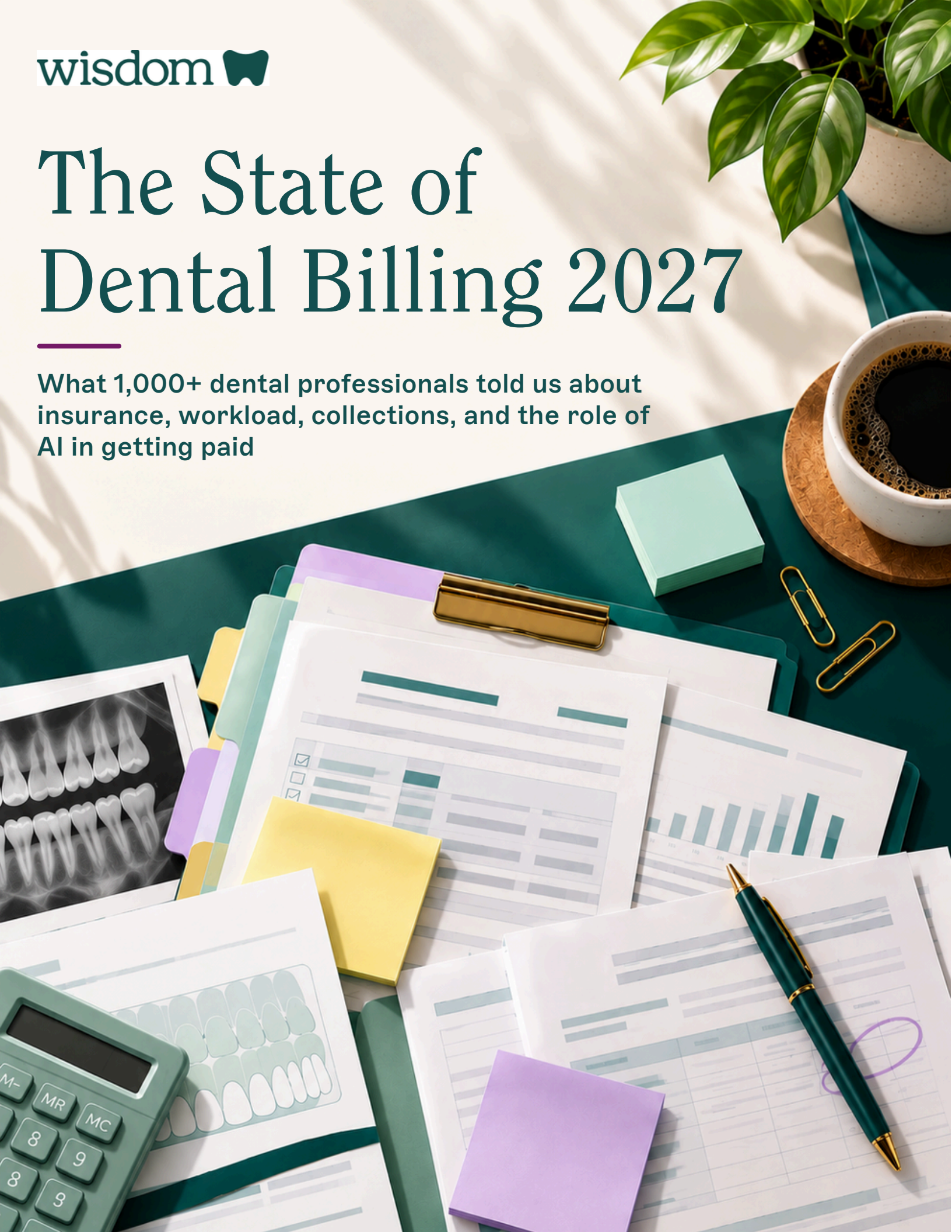
wisdom

The State of Dental Billing 2027

What 1,000+ dental professionals told us about insurance, workload, collections, and the role of AI in getting paid



INTRODUCTION

Why we ran this survey

Dental teams are putting an enormous amount of time into getting paid, and that effort isn't always buying them confidence that the system is working.

Dental billing has never been simple, but the pressure around it is changing. Practices are navigating staffing shortages, rising overhead, increasingly complicated insurance rules, and a growing stack of tools that each promise to make the work easier, while billing sits in the middle of nearly all of it.

At Wisdom, we work inside the dental revenue cycle every day. We verify benefits, submit and follow up on claims, post payments, and help practices understand where their money is. That vantage point shows us a lot, but we wanted to hear how practices see it from their side of the desk.

