**Preventive Healthcare Plan Pricing Worksheet**

This worksheet is meant to assist with the determination of plan services and pricing for each plan level offered. Please see below for instruction on how to use this worksheet, which has also been made available in Excel format for your convenience.

**Instructions for Use**

**Plan Components**

The names of the services you are including in the plan.

**Retail Price**

The current price charged to clients for each service.

**% Discount**

The amount you intend to discount this service as part of a preventive healthcare plan; this can be the same for all plan components, or can vary on a per-service basis.

**Plan Price**

Take the retail price multiplied by the % discount to get the plan price.

**Quantity**

The number of times this service will be included in the plan.

**Total Plan Price**

Take the plan price multiplied by the quantity to get the total plan price.

**Price/Month**

Take the total plan price and divide by 12.

**Veterinarian Production**

If veterinarians receive production pay this column can be used to determine what the production is on a per-service basis (as long as you are paying production on the discounted plan price for each service). Take the plan price (**not** the total plan price) and multiply by the production percentage paid in your practice.

*TIP: The % discount can be “tweaked” on a line-item basis if the total plan price is either higher or lower than intended. For simplicity, you may also choose to round up the price per month.*

**Sample Worksheet**

**Plan Name: *Feline Adult Maintenance***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Feline Adult Maintenance** | **Retail Price** | **% Discount** | **Plan Price** | **Quantity** | **Total Plan Price** | **Price/****Month** | **DVM** **Prod.\*** |
| **Exams** |   |   |   |   |   |   |  |
|  Wellness Examination | $54.00 | 30% | $37.80 | 2 | $75.60 | $6.30 | $7.56/ea |
|   |  |  |  |  |  |  |  |
| **Core Vaccines** |   |   |   |   |   |   |  |
|  FVRCP |  $24.00 |  50% | $12.00 | 1 | $12.00 | $1.00 | $2.40 |
|  Rabies |  $18.00 |  50% | $ 9.00 | 1 | $ 9.00 | $ .75 | $1.80 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  **Non-Core Vaccines** |   |   |  |  |  |  |  |
|  FELV |  $28.00 |  50% | $14.00 | 1 | $14.00 | $1.17 | $2.80 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Treatments/Services** |   |   |   |   |   |   |  |
|  Ear Swab/Cytology |  $24.00 |  50% | $12.00 | 1 | $12.00 | $1.00 | $2.40 |
|  Fecal |  $28.00 |  40% | $16.80 | 1 | $16.80 | $1.40 | $3.36 |
|  Deworming |  $15.00 |  40% | $ 9.00 | 2 | $18.00 | $1.50 | $1.80/ea |
|   |   |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Diagnostics** |   |   |  |  |  |  |  |
|  Chemistry Panel/CBC |  $139.00 | 30% | $97.30 | 1 | $97.30 | $8.11 | $19.46 |
|  Urinalysis |  $38.00 | 30% | $26.60 | 1 | $26.60 | $2.22 | $5.32 |
|   |   |   |  |  |  |  |  |
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| **Dentistry/Surgery** |  |   |   |   |   |   |  |
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| **TOTAL** |  $368.00 |   |  |  | $281.30 | $23.44 |  |

*\* A production rate of 20% has been used for the purpose of this example*

**Worksheet**

**Plan Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Canine \_\_\_Feline**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan Components** | **Retail Price** | **% Discount** | **Plan Price** | **Quantity** | **Total Plan Price** | **Price/ Month** | **DVM** **Prod.** |
| **Exams** |  |  |  |  |  |  |  |
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| **Vaccines** |  |  |  |  |  |  |  |
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| **Treatments/Services** |  |  |  |  |  |  |  |
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| **Diagnostics** |  |  |  |  |  |  |  |
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| **Dentistry/Surgery** |  |  |  |  |  |  |  |
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| **TOTAL** |  |  |  |  |  |  |  |

**Designing Your Preventive Healthcare Plans Worksheet**

The purpose of this worksheet is to help you think through the details of the overall structuring of your preventive healthcare plans. The Plan Pricing Worksheet is where you will determine the services included in each plan, the discount on these services (if applicable), and the total plan price.

