

Virtual Online Module
Reactivation

Workbook



Reactivation

What is Reactivation?

Reactivation is the implementation of a process that allows you to keep in contact with past patients who have not been in the office in over 30 days.

Reactivation follows the Recall System



Follow a Simple Schedule for Reactivation Outflow:

- Prevent patients from falling through the cracks
- Keep patients on the right track to maintaining their health and wellness
- Maintain practice volume and create referrals of new patient cases

Implementing Reactivation

The first week of every month – Pull the Reactivation Lists
Based on the Date of Last Services
Pull Three Categories
31-60 days
61-150 days
151-days and back (suggested 2 years)

Scrub the Lists

Make sure the lists consist of the desired and correct patients to reactivate.

| Notes | | |
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Reactivation

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|--------|--|---|-----------|----------|--------|----------|
| | 29 | 30 | | 1 | 2 | 2 | # |
| | 5 | Pull 31-60, 61-150, 150-back Reactivation lists Mail 31-60 day letter | Z Scrub Lists | 8 | 2 | 10 | ш |
| | 12 | 31-60 Follow Up Phone Call | Mail 61-150 Postcard (rotate cards) | 15 | 16 | 12 | 18 |
| ple | 12 | 20 Email 151-back | 21. | 2 | 23 | 24 | 25 |
| Sample | 24 | 27 Specialty Reactivation | 28 | 22 | 30 | 1 | 2 |

Date of Last Services 31-60 days

Dear

Mail the 31-60 day Reactivation Letter

| Your health is our top priority, and we can't help you meet your health and wellness goals if we don't see you | . It's |
|--|--------|
| been more than a month since we've seen you, and we miss you. | |

At ABC Healthcare, you are an individual, not just a medical chart or a case number. Our dedicated professionals are here to create a program just for you. We want to do all we can to help you get and stay healthy!

Our integrated approach combining medical, physical therapy, and chiropractic care allows us to develop a program that fits your lifestyle and personal goals.

When we last saw you, you were working hard to improve your health. Don't let that effort go to waste. Together, we can make the journey to a healthier you. Call us to discuss how we can help you achieve your health goals and answer any questions you may have.

We look forward to seeing you again soon! In Good Health,

The Staff at ABC Healthcare





Reactivation

31-60 Day Insert

- New Profit Center
- New Provider
- Internal Event
- An Invitation Back with a Special Offer













Virtual Online Module Reactivation

Week One is Now Complete

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|--------|--|---|-----------|----------|--------|----------|
| | 29 | 30 | 31 | 1 | 2 | P. | # |
| | 5 | Pull 31-60, 61-150, 150-back Reactivation lists Mail 31-60 day letter | Z Scrub Lists | 8 | 2 | 10 | п |
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| - | 19 | 20 Email 151-back | 21 | 22 | 23 | 24 | 25 |
| | 26 | Specialty Reactivation | 28 | 22 | 20 | 1 | 2 |

| Notes | | | |
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Reactivation

Week 2

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| | 5 | Pull 31-60, 61-150, 150-back Reactivation lists Mail 31-60 day letter | Z Scrub Lists | 8 | 2 | 10 | п |
| | 12 | 31-60 Follow Up Phone Call | Mail 61-150 Postcard (rotate cards) | 15 | 16 | 12 | 18 |
| ple | 19 | 20 Email 151-back | 21 | 22 | 22 | 24 | 25 |
| Sample | 26 | Specialty Reactivation | 28 | 22 | 20 | 1 | 2 |

31-60 Follow Up Phone Call

Standard

Hi, this is Lori calling from ABC Healthcare. How are you today? (wait for answer) I am calling to see if you received the letter that we sent you last week.

Custom

Or

We were talking and we miss seeing you in the office. We have added ______ service since you've been in and I would love to have you come in and take a look.

I was just calling to tell you that we miss seeing you in the office and during the month of June we are going to have a complimentary nutritional consultation for all of our patients.