So we asked.

WHAT WE WANTED TO KNOW

1. Where does the most time actually go?
2. If practices could fix one thing tomorrow, what would it be?
3. How confident are they that they're collecting every dollar they're owed?
4. Do owners and the people doing the work see billing the same way?
5. Where does AI fit, and where doesn't it?

Between July and October 2026, more than 1,000 office managers, dentists, billing specialists, and front office team members told us what billing looks like inside their practices. Some of what we heard confirmed what practices tell us every day. Some of it challenged our own assumptions. And a few findings, we think, should make every practice take a second look at its numbers.

WHAT WE FOUND

Practices were remarkably united about the work they'd make disappear tomorrow. They were far less united about how much of it there is: the answer depends a lot on who you ask. And when we set practices' confidence in their collections beside what we see in real practice numbers, the two told very different stories.

METHODOLOGY

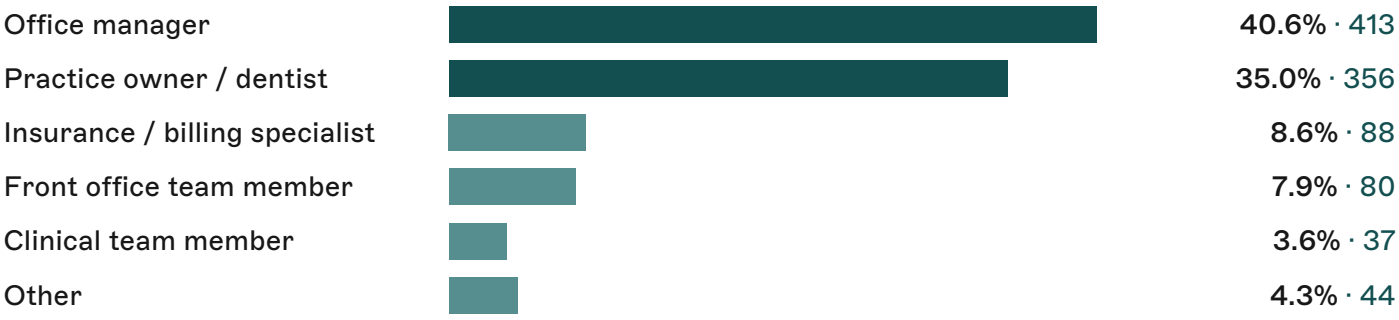
About the survey

1,018

dental professionals surveyed online, Jul 6 to Oct 1, 2026

Wisdom reached respondents through dental associations, trade press, partners, and Wisdom's own email lists. Percentages are based on the people who answered each question (n). Results from the 81 Wisdom customers who took part are reported separately at the end of this report, and Wisdom Practice Analysis figures are labeled wherever they appear.

Who we heard from



Respondents by role, n=1,018.

Three in four respondents are owners or office managers, and one in six work hands-on in billing or at the front desk. That mix lets us compare how the same revenue cycle looks from different seats.

THREE IDEAS RUN THROUGH EVERYTHING THAT FOLLOWS

01

Insurance is consuming the practice

It's the top operational problem, the work practices most want gone, and a major drain on staff time.

02

Hard work isn't the same as control

More hours aren't producing more confidence, and many practices may have a bigger revenue blind spot than they realize.

03

Practices want technology with accountability

They welcome AI as a tool, but overwhelmingly want people in the loop and responsible for the outcome.

SUMMARY

Key findings at a glance

THE CONFIDENCE GAP

43%
are confident they're collecting every dollar owed by insurance. Less than half.

9 in 10
practices Wisdom has reviewed show at least one AR or collections red flag.*

$30,577
average missing revenue per month that Wisdom finds in the practices it analyzes.*

37%
of owners aren't confident they're collecting every dollar, compared with just 16% of office and billing managers.

INSURANCE

45%
say insurance and billing is their biggest operational challenge, ahead of staffing at 30%.

85%
would eliminate an insurance-related billing task first if they could.

AI AND ACCOUNTABILITY

85%
want humans involved in billing.

<2%
believe fully autonomous AI is the best approach to billing.

CAPACITY

4 in 10
practices spend more than 20 hours a week on billing and insurance work.

1 in 10
practices, billing is a full-time job: 40+ hours a week.

2 in 3
billing specialists spend 20+ hours a week on billing, vs 1 in 3 practice owners.

