Dion Health

THE OPERATING HANDBOOK FOR FULL-ARCH PRACTICES · PIKOS SYMPOSIUM 2026

TABLE COPY · PLEASE LEAVE AT THE DION TABLE · SCAN THE BACK COVER FOR YOUR OWN

Reactivate your unclosed and no-show cases. *Drop none of the new ones.*

Every full-arch enquiry answered in fifteen seconds, day or night, in the patient's own language. Every missed consult, every "let me think about it" and every quiet lead worked until it books or says no — 24/7, nothing gets missed. Built inside a full-arch practice and proven on our own book first; how to count yours is four minutes at the table.

Talk to our team · hello@dionhealth.com

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More arches. *Nothing dropped.*

ONE THING WE LET SLIP, TWO THINGS THAT CHANGED WHEN WE SWITCHED IT ON · OUR FLAGSHIP FULL-ARCH PRACTICE · 2026

$3.85M
of treatment our patients said yes to in the chair and never scheduled — arches accepted, lost to follow-up

19
consults booked by the AI in five weeks from our own quiet lead file — four from leads that had never once replied to a person

86 → 8
after-hours and weekend calls in 90 days, every one answered by the AI; eight booked. Elsewhere that is 86 voicemails

WHAT DION RUNS

- **Reactivates your unclosed and no-show cases** — every missed consult and every "let me think about it", worked 24/7 until it books or says no — nothing gets missed
- **Answers every full-arch enquiry, 24/7** — in 15 seconds, and texts back the ones who hang up
- **Re-works the "too expensive" leads** — on a cadence, for ninety days
- **Works the accepted-but-unscheduled arches** — until they book, and backfills a cancelled surgical day
- **Presents the deposit and the plan by link** — in the consult room, with financing where it fits
- **Works the covered parts of every case** — grafts, sedation, extractions — until they pay
- **Reads all of it into one morning huddle** — consults, surgeries, who is due, what is at risk

WHAT IT ASKS OF YOU

Three figures off your last P&L. The analysis returns **your** addressable overhead and **your** recoverable revenue, line by line, and it is yours whether or not you go further. It cannot show a Dion price — that arrives only after we have read your numbers together, and where we can document what a function costs you today we hold ours below it in the contract.

At the symposium: bring the three numbers to the Dion table in the Plaza Ballroom and leave with the analysis. Or scan the back cover.

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We counted what our own front desk couldn't catch. *Then we built for it.*

Dion was built inside a multispecialty dental group — multiple offices, a team of ninety-five, every department run in-house. Our flagship reconstructive and full-arch practice in San Francisco runs on it today. Before building anything, we counted what was already slipping through our own schedules, our own phones and our own lead files.

COUNTED IN OUR FLAGSHIP PRACTICE · 2026

$3.85M
of treatment our patients said yes to in the chair and never scheduled — arches accepted, lost to follow-up

19
consults booked by the AI in five weeks from our own quiet lead file — four from leads that had never once replied to a person

86 → 8
after-hours and weekend calls in 90 days, every one answered by the AI; eight booked. Elsewhere that is 86 voicemails

472 → 1
full-arch leads said “too expensive”. One reached treatment. That is a follow-up problem, not a lead problem

2.85×
delivered production divided by the ad spend that produced it, on one matured paid-search cohort

1,066 of 1,285
patients seen in two years with no next visit. In a surgical practice that is normal — until you count the second arches and maintenance visits inside it

None of these are marketing problems — the leads were already paid for and the treatment was already diagnosed. They are **follow-up problems**, and no team can solve them by working harder at 3 pm with a lobby full. So Dion works alongside the team you already have and runs the part that has to be relentless.

> THESE ARE FULL-ARCH NUMBERS
>
> Ours is a surgical, full-arch and reconstructive practice — the same kind of practice you run. Per-patient plan values run high and many patients are episodic, which is why the accepted-but-unscheduled figure is the largest line in the building. The analysis runs on **your** numbers; these are ours.

$542,250 a year in a $3,000,000 full-arch practice — *money it already earned.*

Between the people who treat patients and the person who owns the business sits a layer of software and outsourced admin — a practice system, a billing vendor, a phone system, an agency, a dozen logins. It neither creates value nor directs it; it taxes both, and nobody in it is accountable for an outcome.

WHAT THAT LAYER COSTS · SINGLE LOCATION, $3,000,000 COLLECTIONS

Front desk and admin labour · 10% of collections	$300,000
Software subscriptions · 3% of collections	$90,000
Billing labour · 3.5% of collections	$105,000
Addressable overhead	**$495,000**

Benchmarks, used only when a practice cannot supply the line. The analysis prefers your P&L.

WHAT IS RECOVERABLE · SAME PRACTICE, SAME YEAR

Accepted arches never scheduled · 25% within a year	$225,000
Convert more of what you present · 30% of the gap	$105,000
Fill cancelled surgical time · 50%	$75,000
Bring back lapsed patients, second arches, maintenance · 15% respond	$54,000
Bill covered procedures delivered and never claimed · 1.5% benchmark estimated	$38,250
Work aged insurance AR · 45% recoverable	$18,000
Appeal grafting and sedation denials written off · 50% overturn	$10,000
File claims before the deadline · 80% saved	$8,000
Collect aged patient balances · 15% recoverable	$9,000
Recoverable revenue · 18.1% of collections	**$542,250**

HOW TO READ THE RIGHT-HAND COLUMN

Each line is **your money you already earned** — treatment you diagnosed, patients you already have, claims for work already done — multiplied by a conservative capture rate. The rates are the ones the public analysis uses, and the total is checked against a plausibility ceiling: above a fifth of collections almost always means a lifetime figure was entered as an annual one. This example scores under it.

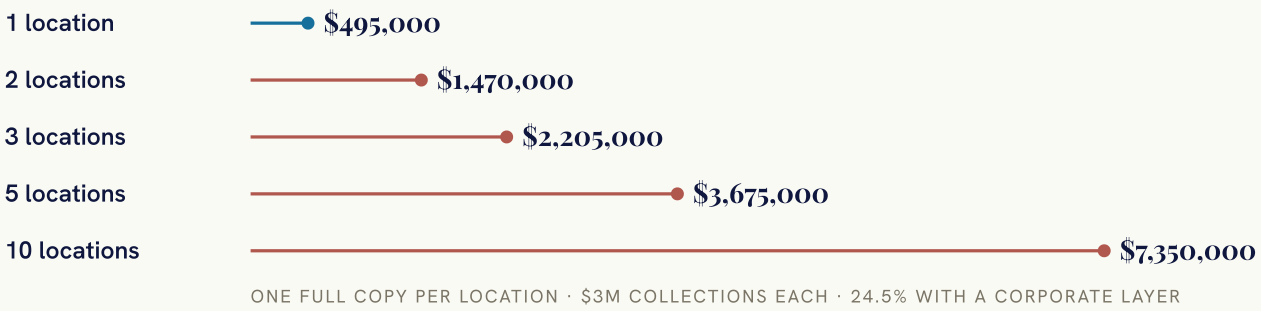
Inputs, full-arch practice: accepted arches unscheduled $900,000 · 150 lapsed patients at $2,400 · presented-and-declined $350,000 · insurance AR >90d $40,000 · patient AR >90d $60,000 · unworked denials $20,000 · claims at filing risk $10,000 · 5 open slots a month at $2,500. Unbilled production is estimated at 1.5% of collections when unknown; the encounter-to-claim scan measures it in month one.

A quarter of collections goes to a layer *nobody is accountable for.*

Front desk and admin labour, software subscriptions, billing labour and — once you have more than one location — the corporate layer that exists to reconcile the first three. It is the biggest line on the P&L after clinical, and it is the one line with no owner: the phone vendor is not accountable for the missed call, the billing vendor is not accountable for the write-off, the agency is not accountable for the empty chair.

