***CMI SCRIPTING 2020***

**Day 1 & Day 2**

This program is designed for flexibility to accommodate alternatives to procedures due to challenges with new patients. I am presenting to you a choice where your level of learning and mastery may require an alternative to ensure that we are not losing new patients. Below I have outlined my **STANDARD DAY 1, DAY 2** as well as an **ALTERNATIVE DAY 1, DAY 2,** and **DAY 3.** Doctor’s who have mastered my Day 1 and Day 2 have little difficulty in acquiring a **75-95%** closure rate. This is dependent upon your experience and confidence in closures. You may test both of these procedures as well as start with the alternative before the standard.

**NOTE #1:**

Words are powerful…and the meaning can be interpreted on a conscious and sub-conscious level. We are often trained or subjected to a language that can inadvertently have a negative connotation, or alternative meaning.

Remember that the human mind loves order and comfort. Your language should always come across as a benefit for the patient and lead them to a desired result, without objection to care. The language and scripting outlined below does exactly that. It leads prospects to predictably say, “**YES**” to lifetime, wellness Chiropractic care, much like you and I enjoy everyday. It has been tested and proven over 25 years…and is still used today in the most successful practices worldwide.

**Power Words** **Non-Power Works**

Adjustment vs Treatment

Investment vs Cost

Choke vs Pressure

Subluxation vs Pinched Nerve

Practice vs Clinic

Graduate vs Drop down to…

Anniversary vs End of care

Autograph vs Signature

Agreement vs Contract

Spinal Images vs X-rays

Read…role-play…train with your team…and watch the results unfold!

**ALTERNATIVE**

**DAY 1**

* New patient’s check in
* Travelcard
* Pre-consultation
* Subluxation-based exam
* New patient exam exit script
* Post-exam checkout

(Exam doctor or tech and front desk)

* Post-exam phone call

**DAY 2**

* Preliminary report of findings
* First adjustment

**DAY 3**

* Doctor’s Report
* Individual problem report
* Second adjustment
* Individual solution report

**DAY 4**

* Welcome

**STANDARD**

**DAY 1**

* New patient’s check in
* Travelcard
* Pre-consultation
* Subluxation-based exam
* New patient exam exit script
* Post-exam checkout

(Exam doctor or tech and front desk)

* Post-exam phone call

**DAY 2**

* Doctor’s Report
* Individual problem report
* First adjustment
* Individual solution report

**DAY 3**

* Welcome

**NOTE #2:**

It is vital that you follow my 7-day rule whereby patients are processed from their initial exam to their solution report within 7 days. Failure to do so can increase attrition (patient drop-out). The longer they wait, like 14 days until their initial exam or report, the more likely they will drop out or not show up.

DAY 1

NEW PATIENT PROCEDURE SCRIPTS

**NEW PATIENT TELEPHONE SCRIPTING**

C.A. Good morning, \_\_\_\_\_\_\_\_\_\_ [YOUR PRACTICE] Chiropractic , this is \_\_\_\_\_\_\_\_\_\_\_, I

 can help you!

PT I’d like to make an appointment to see the doctor.

C.A. Certainly! May I have your name please?

PT Jane Jones

C.A. Mrs. Jones, when was your last adjustment/appointment at our practice?

 *(We determine if they are a new patient or current patient)*

PT Oh! I have never been!

C.A. Mrs. Jones, is this appointment for you or your family?

 *(Preframes family/pediatric practice)*

PT This appointment is for me…it’s my first time!

C.A. Mrs. Jones, may I ask which one of our patients referred you to our practice? We really appreciate referrals and like to thank our patients personally.

 *(Preframe referrals instead of how did you hear about us!)*

PT Mrs. Smith referred me!

C.A. Wonderful! Mrs. Smith is a super patient! We just love her! She’s referred many people to our practice.

 *(Praise)*

C.A. Mrs. Jones, do you prefer a morning or an afternoon appointment?

 *(Finding out their preferred time of day)*

PT Afternoon please!

C.A. I have an opening at 10:00 AM or 4:00 PM, which do you prefer?

 *(Narrowing down times and staying in control of appointment book)*

PT I’ll take 4:00 PM please!

C.A. Mrs. Jones, may I have your cell and work number? Do you have an email as well? (Send welcome video and intake paperwork by email).

 Thank you…

 Do you know where we are located? (If not, give instructions – a map or direction sheet, as well as bus routes should be posted near the front desk to give easy directions for your new patients) *(Extra-ordinary service)*

 Great! Mrs. Jones your appointment is scheduled for Monday…at 4:00 PM. We will confirm your appointment the day before. Please allow 30 minutes (60 minutes) and please bring your insurance information with you. We will email you the initial paperwork for you to fill out in advance and bring with you. We look forward to meeting you on Wednesday. Thank you for calling.

*(Anticipation and Confirmation)*

# **TIME INQUIRY (Objection Management)**

PT I need an appointment before work or after work! I cannot miss work!

C.A. I understand…our office is open as early as 7:30 AM in the morning and as late as 6:00 PM in the evening, however we do reserve specific times for new patients and report times.

 I do have appointments as early as 8:00 AM or as late as 5:00 PM. Which do you prefer?

 We can provide a note for you to give to your employer if you have to leave work early.

 Once you have completed your initial visits…we can reserve appointments for you before or after work…I have 8:00 AM or 5:00 PM available, which do you prefer?

# **COST INQUIRY (Objection Management)**

PT How much does it cost?

C.A. That depends! May I have your name please?

 Jane, when was your last visit to a Chiropractic practice?

 First, let me tell you a little bit about our practice.

* We have a large referral based practice
* Specializing in family care/ pediatrics and pregnancy
* We have 2 amazing Chiropractors, Dr. \_\_\_\_\_ & Dr. \_\_\_\_\_\_.
* The most advanced biophysics technique/diagnostic imagery/high tech clinic

*(Praise)*

 A new patient appointment is scheduled for 30 minutes (one full hour) and consists of a consultation, examination including orthopedic and neurological testing, a computerized scan of your spine and spinal imagery if necessary – value of $267.00 (*YOUR VALUE*). Our office will provide this for you for only $67.00 (*YOUR VALUE*), a $200 savings! *(WOW factor)*. I do have an opening at 5:00 PM this afternoon!

PT How much does it cost?

C.A. That depends!

*(Preframe)*

 Jane, may I ask your health complaint/problem/what are you suffering from?

 *(Separate $$$ from complaint)*

 Headaches! How long have you been suffering with a headache Jane?

 Oooh! 10 years that’s horrible!

 Well first let me tell you Dr. \_\_\_\_\_\_\_ has years of experience helping many patients achieve phenomenal results with headaches and migraines!

 What we need to do first, is schedule a new patient appointment. *(See above)*

# **X-RAY INQUIRY**

PT I don’t want to have x-rays taken!

C.A. I understand Mrs. Jones, however the doctor will determine from the examination results whether spinal images are necessary. You may bring up any concerns with the Doctor during your consultation and examination.

