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Healthcare providers know that using voicemail to field missed calls is as impersonal as a lacking bedside manner. And when it comes down to it, the more calls you miss, the less you grow. That’s why many healthcare providers look to Specialty Answering Service to provide exceptional 24/7 live-operator customer support.

If you’ve never used a call center, or if you are using a service and want to do a side-by-side comparison, then this Medical industry analysis of a few of our valued clients will point you in the right direction.
Start with **Programming Basics**.

Succinct, straightforward scripts are the key ingredient to a successful phone call. Whether you’re using SAS as an answering service or virtual receptionist, guiding the operators by way of frequently asked questions or specific language to employ will ensure that calls flow smoothly for the customer and operator alike.

We’ve broken programming down into two parts.

**Part 1**
*Frequently Asked Questions*

**Part 2**
*Call Handling Cross Section*
Part 1: *Frequently Asked Questions*

FAQs allow our receptionists to provide general knowledge via phone rather than take a message. The majority of accounts contain details such as location, business hours, phone number, and website. Additional questions are formatted with concise, uncomplicated language.

**Here's how four of our Medical clients personalized their FAQs.**

**A**
- What types of issues do you specialize in?
- Are all staff members registered nurses?

**B**
- What are the names of the physicians in your practice?
- What types of insurance do you take?

**C**
- What hospitals is the doctor affiliated with?
- What forms of payment do you accept?

**D**
- What conditions do you treat?
- Can any procedures be done as outpatient?

**Insurance Basics:** When people are in need of medical care, they have an abundance of questions, the first of which is usually, “Do you accept my insurance?” It is beneficial to include information in your FAQs about the types of plans that you work with in addition to general out-of-pocket costs for self-pay patients.
Start with **Programming Basics**

**Part 2: Call Handling Cross Section**

Call handling, or scripting, is what the operators use to interact with your customers. You might have different instructions based on the caller’s question or issue, or maybe you want a basic message for all calls.

As you can see below, scripts run from simple lead capture to more involved scenarios.

<table>
<thead>
<tr>
<th>Employee Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calling in Sick</strong></td>
</tr>
<tr>
<td>Gather Employee’s Name, Number, Shift Start Time, Client’s Name</td>
</tr>
<tr>
<td>Reach on-call and email message</td>
</tr>
<tr>
<td><strong>Emergency Testing</strong></td>
</tr>
<tr>
<td>Gather First Name, Company, Number, Location of Mobile</td>
</tr>
<tr>
<td>Reach on-call and email message</td>
</tr>
<tr>
<td><strong>Client Concern</strong></td>
</tr>
<tr>
<td>Gather Name, Number</td>
</tr>
<tr>
<td>Reach on-call and email message</td>
</tr>
<tr>
<td><strong>Unable to Log In</strong></td>
</tr>
<tr>
<td>Gather Employee’s Name, Number, Shift Start Time, Client’s Name</td>
</tr>
<tr>
<td>Email message</td>
</tr>
</tbody>
</table>
Start with Programming Basics // Part 2: **Call Handling Cross Section**

**INTERESTED IN SERVICES**

- Gather Name, Number, Regarding
- Reach on-call and email message

**BILLING CALLS**

- Gather Name, Number, Regarding
- Email message

**ALL OTHER CALLS**

- Does this need to be paged out now, or can it wait until the next business day?

**Paged Now**
- Gather Name, Number, Regarding
- Reach on-call and email message

**Can Wait**
- Gather Name, Number, Regarding
- Email message
 PATIENT CALLING

Business Hours: Go to a Closing and let caller know to dial the main number.

After-Hours: Which doctor are you seeing?

Is this an urgent matter?
If YES, gather Name, Number, Email Address, Regarding
↓
Text on-call doctor
If NO, go to a Closing and let caller know to call back during business hours.

CALLING FROM A HOSPITAL OR DOCTOR’S OFFICE

Business Hours: Go to a Closing and let caller know to dial the main number.

After-Hours: Which doctor are you calling for?
Are you a doctor or a nurse?
If DOCTOR / NURSE, gather Doctor’s Name, Number, Email Address, Patient’s Name, Regarding

↓
Text on-call doctor

If OTHER, is this an urgent matter?