- **Front desk and admin labour** 10%
- **Software subscriptions** 3%
- **Billing labour** 3.5%
- **Corporate layer, groups only** 8%

AND IT GROWS WITH YOU, ONE FULL COPY PER LOCATION

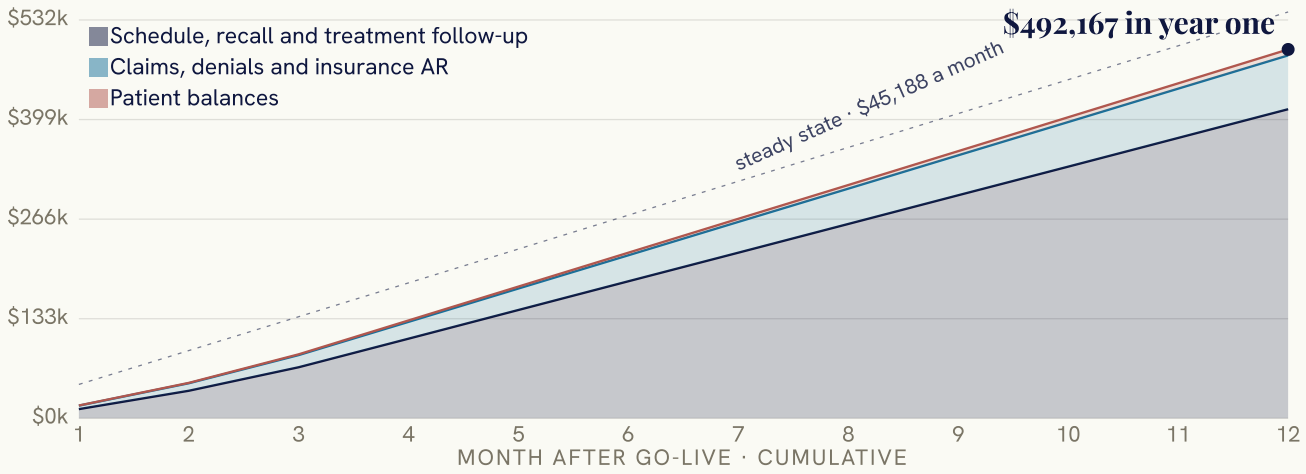


WHAT CHANGES WITH DION

The functions in that layer are **run**, by one operating team with one record, instead of bought from a dozen vendors — and a new location is added to the same record rather than assembled from scratch. Where we can document what a function costs you today, we hold our price below it in the contract. The exact arithmetic is done on your P&L, together, before anything is quoted.

What comes back, *and when.*

The same $3,000,000 full-arch practice from the economics page, month by month after go-live. Claims recover first — an unbilled graft is billed the week it is found, a claim near its deadline is filed the same day. The accepted-but-unscheduled list and surgical-day backfill start in week three. Accepted arches convert across the year, because a patient who said yes in April has surgery in July.



$492,167
recovered in year one, as each line ramps to its run-rate

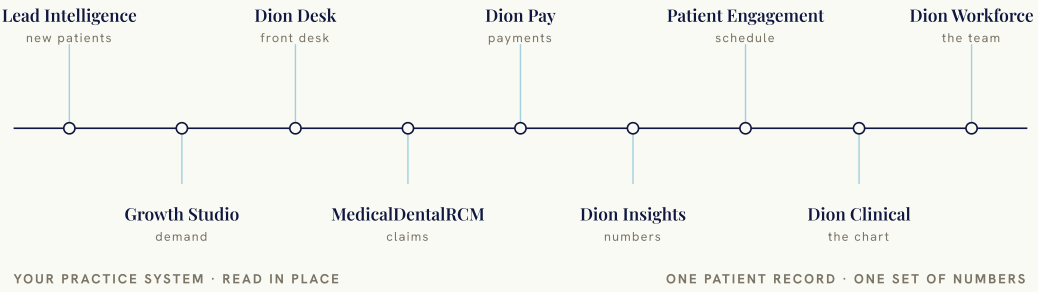
$542,250
a year at steady state — 18.1% of collections, from money the practice already earned

$0
of it is new marketing spend. Every line is a patient who already said yes, or a graft you already placed

Illustrative: the engine's capture rates applied to the inputs on the economics page, ramped over the months each function actually takes to reach run-rate in onboarding. Your projection is built from your numbers.

Nine functions, *instead of* nine vendors.

Each product below owns one function of the practice and reads the same record as the others. A lead becomes a patient without being re-typed; a cancellation becomes a waitlist call; a completed procedure becomes a claim; a balance becomes a text-to-pay link; and the morning huddle reads all of it. Your practice system stays if you want it — Dion reads it in place, and nothing is migrated on day one.



FUNCTION	WHAT IT PROMISES	OWNS
Lead Intelligence	Reactivate your unclosed and no-show cases. Answer every new enquiry in seconds, 24/7, in the patient's own language. Nothing gets dropped.	calls and leads
Growth Studio	Measure every campaign in arches delivered, not clicks. Be the practice the answer engines name for “All-on-4 near me”. Spend follows arches, nothing else.	full-arch campaigns and visibility
Dion Desk	Answer every call, 24/7 — at lunch, after five, mid check-in. One thread per patient. No voicemail, ever.	one thread per patient
MedicalDentalRCM	Bill every graft, sedation and extraction — dental and medical. Appeal every denial. Nothing goes unbilled, nothing gets written off unworked.	the covered parts of a case
Dion Pay	Make it easy to pay you, and hard to forget.	the deposit, the plan, the balance
Dion Insights	One set of numbers that the practice and its owner both trust.	analytics and books
Patient Engagement	Schedule every accepted arch. Fill every cancelled surgical day. Book the second arch and every maintenance visit. Nothing waits for someone to remember.	accepted arches, second arches, maintenance
Dion Clinical	Surgery day with nothing missing — consents, clearance, the lab case, the permit — already on the chart. The note writes itself.	surgery day and the clinical record
Dion Workforce	The right assistant, with a current credential, on the right day. Compliance that does not wait for an inspection to become urgent.	scheduling, credentials and compliance

WHAT MAKES THIS DIFFERENT FROM EVERY AI TOOL BEING SOLD TO YOU

One party is accountable. A layer cannot be fired for a bad month; an operator can. Every point vendor is bolting an AI onto its own slice — a dozen AIs each seeing a sliver of your practice, still with nobody answerable for the number at the bottom. Dion is one spine across all of it, built from inside a practice, so operations and ownership finally read the same numbers.

The queue work goes to Dion. *The patients stay with your people.*

Dion takes the work that has to be relentless and does not need a person — the call at 7 pm, the fourth follow-up, the appeal nobody had time for, the reconciliation nobody finished. Your team stops doing the work that does not need them and spends the day on patients, not on queues.

WHAT DION RUNS

- **Speed to lead** — a new enquiry gets a call and a text in as fast as fifteen seconds, before they dial the next practice
- **After-hours and overflow** — answers the phone, texts back the ones who hang up, books and confirms
- **Unclosed, no-show and quiet cases** — every missed consult, every undecided case and the quiet lead file, worked 24/7 until it books or says no — nineteen consults in five weeks, four from leads that had never once replied to a person
- **Recall and reactivation** — asks every due and lapsed patient back, and keeps asking, until they book or say no
- **Unscheduled treatment** — works the accepted-but-never-scheduled list until it books
- **Claims** — verifies overnight, scrubs, submits, appeals, and finds what was never billed
- **Balances** — presents them when they will be paid, and chases what declines
- **The numbers** — reads every product and the practice system into one huddle every morning

WHAT YOUR TEAM KEEPS

- **The consult** — the conversation, the objection, the trust
- **The anxious patient** — and the hard news
- **The judgment call** — which patient needs a person today
- **Clinical care** — entirely — diagnosis and treatment stay with your doctors
- **The payer relationship** — and every write-off decision
- **Your accounts** — ad, phone, merchant, ledger — all yours

ESCALATION IS THE DESIGN, NOT THE EXCEPTION

Anything sensitive hands to your team, warm — with the patient's history and context already gathered, in the same thread the patient has been in all along. The boundary between what the AI handles and what it hands off is set by you, per function, and it can be moved on any day. The AI says it is an AI when asked, and clinical questions always go to a person.

