

QDP QUIZ

For a free evaluation of how Quality Dental Plan can potentially benefit your practice, call (888) 960-1221 or fax this survey to us at (323) 210-7011 today!

First Name _____ Last Name _____

Dentist/Owner Dentist/Partner Associate Other: _____

Practice Name _____

Cell Phone: _____ Email: _____

To what extent do each of these statements apply to you and your practice?
(please mark as appropriate)

	Agree Strongly	Agree Somewhat	Disagree
Increasing my practice's revenue is important to me.			
I want to know how to continue to build value for patients.			
I want to generate more revenue without reducing the value I provide to my patients who trust me.			
I don't want the hassle of dealing with insurance companies about patient care and reimbursement rates.			
I am too busy with my practice to invent and implement a new marketing program.			
I wish someone could provide me with turnkey advertising campaigns and marketing efforts.			
I want to know about inexpensive yet effective ways to increase and retain my client base.			
Creating more enjoyment at work and a balanced work/home life is important to me.			
Any new systems I implement cannot disrupt the ones that are already in place.			
Even though I'm not a "marketer", learning skills to market my practice is important to me.			
I'd like to increase word-of-mouth referrals to my practice.			
I've been looking for new marketing systems to implement.			
Creating predictable revenue with simple, tested methods and systems is important to me.			
I want to know how to creatively reinvent myself and create changes that sustain my practice over the long term.			
I'd like for local business owners to know more about me.			
Keeping costs low while increasing profit is important to me.			