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Lynn: Welcome to another episode of Beyond Bitewings. Ash is not with us today, it's just Robert and myself, Lynn. How are you Robert?

Robert: Great.

Lily: And today we're gonna cover a fun topic that a lot of dentists want to tackle, but are afraid to tackle and that is exiting your PPO plans. And Robert, why are they afraid to do this?

Robert: I think everybody, well, first of all you're right, everybody wants to do this. And secondly, again, when you say they're all afraid to do this, because they're afraid they're gonna lose their patients. They're afraid that patients are not loyal to the doctor. They're loyal to the insurance companies. I hate to even say that.

Lynn: So to help us through this navigation today, we have another one of our fabulous clients in, sort of new to us and, and sort of new to dental actually, we'll talk about that, which is kind of crazy, but we have Tamara Whitley with us in the office and how it's nice to have you today.

Tamara: Thank you so much. I'm so happy to be here.

Lynn: And so your background is actually corporate America, not dental until recently. And so that's an interesting twist.

Tamara: Well, it's kind of fun because my background, my husband and I've known each other for 40 years, we've been married for 31 of those years. And so we went through dental school together and we say together because I absolutely was there every step of the way. And as a result of dental school, I started thinking, oh, how awesome it would be to be able to work together. And so I began to fantasize how great that would be. And so I verbalized that fantasy to Bill, my husband, and he said "Over my dead body, will you ever work in my dental office?" And so I then began my corporate America career. And so I spent 27 of those years with the vice-president of client operations for Cigna, CVS, ADP and Medco Health Solutions.

Lynn: Big names.

Tamara: So I got all of this great insurance benefit, all that kind of experience and then they took my job to El Paso and I couldn't relocate. And so my dear sweet husband who was, I can assure you still alive, said, "I need you to temporarily come into my practice and find out why we're not as profitable as we should be."

Robert: And how long ago was that?

Lynn: That was in 2008. I'm still here. He is now the dentist that says over my dead body, will you ever leave me. And it's as a result of what I found when I came into the office.

Lynn: And so you pretty quickly, once you came in, went down this, we have to get off these PPO plans. And so how did you make that discovery that that was really the root of the problem? Because if I'm not mistaken, your husband was still an associate at another practice, which was very lucrative versus his practice, which was barely profitable.

Tamara: That that was the magic dollar or the main point.

Lynn: You knew it could be done. Yes.

Tamara: We knew it could be done because he made more money, no lie, as an associate than he did of owning his own practice. And we couldn't figure out for the life of us why until I was able to get into the practice. Before that we just assumed, oh, well, he doesn't do certain procedures. He's very conservative in treatment. He doesn't tell patients they need something done when they don't need it done. Just all these excuses as to why we weren't profitable. And so what was happening is I was literally taking my corporate America salary and shoving it into our business to keep us operational. I mean, it was that bad and we just couldn't figure out for it. And so finally he had had it and he was just like, okay, it's been nine and a half years since we opened, come find out what's wrong. And so, that's how it began.

Lynn: And so then when you started looking, what did you find? How did you find it? How did you figure out the root of the problem was the PPO plans?

Tamara: Most people don't even have the foggiest clue that 34 fee schedules, separate companies had exist. There's 34, at least in the marketplace because my poor husband was enrolled in every single one because unfortunately his office manager didn't have the knowledge base of the practice numbers, nor did they understand what their breakeven cost was. So when I got in there and this is a side note, but it's an important one, I found two major problems. There's insurance claim aging in the practice. So that's what I found first. I found over 504 claims that were over 500 days old.

Lynn: That's a significant amount of money on the table.

Tamara: That is huge. At least to us, it was about a hundred thousand dollars that was literally on the table that had never been paid to the practice, but it was owed. All because there was no follow-up to those claims. So it took me 10 and a half months to go through 504 claims and get paid for them. And so it was the reimbursements that started coming in and I started noticing, wait a second, who is SunLife? I didn't know who that was because that was not one of the major players that I was used to dealing with in my career at Cigna and CVS. So there were a ton of names that I just didn't understand who they were, but yet they owed us money. And so the more I started looking, I counted up and sure enough, we had 34 separate company fee schedules.

Lynn: So if the new patient called, we're gonna get on their insurance plan, no matter who it is without any evaluation. Is that it?

- That is exactly what had happened. The office manager in a state of fear thought, if we weren't enrolled in all of these networks, then we wouldn't have patients. They wouldn't know how to find us.

Robert: And that's been my experience with a lot of the practices we worked with, a lot of the startups in order to get new patients, they feel like they have to be on plans.

Tamara: Exactly. Exactly. And there are some good plans out there. You don't need to be in 34 of them. And you certainly don't need to be in 34 what I call upside down fee schedules. So the first question I went to Bill and I said, "Okay, honey, have you signed contracts for these companies? Because we're sending claims to them." And he said, "Well, I know of some that I've signed." But they don't teach this guys in dental school at all. And that's where part of the problem is, is that you think your office manager knows what they're doing and they are under the false belief, I've got to be in all of these fee schedules, or are companies with filing claims, but they don't even know their numbers. So I was starting once during the cleanup effort, I started watching what the reimbursement rates were. And what it boiled down to is we were upside down in every single one, we were not even collecting our breakeven number. It was crazy. And when I ask what's the breakeven number guys? Nobody in the practice knew it. And here's people that have been in the dental business for 14, 15, 16 years. So you would assume that they knew that. Well, there's an even an underlying issue that I didn't know myself. And I went to a trusted advisor of a dental professional and I told them what I had found in terms of the low reimbursement rates. They're reimbursing us \$81 for a exam and a cleaning. Our breakeven costs \$130, much less our profit margin of 175. So, when I started talking about all these numbers and I was going, honey, wait, we gotta do something. And I didn't know the foggiest way of how I was gonna get out of this mess. This was a nightmare, even though I was experienced in all of these areas, I knew all the acronyms. And so I went to a trusted advisor and I said, "I don't know what to do." And that's when he said you need Solutions 101. And that was Craig Dreiling out of Oklahoma City that I had talked to you about. When I got to him, he is the one who educated me on how to play dental insurance whack-a-mole. Because what was happening is yes, he signed contracts with say, Aetna, what he didn't know is that SunLife, Connections, Ameritas, all of these other players in the market had leased the networks too. So as soon as I started understanding, no wonder he signed a contract, he just had no idea that they can lease the network. So that was one of the biggest aha moments. And then after a six month review of all of our data, Craig has this proprietary software that analyzes the data and he actually maps out who you should keep, who you should get out. But however, if you're going to get out of the master umbrella one is what I'll call it, you have to whack a mole and knock out the underlying ones that they have latched onto. So you have a very specific order in which you need to whack. So the way that I said it was, the 34 fee schedules were my moles, the game was whack-a-mole and Solutions 101 was my mallet. So they were the ones helping me knock them back down. So that then, it's almost like a re-engineering process and that's really what they do. They look at where you're at, they analyze every number known to Sunday. I mean, it's crazy what they do and then they give you a strategic map of, no, this one is a really good one, you should stay in network because perhaps they pay as well out of network. I mean, he just goes through, step by step--

Lynn: So you didn't do this alone?

Tamara: Oh, heavens no. No.

Lily: You had a guide. We agree with having guides.

Tamara: Oh honey. That's how I got y'all. I mean, hire experts to help you, especially when you're in a mess. And dentists don't even know that they're in a mess.

Robert: Let me rewind to the beginning. And when he got credentialed with Aetna, for instance, you never get credentialed with the leased companies? They just show up.

Tamara: Correct because there's that clause that allows Aetna to do it. And so this is the funny thing is that, as I was following the strategic plan that Craig had mapped out for us, we got out of one, didn't even realize that they were leased under another one. So let's, I'm just using these as examples. Let's say I'm getting out of Aetna and I got out of Aetna, but Aetna once I was out and then they're paying my out of network fees, which are my full fee schedule now, we're actually making a profit, then next thing I know about 90 days later, woopsy we're gonna pull off the principal. And now thankfully Congress has started to regulate this a little bit more in terms of, if they're going to lease a network, they have to notify the dentist to give you the opportunity to get out. But then I had to start the whole 90 day clock of getting out of the principal one. So then Aetna had grabbed onto principal, so I had to go whack principal and then go back and say, okay, Aetna, I've already been out for 90 days with you. Now I'm going to get out with you because you've latched on to principal. I'm no longer part of principal. So now you get to go back to paying me my out of network fees. It is a huge game and you better know the rules if you're gonna play it. And that's the play and that's--

Lynn: That's another reason they're afraid to tackle it because--

- Totally, totally.

- 'Cause it's how do I?

Robert: Well, they don't have the time and energy to devote to it. It takes somebody like this Tamara to do it for them. And you have a vested interest in the practice because it's the family practice.

Tamara: Totally. But see, this is where if we can get the message out to the dentist, the reason why they're scared to do it is because first of all, I promise you, these office managers don't know just like, I didn't know and yet I had 27 years experience in the business. But yet here's this thing that has evolved. This didn't use to happen. We didn't use to have lease networks. Lease networks have been the downfall of a lot of these moves, but there's an extra one. And this is something that Craig also taught me and this has been the massive effort that yes, I'm playing whack-a-mole with dental insurance companies but my ultimate goal is patient retention while I'm whacking. Well, there's, you have to also know, does that insurance company, which that's a whole nother podcast for another day. There's no such thing as dental insurance. There's nothing, it's a dental benefit. It's you taking a bucket of money to buy a bucket of money with rules. It ensures nothing. So let's just set the table on that one. But you've got to find out if that insurance company allows for assignment of benefit out of network, because that puts a whole new wrinkle that we saved for the end. So this has been a three year process. You can imagine that getting out of 34 fee schedules, you can't just flip the

switch. You have to go methodically through it. And it takes at least 90 days in some cases to get out of those contracts.

Lynn: And so you started with the ones that--

Tamara: That were the easy ones.

Lynn: That they could assign the benefits.

Tamara: Correct.

Robert: And I've seen people flip the switch all at once and that's a mistake. I've seen bankruptcy was created because of it.

Tamara: Agreed 100%.

Lynn: The next part, we're gonna talk about, the client retention part. I mean, if you don't communicate this with your patients properly, that's the key and it can be done and she's a great example to show that.

Tamara: 100% can be done and should be done because this whole patient retention game is patient education, patient communication, and patient transparency. I actually, those numbers I rattled off for you, let me give you this example, so the last one that we saved is a very big player in the market. Let me give you these numbers because this may help some of those dentists decide to take the plunge. I have 40% of my entire patient base in this particular company. I have saved it for the end on purpose because this is massive. This is not easy, this is exhausting, but it is so worth it when the money will start rolling in and it does roll in, which is beautiful because you kind of gain confidence. You go with Craig's easy ones, the low hanging fruit as it were, and then you knock those out. And then, oh my gosh, 90 days, the money starting to come in and the patient's not leaving because they can assign the benefit. So the only difference for the patient in an, out of network, they don't care because the assignment of benefit goes to the dentist.

Robert: I think that's a big misunderstanding sometimes because they think if you're not gonna accept their insurance, they're gonna have to pay 100% of your fee out of their pocket.

Tamara: That is exactly right. And that communication right there is the lead off that we have to tackle with this massive move that we have been embroiled in since June. We made the decision in April, we wrote the letter with Craig's help, the patient letter. And then we started these in-office communications. Every single one of these patients that is with this large company, sits down with us. So we even have a process, we flag them on the schedule with the initials of the company. Dr. Bill, my husband, he sees that he goes in to do treatment whatever, explains that we're gonna be a non-preferred dentist. You've got to be careful with the language--

Lynn: That you use.

Tamara: Because if you say out of network, they're gonna think one of two things. Out of network, I can no longer go there and it is done. And they think, oh, you're not taking it anymore. The second thing is, or if I stay, I'm going to be paying more. Not true. You are in control of that. And so you've got to get over that hurdle with your own patient base of educating them that out of network does not mean they are paying more. You are in control of that.

Lynn: And start by not saying, out of network.

Tamara: Absolutely. Absolutely. It's always non-preferred status. We will still file your claims. It's educating them about the process. And what makes this one so much harder is the assignment of benefit process. So Bill, Dr. Bill, sorry. In the office I call him Dr. Bill. Outside the office, I call him Bill. But at any rate, Bill writes the letter and in the letter, it needs to say, why is this change necessary? What is not changing, what is changing and what options do you have to stay as our patient? We give them three options.

Lynn: 'Cause they don't wanna change.

Tamara: They don't.

Lynn: They don't wanna change.

Tamara: No, not at all. And so, anyway, like I said, we write the letter, we go into these patient meetings armed with a full communication packet, which includes the letter. It includes our membership plan, which I have very carefully priced out of what I know people are paying in premiums. I come in under it. So it's a no brainer when giving them the option of, yeah, you can stay out in network with this. We'll still file your claims, but it's the AOB, the assignment of benefit process where it starts getting sticky. And so your option one is, yeah, you can stay with it, but this is the reverse of the process. So out of network for this particular company means, you the patient will pay me up front. I will file your claim and then this company will reimburse you. They want to get in between the patient and the doctor relationship and this is how they do it. So if you don't come in with this detailed communication plan, then yes, most likely you're gonna lose them. If you just send out a letter and you mail it without any kind of face-to-face conversation, outlining what each option means, then they're not gonna understand it and they're not gonna stay because they're gonna believe that out of network information, that's not true.

Robert: So it takes a lot of planning, advanced planning to do this.

Tamara: Exactly. Exactly. You've got, I literally have a timeline that I can share with any of your listeners. I will be happy to help anybody else do this because collectively we as dentists and dental offices have got to start taking back our practices. And this is the only way that we're gonna be able to do it.

Robert: Be careful what you offer.

Lynn: We'll retract that later.

Tamara: Y'all go right ahead. But I mean, I could get into details about how and the words that we use. If we need to make that another podcast, that's fine. So just let me know.

Lynn: It's so much good information though, because it terrifies them and I can totally see why. I mean, we have the same stress when we talk about what we're gonna charge for this or that, or raise fees or whatever. You're afraid that they're so price sensitive, but this isn't even a price increase for that.

Tamara: And here is the biggest stat for the dentist and those office managers listening and this shocked me, but it was Craig who gave us the information and it emboldened us to make this final move, even though it's hard and even though it takes lots of time to communicate it. But with this particular group, I told y'all, it was 40% of our entire patient base and as of January 1st, we're out of network and it's gonna be a beautiful thing because get this, on day one on January 1st, if 50% of my 40% walk out the door, I will make more money with the remaining 50%.

Lynn: And that gives you a great deal of confidence.

Tamara: Exactly, exactly. Because, and dentists look at that and they look at their schedule and they go, no, I've got to have every chair full. I've got to have them full. But you need them full with people that are productive to your bottom line. Our situation with this big one is that we were losing \$50 a patient on every cleaning and every exam. So this is the example, \$81, I gave you that at the beginning of this, \$81 is what this company is reimbursing us. My break even is \$130. So four it's since 2009 people, since 2009, that has been my number and this company refuses to negotiate. So do not get sucked in to the fact that they will, oh, maybe one day they'll give me a 5% increase. Ridiculous, because they play games with your fee schedules, which I didn't know that they did, but Craig did. And so what they'll do is you'll think you're getting this big gain of \$10 more on your cleaning, but then what they do is they go behind and they lower your crown 20 or \$30. And if you're not watching your fee schedules and you're not watching what those reimbursements are coming in on those EOB's, then you'll never know it. And it's a game that they play. So I watch every single EOB that comes through my practice. Do I need to, as an owner and an administrator of this practice? Maybe not, but this is a practice that has been saved because of Craig Dreiling and what his plan was for us. It works people. He saved our dental practice.

Lynn: So we're gonna have to talk to them at some point.

Tamara: Pull them in and I'll be the poster child. That's what I'll say. I mean, it's so good. What they can do, and it is no disruption to your practice. Do you know, out of that 40% today, I just lost a patient, one patient out of all of those 40%. That's the only patient that I've lost. And he signed up for an HMO. We never took the HMO to begin with. So I have not lost one patient because once they hear that you're not being paid for the services, they want you to be paid. And in our situation, because thank God we found Craig when we did, because COVID nearly brought us to our knees. We came within two weeks of making our final payroll. We would have been bankrupt had it not been for the fact that we were slowly but surely, methodically getting out of all of these PPO networks.

Robert: And you did all this during the pandemic.

Tamara: During the pandemic.

Robert: As I've seen, a lot of people say, oh yeah, I'd love to go out of network, but I can't do it now because of the pandemic.

Tamara: And that's a great point because what happened for us, we had decided last year in January, February of 2020, that we were gonna potentially take the plunge on this one. COVID hit us in March. We were planning to make the final decision April 1st. And yes, I pulled out because I was still working some of the lower hanging fruit. The only reason why I saved this monster for the end is because of the assignment of benefit issue. I knew that it was gonna take us more time. With all the extra regulations that we didn't even get out from underneath the Texas State Board of Dental until June 18th of this year. There was no way that I could have managed this. So I totally get that. But I was getting out of those lower ones that allow assignment of benefit again, Craig, will outline for you. So yeah, I was getting out of network even during COVID.

Robert: So if you had to estimate how many patients as a percentage that you lost, when you got out of all those, what would that be?

Tamara: You're not gonna believe me. I lost three patients on one because they understand it because now I've communicated with them.

Lynn: That's incredible.

Tamara: That's it. That's all guys. I have not lost my patient base. We are at busting at the seams, but now we're busting at the seams of people that want to make sure that we're being paid because they wanna ensure that their dentist is around when the next pandemic hits. I mean, it's all in sharing the numbers. My patients know my numbers guys. Why keep it from them? Especially because that's the other thing. There's this perception that when a dentist goes out of network, oh, they're just hungry for more money. We're money hungry. They're not safe with what they agreed to. They don't even understand that they see contracted amount. What do you mean you can't run a business, \$81 when your breakeven's 130? If they never know, that they don't understand that. And that's exactly what I show them as we go through the options, which I'll be again, happy to help you guys get the message out on that. Because on one of the options of this big monster that we're dealing with is option one is, you stay with this company. We will still follow your claims, the only difference is that they are not gonna pay us, they're gonna pay you. And they're gonna pay you according to your employer's rules. They don't even know that. They think the insurance company is the one dictating what their rules are. Once you explain your employer's rules, and that's why we have this in our packet, when we go in it's personalized. I can tell them exactly what's gonna happen out of network, and how much they're gonna get paid. And here's the other secret that they certainly don't want you to know in this big monster move is that ton probably 60, 65% of the patients are not penalized for going out of network. So if they are paying me, because it's the reverse AOB process, if you go with option one, you will pay me 175. I just told you, that's what my profit margin is for the cleaning exam, they pay me 175. I file their claim and guess what? Their employee's rule right here says 100%. So that means that this company is gonna pay the



patient in about two weeks. They do have 30 days to pay him. But in about two weeks, that patient is going to get a check for \$175.

Lynn: You can't really beat that.

Tamara: No. And I've got a ton again, and especially families because they're sitting here going, so you mean to tell me, I'm just gonna pay it out of my pocket and they're gonna pay me back. And I said, exactly, that's what option one is. And they're like, oh, we thought when you sent the letter that that meant that you're not taking it anymore. That's what out of network means to a lot of people. You're not taking it. That's not true at all. We're filing on all of these that I've gotten out of network the only difference is that I'm getting the money out of all of these, except for this big one. And then the ones who are penalized, we explain to them, okay, your employer is penalizing you 10% on your cleaning and exam. So you're gonna pay me 175, I'm gonna file your claim and you're gonna get 157.50. And they're like, oh, so I don't have to move. So very fine giving the lower amount if they stick with that option. But then the second option and that's where I in-house show them a masked AOB, I'm not breaking any HIPAA laws when I show them this, but I show them how everybody else in the industry allows for assignment of benefit. So therefore the patient comes in, I'm out of network. And I tell them, I've been out of network for three years. I've never had to sit down with the patient and tell them all that I'm educating you on because of why? Three little words. Three little words, assignment of benefit causes all of this consternation. And once they understand what that is, they're like, oh, so if my employer offers two PPO dental plans, I can select this one and I don't have to pay you anything and you still get paid and you get paid your fees. I said, bingo. So that's option two. And then lo and behold, there's a third option to stay with us. And that's when I ask them, I say, "How much is coming out of your paycheck because there's no such thing as dental insurance?" They look at me like I have two heads. They're like, what am I paying for? They don't understand that medical insurance, homeowners insurance, it's insuring that if your house burns down, you get to rebuild. It insures on medical. If you have a major catastrophe, you will not go financially bankrupt. People don't understand that insurance doesn't exist in the dental space, it's dental benefits. And when they understand that concept of I'm taking a bucket of money to buy a bucket of money that has rules and when that bucket runs out of money, I have to pay 100%? Wait a minute. And so that's how I lead in with that. And I say, okay, tell me how much is coming out of your paycheck? And they'll tell me, oh, Tamara, it's only \$25. It's really cheap. And I said, great. And I write it down on the little sheet here and I say, okay, now tell me how much or how often you get paid. Oh, it's every other week. And I said, okay, that's 26 paid checks. So I have my little calculator and I do the math and I said, do you realize that you're paying in \$650 for the right to walk in my door before you ever paid a dime on anything? You're free cleanings are costing you \$650. They freak out. And they love the fact that I have another plan. And I have purposely for an individual, priced my plans, such that they can be a member of my plan. They know exactly what they're gonna pay for every single procedure. I'm not doing a percentage plan. Why am I not doing a percentage plan? It's because I know my demographics of my patients and they want to know specifically what they will pay. So I literally take my plan and I sit down with them and I write out their entire year's treatment and what it's gonna cost them. And then I point over to their bucket of money. I said, oh, so you're paying \$650. You can get all of your cleanings, x-rays and exams for the year and not pay me a deductible or a waiting period or a missing tooth clause or anything like that and it's coming in at like 450. Oh, I think I just saved you \$200 and they sign up for the plan almost on the spot. And I even have to tell them, no, don't, you're gonna

maximize your benefits. Wait till you come in for your next appointment and go with option three. So, because you're giving your patients ways to stay with you, ways to make it sticky so they don't wanna leave, it's awesome. But then I do share with them option four is the option four that we don't like to talk about, but you're required. If you're gonna go out of network, you need to tell them that you do have an option to go to somewhere else. And I give them the statistic that I gave you of 50% of you can leave me. Now, I'm working really hard because I want you to stay, can you imagine I'm working hard because we've built a relationship and I don't want something as silly as dental benefits to come between us. And you position your wording that way and it just builds even deeper trust. And that I've got people all over the place. I've seriously of the non AOBs, all those low-hanging fruit lost three people.

Lynn: That's amazing.

Tamara: And one of them came back after a horrific experience elsewhere. And I got one back. I lost one of my 40%, one. Now there could be more coming, I don't know because we're going into this January 1st, but I promise you, I'm not gonna lose 50%. And even if I did, I'd still be making more money.

Lynn: With less work.

Tamara: Exactly.

Robert: Well, I have a feeling that our listeners are gonna be trying to hire her.

Lynn: She's gonna have a side job. We'll work a deal. Well, I think this is gonna give them a lot of confidence though, and that's what they need.

Robert: That's what they need. Absolutely. I hope this encourages some people to take the plunge.

Lynn: Anything else you'd like to add?

Robert: No, thank you very much for being here today. It's valuable information. We can do this for hours.

Tamara: And here's my message. You can do this. If I can do this, you can do this. And you can watch the, oh, here, can I just tell you all the real quick. Craig has many nicknames. So when we first met the man, we had pleasantries, he had already previously told us to gather all this data and EOBs and all that good stuff. And don't worry, you sign non-disclosure so he can look at the data on that very first meeting. He makes guarantees by the way, that if he cannot save you significantly on your return on investment, then he will not take your case. So you have that comfort going into it. But he comes in, he literally starts flipping through pages like this. And I immediately said, "Oh my gosh, Bill, he is Rain Man." Do y'all remember Dustin Hoffman counting cars in the 1980s? He became Rain Man. Well, after we've been together now through the years that he's been helping us execute our plan, he is now Jerry Maguire, because he shows us the money. Now, get this, I had two others prior to this monster one that I was doing. He crafts all the template language. They do the heavy lifting of everything. So basically he sends the letter for Dr. Bill to sign. We send it off that, hey, it's our intent. We're

going out of network, get prepared. And then it comes time for the 90 days. And two companies just blew it off and didn't respond. So now his nickname is Pitbull because he has attorneys that write the language that they are in breach of contract. Let me tell you, as soon as those breach of contract letters got to those two places, I had the highest levels of those organizations not only did they get me out of network, they then had to go back and reaudit everything from the termination date and pay us the money. So Rain Man, Jerry Maguire and Pitbull will help you to get endorsements.

Robert: Fabulous. It's a good place to end the conversation today.

Lynn: Yes it is. So if we can help in any way, if you have more questions and follow up, just shoot us an email at [info@eandassociates.com](mailto:info@eandassociates.com).

Robert: Thanks very much for being with us today.

- Thank you.

- Thank you.

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