

# Credit Card Signatures: Bye Bye



What follows is an article adapted from one published in the Infintech News January 30, 2018. Infintech is my [Credit Card on File](#) gateway and credit card processor for my consulting business. It is also a company I recommend to clients. I've been working with my rep, [Michael Gutlove](#) for 6 years implementing Credit Card on File in medical and dental practices, and can honestly say his customer service is unparalleled.

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The rise of mobile payments such as Apple Pay and Google Wallet have set the stage for consumers to have an improved shopping experience when purchasing goods or services. With the influx of convenient payment methods, credit cards companies are continually taken to task on improving overall purchasing practices.

The major credit card brands – MasterCard, Visa, American Express and Discover – have found a way to do just that. These brands recently announced that as of April 2018, **they will no longer require a signature on debit or credit card purchases**, so buyers can have a faster and more convenient shopping experience. This will also help reduce merchants' operating expenses associated with retaining these signatures.

Here is a quick recap of the statements from the card networks according to [creditcards.com](#):

- [Mastercard](#), which announced in October that it would make signatures optional in April, says more than 80 percent of the in-store transactions it processes now

don't need a signature.

- **Discover** said on Dec. 6, that it, too, [would abandon the signature requirement](#). "With the rise in new payment security capabilities, like chip technology and tokenization, the time is right to remove this step from the checkout experience," Discover's Jasma Ghai, vice president of global products innovation, says.
- **American Express** announced Dec. 11 that it will [drop the signature requirement globally in April](#). "The payments landscape has evolved to the point where we can now eliminate this pain point for our merchants," said Jaromir Divilek, Executive Vice President, Global Network Business, American Express.
- **Visa** said in a [blog post](#) that it will make "the signature requirement optional for all EMV contact or contactless chip-enabled merchants in North America, beginning April 2018."

## Credit Card Signatures No Longer Fight Fraud

In the past, signatures were perceived as an added layer of protection to prevent customers and merchants from fraudulent transactions. Initially, retail stores could use the signature on the receipt and match it to the signature on the back of the customer's card, but merchants rarely do this making the need for a signature less impactful. Although it isn't mandatory to collect a signature from a customer, merchants can still do so if they wish.

The need for signatures has also declined around the world due to many advancements in the payments industry such as contactless payment options, the global adoption of EMV chip technology and the ever-growing world of online commerce. According to [pymnts.com](#), in the two years since EMV chip cards launched in the United States, fraud at the physical point of

sale has declined by 66 percent. This is attributed to the deployment of EMV technology at the in-store point of sale and consumers' use of chip cards. Signatures as an added measure of authentication is unlikely to create risk for chip card transactions.

## **Credit Card Security Isn't Compromised**

According to [macrumors.com](http://macrumors.com), credit card companies eliminating signatures for in-store transactions will not have any impact on customer security. In fact, security is better than ever due to the move towards a more digital payment world.

"Our secure network and state-of-the art systems combined with new digital payment methods that include chip, tokenization, biometrics, and specialized digital platforms use newer and more secure methods to prove identity," said Linda Kirkpatrick, an Executive Vice President at Mastercard.

## **Both Merchants and Customers Are Okay with this Change**

According to [usatoday.com](http://usatoday.com), Kirkpatrick says that "eliminating the need for signature is another step in the digital evolution of payments and payment security."

Since security is not an issue, both merchants and customers are looking forward to saying goodbye to signatures. Payments will become easier and more convenient, checkout lines will move faster and merchants will be able to push more customers through lines in a timely manner. It's a win-win for everyone.

Photo Credit: [torbakhopper](https://www.flickr.com/photos/torbakhopper/) Flickr via [Compfight cc](https://creativecommons.org/licenses/by/4.0/)

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# EMV: How Your Practice Will Be Affected By Credit Card Changes in October 2015

✘ At Manage My Practice, we are big proponents of using a Credit Card on File (CCOF) system in medical practices to reduce expenses and improve cash flow. Knowing how your processing vendor's pricing plan and security features work are critical to implementing this system. You have to be able to understand and negotiate your costs, and stay current on best practices and technology that keep your patients' data safe.