Customize this to your office concerning the new services or offer.





Reactivation

Mail the 61-150 Day Postcard







Patient will receive 5 Professional Contacts within the 31-150

- Letter
- Follow Up Phone Call
- 3 Postcards

It Doesn't Matter What Order the Patient Receives the Postcards In

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Notes



Reactivation

January

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| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

February

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| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | | |
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March

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| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
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April

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| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | | | | |

May

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| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

June



July



August



September

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
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October

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| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

November

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| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
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December

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| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |



Reactivation

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| Sample | 26 | 27 Specialty Reactivation | 28 | 22 | 20 | 1 | 2 |







151-Back Email

Keep it simple and convert the insert you used in week one into an electronic format and use this as your email. Just like the insert, the email can be informational, educational, or direct response.

Once You Start the Reactivation Process, you never stop!





Reactivation

You Have Now Been in Contact With Your Past Patients 6 Times:

- Mailing with Insert
- Follow Up Phone Call
- 3 Postcards
- Email

Specialty Reactivation

Done Bimonthly or Quarterly

- Based on your office and area of specialty
- The desired insurance demographic

Who do you want to reactivate?

Specific conditions?
Medicare Patients?
Specific insurance companies?







Specialty Homework:

What are the areas of specialty in the practice? Who do you want to reactivate? How often are you going to do a specialty reactivation? Monthly? Bimonthly? Quarterly?





Reactivation

When the Patient Calls or Comes Back in to Reactivate

Process the Patient Track the Patient

Reactivation Intake Update

| VAME | | DATE |
|-------------------------------------|--|---------------------------------------|
| ADDRESS | | |
| HOME PHONE # | WORK #: | CELL PHONE #: |
| EMAIL | | DOB: |
| [] Flare | Condition Please describe: Up of Old Condition Please des | scribe: |
| Have you seen another doctor | concerning this condition? | .YesNo |
| If yes, name of doctor and office | ce: | |
| Have you been injured since y | our fast visit? Yes No | |
| If yes, please circle: In an a | uto accident On the job | Date of Accident: |
| Health Insurance | | |
| | | have Medicare?YesNo |
| insurance Company | | be of Insurance (circle): HMO PPO POS |
| Has your Health Insurance Corr | npany or Coverage changed sinc | re your last visit?YesNo |
| If yes, please fill out information | below: | |
| | | |
| Policy # Group | • | |
| Phone # | | |
| Policy Holder's Name | | |
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Reactivation

Collect/Confirm the Demographic Information

| NAME | DATE |
|-----------------------------------|---|
| ADDRESS | |
| HOME PHONE # | WORK #: CELL PHONE #: |
| EMAIL | DOB: |
| [] Fk | viaintenance Adjustment New Condition Please describe: Nare Up of Old Condition Please describe: Pain Scale Please circle one: I 2 3 4 5 6 7 8 9 10 |
| Have you seen another doc | ctor concerning this condition?YesNo |
| If yes, name of doctor and o | office: |
| Have you been injured since | re your last visit? Yes No |
| If yes, please circle: In a | an auto accident On the job Date of Accident: |
| Health Insurance | |
| | ance?YesNo Do you have Medicare?YesNo |
| | Type of Insurance (circle): HMO PPO POS |
| Has your Health Insurance C | Company or Coverage changed since your last visit?YesNo |
| If yes, please fill out informati | tion below: |
| Policy # Grou | oup # |
| Phone # | |
| Policy Holder's Name | |
| | 504 |
| ID# | |