52%
of practices spending under 10 hours a week on billing feel confident in collections, vs 37% of those spending 40+.

*Wisdom Practice Analysis data, not survey data. These practices are a different group from the survey respondents, and practices that request an analysis may be more likely to have concerns about their revenue cycle.

SECTION

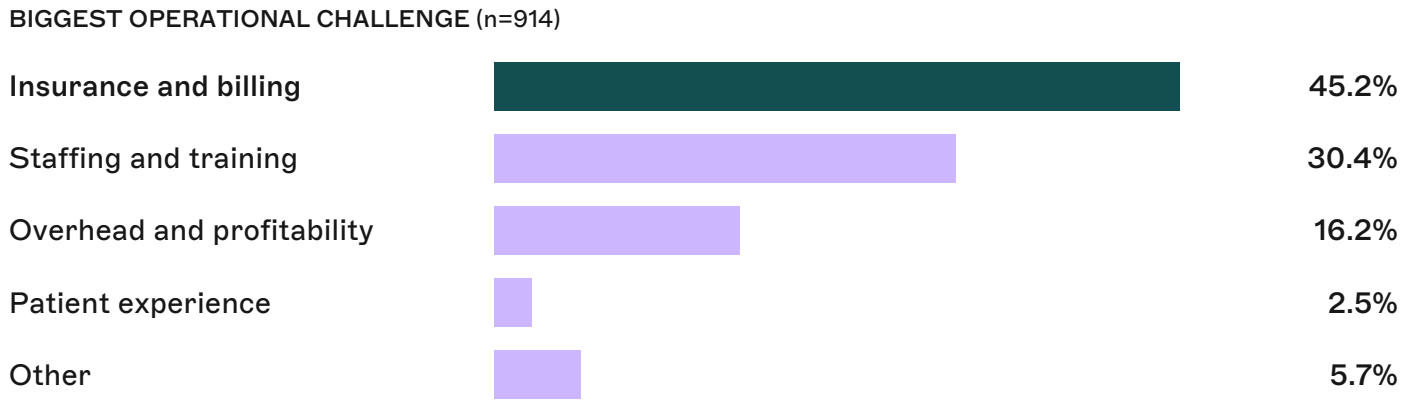
01

Insurance is the problem practices want solved

FINDING 1A

Insurance and billing is the #1 operational challenge in dental practices

When we asked practices to name their single biggest operational challenge, insurance and billing came out on top, ahead of staffing and well ahead of overhead.



Insurance and billing combines claims submission and follow-up, patient billing and collections, insurance verification, and revenue cycle reporting. Staffing and training combines staffing and hiring with training and onboarding.

Given how much staffing has dominated industry conversation in recent years, we expected it to top this list.

While staffing remains a serious problem (more on that later in this section), when practices pick the one thing that's hardest about running the office, more of them point to the work of getting paid.

Patient experience barely registers by comparison because dental teams excel at taking care of patients.

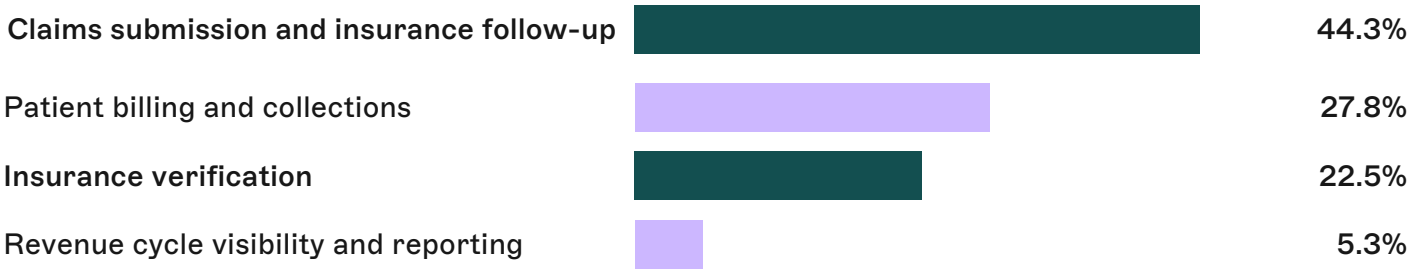
It's the work of getting paid for that care that creates the bigger operational headache.