Software does not run a practice. *An operating team does.*

Dion is an operating company. The products are how the work gets done; the people are who makes sure it gets done in **your** practice, with **your** team. Every office gets a named person, training for each role, and the numbers delivered to you rather than left in a dashboard.

Days 1–30

Your dedicated account manager, running the month on the previous page

Days 30–90

A weekly operating review: what moved, what stalled, what to change

From day 90

A monthly numbers review with the owner, and a quarterly re-run of the analysis

Always

A person to call. The AI does not do onboarding, and it does not do your reviews

TRAINING, BY ROLE

- **Front desk** — the phone ladder, the one thread, what to hand to the AI and what to keep; scored calls become coaching, not criticism
- **Treatment coordinator** — the role that closes a full-arch case: the accepted-not-scheduled list, the deposit and plan by link, financing at the consult, the follow-up cadence
- **Biller or office manager** — the grafting and sedation denial queue, the unbilled scan, the eligibility tiers, what to write off and what to fight
- **Surgeon and owner** — the morning huddle, the end-of-day, the monthly numbers, and the thirty-day review against the baseline
- **Group training** — closing the full-arch case, the verbiage that works, financing and the price conversation, the follow-up

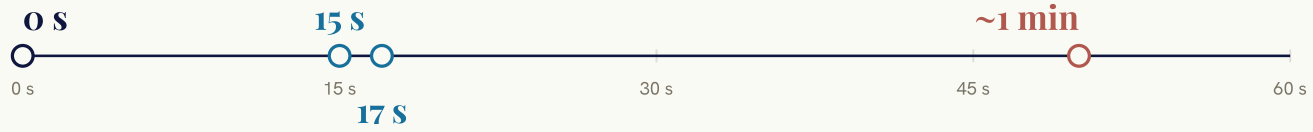
DATA AND ANALYTICS, DELIVERED

- **Every morning** — the huddle: today's consults, who is due, what is at risk
- **Every night** — the end-of-day: production, collections, what moved
- **Every week** — your team's work, per person: calls answered, follow-ups done, cases closed — with coaching notes, and escalation when work stalls. You decide what to do with it
- **Every month** — the numbers, reconciled to the bank, reviewed with you
- **Every quarter** — the analysis re-run on live data, so the baseline keeps moving
- **Whenever you ask** — a question answered from the record, not from a vendor's export

> THE LINE THAT MATTERS
>
> Your team stops doing the work that does not need a person and gets trained on the work that does — **the same people, a different day** — and one party is accountable for the number at the bottom.

The patient's experience starts *before you know they exist.*

A full-arch patient has usually been thinking about it for months and researching for weeks. The moment they act — a form at 9 pm, a call at lunch — decides which practice they see. In our own practice the answer comes in fifteen seconds, at any hour, and it is a conversation, not a voicemail.



- **0 s** A form is submitted, a call rings out, a text arrives
- **15 s** Lead Intelligence dials the patient
- **17 s** The text lands
- **~1 min** Qualified, and a consult on the schedule when it fits

ONE PATIENT, EIGHT TOUCHPOINTS

TODAY · EIGHT TOUCHPOINTS, EIGHT PLACES, THE PATIENT REPEATS THEMSELVES

1	2	3	4	5	6	7	8
Enquiry	First call	Consult + CBCT	Plan + quote	Deposit + financing	Surgery day	Post-op + prosthesis	Maintenance · 2nd arch
web form vendor	*call tracking*	*front desk notes*	*practice system*	*a folder, a terminal*	*the chart*	*a sticky note*	*postcard vendor*

WITH DION · THE SAME EIGHT, ONE RECORD, ONE THREAD, ONE PARTY ACCOUNTABLE

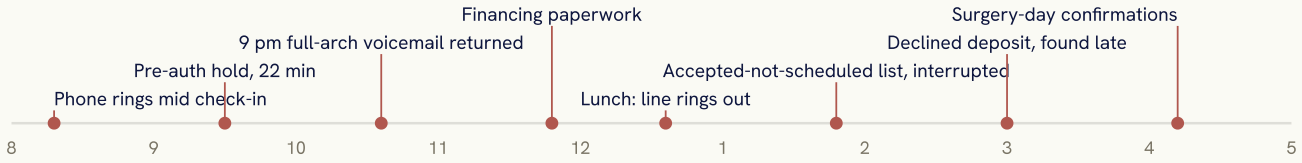
Enquiry · First call · Consult + CBCT · Plan + quote · Deposit + financing · Surgery day · Post-op + prosthesis · Maintenance · 2nd arch

The consult knows what the first call said; the maintenance visit knows which arch it was.

Your best people spend the day *being interrupted.*

The front desk is the most interrupted job in the building: the phone rings during a check-in, the insurance line puts them on hold, the recall list waits for a quiet hour that never comes. None of that is a people problem. It is queue work landing on a person. Below, the same day twice.

TODAY · WHAT LANDS ON THE FRONT DESK



WITH DION · WHAT IS LEFT FOR A PERSON

A COMPOSITE DAY · INTERRUPTIONS AS COUNTED IN OUR OWN PRACTICE

WHAT LEAVES THE DESK

- The phone during a check-in, and every call after five
- Recall, reactivation and confirmation calls
- Statements, declined cards, the accepted-but-unscheduled list
- Insurance holds, eligibility and the denial queue

WHAT STAYS, AND GETS BETTER

- The patient in front of them
- The consult and the financial conversation
- Coaching from scored calls — their own, not the AI's
- Judgment: who needs a person today

A practice should not wobble *because one person is on holiday.*

Most practices run on two or three people who know where everything is. The week one of them is out — sick, on leave, or gone — the recall stops, the phone rings out, the claims pile up, and nobody notices until the month-end numbers arrive. Every function below keeps running because it is a function, not a person's memory.

WHEN YOUR LEAD FRONT-DESK PERSON IS OUT FOR TWO WEEKS	TODAY	WITH DION
The accepted-but-unscheduled arches	Nobody chases them	Followed up until they book
The 9 pm full-arch enquiry	Rings out to voicemail	Answered, booked, texted back
Grafting and sedation claims	Pile up; the filing clock keeps running	Scrubbed, filed and appealed on schedule; deadlines flagged
Deposits and declined cards	Slip, and the surgical date slips with them	Presented by link; declines queued with an owner
Surgery-day confirmations	Whoever remembers	Run every day, the same way
Maintenance and second-arch outreach	Stops. The list waits for whoever comes back	Keeps running; replies are handed to whoever is in
The month-end numbers	Late, and reconstructed	The huddle and end-of-day run regardless

CASH TIMING, NOT JUST CASH

Full-arch production is lumpy; collections do not have to be. Claims worked the day they are ready, denials appealed inside the window and balances presented at the consult turn a good surgical month into a good cash month, rather than a good month followed by a slow one.

A FORECAST A LENDER BELIEVES

Insights forecasts revenue and collections, confidence-graded, and refuses to draw a line on less than six months of history. A practice that can show a defensible forecast borrows and expands on better terms than one that shows a spreadsheet.

