

Ep 149 Private Practice

Sarah: Welcome to the SLP Happy Hour Podcast. I'm Sarah, an SLP in Oregon and a seller on teachers pay teachers. I make products for childhood, proxy of speech, and gestalt language. And since 2016, I have been a private practice owner. So today we have Kenzie with us who will be asking me questions about the financial aspects and logistical aspects x of private practice, including what's worth paying for and what isn't, how to find clients, and more.

Kenzie: Hi, I'm Kenzie. You can find me on Instagram at burnout SLP. And also I am the owner of a brand new private practice called Homegrown Kids Therapy. I have been an SLP for three years and recently moved from Nashville, Tennessee to Iowa to be closer to my family. So I have lots of questions for Sarah about financial, logistical aspects, all the things as I'm figuring out what's important and what's not when starting a private practice. So, let's get into those questions, including Kenzie, it sounds like you want to ask about finding your rate. Yes. How did you determine your private pay rate and have you raised it since you've been in practice?

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Sarah: Okay, so how to determine my private pay rate? I asked myself, what is my overhead and what do I need to pay myself? And then I did the math to find what were those numbers together. Also, some tips is to look at the medicaid rate and make sure what I'm charging is higher than that, and then to look at what others in my state are charging. So Asha does say don't price fix, but I find that in my opinion, this is not price fixing, this is just finding the range within my state to determine my rate for myself, which I'm doing independently based on, again, my overhead and how much I need to pay myself. So price fixing would be something like everyone getting together and deciding on a price, which is not what we're doing here. And then when you ask others in your state, but not in your geographic area, what they're charging, they're more likely to share because you're not competition. But do check on their websites first to save them time and see if they have their rates posted also. Yes. Two years ago, I raised my rate by about \$10 per session, and this is year six for me. So my first five years, it was the same rate.

Kenzie: Okay, and did you do any looking into the demographics of your area to determine what people would be willing to pay?

Sarah: Yeah, so that's a great question. Demographics of my area. I didn't. So what I did is I looked at other clinics in the area and I asked myself, do they have wait lists? Yes. So I knew that I was taking insurance, and I knew that if I was taking insurance, I would not have a lot of private pay clients. At first at least. And as I've gone through up the years and I've gotten more experience, more private pay clients have come to me, which has been great and time saving. I didn't worry too much about my private pay rate at the start because I didn't really have any private pay clients until I had been established for at least

three months. And by then, I knew what the insurances were paying, and I kind of made like, a rate that was kind of about what the insurances were paying.

Kenzie: Okay, that makes sense. I think you did it right where you contracted insurances before you opened, so you were already ready to go.

Sarah: Yeah. And I think also a lot of people ask me, well, why don't you just go private pay? And in situations like Kenzie for you and for me as well, if you're living in a small town, a rural area, or even a small city, it's really hard to find enough private pay clients for full time work. So I work full time in my practice. Kenzie, you're going to be working full time in yours as well? So when it comes to that, yes, private pay would be great if I lived in a big city or if I worked part time, perhaps I could sustain that. But for now, I would say maybe 20% of my clients are private pay, and that's the highest it's ever been. So as the years go on, I get more private pay clients.

Kenzie: Okay, that's really useful. Yeah, it's definitely different coming from, like, Franklin, Tennessee. I contracted with the company who could support a private pay only model, but in more rural Iowa or even just smaller cities. Yeah, that's good to know. I think parents are more likely to want to use that insurance, so that is the route that I'm looking to go. And speaking of, how did you pick which insurances to go and network with?