Big changes are coming to the technology end of your credit card system in October of this year (as if you won't be busy enough with ICD-10!) and you need to make sure now that you have all the details handled for your employees and your patients. The new technology is called EMV, or "Euro Mastercard Visa" and has been used in most of the rest of the world for awhile now.

Whenever we have questions about anything credit card related, we go straight to Michael Gutlove, Director of Merchant Services at IDT. Michael has been our own vendor, as well as our top recommendation to clients for almost three years now. We asked him to help us sort out the changes.

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***Mary Pat: Michael, what's your background?***

**Michael:** I've been helping business owners improve their bottom lines since 1997. Reducing costs are critical – now more than ever – for all business owners, and I've been able to repeatedly reduce operating costs by clearing away the traditional smoke and mirrors of credit card processing.

**Mary Pat:** *Are people in general and patients specifically using credit cards more than they used to? Do you foresee a time when people will only use credit cards, no cash or checks?*

**Michael:** While electronic payment volume has steadily increased year after year it's highly unlikely that cash or checks will ever be completely eliminated. Cash payments serve the "underbanked" population and checks remain a highly effective method of payment for high ticket (luxury) items.

**Mary Pat:** *What about payment via a smartphone or watch – do you see that becoming a predominant part of the American payment experience?*

**Michael:** Apple Pay is the first mobile wallet solution that's made any traction into the payment space. It's opened the door for cell phone manufacturers, wireless carriers, and any/every technology company under the moon to think about getting involved. The problem with suggesting that mobile technology will replace the way we pay (or become the primary way we pay) is that it's not fixing an existing problem. Mobile payments are generally viewed as a convenience as opposed to a necessity and we've become accustomed to carrying a wallet or purse with actual credit cards.



**Mary Pat:** *The new acronym in credit cards is EMV. What is EMV?*

**Michael:** EMV stands for Europay MasterCard Visa. It's an acronym for the Global standard of chip card technology facilitating electronic payment transactions. The United

States is the last major country to adopt this method.

***Mary Pat: Why do readers need to know about EMV?***

**Michael:** October 2015 marks the deadline for business owners, accepting credit or debit cards, to upgrade their terminals for chip card acceptance. While it is not legally necessary to upgrade, doing so reduces the liability for fraudulent or counterfeit duplicate transactions.

***Mary Pat: What does accepting chip cards have to do with liability?***

**Michael:** EMV prevents “card present” duplicate fraud as the customer always maintains possession of their card. Instead of swiping the mag-stripe on the back, merchants will instruct customers to insert cards into the EMV ready terminal and enter a PIN or signature when prompted. Businesses that do not have the ability to accept EMV cards will be held liable for fraudulent “swiped” transactions.

***Mary Pat: Does EMV eliminate fraud?***

**Michael:** EMV is not a cure all for all types of fraud. The programs put in place will help with duplicate card fraud charge-backs, but will not impact others. Visa, MasterCard, Discover, and American Express have different liability shift requirements.

***Mary Pat: What about “Card Not Present” transactions?***

**Michael:** EMV only applies to face-to-face transactions. When it was released in Europe increased levels of fraud showed up via ecommerce and MOTO (mail order/telephone order). A similar scenario is expected once the US adopts EMV making PCI-DSS compliance even more important.

***Mary Pat: What is PCI?***

**Michael:** PCI-DSS stands for the Payment Card Industry Data

Security Standard. Most processors offer comprehensive programs to ensure PCI compliance and validation.

***Mary Pat: What should I do now?***

**Michael:** Reach out to your processor and determine your risk level for EMV. Accepting EMV can only help your business but it isn't necessary to do anything prior to October. The majority of POS (point of sale) manufacturers haven't released EMV readers and new hardware might not be necessary depending on your existing terminal make & model.

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Making sure you are getting the most you can from your credit card vendor is a critical part of protecting your data and your bottom line in today's healthcare industry. You need to know the steps you and your vendors are taking to safeguard patient data as well as being able to relay those steps back to patients and employees. That's why it's important for managers to understand EMV – and their credit card setup in general. Successful implementation of a credit card on file program or any credit card processing system will always require buy-in and communication.

***NOTE: [Credit Card on File](#) clients of Manage My Practice should know that Michael Gutlove will be swapping out your current swipers for EMV terminals for chip and non-chip cards at a considerable discount.***

For additional information, questions, or anything else credit card related feel free to reach out to Michael Gutlove at 201.281.1621.