FINDING 1B

Within billing, the pain is insurance

"Insurance and billing" covers a lot of ground. When we break it apart, one part stands out:

WHAT PRACTICES MEAN BY "INSURANCE AND BILLING" (n=413)



2/3

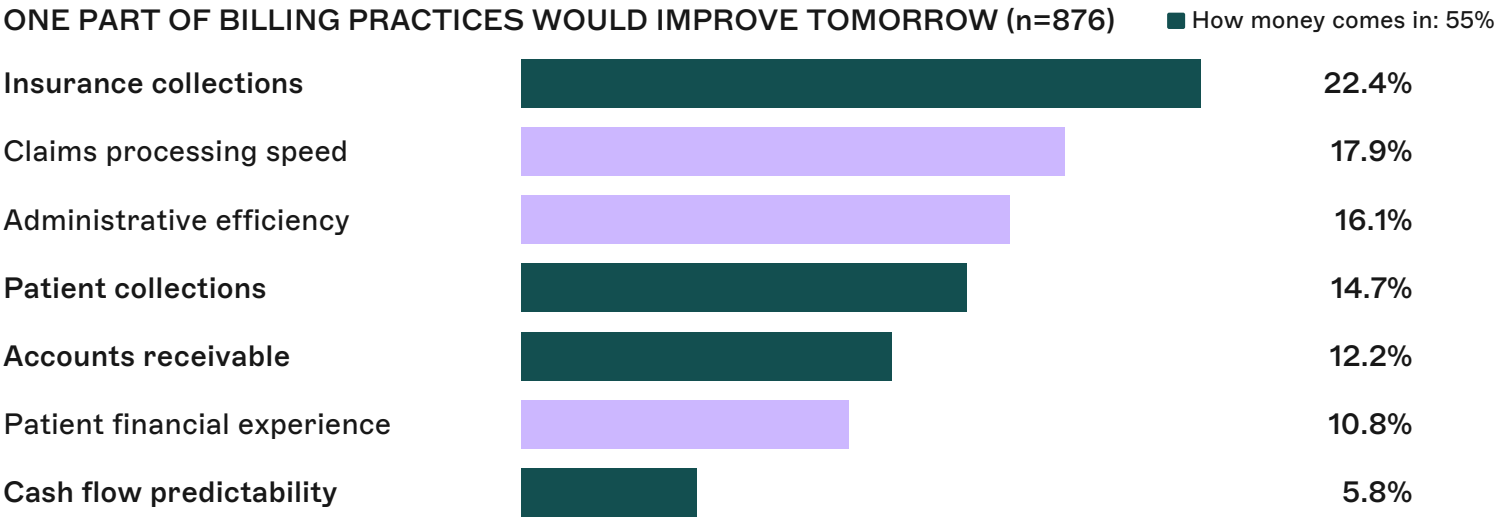
Claims and verification make up two-thirds of all billing challenges.

Billing is a broad label, but the friction points to the same place again and again: getting insurance to pay.

The pattern holds when we ask what practices would improve

Insurance collections is the #1 area practices would fix tomorrow (22.4%), and **55% would fix something about how money comes in**: insurance collections, patient collections, accounts receivable, or cash flow.

ONE PART OF BILLING PRACTICES WOULD IMPROVE TOMORROW (n=876)



FINDING 1C

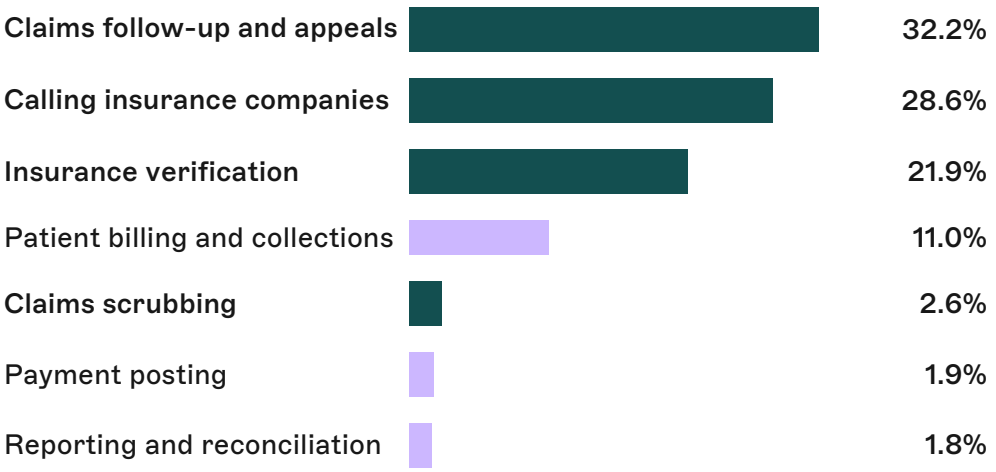
85% of practices would eliminate an insurance task first

Practices don't just name insurance as their biggest problem. Given the choice, it's the work they'd make disappear entirely.

