How to Talk to Clients About Money

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What you’ll learn

• Presenting treatment plans using body language and teaching tools
• Utilizing your healthcare team to present treatment plans and financing choices
• Responding when clients decline care
• Offering payment plans through third-party financing
• Staging care when clients cannot accept Plan A
• Collecting deposits for life-saving emergencies
• Offering choices when clients have limited financial resources or no money

Pet spending will reach a projected $61 billion in 2015, including $15 billion on veterinary care, according to the American Pet Products Association. Pet owners may not understand the financial investment in responsible pet ownership. The ASPCA estimates the annual minimum cost of owning a medium-sized dog is $695 while annual cat ownership expenses are $670. These estimates include basic care for food, veterinary checkups, cat litter, toys, treats, licensing and pet insurance.

Your healthcare team’s ability to confidently explain financial information to clients impacts their decisions to accept veterinary care. When asked about price, 34% of pet owners say veterinary care is higher than they expected, according to the Bayer Veterinary Care Usage Study.

Let’s look at how you would handle financial conversations for three scenarios for preventive care, sick patients and emergency care:

Preventive care visits

Pet owners may not budget for routine preventive care and be surprised at the cost. A pet owner with an adult dog age 1 to 6 can expect to spend $107 for a preventive care exam, distemper and rabies vaccines, intestinal parasite test and heartworm test, according to the American Animal Hospital Association (AAHA) Veterinary Fee Reference, 9th edition. Add 12 months of flea/tick and heartworm prevention estimated at $25 per dose or $300 for a year’s supply. This preventive care visit would total $407. Too often, pet owners perceive that “shots” were $407!

To help clients understand which services and products are needed for optimal preventive care, the technician should give an overview of services without prices. This lets you determine whether the pet owner has financial concerns, and then discuss them.

The technician should introduce himself, explain his role and prepare the client for which services are due. Say, “Good morning, I’m <your name>, the technician who will be assisting Dr. <Name>. For your preventive care visit, we will do a nose-to-tail exam, vaccines, heartworm/tick test, an intestinal parasite screen and refill 12 months of preventatives. I will take a brief history, collect samples for testing and get your pet’s temperature, pulse and respiration. Then the doctor will begin the exam. Is there anything else you want to discuss with the doctor?”

Say “preventive care exam” instead of “wellness exam.” Clients may perceive a wellness exam as optional, while a preventive care exam is actionable—and pet owners want to keep their best
friends healthy. Say “vaccines” instead of specific ones. Based on exam findings, the veterinarian may add or subtract vaccines. Saying, “We will refill” encourages 12 months of parasite protection.

Asking, “Is there anything else you want to discuss with the doctor?” identifies “Oh, yeah…could you also check…?” Up to half of well pets have a sick-pet problem—ears, skin or dental disease—so identify questions early so the doctor can prioritize which order to address concerns.

If clients ask about prices, prepare a treatment plan or access fees on computers in exam rooms. Then say, “Before deciding, let’s have the doctor perform an exam, and then help you prioritize which services and products your pet will need.”

If you notice nervous body language such as fidgeting or avoiding eye contact, ask, “Would you like to see a treatment plan that lists services and fees before we proceed?” If you’re unsure of the pet owner’s body language, invite the client to express any concerns. Say, “Do you have any questions before we perform these services, or shall we get started?”

The veterinarian should echo the services and products that the technician described and take a collaborative rather than confrontation approach if the pet owner has financial limits. Say, “Good morning, <client name> and <pet name>. During <pet name’s> physical exam, I’ll focus on 12 areas, including eyes, ears, nose and throat, teeth and gums, coat and skin, heart, abdomen, limbs and paws, urogenital system, lungs, gastrointestinal system, and weight. We will talk about my exam findings and what <pet name> needs. <Technician name> shared with me that you are concerned about the cost of care, so I will help you prioritize services based on your pet’s needs and your budget. We will work together to help <pet name> get the care she needs.”