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# **MMP Classic: How Many Staff Do You Need?**



## **Staffing your medical practice can be a daily balancing act.**

There's no simple formula for staffing that one can apply to every practice because each specialty and each situation requires something different. It is very important to right-size your staffing. Understaffing can cause patient dissatisfaction, frustration, burnout and a staff exodus. Overstaffing can cause lower productivity, reduction in profit and never really getting to the root of why some problems exist.

## **Matching FTE Providers to FTE Employees**

Most benchmarks utilize FTEs (full-time equivalents) which is an employee working a 40-hour week, or a provider working the number of hours considered full-time for providers. Although this works well for employees, it doesn't always follow for providers. A .5 FTE provider that works two days a week may need more than a .5 clinical and .5 non-clinical person because patients still call for prescription refills and questions and test results still arrive to be reviewed on the days the provider is not there.



## Back to basics

It helps to bring the equation down to the simplest formula of clinical and non-clinical staff. For now, disregard billing, lab, other ancillary services, management, and medical records and focus first on the number of staff needed to get the patient in the door (front desk), get the patient seen (clinic assistants), and get the patient out the door (front desk again.)

Let's imagine that Dr. Goodman is a full-time primary care physician with a mature practice and a full schedule. She works 4.5 days per week and has one non-clinical person who answers the phones, checks patients in, checks patients out and handles the medical records. She also has a clinical person who rooms the patient, performs the intake, and takes the vitals. The clinical person also answers patient phone calls with medical questions and contacts patients to give them their test results. Either employee may schedule tests and referrals for patients. Dr. Goodman has 2 full-time employees and if she's really fortunate, both employees are interchangeable so each can fill in for the other if they want to take vacation or are sick for more than a few days, maybe with the help of a temp or a prn person if needed. If the practice has electronic medical records (EMR) and everything is as automated as possible, they can probably get by for short periods of time.

Most brand new practices start with just one employee who does all front office/administrative (reception, phones, registration, scheduling, referrals, time-of-service collections) and all back office/clinical (vitals, procedure prep and assistance, phlebotomy, injections, lab testing, patient call-backs.) As the practice grows, it becomes clear when a second employee is needed.

## **What about a practice with ancillaries or more providers?**

**Front desk** – as the number of providers grows, so does the need for more staff to check patients in or check patients out. Floating staff between these positions can be a temporary solution before adding full-time staff in both areas. Using a patient check-in kiosk can minimize the stress of checking-in many patients arriving simultaneously, and having patients register online or through a portal can save significant registration time.

**Dedicated phone staff** – when employees are consistently pulled between answering the phone and working with the patient in front of them, it's time to consider a separate phone position away from the front desk. Don't overlook the possibility of having a remote employee taking calls from home full-time, or part-time during peak days and times.

**“Nurse” triage** – if providers are seeing patients all day every day, clinical assistants may not have the capacity to answer phone calls between patients, or to manage the patient schedule. Nurse triage can keep the office flow even by deciding when patients need to come in for same day visits, answer questions, call patients with test results, and cover breaks for other clinical/non-clinical staff. Vaccines administered by the clinical staff can often be what determines when more staff is needed – if the clinical assistant is administering vaccines, s/he is not available to room the next patient. The appointment interval can be another defining factor in how many clinical staff are needed – the shorter the appointment intervals, the more help will be needed to keep the schedule moving.

**Laboratory** – services can be as limited as the clinical person taking specimens, or as complex as a full-blown lab staffed with a full-time lab tech to draw blood and test it. Lab services are often determined by two factors – improved care for the patient (can the provider get test results during the visit that will assist in getting the patient diagnosed and on a treatment plan?) and convenience for the patient (how far will the patient have to go to get blood drawn at a lab?)

**Referrals** – most primary care offices refer patients for lots of tests and if the process is not electronic and requires lots of time on the phone, you may need to dedicate a FTE person to this job if you have 3-4 providers.

**Billing** – billing can be completely outsourced from the entering of charges to pushing accounts to collections, or it can be handled in-house. A typical ratio is one billing person to two providers for a practice that sends statements and one billing person to four providers if using [credit card on file](#).