85%

chose an insurance task as the one billing task they'd eliminate.

THE ONE BILLING TASK PRACTICES WOULD ELIMINATE (n=730)



Insurance tasks in green. Together they total 85.3%.

GIVEN THE CHANCE

6 in 10

would stop chasing insurance: following up on claims, fighting appeals, and sitting on hold with carriers.

~8×

Practices are **nearly 8 times as likely** to want insurance work gone as patient billing.

Every group

The result held across owners and staff, Wisdom customers and non-customers, and every kind of billing setup.

OUR TAKE

The work practices most want gone is the persistent, messy insurance work that takes follow-through, judgment, and time they don't have: the denial that needs documentation, the underpayment nobody noticed, the claim that's been "in process" for 60 days.

Despite the buzz, payment posting is low on practices' pain list

Payment posting gets a lot of attention in the billing technology market, but **only 1.9% of practices named it as the one billing task they would eliminate.**

85.3%

would eliminate an **insurance task** first

1.9%

would eliminate **payment posting** first

The one billing task practices would eliminate, n=730.

By comparison, the overwhelming majority chose insurance work like claims follow-up, appeals, carrier calls, and verification.

WHERE WISDOM COMES IN

Wisdom takes the insurance work practices most want gone off the team's plate, from verification and claims follow up to appeals and carrier calls.

Technology handles the routine steps, and dedicated billing experts own the follow-through until the claim is paid so practices can focus on what matters most.

- Insurance verification
- Claims follow-up
- Appeals
- Payment posting

See how it works

Posting is one step. The bigger pain is everything required to get the payment in the first place.

FINDING 1D

Staffing is the other half of the story

The grouped data puts insurance and billing first, but looking answer by answer, **staffing and hiring is the single most common individual challenge** at 23.5%, with claims and insurance follow-up close behind at 20.0%.

SHORT ON PEOPLE

40%

of dentists say they don't have enough hygienists on staff

90%+

say hiring is very or extremely challenging

Source: ADA Health Policy Institute. The ADA has also linked persistent workforce shortages to reduced practice capacity and access to care.

LONG ON INSURANCE WORK

3 in 10

practices spend 21 to 40 hours a week on billing and insurance work

Nearly 1 in 10

spend more than 40 hours a week

Source: this survey, n=914.

Staffing and insurance are the same problem coming from two directions.

Practices are short on people, and insurance work consumes a large share of the capacity they do have. Every hour spent verifying benefits, chasing claims, or calling a carrier is an hour the same team can't spend with patients, training a new hire, or simply catching up.

Handing off insurance work won't solve the dental workforce shortage, but it can free up meaningful capacity inside a team that's already being asked to do too much. When hiring is this hard, reducing the work on the staff you already have matters even more.

THE BIGGER PICTURE

Speeding up one billing task might offer a quick bandage, but lasting relief comes from reducing how much insurance work lands on the team's desk in the first place.

SECTION

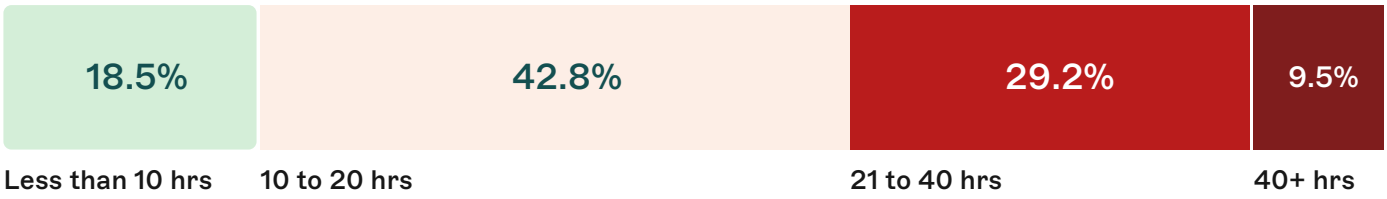
02

Billing has become a capacity problem

FINDING 2A

Billing can take up half a workweek, and for some practices, a full one

HOURS PER WEEK ON BILLING AND INSURANCE WORK (n=914)



8 in 10

8 in 10 practices spend at least 10 hours a week on billing and insurance work.

4 in 10

Nearly 4 in 10 spend more than 20.

1 in 10

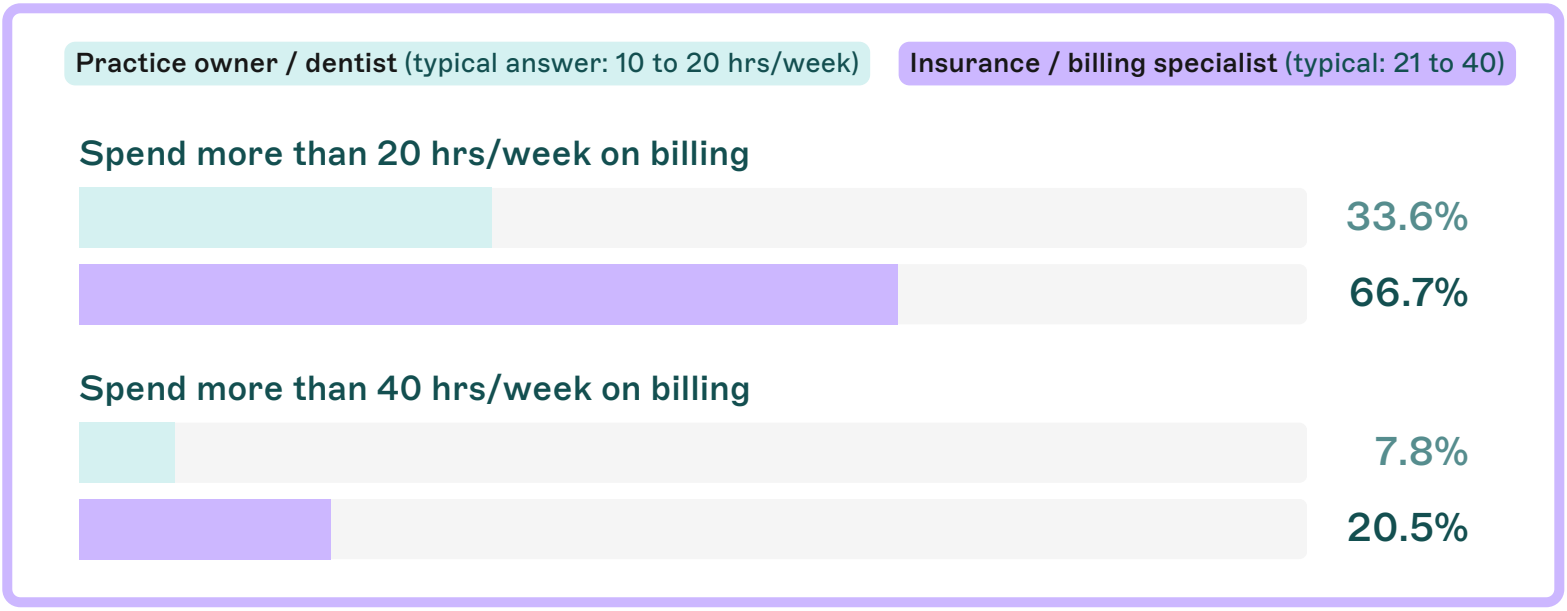
And for nearly 1 in 10, billing is a full-time job: more than 40 hours, every week.

At that scale, billing becomes more than a "side responsibility," as it directly competes with everything else an office team is expected to handle (patients, scheduling, treatment coordination, hiring, training, etc.).

FINDING 2B

The further you are from billing, the smaller the workload seems

The hours look very different depending on who answers:



2 in 3 billing specialists

report spending more than 20 hours a week on billing, compared with just 1 in 3 practice owners

1 in 5 owners

report spending more than 40 hours a week

The closer someone is to the claims, the bigger the job looks. **Two-thirds of billing specialists report spending more than 20 hours a week on billing**, compared with just one-third of practice owners. And 1 in 5 billing specialists report spending more than 40 hours a week.

> That gap suggests that the closer someone is to the billing itself, the bigger the workload looks — suggesting the true time cost may be easy to underestimate from outside the day-to-day work.

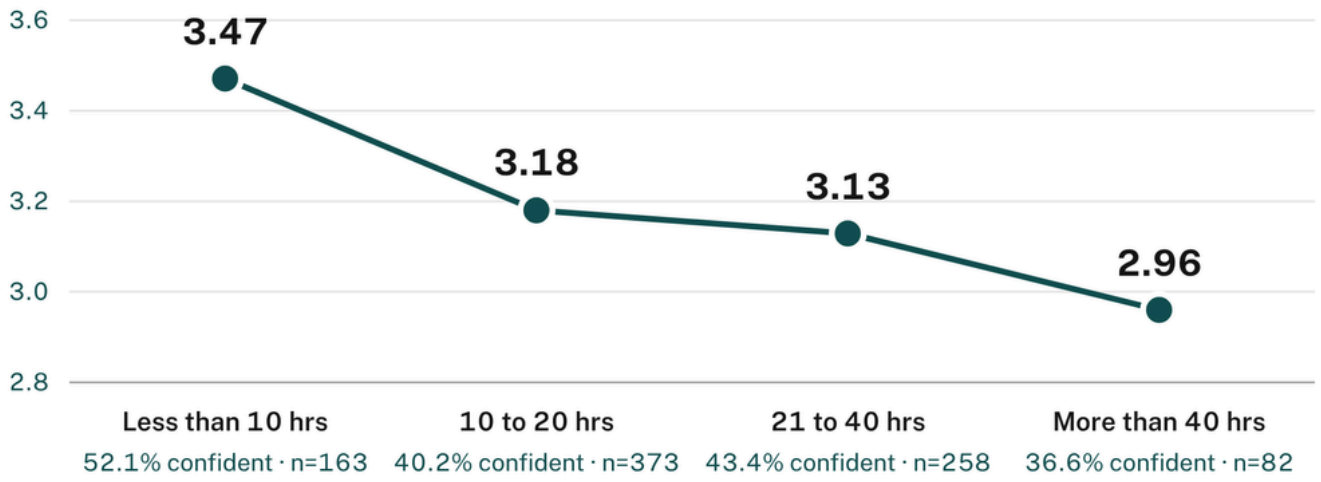
FINDING 2C

More hours don't buy more confidence

Billing is consuming meaningful staff capacity, but surprisingly, the practices spending the most time on it aren't the most confident in the outcome. More effort alone isn't the solution.

Practices spending under 10 hours a week are 1.4 times as likely to feel confident as those spending more than 40 (52% vs 37%). Average confidence falls steadily as hours rise, from 3.47 to 2.96.

AVERAGE CONFIDENCE THEY'RE COLLECTING EVERY DOLLAR, BY BILLING HOURS PER WEEK (1 to 5 scale)



Confident = rated 4 or 5 of 5. The vertical axis starts at 2.8 to show the change between groups.

> Spending more internal hours often leads to less confidence, not more.

OUR TAKE

The practices pouring the most effort into billing are the least sure it's working. Adding another hire or asking the current team to work harder will likely not fix the problem. The data suggests the process itself is what needs to change.

The bigger picture

Billing consumes meaningful staff capacity, and the practices spending the most time on it aren't the most confident in the result. The opportunity is to reduce the manual work required while creating clearer visibility into whether claims are moving and revenue is being collected.

SECTION

03

Most practices don't realize how much money they're leaving on the table (until we show them)

Practices are putting significant time into billing, but the bigger challenge may be knowing whether all that work is actually producing the revenue it should. The survey revealed a notable disconnect between how practices feel about their collections and what Wisdom sees when we review practice-level revenue data.

FINDING 3A

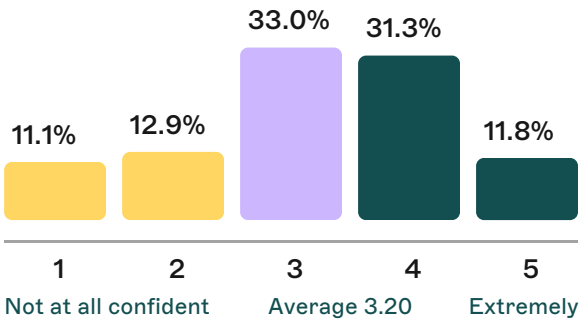
Only 1 in 4 practices think they might be missing money, but 9 in 10 practices we review show at least one AR or collections red flag

Now set that confidence next to what we find when we look at real numbers:

SURVEY DATA

What practices believe

Survey respondents, n=876. Confidence in collecting every dollar owed by insurance.