This collaborative approach shows the doctor’s compassion and focuses the conversation on medical priorities rather than financial concerns.

If the client cannot afford all the preventive care services due today, take these actions:

**Schedule follow-up care now.** This lets you stage the preventive care, helping the client say yes and achieving optimal patient care. Before checking out for today’s services, schedule a follow-up care visit to finish the remaining services. For example, the patient had an exam and vaccines today but could not afford the heartworm/tick and intestinal parasite tests. Offer to schedule a technician appointment for the follow-up tests and explain the cost today. Try to schedule the diagnostics within the next two to four weeks, when the client is likely to have received another paycheck and the patient can get timely care.

**Enter a callback.** If the client won’t commit to a future appointment today, express empathy while being a patient advocate. Say, “I understand that you’re unable to do the heartworm/tick and intestinal parasite tests today. I will call you a courtesy reminder in one month. You can just schedule a technician appointment for those tests. We both want <pet name> to continue to be protected.” The 2003 American Animal Hospital Association compliance study found 38% of pet owners surveyed would return for a medical progress exam or procedure as directed by their veterinarian if the practice followed up.

Because veterinary medicine is a relationship business, use doctor and staff ID codes in your practice-management software. Each employee who interacts with a client would be tied to the
transaction. Doctors’ names commonly print on invoices so clients know which veterinarian delivered care to their pets. Likewise, do the same for technicians and front-desk staff. Each staff ID code would have an invoice description such as “Your technician today was Todd” and “Your client service representative today was Jill.” If a callback for the heartworm/tick and intestinal parasite tests were entered today, Todd and Jill would be linked to the callback.

Because the client will remember talking with Todd a few weeks ago, he would call and say, “Hello, <client name>. This is <technician name> from <Your Veterinary Hospital>. I am calling as a courtesy reminder that we need to do heartworm/tick and intestinal parasite tests for <pet name>. This is a 15-minute technician appointment. We can see <patient name> on Monday at 4 p.m. or Wednesday at 2 p.m. Which choice fits your schedule?” Known as the two-yes-options technique, this guides the pet owner to schedule an appointment and is more effective than “Do you want to make an appointment?”

Preventive care services and products generate 38% of hospital revenue, so it is equally important to practice health that you deliver optimal care to patients. Preventive care plans may help eliminate “Do you want?” negotiations in exam rooms. For example, a senior preventive care plan would include blood work and urinalysis. Follow the model in the pet insurance industry and aim for monthly payments ranging from $30 to $50. Don’t slap clients with sticker shock at checkout. Have you ever slapped a client? You probably have and didn’t realize it. While shadowing an exam during a consultation, I observed a client approach the front desk to pay. The receptionist said, “That will be $302 today,” slapping the client with sticker shock. The client replied, “Wow! That’s as much as my car payment.” Instead of slapping the client with the total, the receptionist should have read the list of services and products off the computer screen and said, “Today your dog had a preventive care exam, vaccines, an intestinal parasite screen and heartworm/tick screen. You have refills of his flea/tick and heartworm preventatives. Do you need any other medications or food today for any of your pets? Your total is $_____. Which payment method will you use today?”


Research from Banfield Pet Hospitals, a leader in preventive care plans with more than 1.4 million pets enrolled, indicates patient visits are typically double for plan users. At Banfield, plan holders with dogs average three visits annually while cats visit four times per year.

Here are third-party providers that provide financing for preventive care plans:

- Avimark Wellness, www.avimark.net
- Extend Credit Financing, www.extendcredit.com
- PaymentBanc Financing, www.paymentbanc.com

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Read the list of services and products off the computer screen, and then state the total. Don’t say prices for each item, just the sum. Besides showing value, this allows the client to add more items if needed. State which payment methods you accept so new clients know which credit card to pull out of their wallets.

When checking out new clients, say, “Which payment method will you be using today? We accept cash, checks, all major credit cards and third-party financing.” Besides subtly indicating that payment is due at the time of service, you’ve also let the new client know about all payment choices.