PT I just had x-rays taken with my former Chiropractor/medical doctor/hospital.

C.A. When were the x-rays taken?

 Are they spinal x-rays (MRI, CAT Scan)?

 If you can bring the x-rays with you at your first visit that would be great!

 You can pick up the x-rays or radiology report at your former Chiropractor/medical doctor/hospital. You will most likely need to sign a release form or call the radiology department/library of the hospital. If you have difficulty obtaining the x-rays, we can requisition them for you.

 *(It’s preferable to have standing x-rays the first appointment).*

## OTHER COMMON QUESTIONS - TECHNIQUE

PT What technique does the doctor use?

C.A. The doctor can perform a variety of techniques – which technique have you had in the past? After a thorough examination and report of your findings, the doctor will determine which technique will speed recovery and help you achieve the best corrective results getting you back to a state of wellness.

PT Will I get a “treatment” today on my first visit?

C.A. The doctor must first consult with you on your health history and perform a Chiropractic, spinal and neurological examination, including spinal images if necessary, to rule out any traumas, infection, fractures or congenital defects and then review those findings with you before “adjusting” you. Please feel free to address any questions with the doctor at your new patient appointment.

PT Do you accept payments from my insurance directly?

C.A. [Cash-Based Practices] We do not accept third party payments because we have found that patients who submit their Chiropractic claims to their own extended insurance company, will actually receive payments quicker. Our office will provided you with detailed statements automatically every month so you can receive remittance faster. *(Benefit for patient!)*

[Insurance-Based Practices] We accept most insurance company. Which insurance company are you with? Please bring your insurance card with you when you arrive for your new patient appointment.

## CONFIRMATION CALL

“May I speak to Jane please? Hi Jane, it’s [C.A.] calling from the [YOUR PRACTICE] Chiropractic practice. I am confirming your new patient appointment for tomorrow Wednesday at 5:00 PM. Please allow 30 minutes (60 minutes) for your appointment and bring your “insurance information” and your completed new patient intake forms with you. Do you know where we are located? Great! We look forward to seeing you tomorrow at 5:00 PM sharp! Please arrive 10 minutes early. Thank you.”

### FRONT DESK/TECH/EXAM DOCTOR GREETING SCRIPT

“Hello Jane, it’s nice to meet you, we’ve been expecting you! My name is \_\_\_\_\_\_\_\_\_. What I need you to do first Jane is sign in here at the front desk (Daily Patient Register). Thank you.

Please come have a seat right here (pat the chair) beside me. Jane, I see Mary Smith referred you to our practice. Mary is a wonderful person and she’s referred so many of her friends and family…we just love her!”

“Now Jane, is this your first visit to a Chiropractor? Have you ever been under Chiropractic care before? Yes! Excellent and who did you see? Dr. Black and how long has it been since you last saw Dr. Black? One year – Thank you.”

“What I need from you is your Insurance/Health Card so I can photocopy it for the front desk so they can input your information into the computer right away and save you time today.

In a few moments you will be meeting Dr. \_\_\_\_\_\_\_\_\_.”

“Dr. \_\_\_\_\_\_\_\_\_ is our “exam specialist”, I know you’re just going to love her/him!”

*Or*

“Dr. \_\_\_\_\_\_\_\_\_ is an incredible Chiropractor, she/he is very thorough!

 And you will briefly meet Dr. \_\_\_\_\_\_\_\_\_\_, “our adjusting doctor”.

“Your visit today includes a consultation, a full examination including Chiropractic spinal, and neurological testing, and a computerized scan of your spine and spinal images if necessary. A value of $267.00 for only $67. (Wow!). Please fill out this important information (point to address info…) and your major health complaint (highlight) and I will bring these right back to you (health card). Please let me know if you have any questions.”

#### Explain History Form And Have Patient Fill Out

Fill the last half of the health history form. There’s present and past health, any illness or operations and we need you to read through the **informed consent** and sign it at the bottom for us.”

**NOTE**: If you have insurance verification protocols whereby you check the patient is in your office, you can do so while the patient is in the exam room.

### DOCTOR’S PRECONSULTATION SCRIPT

“Hello Jane, it’s a pleasure to meet you. I noticed that Mary Smith has **referred** you to our practice. She’s a wonderful patient and has seen amazing results with her Chiropractic care. I’ll be thanking her for referring. Hopefully **you can do the same** one day, as ours is a **referral-based** practice.”

“I’ve noticed from your travel card, that you are **suffering from** (health concern). We get **phenomenal results** with this condition(s) however, I want to ensure that yours is a Chiropractic case.”

**DOCTOR’S PREQUALIFYING SCRIPT** (USED ONLY FOR EXTERNAL NEW PATIENTS SUCH AS SCREENING, OUTSIDE TALKS, DIRECT MAIL)

“Jane, today I will be **providing** as much as **$267.00** (YOUR VALUE) worth of Chiropractic spinal and neurological testing and examinations. The **majority** of that cost I am **absorbing**, and I am happy to do so. What I need to know is if in fact we do find something that requires Chiropractic care, is your health **enough of a priority** to consider getting rid of this condition and improving your health?”

PT Yes.

DR. Are you sure?

PT Yes.

(This prequalifying script is essential to ensure this patient is committed to improving their health and designed to prevent you and the patient wasting your time and money).

**PRECONSULTATION SCRIPT CONTINUED**

“You’ve met Dr. \_\_\_\_\_\_\_\_\_\_\_\_ (exam doctor/tech C.A.) She/he is my exam specialist, who will be performing a very **thorough, complete, comprehensive and professional** spinal and neurological examination. I first want to explain what Dr. \_\_\_\_\_\_\_\_\_\_\_\_ (exam doctor/tech C.A.) will be looking for!”

“We know from research, that there is a **devastating** condition called **SUBLUXATION** (hold up a mini spine) which can be caused by **traumas**, such as **car accidents, poor posture, stress, sports** and even the **birth process**. (This is why **ALL** of our **families** get checked for subluxation) Subluxation can **choke** off proper nerve flow from the brain, to the rest of the body. Your nervous system acts as the **intelligence line** from the brain, **co-coordinating** the **function** of every cell, tissue and organ in your body. Interferenceto your nervous system will lead to **years** ofsickness**,** disease, symptoms…**even early death.”**

“Dr. \_\_\_\_\_\_\_\_\_ (exam doctor) will first check your **posture**, as posture is the **window** for good health, palpate the spine, take a brief history; scan you on this hi-tech, non-evasive, subluxation station (which will show us the stress on your nervous system). He/she will also **take 3 (4,5,6…) spinal images as a safety precaution.** This will help us rule out **fractures, tumors, infection and congenital blocks**, that’s where vertebrae fuse together from birth. These pictures will also help us detect any **abnormal curves** in your spine in order to **correct** them **back to normal**, moving you back to a **state of wellness**.” (Pre-framed for corrective care & wellness)

“Dr. \_\_\_\_\_\_\_\_\_\_\_\_ (exam doctor) will also book you in, **as soon as possible** for your report of findings. The sooner we can see you, the quicker we can address this problem. Thank-you Jane. I look forward to seeing you next day.”