**Imaging** – for those offices that have onsite imaging, one employee is enough if there is another imaging facility close by. Depending on the imaging volume, some practices have mobile imaging services come to office once or twice a week, or have an imaging technician who can also perform other clinical duties.

**Medical records** – with the predominance of EMR, the designated medical record person has just about disappeared in smaller practices. Most remaining medical record functions (scanning mailed records, tracking down records from other providers or

facilities, providing records to other providers, attorneys and to patients themselves) are performed by other staff as part of a litany of shared duties.

**Management** – when does a practice need a manager? Well, that's another post for another day, but typically a solo physician/provider does not need a manager, unless she has lots of ancillaries with lots of associated employees. A [Fractional Administrator](#) can offer part-time assistance that is enough to help a small but growing practice.

## **And in a specialist's office:**

**Surgery scheduling** – in some surgical practices, the clinical assistant does the scheduling while the physician is in surgery. Larger practices employ centralized surgery scheduling which usually takes 2 schedulers to make sure one scheduler is available at all times.

**Specialized Testing** – one technician is usually enough for each specialized testing modality, unless the practice is a referral center for other providers. The other exception is if the equipment, a nuclear camera for instance, is so expensive that the practice cannot afford to not be able to do tests if an employee is absent.

## **Why do some offices need more staff and some need less?**

Inefficiency requires more people! If people have to get out of their seats to solve a problem or get an answer, they're inefficient.

Systems and processes must support the work of the employees, not hinder it. Do your systems support your workflow?

Some physicians can keep two (or more) clinical assistants busy.

Some physician specialties order many more tests and need more staff to schedule them.

Poorly organized practices duplicate efforts, and in doing so, cause themselves more work. A good example of this is the patient calling the practice multiple times during the day when they do not get a callback, causing much more work than if the patient was called back within 2 hours.

## **What should you do if you can't figure out if it's taking too many people to do the work?**

1. **Do you know what every person is doing?** Have everyone keep a log of all the jobs they do over the course of several weeks. Ask them to assign the percentage of time they spend doing each task. Evaluate their lists and see if staff are carrying equivalent workloads.
2. **Cross-train employees** and see if jobs take more or less time when others do the tasks. There should be some variance, but not a significant variance.
3. **Is every task something that contributes to the practice?** Does something absolutely need to be kept in two places in two formats? Are things being done because "we've always done them that way?"
4. Is one thing so far behind that it's causing **duplication of effort**? Bring in a temp, ask staff to work on a Saturday, do whatever it takes to bring everyone back to ground zero again.
5. Hold **brainstorming sessions** with staff and involve them in developing plans for improving efficiency. Also ask them one-on-one for their ideas for improvements.
6. **We expect more** of everyone than we did before the

economy tanked, and employees are responding by being more stressed and by being out sick more. Evaluate if everyone is out more than in the past and how that may be affecting the work.

7. Do a **simple efficiency study** by observing individual employees at work and documenting what they're doing one minute at a time for a period of two hours. Graph the work by time to see what two hours of their day looks like. Some jobs are by nature "interruptable", like phones, check-in and check-out, and some jobs are performed best when the employees are subjected to minimal interruption. Are these jobs defined in this way, or are the two interspersed creating inefficiencies?
8. **Try this exercise:** create the ideal staff for your office as if you could afford every person you'd like to have. Then, start to work backwards, seeing how jobs could be combined and what positions would be nice, but not necessary. Compare the final product to what you have now, and see what the differences are. Another way to approach this is to pretend your practice doesn't have the physical confines that it does, and see if you would staff it differently if the space was more accommodating.

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## **Learn How One Practice Used a Credit Card on File Program to Collect Patient Balances**

# and Increase their Cash Flow



It's always a fantastic feeling when other people speak on behalf of your products or services, so we were thrilled to see a very nice comment on a recent article at [Physician's Practice](#) "[Patient Balances: Get Them or Get Ready to Close Your Practice.](#)" The article details the importance of collecting patient balances as quickly and effectively as possible as doctors face declining reimbursements and increasing overhead and regulation. We have long championed the Credit Card on File system – where patients leave a credit card securely on file with the practice's gateway and the card is charged after insurance is billed for any patient balances under \$100. Balances above \$100 (or whatever limit a practice may set) are either placed into a payment program, or paid in full after contacting the patient. One of our very successful clients whose practice has implemented such a program commented on the article about her own experience.