If a client has a multi-page invoice for a surgery, don’t read three pages of charges because the client will brace himself for a whopping total. Instead, state general categories such as “Your pet had a surgical procedure, which included an exam, preanesthetic testing, anesthesia, surgical monitoring, an IV catheter and fluids, pain-relief drugs, and nursing care. You’re also going home with an E-collar and pain medication. Your total is $____. Which payment method will you be using today?”

When you communicate value at checkout, you’ll hear more pet owners say, “Wow! Is that all?” instead of “Wow! It’s how much??!!?”

**Sick patient visits**

Whether a client is visiting for a pet’s preventive care, an illness or an emergency, always be upfront about prices. This avoids surprises for both you and the pet owner. During a sick-patient visit, the technician is key in setting client expectations.

Say, “Hello, <client name> and <patient name>. I’m <technician name>, the technician who will be assisting Dr. <Name> today. I understand that <patient name> has been vomiting for three days. I will ask you questions about her symptoms, and then the doctor will begin the exam. Once the doctor performs his exam, we will prepare a treatment plan that describes the services and fees. Then we will discuss your questions and the next steps.”

Once the veterinarian performs the exam, he will explain necessary diagnostics and answer the client’s questions. After the discussion, the doctor would say, “I will have my technician prepare a written treatment plan that lists the services that we just discussed, along with the fees. After you and the technician have reviewed it together, we can begin your pet’s treatment or discuss how you’d like us to proceed.”

**Always offer exams to concerned pet owners.** A receptionist should never say, “You could just wait and see if your dog is still limping tomorrow. Then you could call to schedule an appointment if he’s not better.”

A veterinarian needs to examine the pet to determine the cause of illness or injury and needed treatment. Never give free advice over the phone, which could cause harm to the pet. Here are two scenarios and how to respond:

If a work-in exam, say, “If your pet has been vomiting and/or had diarrhea for more than 24 hours, a doctor needs to examine it. Then our veterinarian can diagnose and treat your pet. Seeking treatment sooner can help alleviate your pet’s pain and let us provide care before the condition becomes serious. You should come in now for care. Let me give you directions on how to get here.”
If scheduling an urgent care exam, say, “If your dog is limping, you should seek care now. Our veterinarian will examine your dog to determine if the cause is an injury or illness. Then our doctor can let you know what services and treatment your dog will need. We also will provide you with a written treatment plan that explains services and fees before providing care. We have an urgent care exam available at 1 or 3 p.m. today. Which time fits your schedule?”

Don’t quote prices for sick-patient workups over the phone. A client may call you and explain that her cat has been vomiting and had diarrhea for three weeks. She may ask about the cost of care before visiting your practice. Because you don’t know the cause of her pet’s symptoms, you can’t quote accurate fees over the phone. Instead, explain your exam fee. This is the starting point for the cost of care. Without seeing the patient, you won’t be able to provide an accurate estimate of professional fees.

Say, “Let me explain what you can expect for an urgent care / emergency exam. The doctor will do a full medical exam, ask you questions about your pet’s symptoms and then let you know what specific treatment your pet will need. Then you can decide how you want us to proceed. Our urgent care / emergency exam fee is $_____. Once the doctor has examined your pet, we will provide you with a written treatment plan that describes the needed services and fees.”

Emergency visits
Emergency or specialty care can easily start at $1,000. Most pet owners will stop treatment of a sick or injured animal at $1,451, according to a DVM Newsmagazine survey. Veterinarians report that in 38% of cases, cost limited treatment. Another 32% report said cost influenced his or her decisions to treat, and 41% of respondents cite that cost was not a factor (multiple answers were allowed).

When facing non-life threatening emergencies, the technician would say, “For <pet name’s> emergency exam today, Dr. <Name> will perform a nose-to-tail exam, ask you questions about your pet’s symptoms, and then we will create a treatment plan that summarizes the services that <pet name> will need along with our fees. Then you can decide how you want to proceed. What questions do you have before we get started?”