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Sarah: Yeah, so this is something where you want to ask around. So I was lucky in that I found one private practice practitioner who had a full caseload and a long waiting list, and she really didn't consider me as competition. She was like, great, more places to refer. And what I've learned since then is when I have a really long waiting list, it stresses me out. And I think she was the same way. You want to be able to refer, you want these kids to get help, you don't want them sitting on your waiting list forever. So I asked her, what are the most common insurances? And I took five different insurances. So to do the packets that you have to send in for those insurances was a lot, but a lot of them were the same, and they were kind of like a state form, but they were very, very long. It took about three months once I sent them in to be processed. And then I was in network so if you don't know an SLP in your area, what I would do is ask your doctor's office or your chiropractor or anyone else that you see that you have a connection with who takes insurance because they'll know. Oh, most of the insurance is in the area are A and B, right? So we have three that are the most. Common in our area. One of them I don't like taking, and I stopped taking a year ago. So for years, zero to five, I took about five different insurances. Now I only take two. And they're the two that are the most common and the easiest to bill. And again, I had the latitude to do that because I had a waiting list and a full schedule. So before I have a waiting list on the full schedule, I'm going to take as many insurance plans as I can because again, as a full time SL, I have a lot of spots to fill, so I don't regret doing that. I think it was great. And then again, once you have that

waiting list, you can think about slowly shedding insurance plans that you don't want to work with anymore.

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Kenzie:: I love that. That's so great that that SLP was willing to work with you, because I feel like it can go one of two ways. Clinics are like, no, your competition and we are not going to help you at all. But that's kind of selfish in a way. Are we doing this for the kids? Do we care about them getting services? Because I feel like it's way more ethical to refer out and then be able to get seen versus not getting evaluated for another six months, especially as SLPs, when we're advocating don't wait and see.

Sarah: Right? I totally agree. It's like, as a practitioner, is my goal to have a long waiting list, or is my goal to get children seen? And if my goal is to get children seen when there's another private practice, granted, I'm not going to like I don't have a lot of time. I wish I could to coach them, but if they want to ask me a quick question, I answer them, because I want kids to get seen. And I think that depending on where you live, it might be more kind of cutthroat and it might be harder to find clients or just the social aspect of where you live and the clinics that are there and the relationships people have. You might be jumping into something where people are competitive, but in areas where people already have wait lists, I really encourage you to have an abundance mentality. Like, I have all the work I need, so I don't need to cut anyone else short. Yeah.

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Kenzie: I love that. I also loved your idea of talking to other Chiropractic offices or Otspt, and then you can form that relationship to both refer to each other and also to kind of get suggestions from them or maybe even eventually I could rent an office from one of them or something and building those relationships in the community. When you were applying for insurance companies, what does that process look like? Because I always hear and it sounds like a beast.

Sarah: I think the packet was it was at least 25 pages. But what I noticed is that for some plans, it was the same booklet, or like the same booklet, but one page was different. So what I did, which I wouldn't recommend, I mean, this was me really, like, I don't know, taking chances. But if the packet was mostly the same and there was just one page different, I would take the page that was different, send it in and then send in the old packet that was exactly like the one I had just filled out. So that helped. So, again, I think it was about 25 pages ish. And then I would send it into the companies, and then mostly they wanted it faxed, so I had to get a faxing system set up, which I do online. There are lots of cheap, good options. And then I would mark on my calendar, like, what's, three months from now, because I should be hearing back from them. One thing that surprised me is that not all insurance plans told me my rate when they wanted me to sign. And I have a friend who just opened a practice in the area, and she ran into the same thing. And she would even call the insurances and say, like, hey, what's the rate? And they would say, like, I'm not authorized to tell you, or I don't know. And this is really common when you call

insurances that they won't really answer your question, either because they genuinely don't know or because they're not allowed to say, or because they're just not well trained or new to the job. So that's another aspect where finding someone within your state or geographic area can be helpful, because you can ask them, like, hey, I'm signing this. What did they pay you? I'm going to just assume it's within that ballpark.

Kenzie: Okay. Yeah, that's really good to know. I've definitely heard that they will try not to, but that you should try your best to get those rates from you. I would just be concerned that they would change it on you without you having approval of that.

Sarah: And they have. I have gotten one rate change that was oh, I've gotten a couple that were higher. Like, it's changed for an extra dollar per session, and I've gotten some that are like \$2 less per session, and it just happened.

Kenzie: Okay, well, at least those weren't too big of changes. I was thinking like, \$10 or something. But I have heard that it's important to have a lawyer look at your contracts with insurance before they sign it. Have you ever done that?