**NOTE:** If there is no exam doctor and only a tech C.A., then perform the exam as follows:

**Adjusting Doctor** (7 minute examination max.)

* Pre-qualifying (if necessary)
* Pre-consult (above)
* Posture
* Palpate
* Leg Length
* X-Rays (with tech C.A.)

**Tech C.A.**

* Sub Station Scan
* History
* Exam close [\*\*\*This MUST be perfected by exam doc/tech C.A./adjusting doctor – see below]
* X-ray development & marking
* Prepare report

### HISTORY AND EXAMINATION (ADJUSTING DOCTOR/EXAM DOCTOR/TECH C.A.)

“Jane, I am going to begin my part of the exam by checking your weight distribution… step up on the scale here with one foot centered on each side and facing the wall. The body will often compensate for postural imbalances or subluxations by putting more weight toward one side then the other. Thank you, you can step down.”

[Check posture in front of the mirror] **Posture is the window to good health.** I’m going to have you close your eyes and tilt your head forward **three times** as this will **remove visual input** to the brain and give me a true postural picture.”

* Check shoulder height, crest height, scapular height, head tilt, anterior head carriage, head shift, thoracic shift, and pelvic tilt.

“Now I’m going to go through your **health history** with you, Jane.

I’m going to start with your history of **traumas**… by the time we meet people here they have literally dozens of traumas, I want to focus on **five of your most recent traumas** with you.”

#### MVA

“Subluxation can easily be caused from the most minor car accident, when was your most **recent car accident** Jane? Were you checked by a Chiropractor?”

#### SPORTS

“We know that subluxations are also caused by **impacts or falls** in sports activities. What kind of sports do you do where you may have had a fall or impact?”

**CHILDHOOD**

“We take **dozens of falls** as children that cause subluxations which we may not feel the effects of until much later in life. Which event stands out most in your mind or did your parents ever tell you about anything that occurred as a baby or toddler? Do you know if you had a traumatic birth process…like forceps or vacuum extraction?”

#### WORK

“Subluxations can result from postural strains or falls at work. What type of work do you do? Do you **sit or stand a lot?** When was the last time you **slipped or fell** at work?”

#### HOME

“Subluxations can result from slips or falls at home. When was the last time you had an accident at home or even falls around the house?”

**“Jane, now I’m going to ask some very specific questions about your (health concern)”**

#### ONSET

“We can have subluxations for **months or years** before we get any body signals. How long have been suffering from back pain?”

#### LOCATION

“Subluxations can affect an area that is very **specific** or more **general**. Where are you feeling the pain? Does it tend to be more left or right sided? Point to exactly where you are feeling the pain. Show me.”

#### PROGRESSION

“How has the pain **progressed** in the past couple of weeks/months/years – is it worse or better?”

#### PRIOR

“Jane, when have you experienced back pain (condition) before? (If yes, when or how many years or off and on for how long?)”

#### WORSE

“Subluxations can affect the **timing** of the pain, is this problem worse in the morning or at the end of the day? Do you have any pain at night?”

#### INTERFERENCE

“Jane, how is this affecting your **day-to-day** activities at work or at home?”

#### TYPE

“Jane, subluxations often result in people describing **different types** of pain to me… it can be aching or throbbing, sharp or stabbing pain… how would you describe what you are experiencing?”

#### REFERRED

“Subluxations will also cause referring pain… do you have any pain **traveling** into the buttocks, legs…and how far?”

#### FREQUENCY

“Has this been with you **constantly** Jane or does it come and go?”

#### DURATION

“How long does each **episode last?”**

#### ASSOCIATION

“Jane, subluxations can lead to numbness or tingling fingers, toes…are you experiencing any **numbness or tingling?”**

“Jane, what aggravates your problem? A certain motion or position – What helps relieve it?”

#### PAIN LEVEL

“Jane, if you have to rate the level of your pain on a **scale of 1 to 10,** ten being the worst pain you’ve felt,how high would it be?”

#### COMMITMENT 1 – 10

“All right, if the doctor can give you relief from this pain and bring you to a new level of health and wellness, where it could be prevented from reoccurring, **how committed will you be Jane,** to getting to that new level of **health and wellness**?”

**LIFESTYLE (Primary Value)**

“Jane, if you could get back towards a state of wellness with chiropractic, what one thing would you **like to improve** in your lifestyle? (golf game, walks at night, time with grandchildren, sleep, etc.)”

**RELATIONSHIP**

“Jane, do you have any concerns about a relationship with our practice (time, money, care)?

**NOTE:**

*\*\*\*It is critical that we ask our patients about* ***1. Pain Level 2. Commitment 3. Lifestyle 4. Relationship,*** *as these allow us to maximize the effect of not only their examination, but their commitment to care, and allows us to use their lifestyle answer (#3) as a primary value during their report of findings, as well as a trigger during our table talk for wellness care.*

### SCANS

#### Neurological Scans

“Thank you Jane, we are ready to move onto the computer scan. Please move to the other side of the table so that you are facing the computer (pat the table).

Your nervous system controls the function of every cell, tissue and organ in the body. I’m going to perform 3 (1,5) scans of your nervous system, which allows us to look at the stress on your nervous system. We will then take all 3 (1,5) tests and create a **Core Score**, which will be sent to your email. I will review the results with you at your individual Report Of Findings.

For more information on the Subluxation Station and Core Score, CLICK on this link

**NOTE: REVIEW POSTER OF NERVOUS SYSTEM**

I personally like to review a cross section of the nervous system, which demonstrates the sensory (PAIN - NOCICEPTION) component of the nervous system (10% of the NS), the autonomic component of the nervous system (45% of the NS – Dys-autonomia) and the voluntary component of the nervous system (45% of the NS – Dys-ponesis). I emphasize that this test allows me to measure 100% of the neurological integrity, by measuring objectively, 90% of the FUNCTION of the NS. We cannot measure PAIN, which is subjective and that is only 10% of the NS.

**Thermal Scan (Dysautonomia)**

“We are doing three (#) scans today Jane, the first being a thermal scan…subluxations can interfere with your autonomic nervous system, that control breathing, heart rate, your immune system and even how blood vessels open and close, affecting your skin temperature. This scan will show us is how these subluxations are stressing your autonomic nervous system. First I need to synchronize these to your body temperature, then I’ll step around behind you…I’m starting at the bottom of your spine and working upward one vertebrae at a time (let women know you will be opening their gown)…all right that’s the first scan finished.”

#### EMG Scan (Dysponesis)

“The second scan is a muscle scan. This one will pick up how the nerves are sending and receiving electrical impulses and show us how subluxations may be affecting the voluntary or motor control part of the nervous system. For this scan, I need you to sit up straight, look straight ahead, relax your hands on your lap with the palms up and knees together. The alcohol will clean your skin, but may give you a chill because I have to use it down the center of your spin. With this scan, I start at the top of the spine and work downward…the doctor will go over these results with you at your individual Report of Findings.”