1. **Plans and Enrollment Fees**

Total # of plans we intend to offer:

Our enrollment fee will be: [ ]  the same for all plans [ ]  individually priced per plan

|  |  |
| --- | --- |
| **Plan Title** | **Enrollment Fee** |
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Although the enrollment fee is a one-time charge, it will be reassessed if there is a       *(period of time)* lapse in plan coverage.

We will use a portion of the enrollment fee to incentivize the staff: [ ] yes [ ] no

Our incentive plan will be: [ ]  team based [ ] individually based

Incentive goals will be assigned on the following schedule: [ ] weekly [ ] monthly

Outline the details of your incentive plan here:

Incentives will be paid: [ ] weekly [ ]  bi-weekly [ ] monthly

1. **Enrollment Criteria**

The following is a list of conditions that would be considered transient and that do **not** preclude a pet from ever being eligible for a preventive healthcare plan:

|  |  |
| --- | --- |
| **Condition/Illness** | **Length of time resolved prior to eligibility** |
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The following health conditions **exclude** a pet from ever being eligible for a preventive healthcare plan:

|  |  |
| --- | --- |
| **Condition/Illness** | **Condition/Illness** |
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1. **Dentistry**

Dentistry should always include anesthesia, fluids, and injectable pain medication. Which of the following, if any, will *also* be included as part of a preventive healthcare plan dental?

[ ] Antibiotics [ ]  Take Home Pain Medication (if indicated) [ ] Radiographs

[ ] Extractions [ ]  Other

What dental grades will be covered under the plans?

[ ] Grade 1 [ ] Grade 2 [ ] Grade 3 [ ] Grade 4

If higher dental grades are not covered, will there be additional fees if the dental grade is higher than those covered in a preventive healthcare plan, or will a patient be ineligible for a plan that includes dentistry until the dental grade is within the accepted range?

If additional fees will apply, define them here:

1. **Discounting Plan Services**

[ ] We will not discount plan services

[ ] We will discount all plan services by \_\_\_\_\_\_%

[ ]  We will discount plan services on a per-service/per-plan basis

1. **Optional Design Elements**

Office Calls *(choose one)*:

[ ]  We will include unlimited office calls in our plans

[ ]  We will include       number of office calls at no charge in our plans

[ ]  We will offer a discounted price for office calls outside of plan; the price will be $

[ ]  We will not include any type of discounted or complimentary office calls as part of our plans

Non-Plan Services:

[ ] We will not discount non-plan services or products

[ ] We will discount non-plan services by      % regardless of the plan level

[ ] We will discount non-plan products by      % regardless of the plan level

[ ] We will discount non-plan services based on the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Plan Title** | **Non-plan service discount** | **Product discount** | **Other** | **Other** | **Other** |
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We will offer a multi-pet discount: [ ]  yes [ ]  no

If yes, the discount will be based on the following schedule:

|  |  |
| --- | --- |
| **Pets** | **Discount Percentage** |
| 1 | No discount |
| 2 |  |
| 3 |  |
| 4+ |  |

1. **Cancellation Policy**

Our cancellation policy is as follows:

|  |  |  |
| --- | --- | --- |
| **Situation** | **Policy** | **Level of Administration**  |
| Deceased pet |  |  |
| Client relocation or transfer of pet ownership |  |  |
| Client dissatisfaction |  |  |

*NOTE: Under consumer protection laws, clients may cancel their plan within 72 hours of signing their*

*agreement. In this case, it is also necessary to refund the enrollment fee.*

**Preventive Healthcare Plan Contract Inclusion Recommendations**

***AUTHOR’S DISCLAIMER: The information below is meant to be used solely as a reference for creating your own preventive healthcare plan contract. Please check with your local and state laws regarding legally binding contracts. We also recommend that your contract be reviewed and approved by an attorney***.