↓
If YES, gather Name, Number, Email Address, Regarding

↓
Text on-call doctor

If NO, go to a Closing and let caller know to call back during business hours.

---

CALLING ABOUT A PRESCRIPTION

Business Hours: Go to a Closing and let caller know to dial the main number.

And is this prescription for insulin, a blood thinner, or a steroid?
If YES / NO, are you completely out of your prescription?

↓
If YES / NO, which doctor are you seeing?

↓
Gather Name, Number, Email Address, Regarding

↓
Text on-call doctor
Start with Programming Basics // Part 2: Call Handling Cross Section

CALLING ABOUT AN APPOINTMENT

Business Hours: Go to a Closing and let caller know to dial the main number.

After-Hours: Go to a Closing and let caller know to call back during business hours.

ALL OTHER CALLS

Business Hours: Go to a Closing and let caller know to dial the main number.

After-Hours: Go to a Closing and let caller know to call back during business hours.

CALLING FOR AN APPOINTMENT

Are you a new or existing patient?

If NEW / EXISTING, gather Name, Number

Would you like your appointment on a Tuesday or Thursday?

Access Google Calendar and schedule appointment

Text doctor and office staff
CALLING TO CANCEL / RESCHEDULE AN APPOINTMENT

Gather Name, Number, Original Appointment Date / Time, Regarding

Text doctor and office staff

EMERGENCY CALLS

Is this a life-threatening emergency?

If YES, refer caller to 9-1-1 or emergency room.

Offer to take a message.

If YES, gather Name, Number, Regarding

Text doctor and office staff

If NO, gather Name, Number, Regarding

Text doctor and office staff

ALL OTHER CALLS

Gather Name, Number, Regarding

Text doctor and office staff
ARE YOU A NEW PATIENT OR AN EXISTING PATIENT?

New Patient

Is this an urgent matter?
If YES, have you ever had an appointment with the doctor before?
If YES, gather Name, Number, Regarding
Attempt 2 warm transfers
Text doctor and email office staff
If NO, tell caller to dial 911 or visit the nearest ER.
Gather Name, Number, Regarding
Text doctor and email office staff
If NO, gather Name, Number, Regarding
Text office manager and email office staff

Existing Patient

Is this an urgent matter?
If YES, gather Name, Number, Email Address, Regarding
If NO, would you like to schedule an appointment or request medication?
Text office staff and email office manager
If NO, would you like to schedule an appointment or request medication?
If NO Answer, Reach On-Call
If APPOINTMENT or MEDICATION, Warm Transfer twice during Business Hours
Text doctor and email office staff
CALLING TO RESCHEDULE AN APPOINTMENT

Gather Name, Number, Regarding
Warm Transfer twice during Business Hours
Text doctor and email office staff

CALLING FOR A SPECIFIC PERSON

What is the name of the person you’re trying to reach?
Gather Name, Number, Regarding
Warm Transfer once during Business Hours
Text the person the caller requested and email office staff

ALL OTHER CALLS

Gather Name, Number, Regarding
Text office manager and email office staff

Answering Service Industry Analysis: Medical
www.specialtyansweringservice.net
The details above are just the tip of the iceberg. There are all kinds of things that you can add to your script, such as Appointment Confirmation Emails, Custom Integrations for Online EMR software, Continuous Reach On-Call for emergencies, and more!
CHAPTER 2:

Evaluating Statistics by Call Type.

Depending on the nature of your medical practice, inbound call statistics can vary. For example, primary care physicians often see a major uptick during flu season while allergists will be in full swing when spring and fall pollen is at its worst.

Understanding your call traffic helps SAS staff accordingly, and the data trend will give you an indication of which months might cost you a bit more or a bit less so that you can plan ahead from a financial standpoint.

Check out the 2017 call volume breakdown for these four clients.