**Heart Rate Variability (Pulse Wave Profiler)**

The HRV tests your body’s ability to adapt to stress, by measuring your heart rate variability.

### A DOCTOR/EXAM DOCTOR/TECH C.A. EXAM CLOSING SCRIPT

**\*\*\*NOTE**: This is the most important script you will need to know to ensure a smooth transition to Day 2.

“OK Jane, that completes our examination for today. We are now going to book you for your next appointment, called **The Doctor’s Report**.”

“Our practice is **educational,** as much as it is about **healing**. It’s extremely important that you fully understand your exam findings before you make any decisions regarding your care. We find our patients who fully understand how the body functions and how modern chiropractic can help, get **superior results.**  And I’m sure that’s what you want…right? And this is what we want for you!

Your **next visit** will be the **Doctor’s Report.** It is the **first half** of your Report of Findings. You **need** to attend this in order to **understand the second half** of your report of findings, which is your individual report of findings.”

The Doctor’s Report will teach you how to **get well, stay well** and **save time and money**. It will teach you to **understand the results of the examination**, **normal versus abnormal findings**, the **different types of care we offer** and the latest **research and benefits** of Chiropractic.

“Should the doctor confirm subluxations, he/she will want to begin care. If there is an adjustment at this time the fee is $55.00 (your fee).”

“We also want your **significant other/spouse** to attend the Doctor’s Report so that they may **understand your need for care, support you in your care** and if they are **remotely involved in any financial decision making.”**

“Jane it was a pleasure meeting you. I need you to get changed, leave the gown on the table and meet me at the front desk.”

### FRONT DESK CHECK OUT SCRIPT

“Hi Jane, how was your examination today? Great! Dr. \_\_\_\_\_\_\_\_\_ is very thorough!

That will be $67 for your examination today… will that be credit card, cash or check? Great…. thank you!”

“Dr. \_\_\_\_\_\_\_\_\_ has already scheduled you for your **Doctor’s Report** on Wednesday at 6:00 p.m. And he/she has **explained the importance** of bringing your **significant other/spouse** with you.  **I need you** to print your name, telephone number and significant other/spouse’s name and the name of any other guests who will be attending with you on the **registration sheet.** This will **guarantee a reserved seat** for everyone. This is the **longest and most important appointment** you will have in our office.

[**THE DOCTOR’S REPORT REGISTER HELPS REDUCE NO SHOWS TO THE DOCTOR’S REPORT BY GETTING THE PATIENT’S COMMITMENT WITH THEIR SIGNATURE. IF YOU HAVE 100% OF YOUR NEW PATIENTS COMING BACK TO DAY 2 [DOCTOR’S REPORT], THEN YOU DO NOT NEED THIS STEP**]

This is when Dr.\_\_\_\_\_\_\_\_ will give you vital information on how your body works and how it will heal with Chiropractic. He/she will also explain the difference between **normal** and **abnormal spinal images** and let you know about the different **types of care** we offer here in our office. This will help you in making an informed decision on you health care. I also want you to know this report is done in a **group format** with other new patients, which **saves you time** and your **family time** and lets you **get your results right away**.

I am also going to schedule your individual Report Of Findings (**problem/solution report)**, this is when Dr.\_\_\_\_\_\_ will sit privately with you and your **significant other/spouse** and show you your individual exam results. You will see your own findings including spinal images and scans. Then Dr. \_\_\_\_\_\_\_\_ will be able to give you his **best recommendations** for care.”

“Dr. \_\_\_\_\_\_\_ also mentioned we want your significant other/husband/wife to attend…”

#### WHY?

* **The doctor will want to review your findings with him/her**
* **So he/she understands your need for care**
* **To support you in your care**
* **If he/she is remotely involved in any financial decision making**

“Please allow for **90 minutes** for this appointment and **bring your planner/scheduler** so we can **reserve** future appointments for you.”

#### OBJECTIONS

* **This is only 1 time that you have to make special arrangements – do you need a work note?**
* **Our office has condensed your report visit into 1 day because we know that your time is valuable and this way we have saved you about 2 hours (benefit for patient!)**

“Your **Doctor’s Report** is scheduled for \_\_\_\_\_\_\_ (time). Please allow at least **90 minutes** for this appointment. Your **individual report of findings** is scheduled for \_\_\_\_\_\_\_ (time).”

“There is no fee for this report however if we find the need for Chiropractic and are able to accept your case, then Dr. \_\_\_\_\_\_\_ will want to get started right away and give you your first adjustment. The adjustment fee is $**55.00 (your fee)**.”

**ALTERNATIVE EXTENDED BENEFITS (INSURANCE) SCRIPT**

“I am also going to give you **information on extended health coverage**. It is **imperative** that you fill out the bottom and **bring it to us at the report**. We need to know if you have **extended benefits** and how much they will **partake** in your care to show you your **true investment** for Chiropractic care.”

### FAMILY GIFT CERTIFICATE

“I also have a **special gift** for you today, a **Family Gift Certificate**, which allows your **entire family** to get checked for subluxation. We are a **family practice** and your spouse and children can get checked for subluxations. This is because the spine and nervous system are the most neglected aspect of health and unfortunately you cannot see subluxations in the beginning. We offer it **complimentary** when scheduled in the **next 7 days**. There is absolutely **no obligation** to be under care. **All** of our patients **take advantage** of this family gift certificate, which **includes their report of findings** as well. It is a **value of $267.00** per person. We are able to schedule those appointments today. Which day is best to check your family?”

[**GET YOUR FAMILY GIFT CERTIFICATES HERE**](https://promos.chiropractic-masters.com/fgc)

“Do you have any questions for us?”

“It was a pleasure meeting you today. We look forward to meeting \_\_\_\_\_\_\_\_\_\_\_\_ (significant other/spouse) on Wednesday evening.”

#### POST EXAM PHONE CALL - ALTERNATIVE (To be performed the night of their examination if you have patients not returning to their ROF…however, this is usually due to a poor exam and check-out script)

“Hello Mrs./ Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ this is Dr. \_\_\_\_\_\_\_\_\_\_ from (your clinic). I wanted to call you tonight to inform you that we did find areas of concern from your examination today!”

“Your condition is not due to something simple like a muscle sprain or strain.”

“It is due to **SUBLUXATION**! It is causing damage to your spine and nervous system leading to your current state of health.”

“The good news is we caught it in time and it is still correctable.”

“This is why it is **vital** that your spouse (name) **attends with you** at your next appointment; to **understand your need for care, to support you in your care, if they are remotely involved in any decision making** regarding your case.”

“I look forward to seeing you next day to review your findings.”

**DAY 2**

**NOTE:**

The Preliminary Report is only used for exceptionally acute emergency cases only or where patients cannot be processed into your system within 7 days. Preliminary Report patients will receive a mini-report in primetime with an adjustment and are then scheduled for your complete Doctor’s Report within the patient’s first 7 days of entering your practice.

