



EPISODE 4.15 | APRIL 18, 2024

KNOW YOUR NUMBERS WITH CPAS MARY KATHRYN WILLIAMSON & CHELSEA DORFELD

David Mandell:

Hello, this is David Mandell, host of the podcast. Thanks for joining us, either on the audio platforms or watching on YouTube. For those of you long-time listeners, I'll remind you again we are on YouTube now. If you feel like you need to see my face to get more information or to appreciate this more, you can go to YouTube. We have the links in the show notes.

I'm excited about today's podcast episode. We've got two CPAs who work with a lot of medical and dental practices who I think can give some interesting insights in how to run a private practice. Or probably applicable to even another small business if you might have one. Let me give you their bios and then we'll bring them on.

Mary Kathryn Williamson, CPA, is a tax partner with Aprio's national dental services practice. She has dedicated the past decade to serving dental practices and growing Aprio's dental group, specializing in forward-focused tax planning and helping clients grow, start, or buy dental practices. The dental benchmarking, financial analysis, and corporate income tax planning and strategies that Mary Kathryn provides help dentists thrive through the life cycle of their practice. She earned both her BBA and master's in accounting degrees from Georgia Southern University.

Chelsea Dorfeld is a CPA and a senior tax manager at Aprio's professional services group. She specializes in helping healthcare clients grow their practices while minimizing their tax liabilities with thorough tax planning year-round. She has



extensive experience in working with S corporations and partnerships within the professional service world, particularly in the healthcare niche.

With that, Mary Kathryn, Chelsea, welcome to the program.

Mary Kathryn Williamson:

Thank you, David.

David Mandell:

It's good to have you.

For those of you listening to those bios, they're both from the same firm, Aprio, and Aprio happens to be a very large CPA firm, does a lot of things, and they have... I think their main office is still in Atlanta, is that right?

Chelsea Dorfeld:

Yeah.

David Mandell:

Yeah, so we at OJM have had a relationship with a couple of the partners there for 10, 12 years. We wrote a book for Georgia physicians with them about 10, 12 years ago, and now we're talking to the next generation of CPAs today. But we've known them for a long time. Aprio is the firm. We'll put link to their website in the show notes.

First, before we get into the topic today, which is "know your numbers", Chelsea and then Mary Kathryn, let's talk about each of you. Just give us a little background beyond the bio. Just what have you done over your career, where you're from, what's your favorite food, that kind of thing.



Chelsea Dorfled:

Yeah, absolutely. Thank you for having us, David. I know we're both really excited to be here.

I've grown up in Georgia my whole life. Grew up in Alpharetta, went to UGA, came back and currently live in East Cobb. I actually started at Aprio 10 years ago as an intern with Mary Kathryn and came back and as a full-time staff and have been here since. Aprio really helped me grow my career from start to now.

I worked originally in professional services and in the past couple years have begun to focus on healthcare clients. While we do handle taxes for our clients, we really like to build the relationships with the clients to become more of an advisor and help them grow and build their practices however we can.

David Mandell:

Got it.

One of the things you mentioned there, and Mary Kathryn probably will too, is helping clients grow beyond just doing the tax returns. You made that point right there. We don't just do tax returns. We talk about that a lot. When I'm giving lectures, I say to an audience of physicians, what have you, and I say, "How many people get proactive, forward-looking advice versus tax preparation, which is looking backwards," right? It's right now we're recording this in February. I'm sure you're getting 1099s and you're looking at all this stuff for clients to describe what happened in 2023.

Obviously if you have expertise, you can do a great job at that. But there's only so many things you can do when you're looking backwards versus looking forwards and saying, "Hey, we could actually do things differently in the future." I just wanted to call that out because you made that point.

Mary Kathryn, let's hear about you.



Mary Kathryn Williamson:

Yes. Just like Chelsea said, thank you. My background will be very similar to Chelsea. I was so glad she said that she and I interned together. Chelsea and I have been at Aprio the same amount of time, so we're coming up on our 10th year. Interned together.

My background, I have lived in Georgia my whole life too. Grew up in a small town called Milledgeville, Georgia, a college there is Georgia College and St. University went to Georgia Southern, like you said in my bio, for my undergrad and master's. And then just Chelsea interned here and then came back full time in 2014.