The parts of owning a practice *that nobody went to dental school for.*

You trained to rebuild an arch. Somewhere along the way you also became the billing escalation point, the marketing reviewer, the financing desk, the month-end bookkeeper and the person who listens to the voicemail. Each item on the left is a headache we counted in our own practice; each item on the right is where it goes.

Chasing the billing vendor about a grafting claim nobody can find	MedicalDentalRCM works it, and you can see it
Reconciling three reports with three definitions of production	One record; the huddle and end-of-day read from it
The agency call about impressions	Growth Studio reports consults and arches delivered
Three full-arch enquiries in the voicemail box on Monday morning	Lead Intelligence and Desk answered them over the weekend
The accepted-but-unscheduled list nobody has touched since March	Patient Engagement works it every day
The financing folder that went home and never came back	Dion Pay presents the deposit and the plan by link, in the room
The declined deposit found at the pre-op visit	The declined-payment queue, with an owner, the same day
Month-end at the kitchen table	Books reconciled to the bank; the numbers reviewed with you
The single-arch patient nobody asked about the second	Patient Engagement opens the conversation at six months
Not knowing which of twelve logins holds the answer	One login, one record, and a person whose job it is

> WHAT YOU KEEP
>
> The dentistry, the team, the decisions, and the accounts — ad, phone, merchant, ledger — which were always yours. What leaves is the work that needed a system and had a person instead.

The huddle, *already written.*

Every morning before the first patient, one page: what is happening today, who is due, what is at risk, what moved yesterday. It is read from the record, not typed by anyone, and it is the same page your owner sees. Below, an illustration for an example implant practice.

MORNING HUDDLE · EXAMPLE IMPLANT PRACTICE · ILLUSTRATIVE, SYNTHETIC FIGURES

3 **consults today** two full-arch, one implant	**14** **patients due this month** not yet booked — recall running	**2** **chairs open tomorrow** waitlist working, 6 candidates
$4,150 **found unbilled this week** on the biller's queue	**7** **claims near deadline** filed yesterday	**$12,300** **aged insurance AR worked** two appeals out, one paid

TODAY	WHO	CONTEXT THE RECORD ALREADY HOLDS
8:40	Ms. R. — full-arch consult	Enquired Tue 9:12 pm; called back in 15 s; financing pre-discussed
10:15	Mr. K. — implant consult	Reactivated from the 2024 lead file, fourth touch
2:00	Ms. T. — arch two, treatment start	Accepted in March, booked by follow-up in June; deposit paid by link
Flag	3 patients 9–18 months overdue	in the reactivation wave that went out Monday
Flag	1 review request pending	yesterday's surgery patient, sent at 6 pm

WHY THIS PAGE IS THE PRODUCT

Everything in this handbook exists so that this page can be true every morning: the lead was answered, the follow-up happened, the claim was filed, the balance was presented, and someone can see all of it in one place. **The numbers on the cover of this handbook were read the same way.**

Your no-shows and your “let me think about it” consults are arches you already diagnosed. Nobody in the building has time to work them — or to answer the 9 pm enquiry in Spanish. Lead Intelligence does, 24/7.

He booked the consult at 9 pm and never arrived. Nobody called.

COUNTED · OUR OWN PRACTICE

15 sec
from a new enquiry to the first call; 17 seconds to the first text

19
consults booked by the AI in five weeks — four from leads that had never once replied to a person

472 → 1
leads said “too expensive”; one reached treatment. That is a follow-up problem

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- ☐ A no-show is rebooked only if the front desk remembers
- ☐ A consult that leaves undecided is never called again
- ☐ Your new-patient line goes to voicemail at lunch and after five

WHAT LEAD INTELLIGENCE RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
A full-arch enquiry arrives — form, ad, call, text	Calls and texts back within seconds, holds a real conversation, qualifies on what matters — which arch, how soon, and whether financing is part of the answer	A scored lead with the transcript, and a consult on the schedule when it fits
The line is busy or it is 9 pm	Answers, qualifies, books; texts back the caller who hung up	The booking, the recording, and a note on who still needs a person
A consult no-shows	Calls and texts the same day, rebooks, and keeps the case open on a cadence until it sits or says no	No-shows back on the surgical schedule
A consult leaves undecided — “let me think about it”	Re-opens the conversation on the cadence you set — financing, the second opinion, the timing — until the case closes or says no	Unclosed cases closing, on a list you can read
“Too expensive”, then silence	Keeps the conversation open on a cadence for ninety days — call, text, call — and offers the consult again when the timing changes	Consults from leads your team had written off
A consult is booked	Confirms at 24 hours by text, 2 hours by call, 1 hour by text	Fewer empty consult slots on a surgeon's day
Every conversation	Transcribes, scores intent and sentiment, attributes it to the campaign that produced it	Which ads produce arches, not clicks

Reactivate your unclosed and no-show cases. Answer every new enquiry in seconds, 24/7, in the patient's own language. Nothing gets dropped.

THE LINES IT MOVES ON YOUR ANALYSIS

New-patient capture that currently goes to voicemail	own-book proof
Re-work of the dead-lead file in the first ninety days	own-book proof

IN AN IMPLANT PRACTICE

At $20,000 an arch, one recovered case a month is $240,000 a year — from consults you already booked and leads you already paid for.

WHAT YOUR TEAM KEEPS

- The consult — the surgeon's conversation, the plan, the trust
- The price conversation and the close
- Any clinical question, escalated warm with the context gathered

WHAT IS ACTUALLY BUILT

Answering our own practice line today. 41,317 leads have gone through it — captured, scored, routed and followed up. A clinical question never gets an AI answer: it is handed to a person with the conversation attached.

READS

Your lead sources: web forms, tracked numbers, ad accounts · Your schedule, to book straight into it · Your existing lead file — the quiet one

RETURNS

One lead record per person, with every call and text · Intent and sentiment scores on the actual conversation · Booked consults, attributed to source

YOUR FIRST THIRTY DAYS WITH IT

Tracked numbers provisioned · qualification criteria set with you · your lead file loaded and the re-work cadence started · booking connected to your schedule.

BEING STRAIGHT WITH YOU

We do not promise a number of arches. The gain comes from three places: cases you already have (the no-shows and the undecided from the last two quarters), enquiries answered in seconds, around the clock and in the patient's language, and nothing dropped between the first call and surgery day. We set the target with you in week one from your own consult book, and the first ninety days are the proof. It is a front desk for the phone, not a clinician; qualification criteria are yours.

COUNT YOURS

Full-arch consults last quarter that never arrived	_____
Consults that left undecided and were never called	_____
Calls that reach voicemail in a normal week	_____

Which campaign produced last month's arches? If the answer is a report of clicks and leads, your media is running on habit. Measure it in arches delivered — and be the practice ChatGPT names for "All-on-4 near me".

The agency's report counted leads. The schedule counted arches. They were never the same number.

COUNTED · OUR OWN PRACTICE

2.85×
measured return on one matured paid-search cohort — delivered production ÷ the spend that acquired it

$766K+
paid media managed across Google and Meta

41,317
leads captured, scored and routed

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- ☐ Your agency owns your ad accounts
- ☐ The monthly report is impressions and leads, not consults
- ☐ Nobody can say which campaign produced last month's arches

WHAT GROWTH STUDIO RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
A full-arch campaign runs	Follows every lead to the consult and to the arch delivered, not to the form fill	Cost per consult and return per cohort, in delivered production
Every day	Probes five AI answer engines for whether your practice is the answer to "All-on-4 near me" and "full-arch implants cost"	Your answer-engine visibility, tracked over time rather than audited once
Search, social and local	Runs creative, media and your Google Business presence against one plan	One report, one set of numbers, tied to the schedule
A campaign under-performs	Moves budget to the hook the data picked	Spend following arches, not habit

Measure every campaign in arches delivered, not clicks. Be the practice the answer engines name for "All-on-4 near me". Spend follows arches, nothing else.

