

## Constant Contact Survey Results

**Survey Name:** Discounts and Charge Capture 2015

**Response Status:** Partial & Completed

Sep 11, 2015 11:23:13 AM

1. Do RDVM's receive a discount at your practice? If YES, please describe in comments (max 100 words). - Comments		
	Number of Response(s)	Response Ratio
Yes	8	100.0%
No	0	0.0%
<b>Total</b>	8	100%
<b>Answer</b>		
20%		
Any veterinarian receives a courtesy exam and an overall 20% discount for their personal pets.		
Sales of products (non-controlled drugs, blood products) to a veterinary practice is generally cost + 10/20%.		
typically 25% but may vary based on specialist discounting and how good of a RDVM they are		
50 - 100%		
10% professional discount		
20% professional courtesy		
Only professional fees are discounted. The amount of the discount can vary depending on how often the rdvm refers cases. Typically, the initial professional exam fee is waived and possibly a portion of the professional surgery fee (if applicable).		
25% across the board		
2. Do referring hospital employees receive a discount at your practice? If YES, please describe (max 100 words). - Comments		
	Number of Response(s)	Response Ratio
Yes	7	87.5%
No	1	12.5%
<b>Total</b>	8	100%
<b>Answer</b>		
20%		
Any professional in the veterinary industry qualifies for an overall 10% discount for their personal pets.		
full time employees of RDVMs receive 10% discount		
I believe it is 25%		
10% professional discount		
Typically referring hospital employees receive a professional fee discount of 25%.		
10% for techs and CSR's actively employed by rDVM practices		

### 3. What % discount do your employees receive on services? (max of 200 words) - Responses

#### Answer

0%.

Employees receive a pet benefit amount to be used towards billing on any services. FT employees get \$100 per quarter added to their pet benefit account. The account accrues year to year but cannot be paid out at the end of employment.

Examinations are complimentary.

Services are discounted 20% and commission is paid to the doctor on the resulting total.

Full time team members are granted a yearly taxable stipend to pay for services only (after 20% disc). Access to stipend monies requires a deductible of \$100 per pet per year. Stipend dollars used are reported as a taxable benefit on payroll, such that it is used to calculate taxes on that paycheck. Many times the taxable benefit has to be distributed over several paychecks.

Generally stipend amounts are \$1500 per year and increase \$125 per year of service.

Stipend moneys may not be used for items invoiced at cost + 10%.

Remove dispensing fees and professional services (exam fees, etc.), then 35% discount

Employees receive 50% discount on services and medications. They receive spay/neuter for free from our Intern Doctors. They receive immunizations for free. They receive food at hospital cost.

50%

We also sponsor Trupanion insurance. We pay equivalent to 50% premium and deductible.

We offer pet benefits as a part of the benefit package. The amount increases with years of service, maxing out at \$5000. Emergency is covered 100% by benefits, for specialty services, employees have to pay 30% out of pocket, then utilize benefits.

100% professional discount, 50% hospital discount.

50% discount off all charges. There are a few items that are not discounted because they cannot be marked up as much - e.g. Total hip implants, stents, etc.

### 4. Do former employees receive a discount? If YES, please list % and/or details in comments. (max of 200 words) - Responses

#### Answer

No

Any professional in the veterinary industry receive an overall 10% discount.

no

No, former employees do not receive discounted fees.

Yes. if they are still in the veterinary industry.

No

Typically they do not; however, if the attending clinician wishes to discount his/her professional exam fee, they can do so.

No

### 5. How are prescription medications priced for employees? (max of 200 words) - Responses

#### Answer

Full

We invoice employees all medications (regardless of type, route) at cost + 10%. The provider code is changed so no commission is paid. All medications are taxed.

remove dispensing fees then 35% discount.

Prescriptions are at 50% discount.

cost + 10%

35% off client cost

If taken from hospital inventory, employees receive a 50% discount (this is a hospital fee). If ordered from a vendor through the hospital, employees pay cost.

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50% discount off client prices

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**6. How are laboratory tests priced for employees? (max of 200 words) - Responses****Answer**

Full

Several DVMs maintain personal accounts with the lab and allow employees to use this so they can get lab tests at direct cost but this requires payment to the individual DVM.

In house laboratory tests are considered services and discounted as other services. 20% and eligible for taxable stipend use.

Outside lab tests are invoiced at cost + 10% and no commission is paid.

35% off in house labs, local IDEXX lab gives 100% discount

In-house diagnostics are 50%, our lab partner provides a 100% discount for labs sent to them.

same as employee discount if in-house.

cost +10% send-out

they are covered by pet benefits (if employee has benefits available)

In-house laboratory tests are discounted 50%; the diagnostic interpretation portion (which is a professional fee) is discounted 100%. If a referred laboratory extends a discount (for example, 50% for hospital employees), that discount is extended to the employee.

50% discount off client prices.

**7. How are diets and preventatives priced for employees? (max of 200 words) - Responses****Answer**

food is just above cost; vaccines are considered a standard injection fee of \$24.