**PRELIMINARY REPORT (FOR VERY, VERY ACUTE EMERGENCY CARE ONLY)**

**ALLOW 5 MINUTES IN ADJUSTMENT ROOM AT PRIME TIME**

* The Doctor/Exam Doctor will decide if they want the patient to return the next day for a Preliminary Report (adjustment) before their full Report of Findings (Doctor’s Report and Problem Solution Report). The patient is scheduled in the very next day in prime time with other patients in the early morning. The Doctor will let them know very briefly if they can help them and give them a light adjustment

**PREP**

* New Patient Report Package/Folder
* X-Rays – Marked
* Subluxation Station Scans

**FRONT DESK**

* Welcomes back patient – reminds them to sign in
* Escorts patient back into an adjustment room in prime time-patient sits up

**DOCTOR**

* Review findings briefly
* Gives light 1st adjustment
* Ensure Doctor calls patient that night

**FRONT DESK**

* Ask how first adjustment was…and if Doctor found subluxations?
* Collect fee for adjustment (\*\*\*This is a MUST)
* Re-confirms Full Doctor’s Report appointment next day with spouse
* Records patients’ name, phone number and spouses name on “**End of Day Sheet**” (for Doctor to call at night).

##### FRONT DESK SCRIPT

“Welcome back Jane! It’s nice to see you again! Please help yourself to some fruit infused water or nice hot herbal tea and we will be with you shortly.”

“Jane, would you please following me we are going into Room #2. Please have a seat right here (pat the chair) and the Doctor will be with you shortly. Thank you.”

##### DOCTOR’S PRELIMINARY REPORT SCRIPT

“Jane, I reviewed your findings last night. The results are actually **worse** than I thought. There are concerns from the x-rays and neurological scans, indicating severe **subluxation decay** and nerve interference. This is **responsible for your lowered state of health**. However, we were able to **catch it in time.**  I’m **glad** that you’ve come into our office. If we **left this any longer** it would eventually get worse to the point where it is **totally irreparable.”**

“I want to give you a **light adjustment** today, to see how your body responds to my hands. This is a **warm-up** adjustment. If you’ve ever played sports for the first time, you’ll understand why you warm-up to prevent stiffness and soreness.”

* Adjust lightly only 3-4 segments

“I’ve discovered Jane, that my patients that get the best and most superior results have the support of their spouse. This is why I want your husband to attend with you.”

1. To understand your need for care
2. To help support you in your care
3. If he/she remotely involved in any financial decision-making regarding your care.

“We can supply you with a “work note” so that he may attend.”

* Confirm Next Appointment

“Have a wonderful day.”

**FRONT DESK**

Doctor sends or leads (depending on time) patient back to front desk after preliminary report and first adjustment. *“Ladies, Jane just had her first adjustment!”*

Super, how was it Jane, **did the Doctor find subluxations?**

*Yes he sure did!*

Doctor confirms spouse, *“Jane we will see you and your husband Gary tomorrow at 6:00 PM”*

“Jane that will be $55 today please – how would you like to take care of that, cash or check?”

Thank you!

Jane I want to confirm your Full Report tomorrow at 6:00 PM with your husband Gary!

Super, we will see you both then…Thank you.

*I’m not sure if my husband really needs to be here...he is a very busy man!*

**I understand** Jane, **however** it is essential that your spouse attend to review your spinal images and help you decide your best options of care. I can provide him with a note for his employer if needed. It’s also important for him to attend,

1. To understand your need for care
2. To help support you in your care
3. If he/she remotely involved in any financial decision-making regarding your care.

**REPORT OF FINDINGS (DOCTOR’S REPORT & PROBLEM/SOLUTION REPORT)**

**CONFIRMATION CALL**

“Hello Jane, it’s \_\_\_\_\_\_\_\_\_\_\_\_ from the Chiropractors office. I am calling to confirm your Report of Findings on Wednesday at 6:00 p.m. sharp. Please allow 90 minutes for your appointment and bring your insurance verification form with you. We look forward to seeing you and your husband Gary…thank you…goodbye.”

**FRONT DESK**

“Welcome back Jane! Hi, Gary it’s nice to meet you! Jane, I need you to fill out this Family Health History for me and Gary since you are our special guest I need you to fill out this quick “Wellness Survey” for me. After you have completed your surveys, please hold onto them for the Doctor’s Report. Thank you.”

###### After they have completed the surveys

“Please help yourself to some fruit infused water or hot herbal tea and we will be with you shortly.”

**ALLOW 90 MINUTES RECEPTION ROOM IN A GROUP (45minutes for Doctor’s Report, then 8-10 minute individual reports, maximum 4-5 patients that evening per doctor. Extra patients who attended for the group report will have the second half of their report on the very next day during a clinical, non-prime time)**

**PREP**

* Check for family and spouse on front of chart (names)
* Must have insurance information completed prior to financial report
* Financial plan completed – initialed by doctor, insurance coverage included
* New Patient Report Package/Folder with Welcome Letter/Stretches/M.A.P., etc.
* Make sure testimonial books available in reception room (3-4 books)
* See full checklist for setting up (Doctor’s Report)

**FRONT DESK/TECH/PR C.A.**

* Welcome back, introduce and greet new guests
* Remind to sign in – highlight names in green (attended) on registration log
* Ask for insurance info if needed
* Lead patients to seats (pat the chair)
* Have patient fill out “Family Health History Form”
* Have guests fill out “Wellness Survey”
* Offer tea and snacks while waiting for group to arrive
* Bring no show patients charts up to front desk to call immediately

“Hi Mrs. Jones. Are you on your way to the Doctor’s Report? Dr. \_\_\_\_\_ is waiting for you to start the Doctor’s Report!

**EXAM DOCTOR/C.A.**

* Turns down lights/turns off music
* Introduces Primary Doctor (see “intro” scripting)

**DOCTOR’S REPORT INTRO SCRIPT (EXAM DOCTOR OR C.A.)**

“Good evening. My name is \_\_\_\_\_\_\_\_\_ and I will be introducing Dr. \_\_\_\_\_\_\_\_\_ in a moment. Welcome to your Report of Findings. This is the first half of your Doctor’s Report, where Dr. \_\_\_\_\_ will be explaining to you the research and benefits behind your chiropractic care. Dr. \_\_\_\_\_\_\_ has one of the fastest growing Family Chiropractic Practices in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your city). This is due to his/her dedication to educating not only people that you see here but also in the surrounding community on current information on health and healing. Dr. \_\_\_\_\_\_ has attended hundreds of seminars, traveled thousands of miles to learn the latest techniques on health and healing. This is why he/she has such a busy practice and is currently an international speaker on health care. He/she is also my family’s Chiropractor. So sit back and buckle up, because the information that he/she is going to give you might blow you away.”