Sarah: Well, I think, like a lot of things, it's a great idea in theory, but realistically, starting my own practice, I was leaving a bad job situation. I just needed to get out. I needed to be making money for my family as the only income earner, and that was something that I chose not to spend money on. So it's totally up to you. But if you're in a situation like mine where perhaps you're thinking, I might have to take out a loan, I don't have a ton of savings. I need to start this practice. I need to get clients in the door. You have to decide for yourself. And I'm not a lawyer, so I'm not giving you advice about what you should and shouldn't do, but you just have to decide for yourself for things like this. Is this something that you want to spend money on? How helpful is this and even if you did have a lawyer that had something to say, who would you contact at the insurance? Because it's almost impossible to contact anyone at these insurance plans. They're just very big bureaucratic organizations to change things. And I'm not saying it's impossible. I'm just saying they don't need. Work with you, but you need to work with them so they don't have a lot of reason to want to negotiate with you. Sometimes if it's a situation where there aren't any providers for their insurance in your area, that would be different because you'd say, hey, there's no one for your members to see. I really want to see your members, but we need to talk. They might entertain that. And again, this is just my opinion. If they have plenty of providers in the area and you don't like your contract, is what reason do they have to change it? I'd say not much.

Kenzie: Okay. How did you figure out how to apply for insurances? I looked up one online and it said you update your CAQH profile, which I've had for other clinics I've worked at, and they used that to Credential me through their clinic. And then there were like a couple of other websites, but I was confused how it all works.

Sarah: Yeah, so CAQH is like it's a website, and I think I update mine every like six months or year or something. And it's just with all your information, like your tax ID number, which you'll need to start a business, your NPI national Provider Identification Number, which you'll need when your licenses expire, all that stuff. Most of the insurances that I did, and again, this is so like, state and area specific. I went to the website, I looked for a provider's link, like four providers, and then I found Credentialing. Or I would search on their website, Credentialing, I would download the packet, the packet would say the fax number. I would fax it in and wait three months.

13:41

Kenzie: Okay, that's really helpful. Thank you. Have you negotiated with any insurance companies?

Sarah: I haven't for a higher rate. ^{1s} It's been sort of in the back of my mind as something I want to do for one of my insurances. So I accept two insurances, and one of them pays like \$12 less per session, which is quite a bit over time. So I would like to talk to them. I have not gotten anyone on the phone that will talk to me about it. So I'm trying to figure out who would you reach out to? And I think that there are staffing issues. Like, we're recording this in 2023. I have definitely noticed longer wait times. It's harder to get people on the phone with insurance, and people are not as well trained as they used to be. And I think it's a staffing issues for the insurances. Well, best of luck to you. Doesn't sound like an easy path. ^{1s}

Kenzie: So because you take insurance and you're just yourself in your practice right now, how much time do you spend a week focused on billing? That's a great question because I think it's not as much as people expect. I feel like my answer usually surprises people, so you can let me know what you think, Kenzie, but I spend about 15 to maximum 30 minutes. Day and that's just to run copays every day, like to make sure I've charged everybody that I've seen today and that just takes a few minutes. But I also might check in my EMR, so Electronic Medical Record System so that's things like I use therapy notes. What are some common one? Kenzie?

Kenzie: I have used Simple Practice a lot. I think a lot of new owners will do that. And I have used Fusion, which I really love. And then I know there's like WebPT, okay,

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Sarah: that's really helpful because I was totally blainking out. So I'll also look at that and make sure I've charged people and then one to 2 hours a week. And again, it's usually on the shorter end, so it's usually about 15 minutes a day and 1 hour a week. Sometimes it's 2 hours a week. I have weekly billing tasks, so tracking finances, tracking billing, and my weekly tasks include things like tracking the deductibles for clients, which insurances will also do, but when I check it on the insurance web portal, it's usually pretty far behind. So I'm tracking it also on my own. I'm also tracking the number of sessions per year that a child has and if they're also seeing like occupational therapy or PT and they see me once, I'll add like two so that we don't go over the sessions per year. So like, let's say someone had 20 sessions a year, which is a low number. Most people I have like 30 to 60, some have 75. So what I might do if they had 60 a year is on my tracker, I would say client has 60 a year, includes PT, which they go to. So then I would say above that I would write a line that said out of 30. So I'm going to take half those sessions. And that's not because I actually get half the sessions. It's that after 30, I'm going to check and see where they're at with their yearly sessions because if we go over, insurance will not pay. I also look at eras. So those are essentially receipts that insurance company gives you. They come through therapy notes or whatever EMR you use, like Simple Practice, et cetera, and it says how much they've paid you and how much you should charge the member for this service for that date. So I check to make sure I charge the member the right amount. I give refunds as needed because I'm running copays as I see kids. So I'm running the card the same day and then if it comes out to a different amount, I'll let you know or I'll give you a refund or a credit and I input those eras. So again, that's the receipt of what the insurance has paid you and what you're supposed to charge the member. I'll input that into my system and then monthly I send out billing statements to clients who've requested them. I don't do it for everyone. And if they just have a copay, I usually discourage them from I usually say, like, hey, if at tax time you want something, I'll give it to you. But these are kind of time consuming to create, and it's the same every week. So if you have any questions, let me know. Otherwise, at tax time, I'll just reach out and I'll give you a statement. So I am trying to minimize the amount of statements I'm doing.

Kenzie: That was so detailed. Thank you so much for that. That seems like a lot to learn. Have you made a lot of. Mistakes along the way. Lost a lot of money from not doing things right?

18:05

Sarah: No. Because again, there's refunds and credits. Like, if I charged a client too much, I would say, hey, you're, great news, your insurance paid more than I thought. I'm just going to put it right back on your credit card. Or I might say, like, hey, your insurance paid more than I thought, but it's just a little amount of money, so I'm going to give you a credit and you don't have to pay for the next few sessions because I'm going to apply that credit. Members usually understand that insurance is all over the place and I can do all the research I want to, but I can't always know the exact number. So when I check benefits for clients, I'll email it to them. I'll say, hey, this is what I found. And then I also have a disclaimer statement that says, this is what I found to the best of my ability by checking your member online portal. And each insurance has their own. For example, availability is one, one health port is one that I use in my state of Oregon. But this is just an estimate. Ultimately, your insurance decides what it's

going to be, and in about two to four weeks, I'll get a receipt. It's really an era, but I call it a receipt because there's no reason they need to know the technical language. It's just more confusing in too many details, and we'll figure it out then. So I think setting that because you don't want to overcharge or undercharge and then have to get more money from people, but it also is a natural part of the process because you don't always have all the information you need to know exactly what it's going to be. So letting your patients or your clients know that ahead of time is really helpful.

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Kenzie: Yeah, that's good to hear. And I feel like, too, if you're just being on top of it and transparent, that's typically better than we get when we go to the doctor's office or we're asking about our own benefits related to things. So if you're able to help them and guide them through that process, I'm sure that they appreciate that. Yeah. And it starts to build that trust. Yeah.

So switching a little bit to kind of the business side from insurance, how long did it take you to replace your previous income or exceed it or hit your goal when starting your private practice?

Sarah: It took me a while, and I think part of that is because I worked part time in the school still for the first five years of my practice, so ^{2s} I didn't have a full time amount of time to market or get back to people. So things were a bit slow on my end just because I only had a few days per week of doing this job. So it took me about six months to pay myself ^{3s} almost what I wanted to pay myself. And within a year, I was definitely paying myself what I wanted to pay myself. And I also want to be transparent and say, I got a credit card. So I don't think. Everyone needs to do that, but I was just in a really rough situation that I needed to get out of, and I needed to have some income. So that's what I did. I don't think everyone should do it, but I was paying my income with the credit card for definitely the first three months, and then tiny bit with the credit card, mostly with my private practice. Month three to six. Month six I was paying myself, but a little under what I wanted. And month six to twelve, I was starting to pay myself the rate that I wanted. So again, this is totally based on like, what area do you live in, do people have waitlists? People do have waitlists where I was, how much time are you devoting to it, et cetera, et cetera. And I had also spent a full six months before I opened blogging on my website to increase the SEO. So basically, so that when people search for speech therapist and then they entered cities around me, I would show up. And I had been applying to be a network with insurances, so I had been doing a lot for the six months before I even opened so that I would be able to get some clients.

Kenzie: How do you determine ^{1s} how to pay yourself and what to pay yourself?

22:10

Sarah: I don't know if this answers your question, so feel free to ask follow up. I used Gusto, which is a payroll platform, to pay myself as an employee of my business. That's new this year. I used to just take some money out of my business bank account and pay myself a rate that I needed to pay myself. So how

much do I pay myself? I pay myself what I need to earn to live and support my family, right? So no matter what, that's how much I'm going to pay myself. And there are months where it's really lean, there are months where there's extra, and that also helps me determine how many clients I see in a week. So, for example, if things are feeling really lean every time I go to pay myself, I need to be seeing a few more clients a week and then kind of see how it is and then maybe add one or subtract one. So how do I decide how much to pay myself? I choose what I need and I pay myself that. And it was with a credit card my first six months, definitely. So that is what it is. It was what I had to do. I was an LLC for the first five years, and now, because I'm full time in my private practice, I went from an LLC to an S Corp because of the tax benefits. And so because of this, I pay myself a salary from Gusto, which is, again, it's like I pay a monthly fee and it takes all the taxes. Not all the taxes, it takes some employee taxes, et cetera out for me, which makes tax time a little easier. So I'm paying myself a set salary. And I'm also saving a percentage each month for taxes that goes into a separate bank account. We don't touch it unless I will. Be honest, St, if there's ever a lien month, that's where we take some money from and make sure. Pay it back. And also, if you're listening, make sure you have a separate bank account for your business and within that probably several accounts and one that is general account and one that is your tax savings.

Kenzie: Yeah, that's a great tip. Thinking about business expenses, what supports have been worth it to pay for and what things do you wish you would have saved on. I realized I'm really opinionated about this because I paid for things and regretted it.

24:28

Sarah: Ultimately, if you're listening, just what to know is like, I'm a solo practice. Like, I used to have admin support. I don't now, I might in the future. I used to have employees, I don't know. So I really like to do my own thing. Like, I always hated group projects at school and I want to be in charge of my own finances, so I'm going to share what's not worth it for me, but it's very dependent on my personality. So I have tried insurance billers and I didn't like it. And I was under a contract for like six months, maybe maybe even a year. And I knew within a few months that it was not saving me time and energy and that I was just going to have to pay them. They often take a percentage. I have a friend who uses a biller, they take 2.5%. I've seen billers take anywhere from two to 5%. So because they're taking a percentage of my income, I just kept thinking that is a lot of money for something where they still need me to follow up if it's a big issue. And I felt like they didn't know more than I did about billing. So ultimately they were making a lot of money and they were doing some things for me, but things that again, because Kenzie, we talked a minute ago about how many hours a week I'm spending with billing. It's not that many. So for me, I would rather do it myself. I would also encourage new practices. Do your own insurance billing. If you hire out later and you have that money, great. But you need to know how billing works for speech therapy. And that's something that a billing company will mostly know how to do, but not totally. So there are some things specific to speech therapy that you need to learn. As the owner, I've considered using a phone company and I ultimately just change my intake process so that people aren't calling me, they're doing a Google form instead, which has saved me a lot of time. I've also tried a bookkeeper, and I know that so many people will say use a bookkeeper and tax preparer. I've tried both and I found that ultimately for me, making a spreadsheet of my expenses, which was super easy because my banking

portal from my bank, you can just export as a spreadsheet and then categorizing those expenses for taxes. And then my EMR, which is therapy notes I can print out an income report that was really all the information I needed for taxes. And then I use TurboTax. So first of all, my husband helps me a lot. Like, we sit down and do it together. So this solution isn't for everyone. I do have support doing the TurboTax with my husband, but I found for me, hiring a bookkeeper and text prepared didn't make my life easier because I still had to categorize everything, organize. Everything, find all my papers, find all my receipts. So from there, just doing taxes with TurboTax is actually pretty easy and it's pretty fast. So I was paying the money to do the easy part and it was just making me really frustrated. So I do that myself and save the money. And then as far as marketing, like, should you pay for marketing or not, I would say a lot of my marketing has been free. So here are some ideas of things you can do to market your practice. If it's new or if you need more clients, contact the referral specialist at Primary Care Providers or PCPs near you and just let them know what insurances you take, what kind of clients you take. When I do a new evaluation report, if I have the family's consent, I will fax the evaluation report to the primary care provider so that I am top of mind and they can see what good work I do right. Like as SLPs, we write very good and detailed reports that are impressive to other providers. I also ask current clients for Google reviews of my business and I also wrote blogs on my clinic website to build SEO and make it easier to find. And so I would recommend doing that until you have a waiting list. And then I actually did have a few months ago, I was like, oh my goodness, I don't have a ton of people on my waiting list. So I emailed area SLPs and I just said, hey, if you have anyone on your waiting list you want to send to me, for some reason I'm going through a dry patch. I only have a couple of people on there and I usually have a waiting list of six months or so and they sent me clients and I got full like within a couple of weeks. So it was so generous. So again, for some SLPs, their waiting list is like a security blanket. They're going to want to hold onto it. For other SLPs, they're going to be like, you know what, I just want this kid seen. I usually have a waiting list, so I'm going to have this abundance mentality, go ahead and take this referral. I love that abundance mindset. That was all amazing advice. I've definitely heard that about insurance billers, especially. Like, you won't know if they're doing something wrong and screwing you over unless you know how to do the billing. And I will say ever since I started my LLC, that's been the main contacts I've been getting on my business phone is them asking if they can credential me or Bill for me and like, no, you don't need to take my money.

Kenzie: But that is so awesome that your husband helps you, too. I definitely lean on my husband for all things taxes and expenses and everything. He's a finance guy. Yeah. And anything you hire out is money. You don't get to keep. So, like, if I had a bookkeeper and a tax preparer and a billing company and a secretary for the clinic, I would have to see way more clients than I'm currently seeing, and I don't want to do that. Yeah, for sure. So you mentioned you do Google Forms for your intake process. How have you streamlined that to take work off of yourself?

29:45

Sarah: And I know the first question will be, is it like, HIPAA compliant? So if you sign a baa agreement with Google and you can find out how to do that online, the whole suite products, the drive, the Google Forms will be HIPAA compliant, so you don't need to pay extra for. A service that does that, which I was doing for years. My website and voicemail messages are all clear. That because of the number of

entrusted clients and the size of my waiting list most of the time, again, I had a few months where I didn't have many people on my waiting list. But in general I'm not able to call people back because I'm seeing clients full time daily. So if I have to call back every single person who's interested, it really does waste a lot of time. And I don't mean that in a derogatory way, but I mean most of the people I call back don't end up going through the whole process and becoming clients, right? They're just interested, they have questions. They're calling lots of other clinics and especially if I don't have an opening to even put them in, I'm not going to talk to them on the phone. So that is a little different than how a lot of SLPs do it. And I do it because again, I'm a full time practice so I'm seeing students full time and I'm not going to spend my evenings calling people back who are just kind of kicking the tires, you know, that like aren't going to buy the car. Yeah. So my website links to a Google form. It's a waiting list form and it says you're going to get emailed if there's an opening. And I can email a bunch of people at once and say like, hey, there's a Tuesday at 930 1st Come, first Serve. When they call the clinic, my voicemail directs potential new clients to my website and says don't leave a message here if you're an interested client. The right process for that. I say it nicely, but I essentially say that's not the process. The process is to go to my website and you'll find the form there and I'll contact you when there's an opening. The form also includes asking families about their schedules, which is really helpful. And the form also has all of my fees listed in the form, which is really helpful for families as well.

31:46

Kenzie: So when you are talking to clients, especially because you have a waitlist or you're looking at their intake forms, do you somewhat kind of pick and choose who you think is going to be the best fit for you and how do you do that? In a way where I'm from a small town, so it's like, okay, if I say no to this person and then I say yes to this person, they might know that they're coming to me and I said no to them.

32:11

Sarah: That's a great question. So I made myself about six months ago and again, this is because I was getting a lot of referrals so I want to be clear to anyone listening, like how I ran my business. Year one and two and three is very different from how I'm running my business. Year five and six, right? Yeah. So essentially I have questions and I wrote them down and I have to check those questions every time. And it essentially says, are they either private pay or the two insurances that I accept? Because that's got to get that out of the way. Are they autism or speech sound disorders, including Apraxia, which is what I treat best. Right. So if I take someone who's not those and it's something that I can do good enough at, but it's not my specialty or it's not most of what I do, I'm not going to give them As. Good service. And then the third one is, are they available during the day? Because what I find is almost all clients want three to 06:00 P.m.. And for my own just family situation, I'm realizing I really need to lean towards the 09:00 A.m. To 03:00 P.m. Appointments and start to I'm not getting rid of my evening appointments, but I am kind of finishing out kids that are already in those sessions and trying not to refill them, because I really would love a schedule where I'm home at five every day instead of home at like six or 630 every day.

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Kenzie: That's what I love about private practice, is you get to choose when you work and if you're going to take kids at a certain time or not. So you talked about when people are kicking the tires and they might not buy. Have you done anything to help increase that conversion rate? I know now you probably don't need to, but maybe when you were first starting off to kind of get more people to say yes or to go with you.

34:06

Yes. So I'm going to tell you what I stopped doing. I'm kind of going to answer the opposite, which is, what did I stop doing so that I wasn't spending all my time with people kicking the tires? Okay, so my story I tell about this is how I used to offer a free 15 minutes screening, and one day a family of six children came. I gave every single child a 15 minutes screening, and they said, great, now we're just going to go with the school SLP. I was like, oh, well, then why did you come in? And they were like, It's because it's free. And that completely changed my perspective. So I need to be seeing clients and getting billable hours, not because I'm obsessed with money, but because I make income for my family. And this is not our volunteer job. This is our career. We have highly honed skills. We have a lot of education, and we need to get paid for what we do. So once that happened, that really helped me be like, you know what? I know a lot of SLPs will answer their clinic phones or call people back who aren't signed up yet. And *Is* if I was to see my doctor, I can't call the doctor's office and get the doctor on the phone. And I wouldn't assume that I can't call my doctor and say, hey, will you do like, a free meet and greet with me? I wouldn't do that. So when people were asking for clinic tours or to meet me first, I had to really get my boundaries together and say, no, I don't have time for that. I'm already seeing clients full time in the clinic. I don't have any space in my schedule for that. I don't know about increasing conversions, I would say, because I have a waitlist.

I'm aware that my process, like, you have to do a Google form and then you have to wait is not what a lot of people want. I know that they want to talk to someone, then I know that they might go to someone else. But that's okay with me. So I'm okay with missing out on some clients and protecting my time and having more time with my family and not spending as much time in my clinic calling people back who aren't even patients yet. So I really have had a shift in how I spend my time with people and committing to not spend time with people who aren't my clients. And that allows me to focus on my client aunts, give them really good service, communicate with the families I'm already seeing, and do a good job at what I do, and not spend all my time with people who want to tell the story of how their kid is behind or come and visit. *Is* So it's just about boundaries and time at this point and being really honest with myself and being like, I would love to call them back, I would love to give them a tour. That would be really nice and I don't have the bandwidth for

36:51

Kenzie: I love that. I know on previous podcasts that you've had, you've shared more about specific boundaries that you have and that's so great and so important as a business owner to have that for your own sanity and just to make it more sustainable.

37:08

Sarah: And that's it for this episode of the SLP Happy Hour podcast where we talked about private practice logistics such as setting your rate, finding clients and what to pay for versus not, at least according to me. I hope you enjoyed listening in as much as Kenzie and I enjoyed recording it, and that this was a little slice of an SLP Happy Hour for you. Until next time.