***Also, please note that if you are working with a full-service provider, a contract template will be provided for your use. Some payment platforms may also offer a contract template.***

**Preventive Healthcare Plan Contract Information**

(Should be printed on practice letterhead with all practice contact information readily available)

1. **Pet Owner**

Name(s) and Contact Information

1. **Pet**

Canine/Feline, Age, Breed

1. **Plan Information**
2. Name of Plan
3. Start Date
4. Enrollment Fee
5. Amount of Monthly Payment
6. Total Due at Enrollment
7. Specific details of services included in plan, including any “extras” such as office calls, non-plan service discounts, etc.
	* Consider placing a (\*) next to all vaccines and adding the following verbage: ***\**** *Your veterinarian will determine and recommend which vaccines are appropriate for your cat/dog to receive*
8. **Terms & Conditions**
	1. General Terms of Use
* This is NOT insurance
* Only for pet named in contract, ie, non-transferrable
* Only for services listed specifically listed in this Agreement
* All other services must be paid in full at time services are rendered
1. Service Location
	* + Put practice address(es) as only location where services can be redeemed
2. Term of Agreement
	* + 12 months based on start date on contract
		+ Services do not carry over from year to year
3. Automatic Renewal
	* Will automatically renew on anniversary of start date
	* Re-enrollment: 90 day grace period to reinstate plan after cancellation without paying enrollment fee *(optional)*
4. How Payments Are Made
	* Monthly payment installments will be charged to Member’s credit card or deducted from bank account
	* List all fees for declined cards or over-drafts
	* Highlight Member’s responsibility to provide updated payment information to practice
5. Cancellation/Refund Policy
	* Member can cancel within 72 hours for full refund of all fees *less* the undiscounted value of services redeemed (check State laws for time period)
	* After 72 hours the enrollment fee is non-refundable
	* Practice reserves the right to cancel plans at any time and for any reason; practice will waive all future payments under the plan contract and release the Member from the contract in-full
	* Member can cancel at any time but there may be monies due based on the non-discounted value of services already redeemed
		+ Cancellation options:
6. If fewer services have been redeemed than monies paid, Member can cancel plan; practice will keep enrollment fee and all monthly fees paid to-date
7. If the non-discounted value of services redeemed exceeds fees paid to date, Member can pay the balance due based on retail value of services OR immediately pay the total monthly installments for the plan year in full
8. If Member paid in full at the time of enrollment, the practice will refund the greater of one-twelfth (1/12) times the number of full months remaining in the plan year OR the full annual fee minus the non-discounted price of all services redeemed under the plan
9. Upgrade/Downgrade Policy
	* Neither require re-payment of enrollment fee
	* Upgrades can be done any time; will terminate current contract and begin new contract with new start date and automatic renewal on anniversary of new start date
	* Downgrades can be made only at time of renewal with Member notifying practice of desire to downgrade at that time
10. Changes to Plans or Pricing
	* Practice has right to change services and/or fees upon renewal, but must notify Member 30 days prior to renewal date if changes will be made
11. Default/Collections Policy/Collections Fees
	* + Define time period of non-payment after which plan is considered void and all fees are due and payable *(check your State laws)*
		+ Define time period after which the account will be referred to a collection agency
		+ Indicate that all collection costs and legal fees shall be paid by the Member
12. Multiple Members
	* Joint and Several Liability
13. **Agreement & Authorization**
14. Make sure to include a place for a co-member name, signature and date
15. *By signing below, I/We agree to the terms and conditions of this Agreement and authorize ABC Animal Hospital to debit/charge all monthly program fees (including the initial enrollment fee) to the account we have provided. I/We further agree to provide ABC Animal Hospital with updated credit card information at least 30 days prior to the expiration date of the card being charged.*

**Preventive Healthcare Plan Practice Report Card**

The following worksheet should be used to determine a practice’s monthly preventive healthcare plan enrollment success rate. This information should be shared with the team and used as a basis for group discussions on the success of current approaches and marketing initiatives. This worksheet should be completed on a monthly and annual basis.