Before hospitalizing a patient, provide a treatment plan and get the pet owner’s signature for consent. Clients need to know what care their pets will need and the associated fees. They don’t want a surprise bill at checkout, nor do you want to embarrass a long-time client who didn’t bring the right payment method(s) with her. Even when a favorite client says, “Just do everything,” provide a written treatment plan. When the total cost of care may be unknown, create a treatment plan to stabilize the pet.

A treatment plan has four purposes:
1. Gives you legal permission to treat
2. Explains needed medical care
3. Estimates the cost of care
4. States payment and deposit policies

Say, “To get your permission to admit your pet to the hospital, I need your signature on the treatment plan. We will keep a copy in your pet’s medical record, and I’ll also give you a copy to take home so you have information on the services and fees we discussed.”

Your payment policy on treatment plans could state: “Payment is due when services are provided. Deposits may be required for emergencies, infectious disease cases and new clients.”
For your convenience, we accept cash, checks and major credit cards. We offer <third-party financing>, an interest-free medical payment plan for qualifying clients."

When patients receive overnight hospital care, always call the client each morning with a medical and financial update. Let’s say your doctors and technicians do medical rounds together each morning at 8 a.m. When you finish rounds at 8:30 a.m., technicians and doctors would call clients with updates.  

Should you reach the limit of the treatment plan, explain the additional needed care and get verbal permission over the phone with another employee listening as a witness to confirm consent. Offer to email the client an updated treatment plan. She also could receive an updated treatment plan if she visits her hospitalized pet later that day.

Say, “<Client name>, I’m calling to let you know that <pet name> is feeling much better today. He ate breakfast this morning and is resting comfortably. The doctor is continuing pain medication and fluid therapy to keep your pet comfortable. <Pet name> will need another day of hospitalization, monitoring and medications. Because we did not anticipate an extra day of hospitalization and treatments in your original treatment plan, I want to let you know those fees. For <pet name’s> hospitalization, treatments and medications, the new amount will be $_____.

**Do we have your permission to provide the care that <pet name> needs?** I’m going to ask <employee name> to join our call to confirm that you agree to this treatment. Let me confirm your email so I can send you the updated treatment plan that we discussed over the phone. You’re welcome to come by and visit <pet name>. We’re open until 7 p.m. tonight. I also could have a copy of <pet name’s> updated treatment plan waiting for you at the hospital when you come to visit him.”

**Collect prepayment for life-saving emergencies**

If a walk-in emergency arrives, your medical team may not have time to prepare a detailed treatment plan before starting life-saving care. Have the receptionist immediately escort the client and patient into an exam room and alert the medical staff. The doctor and technician would begin assessing the patient in the exam room, and then take the pet to the treatment area. While the client waits in the exam room, the receptionist would step into the exam room to present an emergency authorization form. This form provides consent for life-saving care and has you collect initial funds so you know whether the client has financial limitations.

Here’s an emergency authorization form that you can adapt for your hospital:

Please initial one of the following two options:

___ I am authorizing the veterinarians at <Your Veterinary Hospital> to perform all necessary emergency treatment (i.e. intravenous fluid therapy, CPR, seizure control, pain control) and diagnostics (blood work, x-rays) up to the amount of $_____. When this limit has been reached, I will receive a revised treatment plan that explains the services and fees based on my pet’s condition at that time.

___ I cannot afford $_____ for emergency treatment and diagnostics; however, I am able to pay and authorize up to $_____ for emergency care for my pet. I understand that I must authorize at least $_____ for the initial exam of my pet. Before my indicated limit is exceeded, I will meet with the veterinarian to discuss further options.
I understand that emergency treatment does not guarantee the survival of my pet. I understand that this is a legal and binding contract, and it is my obligation to pay in full for all services rendered at the time of my pet's release from the hospital.