Whether you’re looking for the total number of calls or calls segmented by type, we have you covered. Knowing peak hours will help you determine whether to use SAS 24 hours a day or just for after-hours or overflow support.
Answering Service Industry Analysis: Medical

January 2017: 29 calls
- Dialed Out: 17%
- Urgent: 9%
- Emergency Testing: 58%
- Log-In Issues: 10%
- Info Only – Answered Question, Solicitor, Wrong Number: 0%
- All Other Non-Urgent: 3%

February 2017: 42 calls
- Dialed Out: 16%
- Urgent: 17%
- Emergency Testing: 48%
- Log-In Issues: 7%
- Info Only – Answered Question, Solicitor, Wrong Number: 5%
- All Other Non-Urgent: 2%

March 2017: 19 calls
- Dialed Out: 16%
- Urgent: 11%
- Emergency Testing: 50%
- Log-In Issues: 5%
- Info Only – Answered Question, Solicitor, Wrong Number: 0%
- All Other Non-Urgent: 2%

April 2017: 45 calls
- Dialed Out: 13%
- Urgent: 9%
- Emergency Testing: 62%
- Log-In Issues: 14%
- Info Only – Answered Question, Solicitor, Wrong Number: 2%
- All Other Non-Urgent: 2%

May 2017: 57 calls
- Dialed Out: 18%
- Urgent: 5%
- Emergency Testing: 53%
- Log-In Issues: 3%
- Info Only – Answered Question, Solicitor, Wrong Number: 3%
- All Other Non-Urgent: 3%

June 2017: 93 calls
- Dialed Out: 12%
- Urgent: 12%
- Emergency Testing: 57%
- Log-In Issues: 12%
- Info Only – Answered Question, Solicitor, Wrong Number: 1%
- All Other Non-Urgent: 2%

July 2017: 45 calls
- Dialed Out: 16%
- Urgent: 16%
- Emergency Testing: 58%
- Log-In Issues: 8%
- Info Only – Answered Question, Solicitor, Wrong Number: 0%
- All Other Non-Urgent: 2%

August 2017: 38 calls
- Dialed Out: 21%
- Urgent: 16%
- Emergency Testing: 50%
- Log-In Issues: 5%
- Info Only – Answered Question, Solicitor, Wrong Number: 3%
- All Other Non-Urgent: 2%

September 2017: 51 calls
- Dialed Out: 16%
- Urgent: 18%
- Emergency Testing: 55%
- Log-In Issues: 16%
- Info Only – Answered Question, Solicitor, Wrong Number: 4%
- All Other Non-Urgent: 2%

October 2017: 29 calls
- Dialed Out: 4%
- Urgent: 45%
- Emergency Testing: 4%
- Log-In Issues: 6%
- Info Only – Answered Question, Solicitor, Wrong Number: 10%
- All Other Non-Urgent: 2%

November 2017: 42 calls
- Dialed Out: 16%
- Urgent: 6%
- Emergency Testing: 59%
- Log-In Issues: 5%
- Info Only – Answered Question, Solicitor, Wrong Number: 2%
- All Other Non-Urgent: 2%

December 2017: 56 calls
- Dialed Out: 22%
- Urgent: 10%
- Emergency Testing: 48%
- Log-In Issues: 10%
- Info Only – Answered Question, Solicitor, Wrong Number: 9%
- All Other Non-Urgent: 2%
Answering Service Industry Analysis: Medical