* [**DOCTOR’S REPORT**](https://promos.chiropractic-masters.com/doctor-s-report7ygdzft0)See **World’s #1 Doctor’s Report** for complete presentation (CMI Home Page products section)
* Speaks to group – explains Chiropractic, innate intelligence, research, health, subluxation degeneration, children and chiropractic, wellness, etc.
* Lets guest know how they can get checked for Subluxations – **TODAY.** Guests fill out Wellness Survey Forms and patients fill out Family Health History Form.
* Escorts individual patients back to report room to review their own personal findings and x-ray results with spouse

**C.A.**

* Explains extra entertainment video (or any Chiropractic video to occupy patients who are waiting for their Problem/Solution report). Refer to “Resource Toolbox>Videos” for videos to choose from.
* Offers tea and snacks to patients waiting
* Inserts completed “Family Health History Form” into individual patient’s

New Patient Report Package/Folder

**EXAM DOCTOR**

* Checks guests – reviews “**Wellness Survey**” and checks posture and/or cervical subluxation station scan.

### PROBLEM/SOLUTION REPORT SCRIPTING

**DOCTOR**

* Doctor checks how patient held first adjustment if they had one the day before (only preliminary report patients).
* Reviews findings first
* Gives a light adjustment
* Gives best recommendations of care
* Gets patient commitment on time and money preferably in front of CA.
* Introduces patient to CA who will be explaining financial plans.

**FINANCIAL C.A.**

* Financial C.A. takes patient to private room to review finances
* Explains finances, gets a “financial” commitment, down payment or must default to a shorter care window.
* Reviews office policies, commitment sheet, reaction sheet and MAPS all appointments
* Closes patient up at front desk and welcomes patient on board
* Completes with gift today – i.e. Chiropractic First! (book)
* Review and initial **office policies**
* Explain **benefits** and **reaction sheet.**
* Explain “**Icing**” instructions.

**FRONT DESK**

* Collects payment or payment options (checks…) if not done by Financial CA
* MAPS patient in computer and gives copy to patient (including all PE’s and CE’s, AE)
* Gives patient magazette/new patient package and all info and confirms next adjustment
* Records financial decision on “End of Day” sheet for Doctor if not done by financial and records name so doctor can call all patients who have had their first adjustment that day.

**FRONT DESK/TECH**

* **MAP** all appointments including Progressive Evaluations and Comparative Examinations (PE, CE), suggesting appointment times available (fill the holes)
* Give New Patient Report Package/Folder and all info… “**Welcome to our Chiropractic family Jane**” (handshake)
* “**I know you’re going to get incredible results with Dr. \_\_\_\_\_\_\_.”**

**PROBLEM/SOLUTION REPORT**

* Closed room or open room with x-ray view box
* Patient and doctor knee to knee
* View box OFF with x-rays up (C/S-LAT, LS-LAT)

“Mrs. Jones, I want to take some time to review your findings with you. I’m going to give you a light adjustment, my best recommendations of care and then one of my assistants will review with you a **cost-effective plan** that will allow us to get this corrected.”

“There is some **bad and good news** from your exam findings. We found multiple sites of subluxations (that have lead to years of spinal decay). These are responsible for your **lowered state of health.** The good news is that **we can help** and get this properly corrected and get you **back to a state of wellness.**”

* Turn on view box. **Pause!**  **Body language.**

“What do you see Mrs. Jones?”

“I’m in phase 1.”

“That’s correct! Your neck curve (is not only straight, reversed, anterior head carriage) but also showing indications of spinal disc decay between (C5-C6). Your lower back shows (loss of disc space, spinal decay at L5-S1). A phase 1 has been here Mrs. Jones for 10-15 years (phase 2, 20-25 years, phase 3, 30-40 years) and **if left uncorrected** will further decay to a phase 2, then phase 3.”

“However, using a **corrective technique** called [POSTURAL STRUCTION CORRECTION] and working as a **team,** we can restore this curve back to the normal.”

“Mrs. Jones, when we examined your spinal health last week, we discovered…”

* Review Exam Findings, Recommended Nerve Chart and Back Talk Magazette
1. Traumas
2. Posture
3. Range of Motion
4. Weight Distribution
5. Leg Length (short leg)
6. Orthopedic and Neurological Findings (i.e. doorbell test)
7. Palpation Findings
8. Substation Scan Findings
9. X-Rays
* Recommended Props – Nerve Wall Chart, X-Ray Phases of Degeneration, Model of Vertebral Subluxation Decay

“Mrs. Jones I would like to give you a **light adjustment.** This is a **warm-up adjustment.**  Could I please have you lying face down on this table.”

* Give a light adjustment only 2-3 segments. Have patient sit up.

“Mrs. Jones, the **adjustment** **only takes a minute** to perform, but the **effects of this adjustment will last hours and days as the healing now begins.** I’m looking for a **great adjustment** and that’s exactly what we got. You may feel **waves of warm healing energy.** That is a normal product of the adjustment. It’s the release of feel good chemicals called **endorphins** from your spine.”

“Now, based on your age Mrs. Jones, your number of traumas, your years of body signals, your abnormal posture, your restricted/reduced range of motion, your number of subluxations, your amount of spinal decay and nervous system interference…(pause), **my best recommendations of care** would be a course of corrective Chiropractic care.”

“I will be **honest with you** Mrs. Jones. As I mentioned in my Dr.’s Report, this **can take time**, up to 12 months (6 months, 3 months) and it **requires team work**. I cannot do this alone.

Mainly because the cause of the **problem** has been there **10-15 years**.”

“So before I go on any further, **what I need to know…is your health… and your life…enough of a priority to commit to a 12 month (6 month, 3 month) program to get this corrected?**

Yes – recommendations of adjustments and investment

No- ***Objection management script and flowchart***

“I want to explain how your personal adjustment plan works. The best results occur when we see our patients daily, however most people cannot make it daily. Instead we start **all** of our patients at 3x per week, because the **adjustments hold 24 to 48 hours in the beginning**. **How you feel is different than how you are healing**, therefore every 12th (18th, 24th) adjustment we perform a Progress Exam, to ensure that we are on track, getting our expected results.

At the end of 3 months, we’ll also take a picture of your neck (cervical curve) to ensure the “**arc of life**” is returning. In order to get this curve **back to normal**, we will use the drop pieces on our tables, in office cervical tractioning…eventually giving you a home unit to perform home-based tractioning in the comfort of your home. We will then **graduate** you to 2x per week, then 1x per week as the muscles and ligaments strengthen and as the body heals itself.”

“The total number of adjustments can be \_\_\_\_\_\_\_\_\_\_\_\_. At $ \_\_\_\_\_\_\_\_\_ per adjustment, with re-examinations, in-office tractioning, and a home unit, your **total investment** could be as much as $ \_\_\_\_\_\_\_\_\_\_\_\_. **Seems like a lot of money**, **doesn’t it!”** (micro-agreement)

**Note:**

It is imperative that:

1. Your Financial C.A. enters into the report area with you and the patient when she hears the key words “**Total Investment**”. The patient subconsciously is making a time and financial agreement with both you and your C.A. at this point. It has been my experience that failure to have a C.A. in the room at this time reduces the number of closes, at this critical junction of your problem/solution report.