THE LINES IT MOVES ON YOUR ANALYSIS

New-patient demand, attributed to the campaign that produced it	own-book proof

IN AN IMPLANT PRACTICE

An implant campaign is measured in arches delivered, not form fills. At $20,000 an arch, one attributable case pays for months of media.

WHAT YOUR TEAM KEEPS

- Your ad accounts and your media budget
- Your brand voice and every approval
- The decision to spend

WHAT IS ACTUALLY BUILT

The answer-engine monitoring runs daily across five engines rather than as a one-off audit, and the cohort return is measured against delivered production read from the practice system, never a number the ad network reports about itself.

READS

Your ad accounts — they stay yours · Your Google Business profile and site analytics · The schedule, so a lead is followed to an appointment

RETURNS

Cost per booked consult, by campaign · Cohort return: delivered production ÷ spend · Answer-engine visibility across five engines, daily

YOUR FIRST THIRTY DAYS WITH IT

Ad accounts connected (you keep ownership) · brand intake · Google Business presence audited · first campaign against the hook your numbers picked · booking attribution live.

BEING STRAIGHT WITH YOU

Media spend is your money and stays in your accounts. Attribution needs the booking connection from week one; before that, we report what we can prove and label what we cannot.

COUNT YOURS

Monthly media spend	_____
Arches you can attribute to it	_____

Every call your desk cannot take — at lunch, after five, mid check-in — answered, booked and texted back. No voicemail, ever. Your front desk keeps the patient in front of it.

7:02 pm. Toothache. Voicemail.

COUNTED · OUR OWN PRACTICE

86 → 8
after-hours and weekend calls in 90 days; eight booked. The rest booked somewhere else

276
inbound calls on the AI line in the same ninety days

1
thread per patient — voice, text and email in one history, not four inboxes

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- [ ] The front desk cannot answer while it is checking someone out
- [ ] The same patient is in three inboxes
- [ ] Nobody scores a call, so nobody coaches one

WHAT DION DESK RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
A patient calls	Rings your team first. On overflow or after hours the AI answers, books, and texts back anyone who hung up	Answered calls, bookings, and the recording
A text, an email, a voicemail	Lands in the same thread as every earlier contact, keyed to the patient record	One history per patient, from enquiry to second arch
Something needs a person	Opens a ticket, routes it, tracks the response time, escalates if it stalls	A queue with a name on every item
Surgery is tomorrow	Runs the confirmation conversation — instructions, medications, the ride home	Confirmed surgical days, and the patient who needs a call
A team member takes a call	Scores the call against your rubric, with the auto-fails you set	Coaching from real calls, not opinions
Any product needs something done	Puts it on one work board — from a post-op check-in to a denied graft claim	One list for the whole office

Answer every call, 24/7 — at lunch, after five, mid check-in. One thread per patient. No voicemail, ever.

THE LINES IT MOVES ON YOUR ANALYSIS

Recall and reactivation outreach, delivered	with Patient Engagement
Chasing accepted-but-unscheduled treatment	with Patient Engagement
Open and cancelled chair time	50% filled

IN AN IMPLANT PRACTICE

A full-arch enquiry at 7 pm is a $20,000 conversation. It should never meet voicemail.

WHAT YOUR TEAM KEEPS

- The anxious patient and the hard news
- The judgment call — who needs a person today
- The relationship at the desk

WHAT IS ACTUALLY BUILT

Telephony is live and answers a working practice line today. Messaging compliance registration is approved and in force — the step that takes most practices months. Call scoring, the support-email lane and the office work board are all in daily use.

READS

The live schedule, to answer "is 2 pm open?" correctly · The patient record — demographics, insurance on file · Consent, from Patient Engagement, before any message goes out

RETURNS

One conversation history per patient · Tickets, response times and call recordings · Call-quality scores on human calls

YOUR FIRST THIRTY DAYS WITH IT

Phone routing set — humans first · messaging registration filed in your name on day one · every channel into one thread · reminders and confirmations running · after-hours answering switched on when you say so.

BEING STRAIGHT WITH YOU

Humans first, by default: the AI takes overflow and after-hours only when you switch it on. Messaging registration is filed in your practice's name and takes the carriers' time, not ours — it starts on day one.

COUNT YOURS

Calls missed in a normal week	_____
Places a patient message can land	_____

The grafts, sedation and CBCT you already did are sitting unbilled, denied or past deadline. Get paid for all of it — dental and medical — and stop writing off what a payer would have paid.

You did the graft. The payer is counting on you to forget the paperwork.

COUNTED · OUR OWN PRACTICE

45%
of insurance AR past ninety days is still collectable. Aged usually means nobody appealed it

50%
of denials overturn once someone actually works the appeal

2
kinds of claim a full-arch case can produce — dental, and medical for the surgical phase where it qualifies. MedicalDentalRCM files both

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- ☐ Grafting and sedation claims get written off when the biller is busy
- ☐ Nobody has ever joined completed procedures to submitted claims
- ☐ Eligibility for the covered parts is checked at the desk, on the day, if at all

WHAT MEDICALDENTALRCM RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
A consult is on the schedule	Checks eligibility with the payer overnight for the covered parts, so the coordinator quotes the patient's share correctly	A verified answer at the consult — labelled verified, never confused with the card on file
A case is accepted	Files the pre-authorisation for extractions, grafting and sedation ahead of the surgical date	No surprise denial after the surgery
The surgical phase qualifies for medical	Files it to the medical plan — 837P / CMS-1500, with the diagnosis and the narrative the payer asks for — alongside the dental claim	The covered part of a case paid by the plan that covers it
A procedure is completed	Scrubs the claim and submits it through the clearinghouse	Clean claims out the door the same day
A claim is denied	Reads the reason, drafts the appeal with the documentation the payer asked for, works it until it pays or is genuinely dead	Denials as a worked queue, not a write-off
A claim nears the filing deadline	Flags it with lead time	Deadlines that never pass unnoticed
Every month	Joins completed procedures to submitted claims and lists what was never billed	Covered work that never became a claim

Bill every graft, sedation and extraction — dental and medical. Appeal every denial. Nothing goes unbilled, nothing gets written off unworked.

THE LINES IT MOVES ON YOUR ANALYSIS

Work aged insurance AR (over 90 days)	45% recoverable
Appeal denials that were written off	50% overturn
File claims before the deadline	80% saved
Bill treatment delivered and never claimed	1.5% of collections, benchmark

IN AN IMPLANT PRACTICE

Extractions, grafts, IV sedation and CBCT are the covered parts of a full-arch case — dental, and medical where the plan and the diagnosis support it. They are the claims most often denied on documentation, and the ones most worth appealing.

WHAT YOUR TEAM KEEPS

- The payer relationship
- The decision on what is written off
- Your biller, if you have one — the queue is theirs to work, or ours

WHAT IS ACTUALLY BUILT

Running against a live practice today: the monthly scan that finds procedures completed and never claimed, overnight eligibility, pre-authorisation, coordination of benefits and insurance discovery. Dental (837D) and medical (837P / CMS-1500) claims both file through the same clearinghouse — so the sedation, extractions, grafting and imaging of a full-arch case can go to the medical plan where the plan and the diagnosis support it.