*We started a year ago with a Credit Card on File program, on the advice of Mary Pat Whaley. After 1 year, our patient balances are very small, and for practically every balance over 90 days old, the patient is on a payment plan, but since our overall patient A/R is very small, it doesn't represent a lot of outstanding income. We have over 2000 credit cards on file. Patients are not allowed to see the doctor without leaving a card on file, and they agree to this over the phone when they make an appointment. I've found it very challenging to understand and charge patient balances upfront, so we've opted for Credit Card on File instead. We charge the copay, file the claim, then charge any remaining balance to the card, once the EOB is received. We charge the card if the balance is under \$100 (with an email receipt), and if over \$100 we call the patient to determine if they want to pay in full or in installments. Most pay in full, and most*

*appreciate the call. We do not send out paper statements. It takes about 1/4 FTE to manage the credit card collections, but I have an excellent receptionist who handles this very nicely with the patients. There are some issues when the card declines, but we follow up with a weekly phone call, and if necessary, a paper statement (not often). There will always be a few that will never pay, but you can't escape that in this business. We are proud of our credit card collections, which is why I've detailed it here so you can consider it for your practice.*

*Marian @ Tue, 2013-07-23 11:12*

Why, thank you very much, Marian!

If you'd like to learn how to start a Credit Card on File program in your own practice like Marian did, then you'll want to join us **next Thursday, August 8th at 3pm EST for "How to Start a Credit Card on File Program in Your Practice"** our popular 60-minute webinar and Action Pack that will give you the tools and plan you need to implement the policies.

Spending one hour of your time and \$59.95 now can mean all the difference in your bottom line tomorrow.

[Click here to register now!](#)

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# Don't Forget: Register Now for our Starting a Credit Card on File in Your Practice Webinar!

For anyone interested in implementing a credit card on file program in your practice – to increase collections, improve cash flow, and eliminate sending statements altogether – you'll want to [register now](#) for Manage My Practice's Webinar: Starting a Credit Card on File Program in Your Practice.



Tuesday March 5th, 2013 at 1 p.m. EST 10 a.m. PST join Mary Pat and I for a 60 minute session that will prepare you to plan, prepare, negotiate, and execute your Credit Card on File Program. Your patients and your staff will be happier – and so will you!

**Register [here](#) for Tuesday's Webinar.**

Also, special thanks to Brandon Betancourt of [Pediatric Inc](#) for his [very kind words](#) about our webinar. Check out his blog!

And if you are interested in learning more about core practice operations, or just want to increase your knowledge and understanding of medical practice management, **be sure to check out our new [Revenue Cycle Management Webinar Series](#)** – a great way for anyone to strengthen and refresh their skills!

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# Back By Popular Demand: Starting a Credit Card on File Program in your Practice

Update: We have moved the session  
up one week! Please note the new  
date!

With registrations piling up we are moving the Credit Card on File Webinar up to Tuesday, March 5th at 1 p.m. EST. If you want to improve your practice's cashflow in just one hour sign up now as seats are going fast!

*We had such a great response to our Credit Card on File Webinars that we are running another session, in addition to the [Revenue Cycle Management Series](#) that will start next month. We hope you will join us! [Click here to register!](#)*

## How to Cut Your Medical Practice's A/R and Collection Costs in Just 60 Minutes.

We know patients are bearing more of the financial burden for healthcare, particularly in the form of High Deductible Health Plans (HDHPs), so it falls to the provider to collect the deductibles. How can you collect deductibles, co-pays and co-insurance, as well as electronically manage patient payment plans while reducing the associated labor and resource expense? Register for the Manage My Practice webinar that teaches you everything you need to know to spend less and collect more at time of service by implementing a Credit Card

on File Program in your practice.



## **What is a Credit Card on File Program?**

A Credit Card on File (CCOF) Program facilitates the collection of a credit or debit card from each patient and requires this card to be used for co-pays, co-insurance and deductibles. You have the option of collecting an estimate of what is due at time of service, and/or charging the credit card when the payer pays the claim.

## **What are the benefits of a Credit Card on File Program?**

- Reduced days in accounts receivable.
- Improved cash flow.
- Elimination of statements.
- Electronic management of payment plans.
- Elimination of bounced checks.
- Elimination of the manual refund process and refund check expense.
- Reduced labor in daily reconciliation process.
- Elimination of cash drawers and change issues.
- Reduction or elimination of deposits.
- Facilitate faster check-in and check-out.
- Elimination of paper receipts.
- Elimination of collections expense.

**This one-hour webcourse with accompanying**

**materials is an incredible value at \$59.95**

## **What will I learn if I take this webinar?**

1. Understand how a credit card on file program differs from traditional payment options offered by practices.
2. Learn the terminology and protocols of credit card processing – it's not as mysterious as it seems!
3. Compare credit card processing fees and choose a vendor based on an informed analysis.
4. Utilize handouts to train staff and educate patients on the credit card on file program.
5. Successfully implement a credit card on file program.

## **What does the program include?**

Purchase of this program for only \$59.95 includes the live webinar, slide handouts, and a complete Action Pack of forms and templates in Word, including:

1. Worksheet for Credit Card on File Program Return on Investment (ROI)
2. Staff Script & Role Playing Suggestions for Staff Training
3. Sample Security Policy to Comply With PCI Guidelines
4. Credit Card on File Program Timeline Worksheet
5. Credit Card Program Comparison Worksheet
6. Patient Handout #1: Information About Our Credit Card on File Program & Discontinuation of Statements
7. Patient Handout #2: What is a Deductible and How Does It Affect Me?
8. Sample Patient Agreement for the Credit Card on File Program

## ***Register Now!***

- March 5, 2013 at 1:00 p.m. Eastern/ 12:00 p.m. Central/ 11:00 a.m. Mountain/ 10:00 a.m. Pacific – [Click here to register!](#)
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## **Starting a Credit Card on File Program**

## **in Your Practice**

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8. Sample Patient Agreement for the Credit Card on File Program

*The Webinar will be offered live at three different sessions for your convenience.*

- February 5, 2013 at 10:00 a.m. Eastern/ 9:00 a.m. Central/  
8:00 a.m. Mountain/ 7:00 a.m. Pacific – [Click here to register!](#)
  - February 6, 2013 at 1:00 p.m. Eastern/ 12N Central/  
11:00 a.m. Mountain/ 10:00 a.m. Pacific – [Click here to register!](#)
  - February 7, 2013 at 4:00 p.m. Eastern/ 3:00 p.m. Central/  
2:00 p.m. Mountain/ 1:00 a.m. Pacific – [Click here to register!](#)
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## **Introducing Two New Products Now Available in Our Store: The Smart Manager’s Webcourse “Creating a Credit Card on File Program” and Bob Cooper’s “Heart and Soul in the Boardroom”!**

We are very excited today to announce two new products available for purchase in the [Manage My Practice store!](#)



We have had a lot of requests for the recorded version of our Webcourse – [Creating a Credit Card on File Program in Your Practice](#), and we are excited to say that it is [now available!](#)



For \$29.95 you will receive the 60 minute video recording of the course, as well as the course slide deck, and the action pack of handouts to get you started on the program including:

1. *Worksheet for Credit Card on File Program Return on Investment*
2. *Staff Script & Role Playing Suggestions for Staff Training*
3. *Sample Security Policy to Comply With PCI Guidelines*
4. *Credit Card on File Program Timeline Worksheet*
5. *Credit Card Program Comparison Worksheet*
6. *Patient Handout #1: Information About Our Credit Card on File Program & Discontinuation of Statements*
7. *Patient Handout #2: What is a Deductible and How Does It Affect Me?*

### [Check out the Webcourse!](#)

We are also very excited to be adding a second book to our store: [Heart and Soul in the Boardroom](#) by [Bob Cooper](#). We have been thrilled to reprint some of Bob's great posts about leadership, and are now honored to sell his book. [Heart and Soul in the Boardroom](#) is a book that champions honesty, authenticity, and a management style based on a real assessment of success – both in the workplace, and in the *workplace's relationship to your life*.



Get Bob's Book for \$14.50 plus 2.95 shipping and handling. And if you are buying for a group (or department, or your staff!) Bob will ship them free with the purchase of three or more!

### [Check out Bob Cooper's Book!](#)