*NOTE: This worksheet separates canine and feline patients for benchmarking and reporting purposes but does not separate type specific plan purchases.*

**Sales Goal**

It is important to celebrate success, especially in during the initial stages of implementation, so be careful not to set goals that can’t be met. Consider setting initial goals at 5% of total patients seen per species (use either the previous month or the same month during the previous year as your baseline), and then increase this as plan acceptance rates increase.

**Difference of Goal to Actual**

This is simply the number of plans purchased minus the sales goal.

**Rate of Acceptance**

This is calculated by dividing the number of plans purchased by the number of patients seen.

**Example:**

**Month: \_\_\_\_\_\_\_\_\_\_\_**May**\_\_\_\_\_\_\_\_\_\_\_ Year :\_\_\_**2012\_**\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Number of patients seen** | **Number of plans purchased** | **Rate of acceptance** | **Sales goal** | **Difference of goal to actual (+/-)** |
| Current Feline Patients | 12 | 3 | 25% | 2 | +1 |
| New Feline Patients | 4 | 1 | 25% | 2 | -1 |
| Current Canine Patients | 62 | 9 | 15% | 6 | +3 |
| New Canine Patients | 22 | 6 | 27% | 8 | -2 |
| **TOTAL:** | **100** | **19** | **23%** | **18** | **+1** |

**Preventive Healthcare Plan Practice Report Card**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Number of patients seen** | **Number of plans purchased** | **Rate of acceptance** | **Sales goal** | **Difference of goal to actual (+/-)** |
| Current Feline Patients |  |  |  |  |  |
| New Feline Patients |  |  |  |  |  |
| Current Canine Patients |  |  |  |  |  |
| New Canine Patients |  |  |  |  |  |
| **TOTAL:** |  |  |  |  |  |

**Preventive Healthcare Plan Service Usage Metrics Worksheet**

The following worksheet should be used to measure sales/usage for those services that are included in preventive healthcare plans, as well as sold individually. This worksheet should be completed on a monthly and annual basis.

Your plan service codes should be different from your standard service codes in the practice management software, and a separate column has been created for each. These should be added together for the Total Sales/Usage; this is also the number you will use for previous period comparisons.

It is also be useful to track previous period usage separately, especially if trends are not increasing as expected. This will enable you to quickly determine whether the issue is plan-related; if so, and plan sales are increasing, it means that the reminder and follow-up protocols should be reviewed immediately.

**Example:**

**Month**: May **Year :\_\_\_**2012\_**\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Plan Usage** | **Non-plan Sales/Usage** | **Total Sales/Usage** | **Previous Period Total Sales/Usage** | **Difference (+/-)** |
| Wellness Examination | 12 | 56 | 78 | 73 | +5 |
| Fecal Parasite Screen | 14 | 43 | 57 | 63 | -6 |
| Heartworm Test (canine) | 8 | 43 | 51 | 42 | +9 |
| Feline Leukemia/FIV test | 2 | 6 | 8 | 7 | +1 |
| Dentistry | 3 | 12 | 15 | 17 | -2 |

It is a good idea to look at these results in conjunction with the *Practice Report Card* worksheet to make certain the numbers correlate with the plans sold (especially during the first few months) and any discrepancies can be reviewed.

In this example it would be beneficial to pull the previous month’s Service Usage worksheet and look at how both Fecals and Dentistry was broken down by plan or non-plan usage. This will determine where the decline in usage is originating and what steps need to be taken to reverse this trend.

**Service Usage Metrics Worksheet**

**Month:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Service** | **Plan Usage** | **Non-plan Sales/Usage** | **Total Sales/Usage** | **Previous Period Total Sales/Usage** | **Difference (+/-)** |
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