If your pet goes into cardiac arrest, please indicate how you would like our medical staff to proceed. Note: There will be additional charges if you chose to resuscitate.

Please initial one of the following two options:
_____ Resuscitate (CPR) _____ Do not resuscitate (DNR)

Signature of owner or responsible party

The client service representative would answer questions, have the client sign the emergency authorization form and collect the initial approved amount. The client would give the receptionist a credit card in the exam room. The receptionist would swipe the card on an exam-room computer or walk to the front desk to do so, and then return with the receipt to sign.

Use the term “prepayment” in place of deposit. Pet owners may misinterpret the term “deposit” to mean they will get money back when the pet is returned in good condition. It’s a common management practice for hospitals to collect a 50% prepayment or 100% of the low end of the treatment plan on emergencies. This helps reduce accounts receivable and bad debts while also making the client’s bill upon discharge smaller because half or more is paid in advance. Train staff on this policy so they can confidently explain it to clients.


Say, “I understand you’re concerned about the cost of your pet’s emergency care, which is $600. We offer <third-party financing>, a payment plan for approved clients, which has six months of deferred interest. Would $100 per month fit your family’s budget?”

Third-party financing isn’t just for emergencies. Clients can use it for dental procedures, preventive care, medications and more. Financing could help multi-pet families provide care to every pet, not just the one with the greatest medical needs.

Offer choices when clients have limited financial resources or no money, including:
- Ask the pet owner if he has friends or family who can loan him funds
- Split the invoice between multiple payment methods of cash, check and credit card
- Provide supportive care to the patient, giving the client time to make financial decisions
- Have an “Emergency Cash Options” reference sheet available that lists the closest ATMs, Western Union (in Wal-Mart, grocery stores, etc.), check-cashing businesses and pawn shops
- Suggest pet insurance for future care
- Relinquishment of pet ownership to a rescue group or shelter
- Establish an angel fund
Present treatment plans using body language and teaching tools

**Use positive body language when presenting a diagnosis or treatment plan.** Body language accounts for 55% of face-to-face communication. Don’t stand behind the exam table and talk across it. Clients might perceive this face-to-face posture as confrontational. Instead, stand at the end of the exam table, forming a L-shape between you and the client.

Even better: Stand on the same side of the exam table, shoulder-to-shoulder with the client. This body language is collaborative rather than confrontational.

Consider rolling stools for doctors to sit as they explain the diagnosis. Your goal is to be on the same eye level as the client. If the client is seated, you should be, too. Sit in a stool or kneel so you are eye-to-eye. If the client is seated and the doctor is standing, he is in a position of dominance.

**Use visual teaching tools.** Most pet owners have never seen an animal’s dental procedure or surgery from start to finish. Some may even question, “Oh, my pet has to go under anesthesia?”

Create photo books using websites such as Shutterfly, Walgreens or Costco. Place photo books in each exam room and your lobby. Be sure that photos are kid-friendly because children will want to see the images you’re showing to their parents. Take a photo of a smiling technician in your in-clinic lab to demonstrate preanesthetic testing—don’t show a jugular blood draw on a patient (frightening!). If showing a surgery, take a wide-angle photograph of the patient covered with a surgical drape, a technician assisting, the veterinarian performing surgery and monitoring equipment. Avoid showing any blood.

For a digital option, create slideshows on digital photo frames, tablets or exam room computers. When computer hibernate, your slideshow becomes the screen saver.


**Explain service first, price last.** Use the term “treatment plan,” which emphasizes needed medical care. Avoid saying “estimate,” which centers on price. Clients may jump to judgment if they see prices first without understanding the procedure. Educating clients before showing prices helps them make informed decisions. Cover prices with a dental report card (Virbac brochure #VP028) or preanesthetic-testing brochure. Explain each item, pointing to the left column of medical services. After you’ve shared step-by-step photos and discussed medical services, reveal the price.

Which goals will you implement from today’s training?

1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________
References: