

Jerry A. Jones' Practice Profit Insider

Not for the weak of mind or faint of heart...A Profit-Boosting Newsletter from an In-The-Trenches Maverick
Issue #4, March 2009 - Visit www.DentalMarketingTips.com for opt-in info!
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The \$10,000.00 "Everyday" Patient.

Happy March! Jerry Jones here. I have an incredible amount of good "stuff" to share with you this month. I'm excited, and I know you'll be able to tell very quickly as you now sit down with your bottle of water or cup of coffee or tea (I'll take water, thank you.)

First though, hats off and congratulations to Dr. Thomas P. Shortell of Mission, KS, a long-time friend (Tom, how long's it been - 10 years?) and now client (Tom's having me create a pt reactivation direct mail sequence which I'll talk about more, later in this issue).

What's the big deal? Easy. And, if you're a baseball fan, you'll get it:

Tom's son, Erik, just signed with a major league baseball team, and since Tom's from Kansas, I'll give you one guess which team! Tom, I know you're proud and I also know your other boys are proud, too. Your family is athletically gifted and that comes directly from you being holding the title and WWE belt for the World's Strongest Dentist. Susan deserves better than you guys ☺.

OK, so enough fanfare. Really, I am stoked for you Tom, that's fantastic!

Oh, and by the way, if you're looking for a course (from what I understand, one of the best) in DO-ING implants, I'll put you in touch with Tom and his teaching partner, Dr. John Julian, and they'll show you how to make a bloody fortune (sorry, couldn't

resist) from implants, and not just the restorative side, either.

All right. If you are one of about 600 dentists reading this right now, you're lucky. Most guys will go through 2009 never getting the kind of insights and pure money-making, life-easing ideas I share here (Not all mine, many stolen after put into use by me, though!).

Last Month's Issue

I want to make sure I was clear last issue when I mentioned what I'm doing these days with respect to dental marketing. I didn't mention my good friend and former employee James Erickson, but I damn well should have.

James has a newsletter program unlike anything anywhere. I know, it used to be mine! And, I still believe it's the most effective method/THING you do for keeping your practice in the black and FUN at the same time. James also offers some killer postcard programs.

I gotta share a rather personal detail. And, I hope James is OK with me sharing, too.

Many of you know I faced a major financial meltdown in 2008. Good news is, it's behind me. Bad news is it happened.

During this time, in late 2008, I was also facing a large, six-figure tax bill from two years prior. Due to a partnership evaporating, I made a decision, right or wrong, to spend my tax reserves to keep a property from

being foreclosed. So, with my tax reserves gone, facing bankruptcy anyway, I knew my income taxes would survive bankruptcy and were not "dischargeable."

Since James owed a significant amount of money to me for the purchase of the business, I asked if he'd be interested in paying it off early and he was.

Here's why, to me, I've yet to run across a guy as upstanding as him: He went out of his way to get a loan to pay me off.

It helped him out (interest rate was lower, etc.), but it also helped me out big time.

You see, I was able to pay off that HUGE tax debt.

Without his support and understanding, that likely wouldn't have happened.

So you see, I gotta lot of respect for James, and I want to see his business continue to grow.

So the deal is, if you want postcards I personally ENDORSE because I know they work, I recommend you contact James and **tell him Jerry sent ya**. If you want the best newsletter I've ever seen put to use in your practice, call James and tell him I sent ya.

Capiche'?

Now, let's see, what's next?

Bankruptcy Book/Toolkit Resource

I can't tell you I "know" the authors, but I am very familiar with their story.

I just came across a great website I'd recommend ANYONE visit if their financial troubles are mounting, and it looks desperate.

The site is:

<http://www.BankruptcySurvivalToolkit.com>

A book is offered and a couple of invaluable special reports for only \$19.95. Cheapest thing I think I've ever seen on the net. Excellent book, too. Check it out.

OK, there are two more things I want to talk about in this newsletter before I wrap it up.

They are:

1. Your DAILY \$10,000.00 Patient
2. Something I mentioned earlier I am helping 2 clients on right now: **REACTIVATION CAMPAIGNS**.
3. Woops, then, I'll update you further, on my DA school, too, since that seems to be a popular topic. Deal?

The DAILY, \$10,000.00 Patient

Can you imagine, in your practice, having each and every day, a patient worth \$10,000 in production, or say, speaking frankly, \$2,500 in your pocket (75% overhead, eh?)??????

I bet for some, that's hard to fathom...that every day of the week, there is a patient WORTH \$10,000 in production to you walking right in the door and later, right out the door.

Well, I have to tell you, honestly, there's not one practice in America that is absent a \$10,000 Production Patient. You might think I'm kidding, but I'm not, and by now, you're probably beginning to wonder, in the back of your head, that maybe, just maybe (we all like to hang our hats on "Hope" as a strategy, don't we!?) 'ol Jerry's got a trick up his sleeve and he's in fact, right on the money.

You'd be right. Follow that "gut," as they say.

How in the world do you get a \$10,000 patient every single day of the week?

I'll not B.S. you. It's difficult. Very difficult and in fact, I think only 1% of the offices that ever attempt this strategy will actually achieve this for any great length of time - in this case, perhaps 4 weeks in a row.

Why can't more DO it? I'd guess one reason: *they don't believe it's possible.*

Heard this before? "If you think it's bad, you're right. If you think it's good, you're right."

If you believe it's possible, then, let me explain it to you how exactly it'll work, keeping in mind, I bet you, after I get a coupla reports from offices (maybe yours?) this works, I could SELL this technique at a seminar and charge a used car for admittance.

So let me reveal this secret and the process I'd recommend to implement it.

First, review your schedule in the morning huddle.

Pick your "mark."

This person, or mark, will have a distinct personality. Outgoing, kind, LIKES your office and you, has a sphere of possible influence (works in a big company as HR director for instance, or a professional with a client base, etc.) where he or, preferably she, can "brag" about you thereby bragging about herself and the new smile or painless dentistry to make herself look "cool." Come on, you know the person. Don't you?

It might even be *ol' Miss Busypants* who tells everyone everything about all that happens everywhere. You know her, too, right?

The target's gotta be a raving or semi-raving fan of you and your practice. It can't be an introvert. It's

gotta be someone that enjoys communication with other humans.

Next, once you've made your "mark," it's time to talk strategy with your team.

This is a pivotal point where you really have to know the mark's psychological position with respect to you, what they like, dislike, love, hate.

You have to, at this very time, develop an approach with your whole team buying INTO the approach. You'll need to create the "banter" or the greased chute as I call it, to get the "mark" where you need them mentally.

Now, imagine, this "mark" or patient, holds the key to a vault. Inside the vault is the answer to each and every one of your money concerns. So, in effect, this patient holds the key to your practice's financial future, right?

So there's a lot at stake here. In fact, it's kinda like winning American Idol® for Dentists. I mean, the prize is THAT big.

Next, you and your team have to follow your perfectly practiced/honed script that will get your pt, your mark, to hand over that key to the vault, and do it happily, enthusiastically.

So, get out the pillows, the warm scented candles or smelly stuff, the massage chair adapter you've got stuffed in your personal office, the warm blankets, the warm wash cloths, the Starbucks®, "Hey, enjoy a coffee on us" card.

You see, each one of the little extras you and your team delivers edges your mark closer and closer to absolutely falling all over themselves to help you when you...

POP the question.

WHAT question? This actually is the easiest part: It goes something like this, "Julie, how's your experience been here today? Has it been everything you were expecting or was it unexpected? You see, we're trying to do things differently here to give special patients like yourself a break from traditional dentistry."

Now, sit back and get feedback from Julie. Let her tell you how she feels. Let her brag about you.

Then, do this:

"Julie, we're really glad you're excited about your visit today and the results. Would you be able to help us out with a quick favor?"

Julie is certainly going to agree, isn't she?

"Julie, we'd really love to be able to help more folks like you. When the subject comes up, you know, dentistry, would you be so kind as to refer your friends and family to us?"