Prescription diets, HW, flea/tick are invoiced at cost + 10%.

Food and preventatives are cost plus 10%

Food is at cost, any other items are at 50% discount.

cost + 10%

20% off client cost

If taken from our inventory, employees receive 50% discount. If ordered through the hospital, employees pay cost.

Cost plus 10%

**8. How are vaccinations priced for employees? (max of 200 words) - Responses****Answer**

vaccines are considered a standard injection fee of \$24.

Yearly wellness (exams, vaccines) are invoiced as flat dollar amount per pet per year, regardless of what is given in that time.

Wellness fees are eligible to use taxable stipend after \$100 deductible per pet per year.

Cost plus 10%

Vaccinations are at no cost.

normal discount, 50%

covered by benefits (if employee has benefits available)

We don't offer vaccinations.

Special pricing that takes into account vaccine cost, syringe, etc.

**9. How are cremation services priced for employees? (max of 200 words) - Responses****Answer**

Free because the cremation service offers this

Cremation and urns are invoiced at cost + 10% and no commission paid.

Local crematory gives free common cremation and 50% off private cremation

Cremation services are discounted by our provider, free to employees. Additional services, special vases, boxes, etc. are discounted at various levels.

0, our crematory does not charge us for employee pet cremations.		
covered by benefits (if employee has benefits available)		
The pet services funeral home extends a 50% discount for employees and 100% discount to doctors. Employees pay cost only.		
I believe that we get a discounted price from the rDVM hospital that provides the cremation for us.		
<b>10. If your practice has individually owned services, do the employees of other services receive the same discount at each service? If NO, how is that</b>		
	<b>Response</b>	
	<b>Number of Response(s)</b>	<b>Ratio</b>
Yes	4	57.1%
No	0	0.0%
<b>Total</b>	7	100%
<b>Answer</b>		
N/A		
NA		
n/a		
Anyone within our conglomeration of companies is considered an employee and receives the employee discount.		
<b>11. Comment on any efforts that you have made that have had a significant impact on decreasing costs of inventory: decreased total inventory, better</b>		
<b>Answer</b>		
cubex use has been most effective for us.		
We still had staff pulling fluid bags from general stock and had to focus on this...not allowing any open boxes of fluids on the main floor.		
Regarding employee purchases, we purchase once a month as to not have to stock excess. The purchased are invoiced through Impromed by the person placing the order. So employees are billed for the order regardless of whether they pick it up.		
Otherwise we do FIFO and order weekly.		
This is brand new so we don't have a bottom line yet, however, we recently pulled ALL inventory off of our shelves. We located all inventory into a newly created "central storage facility" We then ran reports of average usage of supplies and medications for each location and restocked the shelves with a 2 week supply. We now take stock twice a week and restock according to depletion of items and only order from our vendor to restock "central supply". Our orders with our vendors have gone down 1000% in the past few weeks since doing this as our "central supply" has probably a one-month or more stock currently.		
We are equating it to our central supply being the Grocery Store, our Hospitals are the Customers of the Grocery Store so we now order from our vendors to stock the Grocery Store, not the Hospitals themselves. So the customers will never run out as we have the supply at the Grocery Store and the Grocery store now dictates the orders.		
We have instituted lean techniques in ordering and inventory par levels.		
We use cubex to monitor usage and par levels.		
We don't track the bottom effect. However, we did reduce our on hand inventory by \$1,000 in one set of cabinets in the ER/ICU.		
We also use Amerinet contract pricing. Do track overall savings however, many items are 10%-15% cheaper.		
Our inventory technician fosters relationships with our vendors; vendors offer discounts and promos regularly. All clinical staff members are responsible for noting when a particular medical supply and/or pharmacy item needs to be replenished. Our inventory technician tracks when items will expire and takes this into account when ordering.		
We have multiple practices under one roof. We have combined pharmacy and some supplies to eliminate duplication, expiration of drugs, and reduce inventory. We are shopping costs better and putting inventory items out to bid. We do not have any metrics yet to see what impact this has had on expenses. We hope to do that later this year.		

**12. Please comment on employee balances. How much can they charge, payment terms, are they required to apply for financing or to use a service like**

**Answer**

Employee Pet Policy

-For anything other than routine vaccinations, doctor should prepare an estimate at regular cost and then discount PROFESSIONAL SERVICES ONLY, as he/she feels appropriate.

-For anything other than routine vaccinations, employee MUST leave a deposit just as any other customer would.

-Each part time or full time employee earns up to \$400 of pet benefit in one year. New hires will begin earning pet benefit after their first 60 days of employment. Occasional employees and contractors are not eligible for this benefit.

-The pet benefit dollars do not expire, but they are a personal benefit only for the employee and are non-transferable.

-The pet benefit will be administered/applied to outstanding invoices on a quarterly basis. After application, statements will be created and given to managers for dissemination. Anyone with an open balance will be given a statement, regardless of whether there is a payment plan in place or not.

- Employees have 6 months to pay off their outstanding balance with \_\_\_\_\_. Anything longer than this is not fair to other employees and customers, the doctor who assisted, and the hospital. Please keep in mind that employees can also use Care Credit and/or credit agreements to pay off their balances just as any other client.

- Upon termination, the pet benefit stops accruing and is forfeited. Any outstanding balances at time of termination will be taken out of the employee's final check(s).

- \_\_\_\_\_ and its doctors reserve the right to refuse service if an employee's balance is deemed excessive. Non-compliance with this policy will result in discussions with HR and could result in termination

13. ER - DVMs enter charges during their shift

specialty services - techs enter most charges for some services and DVMs review. Some DVMs still enter charges.

If charges are missed, service contacts client to explain or it often is left off the bill

We allow payroll deduction, credit card, check, Care Credit or Paymentbanc.

employees are required to enroll in automatic payroll deductions if they accrue a balance on their account that they cannot pay in full at time of services.

employment paperwork includes a clause allowing us to deduct any remaining balance from a final paycheck

Our policy allows for the following:

Employee must make payment of \$250 or 10%, whichever is less at the time of service. They may then carry the balance with the following conditions:

1) Pay the balance in full with check or credit card.

2) Apply for Care Credit or Wells Fargo and submit the balance for payment through them (if Care Credit, they must cover the charge made by Care Credit)

3) Re-payment through payroll deduction at a rate of 10% of the total balance. In addition, with balances that are past 90 days due, there is an additional \$10 per month late payment fee.

No maximum carrying balance. Employees are required to have payroll deductions but can pay by alternate means.

We allow our staff to make weekly payments based on the amount owed with a max of \$50/week.

Employees are automatically enrolled in payroll deductions when they have an unpaid balance for 30 days according to the guidelines below:

up to \$500: \$50 deduction per pay

\$501 - \$1,000: \$75 deduction per pay

Over \$1000: \$100 deduction per pay

Employees are expected to pay when services are rendered. If they cannot, they are expected to use Paymentbanc or care credit, or set up a payroll deduction plan that will pay off their balance in 3 to 4 months. If they are in arrears on their payments, their employee discounts are not available. They are entitled to a maximum of \$2000 of discounts per year.

**13. Please comment on your methods for charge capture. Who puts in charges, when, how indicated that charges are entered up to X time, do you have a**

**Answer**

Technicians that perform the service are responsible for entering the charge. DVMs are responsible for entering exam fees and reviewing the invoice prior to case conclusion.

Charges missed after invoice conclusion are difficult to collect and usually written off.

We have our medical records linked to invoice products using Vetnotes in Impromed. This reduces missed charges but has not eliminated them.

We are now looking into the new Treatment Plans in Impromed to reduce missed charges.

DVM and technicians put in all outpatient charges

Hospital manager puts in all hospitalized patient charges daily. Charges are entered at 8am and capture the past 24 hours of accrued charges.

Typically if a charged is missed it is not billed to the client as it is our responsibility to ensure charges are correct at checkout.

When we move to a paperless system in the near future, the majority of charges should be automatically invoiced by the software

Currently our Technicians put in the charges. We have added a no dollar line code that the Techs must use when the invoice has been reviewed and their name is assessed to that line item. However, we currently do not have a charge nurse so we have not been diligent about checks and balances of this process.

Our referral coordinator enter in charges in ER/ICU. Other departments are supposed to double check charges however, not sure if this is happening.

All radiology and lab charges charges are double-check by those departments.

If charges are missed we notify the individual that missed the charges and place it on a spreadsheet that is monitored monthly.

On average we recover \$10,000-\$15,000/month.

We have department coordinators that are responsible for completing all charges for their departments.

The only exception is ER overnights -- the doctors have to enter their own charges for outpatients.

The front desk staff enters client charges about 95% of the time. Overnight technical staff also enters client charges. Operations Manager enters staff charges (hospital visits as well as supply/pharmacy purchases and orders) and rdvm charges.

The front desk staff double checks each charge sheet before filing. If errors are found, the errors are corrected by the Office Manager and the client receives a refund if applicable. If the error was in favor of the client and the total due after correction equals an amount above 10% of the client's total, the client is billed (clients are called by a staff member to explain the error).

Clinical technical staff routinely audits charge sheets (as these are filled out by technical staff) and reconcile them with the corresponding patient chart. If errors are found, we follow the same procedure as indicated above.

Charges are usually entered by the techs or doctors as they perform procedures, do exams, ask for bloodwork, write scripts, etc. We also have charge nurses that review all hospitalized patient charts twice daily and enter missed charges.

We have an code in DVMax that is entered and dated/initialed as to charges having been caught up to date.

If charges are missed, we try to communicate with the client to pay - especially if expensive items like CT's etc. If they cannot be collected, then the action step is different based on the department - some departments eat the cost, others deduct 100% from the doctor's production bonus.