January 2017: 70 calls, 86% Urgent Matter, 7% Call Back Later - After Hours, 6% Call Main Number - Business Hours, 1% Non-Urgent, 7% Other
February 2017: 85 calls, 78% Urgent Matter, 3% Call Back Later - After Hours, 7% Call Main Number - Business Hours, 1% Non-Urgent, 14% Other
March 2017: 52 calls, 65% Urgent Matter, 7% Call Back Later - After Hours, 2% Call Main Number - Business Hours, 1% Non-Urgent, 10% Other
April 2017: 59 calls, 86% Urgent Matter, 7% Call Back Later - After Hours, 1% Call Main Number - Business Hours, 6% Non-Urgent, 1% Other
May 2017: 82 calls, 79% Urgent Matter, 2% Call Back Later - After Hours, 1% Call Main Number - Business Hours, 11% Non-Urgent, 3% Other
June 2017: 54 calls, 80% Urgent Matter, 7% Call Back Later - After Hours, 2% Call Main Number - Business Hours, 4% Non-Urgent, 1% Other
July 2017: 83 calls, 60% Urgent Matter, 3% Call Back Later - After Hours, 12% Call Main Number - Business Hours, 21% Non-Urgent, 18% Other
August 2017: 65 calls, 73% Urgent Matter, 2% Call Back Later - After Hours, 12% Call Main Number - Business Hours, 14% Non-Urgent, 19% Other
September 2017: 58 calls, 65% Urgent Matter, 2% Call Back Later - After Hours, 14% Call Main Number - Business Hours, 19% Non-Urgent, 19% Other
October 2017: 76 calls, 83% Urgent Matter, 7% Call Back Later - After Hours, 9% Call Main Number - Business Hours, 1% Non-Urgent, 7% Other
November 2017: 92 calls, 52% Urgent Matter, 6% Call Back Later - After Hours, 34% Call Main Number - Business Hours, 22% Non-Urgent, 6% Other
December 2017: 108 calls, 50% Urgent Matter, 6% Call Back Later - After Hours, 34% Call Main Number - Business Hours, 6% Non-Urgent, 6% Other
Answering Service Industry Analysis: Medical

LEGEND:
- General Message
- Appointment Set
- Appointment Refused
- Cancel / Reschedule Appointment
- Patient Emergency
- Info Only – Answered Question, Solicitor, Wrong Number

January 2017: 152 calls
- General Message: 24% (38% of total)
- Appointment Set: 14% (19% of total)
- Appointment Refused: 14% (13% of total)
- Cancel / Reschedule Appointment: 3% (5% of total)
- Patient Emergency: 3% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 21% (33% of total)

February 2017: 149 calls
- General Message: 27% (35% of total)
- Appointment Set: 13% (17% of total)
- Appointment Refused: 13% (8% of total)
- Cancel / Reschedule Appointment: 5% (8% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 14% (31% of total)

March 2017: 156 calls
- General Message: 28% (33% of total)
- Appointment Set: 8% (17% of total)
- Appointment Refused: 8% (14% of total)
- Cancel / Reschedule Appointment: 1% (2% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 14% (33% of total)

April 2017: 180 calls
- General Message: 16% (42% of total)
- Appointment Set: 14% (39% of total)
- Appointment Refused: 5% (9% of total)
- Cancel / Reschedule Appointment: 7% (9% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 23% (43% of total)

May 2017: 218 calls
- General Message: 17% (39% of total)
- Appointment Set: 14% (23% of total)
- Appointment Refused: 9% (9% of total)
- Cancel / Reschedule Appointment: 7% (9% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 25% (43% of total)

June 2017: 262 calls
- General Message: 17% (43% of total)
- Appointment Set: 9% (23% of total)
- Appointment Refused: 5% (9% of total)
- Cancel / Reschedule Appointment: 5% (9% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 25% (41% of total)

July 2017: 197 calls
- General Message: 13% (37% of total)
- Appointment Set: 9% (19% of total)
- Appointment Refused: 9% (14% of total)
- Cancel / Reschedule Appointment: 6% (9% of total)
- Patient Emergency: 2% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 26% (41% of total)

August 2017: 230 calls
- General Message: 19% (32% of total)
- Appointment Set: 9% (14% of total)
- Appointment Refused: 9% (14% of total)
- Cancel / Reschedule Appointment: 3% (4% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 28% (40% of total)

September 2017: 283 calls
- General Message: 17% (41% of total)
- Appointment Set: 14% (23% of total)
- Appointment Refused: 4% (9% of total)
- Cancel / Reschedule Appointment: 4% (9% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 23% (41% of total)

October 2017: 200 calls
- General Message: 15% (43% of total)
- Appointment Set: 11% (10% of total)
- Appointment Refused: 3% (5% of total)
- Cancel / Reschedule Appointment: 5% (7% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 27% (45% of total)

November 2017: 241 calls
- General Message: 20% (41% of total)
- Appointment Set: 13% (13% of total)
- Appointment Refused: 10% (13% of total)
- Cancel / Reschedule Appointment: 7% (9% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 24% (41% of total)

December 2017: 195 calls
- General Message: 12% (45% of total)
- Appointment Set: 7% (13% of total)
- Appointment Refused: 7% (13% of total)
- Cancel / Reschedule Appointment: 3% (5% of total)
- Patient Emergency: 1% (1% of total)
- Info Only – Answered Question, Solicitor, Wrong Number: 22% (45% of total)
Putting it All Together

Call Volume Statistics.