Reactivation

Ask Questions Concerning the Patient's Condition to Properly Schedule the Patient

| NAME DATE | |
|---|--|
| ADDRESS | |
| HOME PHONE # WORK #: CELL PHONE #: | |
| EMAIL | |
| Reason for Returning: [] Maintenance Adjustment [] New Condition Please describe: [] Flare Up of Old Condition Please describe: [] Pain Scale Please circle one: I 2 3 4 5 6 7 8 9 10 | |
| Have you seen another doctor concerning this condition?YesNo | |
| If yes, name of doctor and office: | |
| Have you been injured since your last visit? Yes No | |
| If yes, please circle: In an auto accident On the job Date of Accident: | |
| Health Insurance | |
| Do you have medical insurance?YesNoDo you have Medicare?YesNo | |
| Insurance Company Type of Insurance (circle): HMO PPO POS | |
| Has your Health Insurance Company or Coverage changed since your last visit?YesNo | |
| If yes, please fill out information below: | |
| | |
| Policy # Group # | |
| Phone # | |
| Policy Holder's Name | |
| 1D#D08 | |
| Employer | |
| | |

If the patient is calling because of a flare up of a condition, ask them to describe the pain on a scale of 1-10.

If the patient describes the pain as a 5 or higher, treat the patient as a new patient when scheduling.

If the pain is lower than 5 on the scale, the patient will be treated as a reevaluation when scheduling.

If it is a new condition, ask the patient to describe the condition.

If the patient is calling for a maintenance visit or adjustment, mark and schedule accordingly.

According to your practices time frame for these visits, you will now know whether to schedule for a:

Reevaluation

New Patient

Maintenance Adjustment





Reactivation

Collect/Confirm Health Insurance Information

| NAME | | DATE |
|---|--|---|
| ADDRESS | | |
| HOME PHONE # | WORK #: | CELL PHONE #: |
| EMAIL | | DOB: |
| [] Flare | Condition Please describe: Up of Old Condition Please | describe: |
| Have you seen another doctor | concerning this condition? | YesNo |
| If yes, name of doctor and office | e: | |
| Have you been injured since yo | ur (ast visit? Yes No | > |
| If yes, please circle: In an a | to accident On the job | Date of Accident: |
| Insurance Company | | you have Medicare?YesNo Type of Insurance (circle): HMO PPO POS lince your last visit?YesNo |
| If yes, please fill out information | below: | |
| Policy # Group # Phone # Policy Holder's Name I D # DC Employer | 8 | |

What You Have Accomplished With This Form:

- The patient is returning to the office.
- You have collected the right information and the patient is scheduled properly.





Reactivation

Reactivation Statistical Tracking

Reactivation Statistical Tracking



ALL Reactivated Patients must have a future appointment.

Reactivation Statistical Tracking

| Treatment Statistical Hacking | | | | | | | |
|-------------------------------|-------|--------|----------------------|----------|------------|--|--|
| Patient Name | Dute | Doctor | Treatment Plan | Wellness | Management | | |
| Marge Brown | 10/16 | Dr. P | 3 x week | | | | |
| Gregory March | 10/17 | Dr. J | | 2 x mo. | | | |
| | | | | | | | |
| | | | | | | | |
| All Patients | Must | | | \vdash | | | |
| Have a Futu | | | Maintenance/Wellness | | | | |
| | ai e | | | | | | |
| - Scheduled | | | | | | | |
| _ Appointme | nt | | | | | | |
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ALL Reactivated Patients must have a future appointment.





Reactivation

Reactivation Statistical Tracking

Reactivation Statistical Tracking

| Patient Name | Dute | Doctor | Treatment Plan | Wellness | Management |
|---|-------|--------|----------------|----------|-----------------|
| Marge Brown | 10/16 | Dr. P | 3 x week | | |
| Gregory March | 10/17 | Dr. J | | 2 x mo. | |
| Susan Karr | 10/17 | Dr. P | | | 90 day check up |
| All Patients Have a Futu Scheduled Appointmen | ire | | | | nagement/Medic |

ALL Reactivated Patients must have a future appointment.

| Notes | | | |
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Reactivation

Everyone is Communicating the Same Message to the Patient



When Reactivation Programs are Implemented and Followed:

Greater Volume Patients Returning Patients Retaining

Your Homework:

Write your script with your special Determine your area of specialty Start working the Reactivation Calendar ASAP!

