

PHONE ESTIMATES:

ANY RELATIONSHIP TO THE ACTUAL INVOICE IS PURELY COINCIDENTAL

One of the most common questions people (referring colleagues and clients) ask when they phone or email us is “how much will it cost?” I can certainly understand why people would like to know this upfront as they are trying to decide if they are prepared to make the commitment of presenting their animal/patient to us for treatment. However, it is a question that is virtually impossible (and often dangerous) to answer.

Those of you who have referred to me in the past will have received a written report on the case. In about 95% of these letters, I include a statement indicating that I found a number of problems in addition to or instead of the presenting complaint. Why? Because the huge majority of dental pathology is completely hidden from view in the conscious patient. What you see to spark the referral is only the most visible and obvious problem. Once the animal is anesthetized and I can probe, explore, and radiograph I find all manner of problems that also need to be addressed. So, when asked for an estimate, we might say that we have no idea or that IF and only IF there is just the one obvious problem, it might cost \$X, BUT if we find other things, then that estimate goes out the window.

Sometimes it goes the other way. Sometimes an animal is presented for what is perceived to be a significant problem and then I decide, on closer examination that it is not significant and needs no or only minor treatment. Also, I hear from some clients that their GP dramatically over-estimated what it would cost to have us deal with a problem and my invoice ends up being much less than they were expecting.

If we estimate high, we risk scaring the client away and the animal does not get the benefit of our services. If we estimate low and then find a mess of surprises, we look like we are pulling a bait-and-switch. Either way, giving estimates for an animal we have not seen is always risky business. That is why we may often say it could be anywhere

from \$X to \$3X or more depending on what we find and how we decide to manage it. Until the animal is on the table, it is anyone’s guess.

Example: An 8-year-old standard poodle was referred for assessment of a gingival mass associated with **one** tooth. It turned out that the dog had [tooth resorption](#) affecting every tooth and required extraction of **all 41** of its remaining teeth!

This is also why we usually insist that the owner stays at our office until I have their pet anesthetized. That way, I can do my detailed oral examination and radiographs and then discuss the revised problem list with the owner. We then develop a definitive treatment plan together, and then I can generate a more accurate estimate and obtain consent to proceed.

Here is a pretty accurate statement I can make with some actual numbers.

"It does not matter if it is a dog or a cat, big or small, young or old or what the reason for the referral is, most of our invoices end up between \$2000 and \$5500 plus HST. Some cases are more, some are less, but the majority fall in that range."

A Facebook post on this subject: <https://www.facebook.com/toothvet/posts/1014593708715934>.