READS

Your practice system, read in place — nothing migrated · The clearinghouse and payer responses · Your payer list and enrolments

RETURNS

Claim status, denial reasons and appeal drafts · The unbilled-procedure worklist · Insurance AR aged and worked, with the payer answer separated from the card on file

YOUR FIRST THIRTY DAYS WITH IT

Practice system connected, read in place · payer list and enrolments reviewed · overnight eligibility running · claim scrub live · the first unbilled scan and denial queue on your desk by week four.

BEING STRAIGHT WITH YOU

The unbilled scan can tell you a procedure was completed and never claimed; when two identical procedures happened the same day it cannot say which. It is a worklist, not an accusation. Medical billing of surgical work is filed only where the plan and the diagnosis support it — never speculatively. Payer enrolment is per location and per tax id: it starts on day one and runs on the payer's clock.

COUNT YOURS

Insurance AR over 90 days, $	
Grafting and sedation denials written off last quarter, $	
Surgical cases last year billed to a medical plan	

A $40,000 dual-arch case proceeds on the deposit and the plan — or stalls on them.

She said yes in the consult. The financing paperwork went home in a folder. The surgery date never got booked.

COUNTED · OUR OWN PRACTICE

15%
is what aged patient balances recover past ninety days. Insurance recovers three times better. Start earlier

1
balance per patient across every product — the deposit, the plan and the graft claim on one ledger, in one place

0
declined payments that land in a log instead of a queue with somebody's name on it

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- [ ] Financing paperwork goes home in a folder
- [ ] A declined deposit is discovered at the pre-op visit
- [ ] Large cases stall between the consult and the surgical date

WHAT DION PAY RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
A case is accepted at the consult	Presents the deposit and the payment plan by link, in the room, with financing where it fits	Cases that book their surgical date before the patient leaves
Surgery is scheduled	Collects the balance on the schedule the patient agreed, ahead of the surgical date	A funded surgical day
A card declines, an ACH returns	Puts it in a queue with an owner and a next step	A slipped deposit caught the same day, not at the pre-op
A patient disputes a charge	Opens the evidence case with the due date on it	Chargebacks answered on time
Maintenance-plan dues fall due	Bills them through the same ledger	Recurring revenue that runs itself
A patient is at the desk	Card, ACH or terminal, applied to the right charge	A receipt, and a ledger that agrees with itself

Make it easy to pay you, and hard to forget.

THE LINES IT MOVES ON YOUR ANALYSIS

Collect aged patient balances (over 90 days)	15% recoverable
Stop balances ageing in the first place	presentment at the right moment

IN AN IMPLANT PRACTICE

A $40,000 dual-arch case proceeds on the deposit and the plan. Present both at the consult, by link, and it books instead of stalling.

WHAT YOUR TEAM KEEPS

- The financial conversation at the desk
- Every write-off decision
- Your merchant relationship — one account per practice, shared by every product

WHAT IS ACTUALLY BUILT

Every deposit, instalment, refund and adjustment sits on one patient ledger that cannot be quietly edited — which is what wins a dispute over a charge from eight months ago. Text-to-pay, statements, plans, financing, the declined-payment queue and the dispute queue are built and verified against a live practice.

READS

Balances from your practice system · Patient contact preferences and consent · Treatment plans, for the amount to present

RETURNS

One patient balance and one payment history · Plan status and instalment schedule · The declined-payment and dispute queues

YOUR FIRST THIRTY DAYS WITH IT

Merchant account connected · balances mirrored · deposit and plan by link at the consult · financing offered on new cases · the declined-payment queue open on your desk.

BEING STRAIGHT WITH YOU

Live card processing is switched on per practice, deliberately. Auto-debit runs only where the patient has agreed in writing; otherwise every instalment is a link the patient chooses to pay.

COUNT YOURS

Patient AR over 90 days, $	_____
Accepted cases that stalled on financing last quarter	_____

Every number in this handbook was read from our practice system by Insights. Which of yours could you read tonight?

The report arrived on the 15th, from three vendors, with three definitions of production.

COUNTED · OUR OWN PRACTICE

6
counted figures in this handbook. Every one was read by Insights from our own practice system, not estimated

3-way
reconciliation — practice system, books and bank — with an exception queue that persists until someone clears it

6 months
of history before the forecast will draw a line. Below that it says so rather than extrapolating from noise

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- [ ] Month-end numbers arrive late, and from a vendor
- [ ] Production, collections and the bank never reconcile first time
- [ ] You cannot say how many consults became arches without an export

WHAT DION INSIGHTS RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
Every morning	Builds the huddle: today's consults and surgeries, who is due, what is at risk	A one-page morning brief
Every night	Writes the end-of-day report — production, collections, what moved	The day, closed
Continuously	Reads every Dion product and the practice system in place — consult-to-surgery conversion, production by provider and procedure, case acceptance, AR ageing, maintenance due	The number on the dashboard is the number in the system
Over the funnel	Mines opportunity: accepted arches unscheduled, second arches never discussed, unworked denials	Your own analysis, kept current
Bank and books	Pulls the bank feed, keeps double-entry books on a dental chart of accounts, reconciles three ways	Exceptions, not spreadsheets
Enough history	Forecasts revenue and collections, confidence-graded	A forecast you can defend to a lender

One set of numbers that the practice and its owner both trust.

THE LINES IT MOVES ON YOUR ANALYSIS

Every line on the practice analysis — measured, not estimated

IN AN IMPLANT PRACTICE

Full-arch production is lumpy. A forecast that knows a slow month from a trend is what a lender wants to see.

WHAT YOUR TEAM KEEPS

- The decision
- Your accountant — Insights reconciles for them, it does not replace them
- Clinical judgment; utilisation is shown, never scored

WHAT IS ACTUALLY BUILT

The huddle and the end-of-day report run every night against a live practice. When the practice system, the books and the bank disagree, the difference stays on a list until a person clears it — it is never averaged away. The forecast refuses to draw a line it cannot support, and the books carry a dental chart of accounts, lab fees included.

READS

Every Dion product, directly · Your practice system in place, and your legacy history at onboarding · Your bank feed

RETURNS

The morning huddle and the end-of-day report · The practice analysis, measured · Reconciled books, and a forecast that knows when to stay quiet

YOUR FIRST THIRTY DAYS WITH IT

Practice system connected · legacy history imported · your baseline analysis re-run on live data · huddle and end-of-day live by week two · bank feed and reconciliation by week four.

BEING STRAIGHT WITH YOU

The forecast declines to produce anything below six months of history rather than extrapolating. Legacy history import happens once, at onboarding, and it is the step that makes month one comparable to month twelve.

COUNT YOURS

Days after month-end before you see the numbers _____

Consults last quarter that became arches _____

Your accepted-but-unscheduled arches, your cancelled surgical days and your single-arch patients are next month's production. All three lists worked every day — without anyone having to remember.

He left with a fixed upper. Nobody asked about the lower.

COUNTED · OUR OWN PRACTICE

1,066
of 1,285 patients seen in two years with no next appointment; 426 of them nine to eighteen months overdue

1,616
patients last seen eighteen to forty-eight months ago, never back

480
cancellations in twelve months. A waitlist worked live backfills about half

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- [ ] The accepted-but-unscheduled list stops being worked the week someone is out
- [ ] A cancelled surgical day is an empty day, not a call to that list
- [ ] Nobody asks the single-arch patient about the second

WHAT PATIENT ENGAGEMENT RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
An arch was accepted and never scheduled	Follows it up until it books, with financing where it fits	Accepted arches on the surgical schedule
A surgical day opens up	Works the accepted-but-unscheduled list immediately — first yes wins, never a double-booking	Half of cancelled surgical time filled
Treatment was presented and declined	Follows up on a cadence, with financing at the right moment	More of what you present, accepted
A single-arch patient is six months out	Opens the second-arch conversation	Second arches you would not otherwise have booked
A fixed-prosthesis patient is due	Runs the maintenance cadence — the six-monthly visit under the prosthesis	Maintenance visits on the books, and implants that last
A patient has lapsed	Builds the cohort, runs the reactivation ladder, hands the reply to a person	About 15% back, when someone asks
Before any message, from any product	Checks consent, quiet hours and opt-outs	Nothing sent that should not have been

Schedule every accepted arch. Fill every cancelled surgical day. Book the second arch and every maintenance visit. Nothing waits for someone to remember.