My whole time at Aprio tax is my background. I am a CPA. I've always worked in the professional services world. Yes, my clients have always been to service-based clients. But as I've grown in my career, they have progressed more and more into the healthcare space. I mean granted, I've always worked in the healthcare space. But then within the past four years I became very dental specific. I am a partner on our dental team and the bulk of my clients I work with on a daily basis are dental practices and the owners.

But as we get into the conversation today, a lot of what I do and what Chelsea does, they mix. A lot of the numbers and just themes are very similar across the medical field. And so yeah, that's where I've ended up today.

Just tagging onto your last comment of that is how we like to operate at Aprio. Tax is a given. It is compliance. You have to file a tax return. But really where we think we come in as the true value providers are the value-add conversations of, "Hey, where are your numbers? Do you know your numbers?" That's the type of conversations that we enjoy having. Granted, yes, they feed into a tax return at the end of the day, but it's just like you said. That proactive thinking, the proactive conversations, I feel like is what sets us apart at Aprio.



David Mandell:

Yeah, that's great. I appreciate that, and I think that's what the people listening here are looking for. Certainly always looking to save taxes, we know that, but also how to run their practice more efficiently and more profitably, et cetera.

Okay, let's start, Chelsea, with you the first couple questions. The title of this episode is Know Your Numbers, so that begs the question, which numbers? What are we talking about here and which numbers mean the most or is most important?

Chelsea Dorfled:

Yeah, so it depends, right? It depends on your specialty. Every specialty has a different set of numbers that matter, but there are the big ones that matter for almost all businesses: healthcare, dental, and all service businesses. That would be labor, supplies, occupancy, labs, just to name a couple off the top of my head.

But really when we say knowing your numbers it's more about knowing your financials. Are your financials accurate? Do they accurately represent what's going on in the business? Are the big categories of expenses, the big buckets of expenses, are they right? Are we looking at accurate buckets? That will help us determine what practice KPIs look like for your industry and what that means. What specialty KPIs can we compare it to? Other practices of your size, other practices in the same life cycle of your business?

When we say know your numbers, it's all of them. But definitely the bigger ticket buckets that we look at really matter. Again, labor, supplies, rent, et cetera.

David Mandell:

A couple of questions there. You mentioned KPI. Can you just tell people what that means in case they don't know?



Chelsea Dorfeld:

Yeah, so that's a key performance indicator. It's a percentage of income or percentage of gross profit per your business, and we can compare that across the board.

David Mandell:

If we're looking, I'm thinking if I was a physician in a practice, whether I'm one of five partners or 10 partners or solo, I would think that some of the key numbers for me would be, well, obviously for all businesses, revenues. Meaning how many patients am I seeing, how much revenue per patient? Meaning again it's different in medicine, obviously we're trying to treat the patient and not just increase revenues but get an idea of what that is.

Also, collection time, meaning how long the accounts receivable are out there and percentage of collections, meaning how much am I collecting of those. Is that some of the key numbers you generally look at? Mary Kathryn, maybe you can comment on that.

Mary Kathryn Williamson:

Yeah, so it's really similar to what Chelsea said. Obviously speaking more on the dental side of numbers that really it go to... It is just like she said of just making sure where your cash is going.

At the end of the day, I think it's the same for any doctor that owns their own practice is, hey, at the end of the day, what is my cash flow? That is what I have seen over my career. It has been the most important item for them. And so a lot of the conversations that I've had of like, "Hey, my cash or my overall net income says this at the end of the year or on a quarterly basis or whatever that we're talking about." And they're like, "But where's my cash going?"



I think that just kind of feeds into, okay, well this is where proactive planning needs to come into play. You actually need to know those numbers because, and we're going to get into this in one of the conversation or one of the questions, but at the end of the day, we're in 2024. Staffing costs have risen across the board since COVID. Does the practice owner know how much they're spending and staffing? How about your rent, your lease agreement? I mean, is it coming up for renewal? Are you working with an attorney or a broker to renegotiate your lease? Do you know how much you're spending on an annual basis in rent? And obviously as that increases each year.

Just like Chelsea said, I mean whether you're in dental or another medical field, I mean your supplies and your labs. With rising cost across the board, those are also increasing as well.

I think it's just getting a grip on your operating expenses, the expenses that are given and that are necessary and ordinary for you to keep your practice doors open. I think that's most important for you to actually see it in those main categories, which a topic for another day, another discussion of what does your accounting function look like and who's managing that. Because that's how you can easily analyze and evaluate the health of your practice by knowing these numbers.

David Mandell:

Both of you, and this is a good thing probably what I would want from my CPA, is you were focusing a lot on the expenses side of what both of you were talking about: labor, rent, et cetera. I was bringing up revenue side. Being an entrepreneur, I'm a positive person thinking about growing my business so I'm thinking about revenues.

But both of those pieces are equally important. My guess is, and this sort of relates to the next question, which is I'm going to ask it in the context. What would you say it means in financial terms to be a healthy practice? What do you want to see?



And then the other correlate question to that, which I'm thinking is, do you get the question sometimes, Hey, my practice seems to be growing, but I'm not making any more money. Why? What's going on?

If you can talk about healthy practice and also that question practice is growing, but I'm not making anymore, not taking home anymore? You can answer both of those. Comment on both of those concepts.

Chelsea Dorfled:

Of course.

Things that we look forward to be a healthy practice: having a good cash flow, having cash reserves on hand, not dipping too much into that line of credit, having good receivables coming to you, having the timing come in correctly.

The numbers tell a story, and so we want to follow that story, right? Does it make sense for the life cycle of the business that you're in to have the numbers that you have? At the beginning of a practice advertising, for example, may be 10 to 15% of revenue. By the time you're in a mature stage of the business, that may be down to less than 2%. Does the business story tell the accurate story? Is it correct?

You asked about why a doctor may not be making any more money. Have costs risen? Are there expenses we can renegotiate? Can we work with a new supplier? Can we renegotiate that lease, like Mary Kathryn mentioned? I mean, costs are rising across the board. Staffing is outrageous. Supplies are outrageous. Even billing fees have increased.

Looking at the full picture can give us an idea, and that goes back to knowing those numbers. Are those accurately reflected in your financials? If so, then let's tell the story and understand why you're not making more, even though the practice is growing because typically something will fall out when we take a peek.



David Mandell:

Yeah, yeah, I appreciate that.

The next question I'm going to get to Mary Kathryn. You can answer some of it if you had comments on what she said, but we're going to talk about cost items. A couple of thoughts here and this I probably should have brought this up at the beginning. But I think I can remember this from business school. It's been a long, long time. But basically there's a concept which is you can't manage what you don't measure, right? If you don't know the numbers first, there's no way you can manage your business properly because you don't know that.

Now every doc listening to this, whether it's dentistry or veterinarian or medical or surgical, et cetera, understands that from a medical context, right? You have to get the blood work, you have to get the MRI or the X-ray, et cetera. Before you just start to treat somebody, you got to understand what you're dealing with and diagnose it.

That's, I think, the same thing what we're talking about here financially. Knowing your numbers is measuring where you're at because then you can make decisions proactively and manage it. But if you don't know the numbers first, then you just shot in the dark. You have no idea whether it's going to help.

You also talked both of you about renegotiating a lease, and that might be something Mary Kathryn you are going to talk about next in terms of overhead items. But I do want to direct the listeners and viewers to another episode earlier in the season.

I had Colin Carr on, I think it was number two this season. He's a real estate agent, who all he does is represent physician practices. Some really interesting conversation there about how to approach renegotiation of a lease, whether to buy or lease, when to reach out to the landlord, how to, and all the kind of major mistakes that most docs and practices make when it comes to their real estate. He digs in. We



go pretty deep there. If you're interested in that topic, I want you to go back and listen to that one because you'll get a lot out of it.

All right, Mary Kathryn, let's go to overhead items. Talk to us about that.

Mary Kathryn Williamson:

Sure.

The highest that I've seen across the board, and I honestly think this relates to any industry, we don't have to just be talking about medical here, is staffing. I mean, granted we are in 2024. Chelsea and I see it across the board just in our profession just rising costs when it comes to staffing.

A couple things here. Just speaking on the dental side of just specific things I've seen recently, which is crazy, which I think you can relate to medical, whatever type of practice you are. But granted, let's just talk about a general dental practice. A hygienist right now can walk in and ask for \$50 an hour, which two or three years ago that was 35. That is a huge jump that has really, really, really affected majority of my practices. This is the highest cost item that we constantly have to talk about and just say it is a constant conversation right now just as we're just in this era of rising costs.

But then also the cost of turnover. There's another point I'll get to this as well. But it also has to do with, I think, a generational thing. Which not want to get into the weeds of this, but the generation that's entering our workforce just has that authority for some reason to say, "Hey, I can ask for what I want and I'm going to get it. If not, I'm going to walk down the road and go to the next shop that'll give it to me." And so because of that, it's causing huge turnover. Which at the end of the day, I don't know if practice owners have noticed this, but turnover is extremely costly because you're constantly having to retrain someone. You don't understand the cost and the resources that are going into retraining. That is just making that overall bucket of your expenses and your financials that we keep talking about and knowing your



numbers. It's going to throw you out of whack when you want to look at how profitable you are.

Staffing has been the biggest right now so far. And then also just on the medical side, just doctors in general. Your supplies and your labs are going to be very big costs for you, and you want to make sure you're managing those, like Chelsea said, with whatever vendors or suppliers or lab companies. I mean, some dental practices are starting to actually create their own lab company to save some costs. I mean, I think that's where you can start getting into with this proactive planning and looking at your financials of like, hey, what are some things that I can start investing in my own practice and bringing things internally to save costs.

I would say the things that I've seen, the biggest across the board obviously is staffing just in the medical world in general. I mean depending on the type of doctor you are, supplies and labs are always going to be really big. And then for those that do rent, so do not own their own space. I mean if you're not watching your leads or really paying attention to those numbers, then obviously your rent and depending on where you are across the country, that really comes into play as well.

David Mandell:

Yeah, I want to just call out you mentioned turnover and the cost of that. Again, part of my job here I think is to let the listeners and viewers know other resources they can go to dig deeper in this.

Just this season, depending on when this comes out because we don't always know when we record it, I'm pretty sure that we'll have already had an episode from Dr. Neal, who's an optometrist, who had so many problems with hiring and turnover that he actually dedicated a lot of time and resources to go down a rabbit hole and develop an interviewing and hiring process. That worked for his practice well enough that he now brings this to other physician practices and dental practices and ophthalmology practices.



Because the front desk person, whether they're at cardiology office or a dermatology office or an ophthalmology or optometrist, has the same role. And so he has developed a system for that. I think, again, people interested in that topic should listen to that or watch that episode because some interesting insights there.

And then a couple of seasons ago I had Frank Maselli on. Frank actually came to our firm. One of the things that he does is he use this Kolbe A personality test and sees what your skills are truly, what your innate personality is like. It was pretty interesting. In our firm we had a lot of people who were in the same testing range and then a couple who weren't. But it's important too, and I think there's a lot of evidence based on these tests, that the kind of people that will do things the way you hope to do if you're the owner and that will get along with other people. That doesn't show up on a resume. I mean, this is not stuff that's experience. It's not where you went to school. It's not your favorite color or your hobbies. It's a little more deep than that.

Those are two episodes I think people should check out if they want to go a little deeper on cost of overhead, or at least potentially ways to mitigate that cost by being a little smarter with hiring.

A couple more questions, Mary Kathryn, for you and then we'll go back to Chelsea. These two questions are really geared towards those listeners or viewers who are in a practice area where they have some control of their own fees.

You've got all the folks I know who are listening are plastics and derms and med spas and dentists to some degree. Obviously, that's where Mary Kathryn focuses. It's not probably going to be applicable to those who are completely inside of and restrained by the insurance world, Medicare and private insurers, because obviously that's a whole other topic that we've spent. We have a lot of other guests who've been on to talk about that, but you can't just raise your fees without talking to the insurers in a lot of areas of medicine.



Given that, for those listeners and viewers who are in those spaces because of some of these rising costs, what do you advise practices on raising fees? Or potentially if they're in a place where they have both insurance and fee-for-service, and obviously in the dental world that's where you're coming from primarily, maybe a lot of dentists. But there's also dermatology who does medical and they do cosmetic many of them, and some other specialties as well.

How do you advise clients on that and what considerations do you look at to help them to decide, yeah, we think it would be a good idea to raise fees? Or maybe it would be a good idea to really start focusing on fee-for-service and start cutting on the insurance side?

Mary Kathryn Williamson:

I'll make it in two parts.

Fee-for-service, which granted the practices that I work with that are fee-for-service that made that switch, it is been very beneficial. But like you said, you have to be prepared for it and know that you can do it.

But just in terms of just raising fees, if you are fee-for-service, there should be no reason that you don't raise your fees every single year because you have that control. Just like us on the CPA side, we have to raise our fees every single year. I mean, it just goes with our theme. There's cost rising right now, so it just feeds into it. It is something that I constantly have to remind my practice owners that like, hey, you can raise your fees.

But also on the same hand know where you are in terms of fees. A fee analysis is something that I love to suggest and will refer to a consultant to have this done. Just to know, get a baseline, of where you are. It's very hard to go above that 90th percentile of overall fees. Granted, it is almost like low-hanging fruit for a lot of



consultants because practice owners just don't really think to take the time to get this done, and then actually see where they are measuring up against other practices.

I mean, this goes across the board for all medical practices is knowing your baseline also for where your fees are. I think that's a very important theme and concept to just take away. And so if you haven't gotten a fee analysis done, that's something you should at least be getting every two years. So then for our fee-for-service clients raising fees every single year, whether it's 2% to 5%, I think that's really the range that I've seen right now.

But then our insurance provider clients, I mean it is hard. But I think with insurances, fee negotiations, which is also something that consultants can help you with as well of also knowing where your fees are and knowing who your lowest paying payers are. That is something that I think is a task in itself. But once done correctly and actually identifying those low payers, go ahead and get rid of them. There's no point of having all the effort and resources to try to track down all of those collections. Because that really throws you out of whack of thinking of, "Hey, look at my production report. I should be collecting this." But because of these low payers, then obviously it is throwing some discrepancy between the two. Obviously, you want them as close as you possibly can. Obviously knowing it's not possible at the end of the day with insurances, but still just trying to get as close as possible.

I think that's something that we always advise, encourage, fee analysis, fee negotiation. But then also making that switch. I'll say this again: this is where consultants really come into play. We have a dental specific consultant that helps our practices with this. But just from my personal experience, it's you got to know your patient base. You have to know if you make this switch are you going to lose half your patients? Which there goes your revenue. I think that's something that has to be weighed and you have to look at the options by doing so.



It's so funny just because obviously I talk about this all the time and I know what fee-for-service is, and I took my three-year-old to his first pediatric appointment and I had to pay him on the spot. I was like, "Wow, that's fee-for-service right then and there." They got my money right up front. In my mind I was like, "Oh man, I was not prepared for that." But then thinking about it on their end, I'm like, "That's great." They collected at the date and they're not having any track down insurances to collect for a pediatric dental appointment.

My two cents and my takeaways on raising fees, insurances, making the switch, that kind of thing.

David Mandell:

Yeah, that's great. A lot of thoughts there I was writing down. I think it's really gets back to managing what you can measure and understanding your fee. What you charge if you're in a fee-for-service practice competitively crucial because then you can see how much you could raise or where you're at.

I also really liked your point about understanding your patient base. Strategically that may allow you to do some things. Or limit you and then it says, okay, well what can I do to change my patient base over time? Well, that is another long-term, three, five-year strategic plan that I think a lot of the docs don't think about really.

It made me think about another topic I do want to bring on that I don't have scheduled yet, but concierge medicine in the medical world. Because there are a lot of small docs, including my brother, who have some concierge patients, but most of it is insurance. Others jump into it full-time.

My actual my old GP he moved to concierge medicine. It didn't make sense really for myself because thankfully I've been pretty healthy, but when you start to have more health issues, et cetera, having that level of service is important. But that analysis of your patient base and understanding if I go from traditional insurance to concierge,



how many of my patients are going to come over and how many are going to leave? I think some of these national firms that do concierge medicine, they really have some data on that. It can help you look at your patient base and help you make that decision.

But it's all within the same theme of what we're talking about here, which is understanding your patient base. Whether you raise fees or want to move from more fee based from insurance, how is your patient base going to react? You got to know that before you make decisions, so I think that's a really good point.

Chelsea, let's go back to you. We've got a couple of questions left here because I'm always sensitive to time. I know all of our docs are busy, as you know. What would you say the easiest way to increase profitability in a typical practice you see is?

Chelsea Dorfeld:

Yeah, so there's no magic number, right? We've talked about a lot of different things today. Collections, focusing on increasing fees, increasing collections, decreasing collection times, that type of thing. Knowing the buckets of expenses, knowing where your labor's at, knowing where your rent's at, and then picking an expense and like, all right, we're going to get this one in check.

