes / No 1 2 3 4 5 6 7 8 9 10
Digital Impressions Scanner Yes / No 1 2 3 4 5 6 7 8 9 10
(e.g., Apollo DI, 3M True Definition, Itero)
Intra-Oral Camera Yes / No 1 2 3 4 5 6 7 8 9 10
Invisalign/6 mo. Smiles/Fastbraces Yes / No 1 2 3 4 5 6 7 8 9 10
A.I. Radiology Yes / No 1 2 3 4 5 6 7 8 9 10
(e.g., Pearl, Overjet)
Cone Beam Imaging Yes / No 1 2 3 4 5 6 7 8 9 10

DIGITAL COMMUNICATIONS:

(i.e., Weave, RevenueWell, Lighthouse 360, Solution Reach, Demandforce, etc.)

Do you use? ☐ Yes ☐ No

Brand? _____

Rate your satisfaction
(Circle One)
1 2 3 4 5 6 7 8 9 10

CREDIT CARD PROCESSING:

Which Credit Card Processing Company do you use?

_____ or ☐ Don't Know

(Company Name)

What is the Avg. Transaction % they charge?

_____ % or ☐ Don't Know

ISSUES IMPORTANT TO YOU:

What do **you** consider to be the major issue(s) **you** are dealing with this year in *your* dental practice?

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

Advanced Practice

MANAGEMENT and TRANSITIONS

7101 York Avenue South, Suite 300
Edina, MN 55435-4407

Advanced Practice Management, LLC

FALL 2024 FEE SURVEY

PLEASE FILL OUT ALL THREE SURVEYS PLUS THE RETURN MAIL LABEL

MAIL SO WE RECEIVE THE SURVEYS NO LATER THAN FRIDAY 9/28/24. RESULTS FREE TO PARTICIPANTS

CODE	PROCEDURE	YOUR FEE AS OF 9/1/24	CODE	PROCEDURE	YOUR FEE AS OF 9/1/24
D0120	Periodic Oral Eval	\$ _____	D2962	Labial Veneer (PORCELAIN)	\$ _____
D0140	Emergency Oral Eval	\$ _____	D3221	Pulpal Debridement	\$ _____
D0150	Initial/Comprehensive Oral Eval	\$ _____	D3310	Endodontics 1 Canal	\$ _____
D0180	Comprehensive Periodontal Exam	\$ _____	D3320	Endodontics 2 Canals	\$ _____
D1110	Adult Prophyl	\$ _____	D3330	Endodontics 3 Canals	\$ _____
D1120	Child Prophyl	\$ _____	D4341	Root Planing (4 or More Teeth)	\$ _____
D0220	Periapical First Film	\$ _____	D4342	Root Planing (1-3 Teeth) per tooth	\$ _____
D0272	2 Bitewings	\$ _____	D4355	Debridement	\$ _____
D0274	4 Bitewings	\$ _____	D4346	Scaling with Gingival Inflammation	\$ _____
D0210	FMX	\$ _____	D4381	Arestin - per site	\$ _____
D0330	Panoramic Film	\$ _____	D4910	Perio Maintenance	\$ _____
D0364	Limited CBCT	\$ _____	D5120	LOWER Full Denture	\$ _____
D0367	Cone CT Capture and Interpretation	\$ _____	D5130	Immediate Denture-Maxillary	\$ _____
D1206	Fluoride Varnish	\$ _____	D5213	UPPER Partial	\$ _____
D1351	Sealant (EACH)	\$ _____	D5994	Perio Protect Trays	\$ _____
D1354	Silver Diamine Fluoride	\$ _____	D6010	Surgical Placement of Implant	\$ _____
D2330	Anterior Composite 1 Surface	\$ _____	D6013	Surgical Placement of Mini Implant	\$ _____
D2331	2 Surface	\$ _____	D6060	Supported Porcelain to Metal Crown Predom	\$ _____
D2332	3 Surface	\$ _____	D6061	Abutment Supported PFM	\$ _____
D2335	4 Surface	\$ _____	D6065	Implant Supported Ceramic Crown	\$ _____
D2391	Posterior Composite 1 Surface	\$ _____	D7140	Simple Extraction	\$ _____
D2392	2 Surface	\$ _____	D7210	Surgical Extraction	\$ _____
D2393	3 Surface	\$ _____	D7961	Frenectomy	\$ _____
D2394	4 Surface	\$ _____	D8090	Invisalign/Clear Correct/Other	\$ _____
D2740	Porcelain Ceramic Substrate	\$ _____	D9110	Palliative Treatment	\$ _____
D2750	Porcelain Fused to High Noble	\$ _____	D9944	Hard Occlusal Guard	\$ _____
D2751	Porcelain to Predom Base Metal	\$ _____	D9945	Soft Occlusal Guard	\$ _____
D2752	Porcelain to Noble	\$ _____	D9972	In Office Bleaching (Both Arches)	\$ _____
D2931	Stainless Steel	\$ _____		(Zoom, Brite Smile, etc.)	\$ _____
D2950	Core Build-up	\$ _____			

What is your full fee for All-on-4 restorations? \$ _____

What code(s) would you like us to add to this survey next year? _____

CONTACT INFORMATION FOR SURVEY RESULTS

PLEASE PRINT LEGIBLY ON LINES BELOW

Phone: (_____) _____ (For survey purpose ONLY. No Salesperson will call)

Doctor Name: _____

Clinic Name: _____

Street Address: _____

City/State/Zip _____

Email Address: _____

Advanced Practice Management, LLC

FALL 2024 WAGE SURVEY

PLEASE COMPLETE & MAIL SO WE RECEIVE THIS SURVEY BY 9/28/24 - RESULTS FREE TO PARTICIPANTS - CONFIDENTIAL

Job Title	<1 yr.	1 yr. thru <4 yrs.	4 yrs. Thru ≤8 yrs.	8+ yrs.
Administrative/Front Desk	(*HOURLY WAGE: Record wage earned in appropriate column of # of yrs of experience.)			
Betty Example		\$16.00		
Office Manager* (Must supervise at least 1 other full time administrator)				
LDA (Licensed Dental Assistant)				
Dental Assistant (Not Registered / Not Certified)				
Hygienist* (If on incentive, indicate equivalent hourly pay)				
Dental Therapist				

*PLEASE CONVERT SALARY OR COMMISSION TO HOURLY BASIS NOTE: 4.3 weeks per month

MAKE IT WORK FOR YOU AND YOU'LL MAKE A LOT MORE!

The right approach can make a difference between a new patient gained or lost, an appointment scheduled or an open hour, a growing, profitable practice or anemic growth and profits. Management works. If you don't have time for, or interest in setting up and running systems, use the pros to get it working for you. It's easier than you think.

**TO SCHEDULE YOUR
COMPLIMENTARY 20-MINUTE
CONSULT**

Text: 952-228-9486
Email: APM@AdvancedPracticeManagement.com
or Call: 952-921-3360

**NO PRESSURE - NO HYPE
JUST A CHANCE TO FIND OUT MORE!**

Advanced Practice

MANAGEMENT and TRANSITIONS



Bill Rossi



Shelly Ryan



Matt Lahn



Brooke Ackerman



Robyn Theisen

Practice management, practice sales, appraisals,
associate transitions and mergers