THE LINES IT MOVES ON YOUR ANALYSIS

Schedule accepted arches sitting unbooked	25% within a year
Convert more of what you present	30% of the gap
Fill cancelled surgical time	50%
Bring back lapsed patients, second arches, maintenance	15% respond

IN AN IMPLANT PRACTICE

The patient who accepted an arch and never scheduled is still yours. At $20,000 an arch, working that list is the highest-value call in the building.

WHAT YOUR TEAM KEEPS

- The surgical schedule — the surgeon keeps the day
- The consult conversation
- The decision on who gets a personal call

WHAT IS ACTUALLY BUILT

It holds consent for the whole suite — nothing texts or calls a patient without checking here first. Online booking, recall, waitlist, intake and forms, reviews and referrals are built; consent signed remotely lands in the clinical record, not in a second list that can drift from it.

READS

Your appointment book — cohorts are built from actual visits · Your consent record, migrated opt-outs first · Treatment plans, for the follow-up lists

RETURNS

Recall, lapsed and treatment-follow-up cohorts, worked · Booked appointments and a filled waitlist · The consent log for the whole suite

YOUR FIRST THIRTY DAYS WITH IT

Appointment book read · consent migrated, opt-outs first · accepted-but-unscheduled list on the coordinator's desk · surgical-day backfill on · second-arch and maintenance cadences live · the first reactivation wave sent.

BEING STRAIGHT WITH YOU

Consent is migrated carefully, not the same day: opt-outs travel first, then everything else. Cohorts are built from your real appointment book, so the first reactivation wave goes out once that book is read — usually week three.

COUNT YOURS

Accepted arches not yet scheduled, $	_____
Single-arch patients never asked about the second	_____
Cancelled surgical days last quarter	_____

One surgery day has forty things that must be true first. On the morning, which one is missing — and who finds out?

The consent was signed. Nobody could find which arch it named.

COUNTED · OUR OWN PRACTICE

40+
things that must be true before a full-arch surgery starts — clearance, consents, the lab case, the permit, the assistant

15
informed consents classified by procedure code, so the one on file is the one the case needs

9
surgical and production lanes running live in our flagship practice today

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- [ ] A consent is signed on paper and filed where nobody can search it
- [ ] Medical clearance lives in somebody's inbox until the morning
- [ ] Notes get written after hours, or days later

WHAT DION CLINICAL RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
A case is planned	Builds the plan by tooth and code, with the consents that case actually requires attached to it	A plan you can read, and consents tied to the procedures they cover
Before the surgical date	Tracks what is outstanding — physician clearance, the anticoagulant question, the lab case, the sedation permit	One list of what is still missing, days out, not on the morning
The patient arrives	Signs on the kiosk; the consent lands in the record against its code with its expiry	Consents in the chart, not in a folder
A CBCT is taken	Reads the scan into the chart and produces the perio and oral-mapping report — bone levels per tooth, staged	A report you can hand the patient, in your letterhead
You speak the visit	Transcribes it and drafts the note, structured, while you are still in the room	The note written the day it happened, for you to approve
Surgery day	Runs the day board — the lane, the assistant, the lab case, the post-op call	A surgical day where nothing is discovered at 7:30 am

Surgery day with nothing missing — consents, clearance, the lab case, the permit — already on the chart. The note writes itself.

THE LINES IT MOVES ON YOUR ANALYSIS

Cases that slip on a missing clearance, consent or lab case	surgery days that hold
Notes written after hours	written in the room

IN AN IMPLANT PRACTICE

A full-arch day that slips for a missing clearance costs the chair, the lab case and the patient's confidence. Nothing on that list is clinical — it is all record-keeping.

WHAT YOUR TEAM KEEPS

- The surgery, entirely — diagnosis, plan and technique are yours
- Every clinical judgment; the note is drafted, never filed without you
- Your imaging hardware and your lab

WHAT IS ACTUALLY BUILT

Running in our flagship full-arch practice today: the chart, perio with the CBCT-driven oral-mapping report, imaging, the surgical schedule on real operatory lanes, kiosk-signed consents classified by procedure code, and the scribe — which records the visit and drafts the note, measured on real visits.

READS

Your schedule and your operatories, as real surgical lanes · Your imaging, including CBCT · The patient record — history, medications, allergies

RETURNS

The clinical chart, perio and imaging in one record · Signed consents, tied to the procedure codes they cover · The visit note, drafted from what was said

YOUR FIRST THIRTY DAYS WITH IT

Read-only first — your schedule and imaging connected · the consent set loaded and classified by code · the perio report run on a case you choose · the scribe switched on for one operatory when you say so.

BEING STRAIGHT WITH YOU

This is the newest of the nine and the only one that could eventually replace your practice system. It does not on day one and it does not have to: Dion reads whatever you run today, and moving the chart is a separate decision you make later, or never. The bone-crest line on the perio report is not yet produced for every patient, and we say so on the report rather than drawing a line we cannot support.

COUNT YOURS

Surgical days last year that slipped on paperwork	_____
Days between a visit and its finished note	_____

A surgery day needs the right assistant, with an unexpired permit, on the right day. Nobody in the building is tracking all three.

The sedation permit expired in March. It came up in September.

COUNTED · OUR OWN PRACTICE

32
notices and compliance forms loaded and tracked, so the calendar is a list of dates rather than a binder

Nightly
credential scan — a licence that expires tonight is flagged this morning, not at renewal

0
of it is payroll money. Your payroll provider keeps that, deliberately

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

- ☐ Nobody could tell you today which credential expires next
- ☐ The compliance calendar is a binder
- ☐ The schedule is one person's spreadsheet

WHAT DION WORKFORCE RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

WHEN	DION	YOU SEE
A credential approaches expiry	Scans every licence, permit and certification nightly and flags what is due	An expiring sedation permit found in March, not in September
A surgical day is scheduled	Shows who is rostered, who is qualified for it, and who is off	A day staffed on the record, not on memory
Someone requests leave	Runs the request through approval, and the approver is never the requester	Leave that is tracked, and cover that is visible
A compliance obligation falls due	Puts it on a dated calendar — the state's obligations, the training, the postings	Compliance as dates, not a binder
A new person starts	Runs the onboarding checklist, the handbook acknowledgement and the document collection	A hire who is set up before their first day
A review is due	Schedules it and holds the record	Reviews that happen

The right assistant, with a current credential, on the right day. Compliance that does not wait for an inspection to become urgent.

THE LINES IT MOVES ON YOUR ANALYSIS

Surgical days staffed from memory	staffed from the record
Credentials that lapse unnoticed	flagged before they expire

IN AN IMPLANT PRACTICE

A sedation permit that lapsed is a surgical day that cannot run — discovered, usually, on the day it was going to run.

WHAT YOUR TEAM KEEPS

- Every hiring, pay and termination decision
- Your payroll provider and your benefits broker
- The clinical judgment about who is competent for what

WHAT IS ACTUALLY BUILT

In daily use at our flagship practice for HR operations: the roster, shift scheduling, the time clock, PTO and sick leave with approval that a manager cannot self-approve, the published handbook, documents, credentials with a nightly expiry scan, reviews, incentives, and the state compliance calendar with its notices library.