It's not going to be all of them all at once. That's just unrealistic. But once you have a good idea of where you're at of the current environment that you're working with, you can then pick. Let's focus on this number. Let's dial in on labor. Do we have the right amount of staffing? Are we having a lot of turnover? Is our production low because we have the turnover of the docs or the nurses or whatnot? Focusing on one item at a time.

But I think I mean really there's no magic answer. It's like looking at all the things we've discussed today all as a whole.



David Mandell:

Yeah.

I imagine you see one practice, it might be stand out to you. Fees are the ones might stand out to you, collections are one might stand out to you, staffing. Meaning if you do the initial dashboard and you can see, okay, one of these numbers is way out of whack, we start with that. Start with the low-hanging fruit, the one that we can get the biggest impact with.

Chelsea Dorfeld:

Yeah.

I mean, and having that outlook, right? We're going to set a small goal here, we're going to work towards that, and then we'll move on to the next expense. It's setting budgets. It's saying, "Let's really focus on the supplies expense this quarter," right? Let's really get those supplies down. Let's make sure we're having the right amount. We're not getting rid of anything, there's no waste. That type of thing and just going from there.

Yeah, start with the low-hanging fruit and just work your way up to the bigger ticket items.

David Mandell:

Perfect. Yeah, that makes sense.

Mary Kathryn, you get the last question.

Mary Kathryn Williamson:

Yeah?



David Mandell:

Yep.

We've talked about a budget takeaways I think today, but is there another one that you'd like medical, dental practice owners to remember from our discussion. What would it be?

Mary Kathryn Williamson:

Yeah, if there's one thing that you guys take away from, guys and girls practice owners, this should not be a once-a-year conversation. Whoever you're working with, whoever your advisors are that you're working with, your CPA, your financial advisor, your consultant, this should be an ongoing conversation so that you constantly know these numbers. You constantly see how this feeds into your overall financial picture.

At the end of the day, yes, that feeds into your tax picture, but at least you know there are no surprises. That's something Chelsea and I are very big on that we are a no-surprises service firm. We do not like the clients that only want to work with us once a year. There's no value in that. Yes, granted, you understand taxes are compliant, but our practice owners that we handle the accounting, we work with them in their accounting. We know their financials. They do, too. We either have monthly meetings, quarterly meetings.

We're constantly in contact. And so it's a constant conversation to help them better plan, help them better advise on their goals, their strategies, and as they progress through their life cycle of their practice.

Yes, my key takeaway is this should not just be a once-a-year conversation. It needs to be ongoing so you constantly know and everyone is on the same page. Having your team all on the same page is extremely beneficial.



David Mandell:

Yeah, I track with that. In anything that's worth managing you can't just do it once a year, whether it's your health or your investments, like the kind of things we work with clients in OJM. Should be regular conversations.

I think even especially in a practice with their numbers. Because if you don't check in, then you can have particularly 12 months of something that got out of control when you could have nipped it in the bud in a month or two and you just didn't. You folks didn't know because client didn't tell you, or you didn't meet with them and-

Mary Kathryn Williamson:

The worst part is when we had to find that out the hard way.

David Mandell:

Yeah.

In one of the other episodes, sort of different but similar, we were talking to an attorney, the attorney's from ByrdAdatto, in season one. They said, "If you come to us before the problem, it's a 50-cent problem. If you come to us after the problem, it's a \$50 problem." That is sort of the same thing, right? Meaning that the earlier we can identify issues and potentially opportunities for better profitability, the better off you're going to be. It makes sense to me.

Mary Kathryn, Chelsea, thanks so much for being on, really helpful. There's some good takeaways here. We really appreciate it.

Mary Kathryn Williamson:

Thanks for having us.

Chelsea Dorfled:

Thanks for having us, yeah.



David Mandell:

Excellent. To all the listeners, we will put their links to their bios in the show notes so you can get a hold of them with questions if you want to chat with them.

Again, in two weeks, we'll have another episode. For all of you listening and watching, please give us the five stars and the review. If so inclined, leave us an actual review and say great things about us. That would be on the podcast platforms as well now, if you're watching on YouTube. And subscribe also to either one, whatever you're watching or listening to.

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