Taking an average of the data for all four medical clients, in 2017, we answered approximately:

- **1,901 calls**
- **5,524 minutes**
- **3.12 minutes per call**

<table>
<thead>
<tr>
<th>Client</th>
<th>Answered calls</th>
<th>Total minutes</th>
<th>Average call length minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>402</td>
<td>1,267.53</td>
<td>3.15</td>
</tr>
<tr>
<td>B</td>
<td>932</td>
<td>3,334.36</td>
<td>3.58</td>
</tr>
<tr>
<td>C</td>
<td>2,546</td>
<td>8,321.65</td>
<td>3.27</td>
</tr>
<tr>
<td>D</td>
<td>3,722</td>
<td>9,172.94</td>
<td>2.46</td>
</tr>
</tbody>
</table>
CHAPTER 4:

The Cost for **Amazing Service.**

At SAS, we strive to provide cost-effective service that is designed to improve your day-to-day operations and make your life easier.

Based on our data, the average healthcare provider can expect to pay around:

- **$536 per month**
- **$6,437 per year**

Consider this. According to Glassdoor.com, the average salary for a full-time receptionist is around $29,000. That's more than twice the annual invoice total for our busiest medical office clients, and it doesn't take into account overhead costs such as insurance and equipment!

<table>
<thead>
<tr>
<th>Client</th>
<th>Average Monthly Cost</th>
<th>2017 Invoice Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>137.94</td>
<td>1,655.30</td>
</tr>
<tr>
<td>B</td>
<td>262.08</td>
<td>3,145.01</td>
</tr>
<tr>
<td>C</td>
<td>805.93</td>
<td>9,671.19</td>
</tr>
<tr>
<td>D</td>
<td>939.75</td>
<td>11,276.98</td>
</tr>
</tbody>
</table>
Ultimately, what are the benefits of using Specialty Answering Service over having an answering machine manage your missed calls? Reviewing the call and cost data as a whole, the answer is clear.

**If you’re looking for ways to justify cost, this generalization will do the trick:**

- You receive 1,901 calls per year.
- As a result of your busy practice, you miss 323 of these calls, or about 17%.
- Instead of leaving you a voicemail, callers just dial the next provider in the phone book.
- We’ll guesstimate that 200 calls would have resulted in new patient appointments.

- According to a BlueCross BlueShield of California cost list from 2015, found on TrueCostOfHealthCare.org, the average insurance payout for a moderately complex new patient exam is between $84 and $122. So, we’ll go with $100.
- Then, factoring in those patients who are uninsured, Johns Hopkins Bloomberg School of Public Health tells us that the average new patient appointment is $160.
- The average cost of having SAS capture the missed calls might be somewhere between Client B and C’s invoice total. We’ll round it up to $6,500.
Now, let’s imagine two scenarios:

---

**Insured Patient**

- 200 appointments x $100 = $20,000
- $20,000 - $6,500 = $13,500

**Uninsured Patient**

- 200 appointments x $160 = $32,000
- $32,000 - $6,500 = $25,500

---

**Without SAS:**

**Insured Patient**

You lose $20,000 per year in new patient fees.

**Uninsured Patient**

You lose $32,000 per year.

---

**With SAS:**

**Insured Patient**

You gain back $13,500 of the revenue that blew out the window when your answering machine picked up.

**Uninsured Patient**

You’ll have $25,500 net revenue.
Taking You Farther, Faster.

With Specialty Answering Service on your side, you will have the freedom to worry less about what you’re missing and the time to focus on the reason that you became a healthcare provider: improving people’s wellbeing, one visit at a time.

Contact SAS today, and get ready to open the door to continued growth, happier patients, and a healthier bottom line!