Or

1. It is also vital that the doctor must get commitments in both time and money, marks on the care plan which program the patient chose and hands off the patient to the C.A. to finalizes the payment. I recommend that the doctor writes the payment plan amount on the bottom of the financial agreement form. This can be done prior to or after an adjustment.

Alternatively, you can hand off the patient to a trained “Financial C.A.” who can complete the finances…after the doctor gets a commitment in time and money.

“However, what we have done, in **order to make it cost-effective** for everyone, is **cap the fee**, yet giving you the **same quality of care** for an investment of \_\_\_\_\_\_\_\_\_\_\_\_ (no dollars mentioned). **Sounds much better** doesn’t it? You are also in **good financial shape** because of your insurance/extended benefits of $\_\_\_\_\_\_\_\_. Therefore, your **actual investment** is only \_\_\_\_\_\_\_\_\_ (no dollars mentioned).

The **majority** of our patients do like to **take advantage** of our **one time payment**. Since this **saves my team time and paperwork**, we can **pass on additional savings of $** \_\_\_\_\_\_\_\_\_\_ on to our patients, for a **total savings of $** \_\_\_\_\_\_\_\_. **Sounds great, doesn’t it!** Looking at this one time option, is this something you are able to **take advantage** of today?” **(PAUSE)**

**Note:**

It is also important that your team obtains the patient’s extended benefit coverage and transfers that to the financial plans, which should be inside your new patient folders. I have also discovered that when you pause after showing the one time payment as scripted directly above, giving the patient a few minutes to formulate in their minds how they can best take advantage of that “one time payment”, you will have a higher close of one time payments. At this point if the patient is unable to take advantage of the one time, continue on to the following script**.**

“**I appreciate your honesty.** Let me review alternative care plans to find something that **works in your budget**. Or we can spread the payments out over 3, 10, or 12 monthly payments.

***Objection: “There is no way I can afford it”***

***P.T.*** *- “I just* ***can’t*** *afford it”*

***D.C.*** *“You can’t* ***afford not to?”***

***P.T.*** *“I know I can’t but there is no way I can afford this”.*

*D.C. “****IF*** *we could find a care program that works for you,* ***WOULD*** *you want the care?”*

***D.C.*** *“Is there* ***any*** *other reason besides this financial challenge, why you wouldn’t start this program?”*

***P.T.*** *“****No,*** *Doc, that’s it”*

“It is imperative that as we begin care, you stay with the recommended adjustment plan. Should you have to miss due to work or weather, please call us and **re-book that adjustment within 24 hours**, as the **body loves rhythm**, each adjustment **builds upon the last**, **creating a foundation for healing.**  This will give you **superior results**, and I’m sure that’s what you want, isn’t it.”

“When you get results, and I know that you will, we ask that you tell others. By the same token, if you are not progressing, please let me know, and I’ll book you in as a last appointment to reassess you.”

“I want you to get your family/spouse examined for subluxations as their exam is included in your own in the **next 7 days only**. **Welcome to our Chiropractic Family**.” (shake hands with patient)

**FINANCIAL C.A.**

“Jane, congratulations. I’m very glad to hear you’ve made this important decision towards regaining your health. This is a great thing you’re doing for yourself.”

What we are going to do now is find the most cost-effective plan for you in order to:

* Correct subluxations
* And get you on your way to correcting this problem, moving you back towards wellness.

What you need to understand first is:

* This is going to take 12 months (6 months, 3 months)
* And that it is important to complete the program properly

“Dr. \_\_\_\_\_\_\_\_\_\_\_ has recommended a full spinal correction program for you. This consists of a minimum of \_\_\_\_\_\_ adjustments. It’s important to know that to get the best results from these recommendations, you must maintain these recommendations.”

“Now, \_\_\_\_ adjustments at 55.00, the total is $\_\_\_\_\_\_\_. We will follow your progress very closely and every 12 (18, 24) adjustments we will do a re-exam to make sure we are on track with your results. We will also do follow-up spinal image and scans as well. This is an additional value of $\_\_\_.00 (your value). You have a \_\_\_\_\_\_\_\_\_ curve in your neck, which means you have lost the normal, healthy curve. To bring this curve back you will need to do cervical traction. We will get you started on this at your first re-exam and will monitor you in-office until your second re-exam, when we will graduate you to home traction. The in-office traction has a value of $\_\_\_ (your value) and the home unit is $\_\_ (your value). The total (investment or value) of your care is $\_\_\_\_(your value).”

“We understand that this is a large sum of money, so what we’ve done to allow people like yourself to receive a full correction program and keep it affordable, is **cap our fee**. The doctors **absorb the cost** of all the re-exams, x-rays, and scans as well as the cervical traction, including the home unit. They also absorb \_\_of the \_\_ adjustments. The total savings at this point is $\_\_\_\_ (your value) which means your fee is capped at $\_\_\_\_(your value) and that is a lot better than $\_\_\_\_ (your value) isn’t it?”

“It’s important for you to understand that the greatest benefit of our **health investment** program is that it is for doctor recommended care. If at any time, the doctor feels you require more than the original recommended amount of care, these extra adjustments are **absorbed** by the doctors. Any emergency/weekend care is also absorbed by the doctors. So no matter how much care you need by the end of the 12-month program, your care will not cost you more than the **capped** amount of $\_\_\_\_ (your value).”

“Once we establish what your capped fee is, we then go over our different payment options. We encourage all of our patients to take care of the financial arrangements at the beginning of care, so that you are able to focus only on the adjustment, on your health and on healing. This practice is a place of healing and we want to make sure you are happy here and getting the best results.”

“The first option is the one **most people take advantage of,** because it does have the most savings. It is a **one-time payment**. When the funds are available and you choose to take advantage of this option, we will extend to you an additional **10% (15%) savings** of $\_\_\_ (your value), making the investment for the entire 12 month (6 month, 3 month) program $\_\_\_\_ (your value). We are able to extend these savings to you because we are processing only one payment, not a number of payments and this saves us a lot of time, and so we pass that savings on to you.”

“It is important that you know that this is an **agreement and not a contract.** Should you at any time find it is necessary to stop care, the unused portion of the money is returned to you, **prorated for the services rendered.** We ask that depending on the payment program **any balance must be cleared before postdated payments are returned.**”

“Are you able to take advantage of the one-time payment today?”

 **Yes.** Great! How will you be taking care of that?

**No**. That is perfectly fine, we have other options available, and I know one of them will work for you!

“If yes: Now let me explain how your insurance coverage works. We will provide you with a detailed statement at the end of each month with all the necessary information, which you send to your insurance company. They will send you a check directly to you. We have found **insurance companies reimburse their clients much faster and with a lot less hassle.** You are in great shape since you have $\_\_\_ (patient’s value) available to you for this calendar year and another $\_\_\_ (patient’s value) available beginning next year. That’s $\_\_\_\_ you can get reimbursed toward your care bringing your actual investment down to ($\_\_\_\_). That’s much better than ($\_\_\_\_\_ isn’t it?). Many of our patients have no insurance coverage at all!”

### DAY 3

**NOTE:**

It is vital that patients are instructed on their welcome visit into your system on your practice’s etiquette on patient adjustment flow. This will save you time with regards to patients’ headrest paper, lying face down and adjustment time. This script is given by your front desk or tech C.A. while you are in prime time. This should only take 1 minute and will pre-frame your patients that the adjustment turn around time is short**.**

### WELCOME VISIT

#### 2 MINUTES RECEPTION/HOT SEATS/ADJUSTMENT ROOM

**EHR System : (Recommended Nuvasuite)**

“Welcome back, Jane. Today I am going to show you our adjustment procedure. Each time you come in the practice, you will sign in here (EHR, sign-in sheet, etc.). Take a seat on the hot seats here. If a room in open you may come in. Please place your glasses and wallet, large earrings, necklaces (anything which will interfere with the adjustment) in the bowl provided. Please take a fresh piece of headrest paper and place it here on the headrest.

Please lie down on your stomach with your nose here (point). When you lie down you will take:

* **Gravity off** your spine, allowing a better adjustment.
* **Relax your** **muscles and ligaments**…and
* **Allow your adjustments to last longer**

 After your adjustment please throw out your paper, and retrieve your belongings. See me at the front desk on your way out of the office to confirm your next adjustment. Thank you and have a great adjustment.”

**Travel Card System:**

“Welcome back, Jane. Today I am going to show you our adjustment procedure. After you sign in, I will give you a blue clipboard with your travel card. As soon as you receive your clipboard you can go ahead and have a seat here on our hot seats. When an empty room becomes available you may go ahead into the adjustment room. I need you to place your clipboard here (on desk), please place your glasses and wallet, large earrings (anything which will interfere with the adjustment) in the bowl provided. Please take a fresh piece of headrest paper and place it here (pat).

Please lie down on your stomach with your nose here (point). When you lie down you will take:

* **Gravity off** your spine, allowing a better adjustment.
* **Relax your** **muscles and ligaments**…and
* **Allow your adjustments to last longer**

After your adjustment please throw out your paper, and retrieve your belongings and bring your travel card back out to the front desk. See me at the front desk on your way out. Please confirm your next adjustment. Thank you and have a great adjustment.”

**1ST ADJUSTMENT PHONE CALL**

In every client’s office, we strive to excel in providing extra-ordinary service to our patients.

A first adjustment phone call can remove any “**Caveat Emptor**” (buyer beware), reduce “**third party poisoning**”, ensure them that their decision was right, comfort patients who may be a little tender with their first adjustment and allow the doctor to touch base/greet the spouse.

Never indicate to a patient that you will call them, always do the unexpected, the extraordinary and just call.

D.C. -“Hello Jane, this is Dr.\_\_\_\_\_\_\_\_\_. I was calling to see how you were doing after your first adjustment.”

Patient Response - Ok or feel better

D.C. -”Wonderful, I follow up with all of my patients as a courtesy call after their first adjustment. I just wanted to make sure you were OK I’ll see you next day.”

Patient Response – “I’m really sore!”

D.C. - “That can be expected with our first adjustment. If you are tender I want you to ice it for 10 minutes on, and 10 minutes off. I’ll see you next day.”

**DOCTOR’S REPORT**

**Opening**

Welcome to your Doctor’s Report…which is the first half of your report of findings. If you listen with your heart and your head tonight, I will inspire you with information that will literally change the way you feel about health, not only for yourself, but your family as well. We’ll talk about how the “SUBLUXATION” has detrimental effects on your health. How your body can actually heal itself and express its optimal health and healing potential, through its “INNATE INTELLIGENCE”. Why the healthiest people on the planet are under regular Chiropractic Care. At the end, it will be overwhelmingly obvious why everyone you know should be at least checked by a chiropractor for Subluxations. And for those of you who are guests, raise your hand. We’ll explain how you can get your spine checked for Subluxations.”

Right now, there is a wellness revolution going on. People are taking their own health into their hands. We have more heart disease, more cancer, more diabetes than ever before in the history on mankind, and the average person is only living until 80, whereas the human body is meant to last until 120.

So who ultimately is responsible for your health? You? Your insurance company? Or the government? That’s correct…you are! Tonight I want to review the how, with Chiropractic and a 4-dimensional model of wellness, we will help express the perfection within and add years to your life and life to your years.

**Body** – Shift in thinking from sick care to well care

**Close with another emotional story**

“How many of you, if you could save a life of someone you loved, if it didn’t endanger your own life, would want to do so (raise your hand). Our practice is as much as a healing practice as it is an educational practice. Our mission is that not only does our community gets checked for Subluxations, but the world as well. Our mission is a global one. On your clipboard is a form that says, “I Care To Share”. It is so vital that our community get check for subluxations, that Dr. \_\_\_\_\_ and myself have absorbed $200.00 off the investment of a new patient exam to only $67.

**Close with another emotional story**

There are 5 action steps that you can take tonight (1,2,3,4,5). I want you to think of the mother with migraines, the child with asthma, the baby with ear infections…. Those searching for hope (etc.). Write down their name, the action step that you would like to take and \_\_\_\_(exam doctor) will quickly check your posture, palpate your spine for subluxations to determine if you are a candidate for a subluxation check-up. If you are and you book your appointment tonight, I will absorb the entire investment of your exam.”

And for those of you who are guests…please raise your hands. I want you to step to the back with me to get a quick check-up for subluxations. We are going to quickly check your posture, palpate your spine, scan you with the subluxation scanner. If we feel you are a candidate for a Chiropractic check-up, when we book that appointment tonight, there will be no charge for the examination.

**BONUS SCRIPTING**

**Wellness Plan Presentation**

This is an effective script to use especially for fee increase presentations of your Wellness Care Plans.

**C.A.** “Hi Jane, I have your new wellness plan ready. This plan reflects our older Chiropractic care fee of [YOUR OLD FEE], saving you [$DIFFERENCE] per visit, as we have a fee increase to [YOUR NEW FEE] per adjustment this month. This plan is a Wellness Plan (WP1,2,3, or 4), meaning wellness adjustments every [THEIR FREQUENCY]”.

**C.A.** “When you pay for this Wellness Care Plan, it will also:

1. Cover you in any additional doctor recommended care adjustments as well as emergency care visits. Meaning extra necessary adjustments throughout the year are included.

**C.A**. “Last year when you were on your Wellness Care Plan, you saved $\_\_\_\_\_\_\_ (their last year savings)

**C.A.** “We have 3 available options for you. The first option is the 1-time payment option, which most of our patients choose, because it saves them the most money. This option gives you [YOUR DISCOUNT]. The second option is 3 payments of \_\_\_\_\_ saving you [YOUR SAVINGS @ 5%], and lastly is our 10 monthly payment option. Which plan works best for you?”

**PT.** “I think I’ll do the 1-time.

**OBJECTION MANAGEMENT**

I need to get adjusted 1x per week

I don’t know if I’ll need it for a full year