"We've had patients just like you, refer 7, 8, even 10 patients a year to us and you know, if it weren't for them and people like you, we'd be out of business...our practice exists because you think highly enough to refer others and it's a huge compliment to us."

You get where I'm going with this? Every single day, if you were to focus, and I mean all out focus on one single patient and making sure their visit was extraordinary, do you think they'd refer MORE people to you? Especially, when you ask?

Look at it like this: If each day, you have one pt like Julie that can affect just 5, 6 or 7 others like herself to come in and see you, and each pt is worth \$1,500 to \$2,000, HOW MUCH is Jules worth to you and your practice?

Gold. Gold I tell ya. So, treat her like Gold. In return, you'll be able to

mine referrals from her kindness year after year, visit after visit.

Track your referrals from these "marks" and watch what happens.

Are you familiar with Barnum and Bailey Circus? Do you recall their ads? They were whacky, completely nutty ads promising, the, "World's Smallest Man," and other such oddities. In fact, that "man" was General Tom Thumb.

If you are familiar with them, you know then that semantics plays a very critical role in what PT Barnum promised his circus-goers.

In this case, the same MIGHT be true for what I've just described for you to do to get that \$10k pt, but, I'll leave it up to you. It's YOUR decision to see if in fact, YOU and your team can create a new \$10,000 production patient every day you're open!

Like it or hate it, you should be focusing on at least one pt every day to go above and beyond with and prime them for referring in others like them. Good luck and let me know how it goes.

Dental Assisting School

I have 3 people on the short-list for a 2 to 3-day 4-man intensive on the dental assisting school.

If you're interested, let me know. I'm scheduling that in March for a September date. The school continues to prosper and we're expanding the programs to offer a front office person training program, too! Email me or call Melody if you're interested.

I can't think of an easier way to add an extra \$250,000 a year to your coffers with a 50% overhead...That's a lot of dentistry.

12%+ Interest is Hard to Come By.

It sure is. For most anyway.

If you have an interest in bumping up your current 1% or 2% return or changing negative returns into positive, 12% returns, shoot me an email.

I'll send you the details of how a few other dentists are regularly earning 12% interest on retirement funds or idle cash.

My dental assisting school finances a few patients each term. We sell these student loans, when there are some, to investors.

The interest is 12% or more simple interest and loan amounts vary from \$2,500 to \$5,500.

The repayment terms are 12 months @ 12%, 18 months at 13% or 24 months. Interest is 12%, 13% and 14%. Longer time, higher interest rate, but greater risk.

Since these are student loans, my understanding (check with your advisors) is that they are not dischargeable in a bankruptcy. (I should know, huh?)

Again, if you are interested, email me and I'll send you sample forms and more info.

One last thing: After over 2 years of absence from being online and accepting new "leads" or those interested in running a better dental practice, I'm finally BACK online. You can sign-up for **FREE** updates and great, relevant and regular tips (not too many, just enough) @

<http://www.dentalmarketingtips.com>

Join me online! **It's free** and you never know what you'll learn!

And finally, I only have room, at this point, for 2 more clients then I'm wait-listing others for at least 60 days.

Now...Go Kick Some BUTT! ~JERRY

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Special "Pitch-of-the-Month" Section – Go to NEXT Page Please.

Each month, I'll share a *special* opportunity for you to work with me or one of the "Jerry Jones Direct Circle of Quality®" vendors. This month's deal – Check this out: Increase Production, Patient Flow and Profits in the Face of a Recession.

So Far in 2009 this Simple, Unpretentious, *Average* Dental Practice has Done More, Scheduled More *Tx*, and SEEN More Pts than ANY Time in the Previous **THREE** Years...

How to Easily Position Yourself to SELL \$10,000+ Treatment Plans in Spite of the Deep, International Recession & Banking Crisis.

10:01 AM
3488 Liberty Rd
Salem, Oregon

Dear Friend,

Are you struggling to put patients in chairs? Are patients putting off needed treatment? Are you tired of hearing, "I'm nervous. I just can't justify spending that kind of money on ME right now."

Has your production shrank from 2008 levels? What about 2007? Are YOU nervous, losing sleep at night wondering how to crank up the Production Machine? After all, the media says and the government has confirmed: Our situation is DIRE.

But, I've got some fantastic, very GOOD news: ***YOUR situation doesn't have to be grim.***

My dental practice management company, SofTouch Family Dental here in Salem is setting records. In the face of a recession, we've done more, seen more and have more *Tx* on the books than at any time in the last 3 years.

In fact, today, the day I'm writing this letter, the team there just had a nice lady approved for a \$10,000 treatment plan using Care Credit®.

A TEN THOUSAND dollar treatment plan in a *verified* recession, in fact, not just a national, but an INTERNATIONAL recession.

Friend, in early 2008, that would have been a HALF month's worth of production for my little office. TWO WEEKS.

Now, it's becoming *routine* in my office, counter to all that's happening elsewhere. Patients are being conditioned and instructed to accept care. It's no mystery. And, it's not due to a \$25,000 "SELLING BIG CASES" course. (That's all B.S. if you ask me.)

I'm not telling that to you so I can brag and feel good about myself. Frankly, I could care less. Don't get me wrong, I'm excited it's doing well, but, you may have heard, I filed Chapter 7 Bankruptcy in December 2008, so

my bills are minimal (house payment, no car payments and leases for my offices are it) and my motivation to sound larger than life or act it, just ain't there anymore.

I've ditched (forced to, you see) my two Mercedes G-class, "enlargement" vehicles (now driving an '87 Ford pickup), my 2nd home (gave that back to the bank) and get to, in many ways, start from scratch and WITH MINIMAL debt. So you see, the motivation I have is NOT money. My kids are well-fed, their college funds continue to grow as do my IRAs and 401(k)s.

You're getting this letter from me because I truly want to help and I sense panic in the dental industry. No, I don't just sense it, I've heard it first-hand from many of my former clients that have been rudely kicked in the crotch. But, I'll get back to that in a minute.

My mission here is to HELP YOU. Listen, I know there are a lot of ways to increase production in a dental practice. In fact, hundreds. That itself is not news to you, I'm sure.

Most practices rely on the time-honored pt attraction process of simply ushering in new patients through the front door however they managed to end up there.

But, right now, times are tough. Patients aren't *seeking* dental care. They are not looking for the best cosmetic dentist via Google® or Yahoo®.

[NOTE: If this is NOT you, if you are all set and pts are continuing to line-up and purchase your cosmetic and implant services en masse, you can either ignore my message, or take this message as something that may very well apply to you and your office in short order – these ugly changes start slow, but then, as I've learned snowball quickly and out of control. Your choice though.]

So, doing what you've always done – sending out postcards, using Google Adwords®, lighting your new sign, installing new carpet, moving to a better location, getting a bigger Yellow Pages ad, re-designing your website (dumping still more money into something many are not even *investing* money to promote!) can be ***practice-cide*** – Yes, suicide for the very machine that pays your bills, gives you validation and just as important, provides employment for your team.

The economy being what it is, *recession-ized*, now verified by Official Government bean counters, you cannot, without repercussions, do what you've been doing the last 3 years. And if you are, you now have the answer to your question, "Why is THIS not working anymore?"

Can I get to brass tacks? Here goes: Last month I sent out, for the first time in over a year, my *Practice Profits Insider*, Issue #3. The newsletter stimulated several calls, as I intended, from former top clients. I was able to quickly gauge the temperature of the dental market, and frankly,

...Those calls scared the crap out of me.

I could hear the desperation, the fear through the phone. I can't sit by and let clients that have supported me in good times fail or just be mediocre when things get tough. It's not right. It's immoral. Especially if I can offer assistance.

So listen up: If you're relying on old, tested methods to generate the patients you need, just dig in, prepare to spend more. They will still work. Just not as well as they have in the past – or at the rate of return you've come to expect. That will change in the future. But, it's not likely reality for many right now.

This includes traditional biggies like Yellow Pages and my all-time favorite, *geo*-focused Direct Mail. The same results will likely cost more. If you're used to a 3:1 initial return on your marketing dollars, then get ready for that to go to 2:1 or, just break-even.

What worked in '08 and '07 is less effective, requiring more resources to get the same results (translation: more money, less results). To top it off, major costs to keep patient flow up, like postage, is increasing (another 2 cents, right around the corner).

WARNING: *The marketplace has shifted... dramatically so. And, much to our disgust, literally overnight.*

And, last time I checked, insurance companies aren't looking to increase benefits payable to YOU, are they? And, no, they likely never will.

So, with dire straights in front and only good times in the rear-view mirror, what does a Doc do to stimulate or engage a "struggling," less-interested-in-spending consumer?

Simple.

YOU STOP CHASING 'em. (Besides, when you chase and you're doing it WRONG, you risk turning your pts, your prospects off, appear desperate and KILL any chance you have of ever getting a "Yes!") You re-focus your efforts where it pays.

Not only do you halt pursuit, like cops in a car chase, but, simultaneously, you've gotta prime the pump of an old farm well you've ignored in these wonderfully prosperous times that are now ancient history like former President George W. Bush.

That's right. You quit begging them to call you. Instead, go back to the well that was once brimming with crystal-clear water and position yourself to be SOUGHT OUT by those that really and truly need you.

Every practice that's been in business for at least a year has that pure, colorless "Well." It's already dug, perhaps the water's a little brackish and stagnant, but trust me, that's an easy fix.

You see, my GOAL here is to get you to SEE, to recognize that Well. Take a sip from it. Verify it's cool, clear water you're looking to drink down, and then, start cranking bucket-fulls up the brick-lined sides of that huge, untapped pool of opportunity.

What IS this well you've no doubt got?

It's really, really simple, and I won't pretend to over-complicate it. That Well I'm talking about are your

Inactive patient files.

Those sitting, gathering dust, ignored now for some time. Not because you're mean, but because, you were chasing the low hanging fruit these last few very prosperous years.

Today's low-hanging fruit are no longer the eager-to-spend cosmetic patient you've never met that's lurking behind a monitor on Google® or Yahoo!®. Fact of the matter is, those folks are few and far between and

will, as time moves on, prove more scarce. Just ask these guys that have banked their practice on getting lucky snagging a patient from a search engine.

You see, it's time to get back to the basics of business. I'm on a mission to make this the easiest thing you can do, today, to immediately breathe life into your practice.

I've been asked by several of my clients, as recently as last week, to assemble an easy-to-use System that does all the hard work...a fool-proof process leaving no former or inactive patient behind...

So, I did, and next, I'd like to share what it can do for you specifically. And how *f a s t* it can work.

I call it...

The Unfair Advantage, Recession-Proof Patient Reactivation System.

How much is a reactivated patient worth? Why did they "fall off the wagon" in the first place? Why should any of this matter to you?

It's important to understand both of these reasons so you and your team communicate effectively with them and get what you both (dentist and patient) want: treatment delivered and paid for.

How about I start with why pts "fall out of favor" with their dentist, or go "inactive" on us? Coupla reasons.

- 1) **A team member pissed them off.** (I can show you how to fix this problem.)
- 2) **They were made to feel guilty by you or one of your team.** (Sad, eh? I solve this one, too.)
- 3) **They had financial troubles and didn't want to add more by embarking on a large tx plan.** (Not your fault, and oftentimes, not theirs, either.)
- 4) **Dentistry just wasn't in their cards at the time...** It wasn't a top priority. (That's true with anything – what's important to you and me doesn't mean spit to most. That's just how it is.)

So how do I know all this? Simple, back in August & September 2008, I spent two months manning the front desk at SofTouch. Yeah, me. It was out of necessity. I had no choice unless I wanted to close the doors, which wasn't an option.

For 60 days, I talked to pts almost every day. I had the chance to ask them questions like, "Just out of curiosity, why now? Why get that crown done now versus a year ago?"

The answers were pretty much #1 to #4 above. Much to my dismay, #1 and #2 were the most popular. What kind of way is that to treat people? It ain't, and they spoke with their pocketbooks.

In fact, it took ME extending the olive branch and explaining WHY things would be different and failing that, there were to call me directly seein' as how I had the power to fire people for behaving badly.

The change was slow at first, but word got out. I made sure of it in our newsletter. I told patients what happened, what was going to happen and what they could do if they'd been treated less than perfect. The water started flowing, slowly at first, now, today, that well is GUSHING.

Why go after inactive pts? Aren't they poor patients to begin with?

No. See #1 through #4 above. Why does that make them poor patients? It doesn't.

How much are these inactive pts worth? I'd estimate, conservatively, at least \$2,500 or more, each.

You see, it's not just the Tx they have pending. It's what's happened to them since you last saw them and who they know and have never mentioned your name to (referrals, right?).

Next to existing pts, the best pt to get a referral from is an inactive pt converted to a raving fan, right? Makes sense, eh? Do you also think they'd be the easiest to sell Tx plans to? I know it...even if they don't know the dentist, they know the building, the practice, and perhaps, some of the people (may be good or bad – it's been good for us).

Here's why there's value to you in this System and why I developed it in the first place (besides wanting to see the practice KICK butt in 2009):

One pt reactivated =	\$2,500.00 (not to mention referrals). Easy to hit. 1 crown, 2 fillings and a root canal and you're there, right?
Two reactivated =	\$5,000.00
Ten pts reactivated =	\$25,000.00
Just 20 pts reactivated in two months =	\$50,000.

It all begs the question, could you and your team reactivate, with my guidance and the Unfair Advantage System, a measly 20 inactive patients? (I'll take that bet. How much you want to wager?)

Here's another side benefit: Once every 3 to 4 months, when the inactive pts list piles up, just whip out the System again and hit it. The numbers will be easier to control, the returns more predictable, as a result, increasing and stabilizing your 2009 income...which is the whole point.

MAKE ME prove it: When you start using my new System you'll note an immediate and substantial increase in production...OR, **I'll refund 100% of your money (OPTION ONE only)**, and you get 90 days to decide (you and you alone are in control – no one else, not even me!).

Now, you have two options to put my new **Unfair Advantage, Recession-Proof Patient Reactivation System** to work for you:

OPTION ONE:

I've taken my best material, *just developed*, tested and implemented in my own practice, in fact, and prepared a complete, fill-in-the-blanks *Templated* System for an all-out patient reactivation campaign.

But, you'll not just get the "stuff" to do – the Templates to fill in. I am going to give you some very important psychological collateral to go with my System, including articles. This, frankly, is where the true value of the System lies. If your team doesn't buy-in to the process, you've got to make a choice: buy into what THEY are saying or, bluntly, buy into my thought process and "can" 'em.

What's included?

- * **The initial “Olive Branch” letter, ready to mail, just add your information.**
- * The follow-up postcard to the “Olive Branch” letter. Again, just add your info and mail.
- * **My \$50,000 Treatment Reactivation Script for your front office. Insert names and start calling!**
- * 2nd Chance Postcard & Letter – (Don't skip this step...It'll kill your results.)
- * **Two professionally-written articles you can include in your office newsletter (by yours truly).**
- * Outsource your mailings – How to and WHO to call (HINT: It's who I CALL!)
- * **Complete step-by-step instructions and guidebook to \$50,000 in Tx reactivation!**
- * THE conversation you must have with your team...It's the one I had with mine that sparked change and doubled our production and collections!

Your Investment: 8 payments, 21-days apart of \$129 or one payment of \$797 (Save \$235).

OPTION TWO:

The other option, and frankly, most popular so far (and I fear will continue to be), is the “Done-For-You” System. You get me to do the work for you. (Except follow-up phone calls...That is done by your team!)

And, I'm not farming this out. I'm doing it all for you. With Melody's help, we take on what will be a major project for you. The BAD NEWS HERE is I can only accept TWO clients and work with TWO CLIENTS at any one time. I simply have no desire in killing myself to earn a buck. I won't be rushed, I won't be pushed. But, here's what we'll do for you – so long as you get us your mailing list in a format we can use (HINT: Export your inactive list to Excel or comma delimited, or tab delimited formats – your practice mgmt software can do it, trust me!):

- **I'll custom-write the Olive Branch letter to suit your practice and your situation.**
- I'll custom-write each and every single follow-up piece, which you'll approve all (please don't hold out on me with a response – we need speedy responses from you). There are a total of four pieces that will need attention by me.
- **Custom-written follow-up phone call script (or, you can use the one I use).**
- Articles you can use in your newsletter (If you don't have a newsletter, you need one.).
- **I'll print, stuff, mail and do all the grunt work here, for you. Postage included.**
- You and your team will be responsible for: getting me the list, making the follow-up phone calls (super easy once mail starts going out – you have a reason to call, see?), having the team conversation about the “state of the practice” and what their role MUST BE and anything else we can't do due to location (I'm not an on-site guy.).

Your Investment: \$2,500 upfront. Each letter is \$2.10 and each postcard is \$1.10. *If you have 300 inactives, it's \$2500 plus \$630 for each letter we mail and \$330 for each postcard we mail. All mailings paid in advance. Me accepting you as a client means you'll do all four mailings. Your total investment should be \$2500 + \$630x2 + \$330x2 = \$4480.* I am not offering a refund/guarantee on this option due to our upfront and ongoing cost commitment. If you're in, you're in. If you have doubts this will work for you, two things: 1.) it won't; and, 2.) please don't call me.

If you go the “Fill-In-The-Blanks Template” direction, you'll make one investment of just \$797 (or 8 payments, 21-days apart of \$129). The whole System is then yours to keep and use when and where you want to!

If you go with OPTION TWO, keep in mind, if you called and I started this project from scratch, it'd be at least \$7,500 upfront just for the copywriting and strategy for the letters and postcards, and I gotta tell you, that's cheap and a very reasonable investment considering the time it'd take you or someone else to develop this System.

However, you'll pay significantly LESS than that. \$2,500 upfront for set-up, etc. and \$1.10 for the postcards and \$2.10 for letters. A bargain without question.

Why \$2,500 upfront? Good question. I want to know you're serious for starters. I've invested my time to lay out the groundwork, the *templates*, on a now-proven System, the strategy behind the sequence of contacts is sound, and so on. The **HARD** work is done. The *expensive* work's done.

I predict, within 1 week of mailing, if you're operating your practice like you **SHOULD BE**, you'll have any and all money spent on this System, whether Option ONE or Option TWO, back in your coffers.

Would that be a good investment?

Why not get started then? I've included a faxable Client Application form. Just fill in it. In the large space, indicate Option ONE or Option TWO.

Within 48 hours, you'll get a call from me or Melody in my office with instructions on what to do next and when to expect either your package or the initial call with me (Again, Option ONE gets you a package with instructions; Option TWO gets you ME.)

I'm looking forward to working with you. Oh, and remember, I can, based on my current schedule, take only 2 clients in right now on this program. I also won't make any exceptions. So, if it's Option TWO you're interested in, don't delay getting your Client Application in right away.

Adios,


Jerry A. Jones
JERRY JONES DIRECT

P.S. Remember, you can do all this yourself, boosting your production within just a few days of the implementing the System with my templated fill-in-the-blank Option #1, or, you can get me to do the heavy-lifting for you with Option #2 and sit back and relax. Your choice! Either way, you'll be hard-pressed to lose (unless you choose Option #3 – cause there ain't one).

P.S. #2 Normally, below, I'd include client testimonials. And, if you were sending a letter to your existing or former (now inactive) patients, I'd recommend doing the same. But, I don't have a testimonial that is relevant for this program. So, in this instance, you'll have to rely on my 100% No Questions Asked Guarantee to relieve some of the unknown angst of "if this will work for you or not." I know it will. That's why I'm willing to back it with such a liberal guarantee!