READS

Your roster and roles · Credential and licence records, with their expiry dates · Your schedule

RETURNS

The roster, the schedule and the leave board · Credential status per person, recomputed nightly · The compliance calendar and the document record

YOUR FIRST THIRTY DAYS WITH IT

Roster and roles loaded · credentials entered with their expiry dates and the nightly scan on · the compliance calendar built for your state · handbook published and acknowledged · scheduling live.

BEING STRAIGHT WITH YOU

It does not pay anybody, on purpose. Payroll money stays with your payroll provider — Workforce runs the operations around it and holds no tax tables you would rely on. Everything above is what a practice can use today; anything to do with running money is out of scope by design.

COUNT YOURS

Credentials you could name the expiry date for	_____
People who could build next month’s schedule	_____

Your first thirty days.

Every office is onboarded in one month, in this order, with a named person on our side for all of it. The two things that take longer than a month — carrier registration for messaging and payer enrolment per location — start on day one precisely because they run on somebody else's clock.

Day 7

Your baseline analysis, re-run on your live data — the number everything is measured against

Day 14

Every call answered, every message in one thread, the lead file being re-worked

Day 21

The first reactivation wave out, the waitlist filling chairs, statements and text-to-pay live

Day 30

Claims scrubbed and worked, the first unbilled scan on your desk, and the review — line by line

WEEK 1

Connect and count

- Agreements signed — the operating agreement and the business associate agreement
- Your practice system connected and read in place. Nothing is migrated, nothing is modified
- Legacy history imported; your baseline analysis re-run on live data
- Staff accounts, phone numbers, ad accounts and the lead file handed over
- The two long poles start on day one: messaging registration in your name, and payer enrolment per location

WEEK 2

Front of house

- Phone routing set: your team first, the AI on overflow and after hours when you say so
- Every call, text and email into one thread per patient
- Lead Intelligence starts re-working your existing lead file
- Growth Studio takes over tracking; booking attribution live
- Morning huddle and end-of-day report running

WEEK 3

Accepted arches, second arches, maintenance

- Consent migrated — opt-outs first — and every send checked against it
- The accepted-but-unscheduled list on the coordinator's desk and being worked
- Surgical-day backfill on; second-arch and maintenance cadences live; the first reactivation wave sent
- Deposit and plan by link at the consult; financing offered on new cases

WEEK 4

Revenue cycle and the review

- Overnight eligibility for the covered parts ahead of every consult; pre-auths and claim scrub live
- First unbilled scan and the grafting/sedation denial queue on your desk
- Bank feed connected; three-way reconciliation running
- The thirty-day review: your baseline against the first month, line by line

The nine questions we get at the table.

My cases are $25,000 to $40,000. Is this built for that?

It was built inside one. Every counted number in this handbook is from a full-arch and reconstructive practice — the $3.85M unscheduled, the 472 “too expensive” leads, the 86 after-hours calls. A general practice reads smaller dollars and more people; you read these.

Will my team hate it?

Dion takes the queue work — the 9 pm call, the fourth follow-up, the graft appeal nobody had time for. Your people take the patients. Humans answer first; the AI takes overflow and after-hours only when you switch it on, and it says it is an AI when asked.

I bought an AI phone tool last year.

So did most of the room. A point tool sees a sliver of the practice and nobody is accountable for the number at the bottom. Here the lead, the consult, the deposit, the claim and the maintenance visit are one record, and one party answers for it.

Do I have to leave my practice system?

No. It is read in place — nothing migrated, nothing modified — and visibility comes before any replacement decision. CareStack is read today in our own practice; Dentrix and Eaglesoft through an on-site agent we install. If you run an oral-surgery system, say so at the table: we scope the read in week one and tell you plainly if it is not there yet.

What about HIPAA and patient consent?

A business associate agreement is signed with your practice. Patient health information lives in one clinical data service; the console that ties the products together carries none. Patient Engagement holds consent for the whole suite: no product texts or calls a patient without asking it first, and opt-outs migrate before anything else.

What does it cost?

We quote from your P&L after we have read it with you, never from a price sheet — and where we can document what a function costs you today, we hold our price below it in the contract. The analysis is yours whether or not you go further.

What if I leave?

You leave with your ad accounts, your phone numbers, your merchant account and a ledger in which every movement is reconstructible. They were always yours.

A patient calls at 9 pm the night after surgery. What does the AI say?

It answers, hears that surgery was today, and hands the call to your on-call clinician — by the rule you set, not by its judgment. Same-day surgery, an anticoagulant, bleeding, swelling: any of those is a clinician's call, and the AI's only job is to keep the patient on the line with the instruction you wrote until the doctor picks up. Afterwards it drafts the note and your team approves it.

Is all of this real today?

Each chapter's “being straight with you” panel says what is running and what to expect, and we walk through what fits your practice, in what order, at the demo. We will not quote a time-savings figure we have not measured.

WHAT TO BRING TO THE FIRST SESSION

Twelve months of P&L · **Read access to your practice system** · **Your phone numbers and ad accounts** · **The lead file** · **Your payer list and tax id per location** · **A staff list with roles**. Everything stays yours; we connect, we do not take over.

Count yours. *Then let us read it with you.*

We do not sell seats and we do not quote before we understand your numbers. Fill in what you know below — three lines are enough to start — and the analysis returns your own addressable overhead and your own recoverable revenue, line by line. Where we can document what a function costs you today, we contractually hold our price below it, so switching is provably cheaper from the first month.

YOUR PRACTICE · FILL IN WHAT YOU KNOW

Annual collections, last twelve months $	
Treatment diagnosed and never scheduled $	
Patients seen in two years with no next appointment	
Insurance AR over ninety days $	
Patient AR over ninety days $	
Denials written off last year $	
Cancellations a month	
New-patient calls that reach voicemail, a week	

Start with your numbers. Three figures off your last P&L; the analysis returns your recoverable revenue, line by line. It cannot show a Dion price.
console.dionhealth.com/analysis

Book your walkthrough. Fifteen minutes with our team on the practice Dion runs today. The same page has every handbook as a PDF.
www.dionhealth.com/pikos

See it live, on the practice it runs today.

A 15-minute walkthrough with our team — no preparation, no commitment.

www.dionhealth.com/pikos

Or start with your numbers: console.dionhealth.com/analysis

Dion Health

More arches from the cases you already have. *None of the new ones dropped.*

Software runs the work that has to be relentless. People make sure it works in your practice, with your team.

WHAT YOUR PRACTICE GETS

- **Every enquiry answered** — in seconds, day or night, in the patient's own language — and texted back when they hang up
- **Every open case worked** — the no-show, the "let me think about it", the accepted-but-unscheduled arch — until it books or says no
- **The deposit and the plan** — presented by link in the consult room, with financing where it fits
- **Every covered part billed** — grafts, sedation, extractions — dental and medical — and every denial appealed
- **Clinical reports, connected** — CBCT and clinical findings on the chart, into the treatment plan and the insurance packet
- **A digital full-arch lab** — design and printing of the prosthesis, with the case file coming straight from the chart

HOW WE MAKE SURE IT WORKS

- **Your team's work, measured** — who answered, who followed up, what closed — per person, every week, delivered to you
- **Coaching and accountability** — scored calls become coaching notes; stalled work is escalated until it moves; you decide what to do with it
- **Group training** — closing the full-arch case, the words that work, financing and the price conversation, the follow-up
- **A named account manager** — a weekly review to day ninety, monthly after, and the analysis re-run every quarter

Your own numbers
console.dionhealth.com/analysis

Book 15 minutes with our team
— and download this handbook
www.dionhealth.com/pikos

At the symposium: the Dion table, Plaza Ballroom.

Talk to our team · hello@dionhealth.com

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