24% aren't confident (1 or 2)

43% say they're confident (4 or 5)

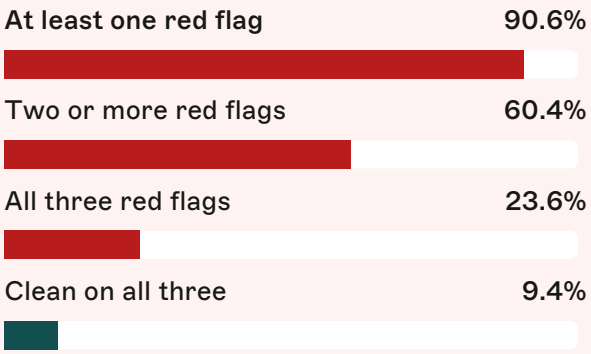
VS

WISDOM DATA

What Wisdom finds*

Separate dataset: Wisdom Practice Analysis. % of practices reviewed.

9 in 10 show at least one red flag



*Wisdom Practice Analysis data, not survey data. Red flags: collection rate under 98%, insurance AR over 90 days above 10%, or total AR over 90 days above 20%. These practices are a different group from the survey respondents, and practices that request an analysis may be more likely to have concerns about their revenue cycle.

Confidence vs. reality

Ask practices whether they might be missing money from insurance, and only **1 in 4** say yes. In fact, **43% say they're confident they're collecting every dollar owed**, while just 24% say they aren't.

At face value, that sounds reassuring, but confidence only tells us whether a practice believes there's a problem. It doesn't tell us whether the underlying numbers are actually healthy, but a separate dataset gives us another view of what may be happening underneath that confidence.

Out of the hundreds of practice analyses Wisdom has conducted, 9 in 10 show at least one AR or collections red flag, highlighting that revenue problems are not always obvious from the day-to-day.

Payments can be coming in while money is still sitting in aging AR, underpayments, unresolved denials, or claims that have quietly stopped moving.

The revenue blind spot can be expensive: Wisdom finds an average of $30,577 a month in missing revenue

WISDOM DATA

$30,577

Across the practices Wisdom has analyzed, we also find an average of $30,577 per month in missing revenue.*

6 in 10

Of the practices we've reviewed: 9 in 10 have at least one red flag, and 6 in 10 have two or more.*

9.4%

Only 9.4% of the practices we've ever reviewed were clean across all three measures.*

*Wisdom Practice Analysis data, not survey data. See the note on page 13.

THE THREE RED FLAGS IN A WISDOM PRACTICE ANALYSIS

⚠ Collection rate under 98%

⚠ Insurance AR over 90 days above 10%

⚠ Total AR over 90 days above 20%

Just 1 in 4 practices think they might be missing money.

Of the practices we've reviewed, 9 in 10 show signs that they are.

Together they raise a question every practice should be able to answer: **how easy is it to know whether your revenue cycle is actually healthy?**

Why the blind spot exists

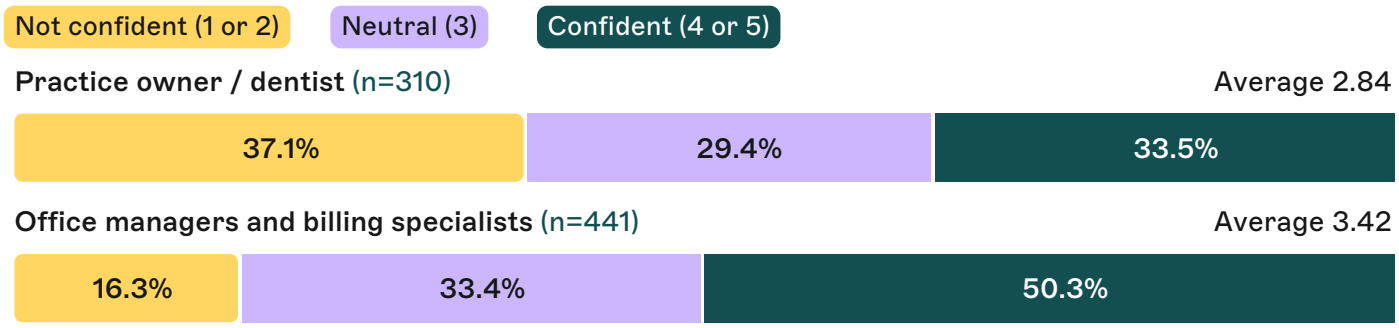
Practices don't need to feel like their billing is falling apart for money to be getting stuck somewhere in the process. Payments can be coming in every day while money gets stuck in aging AR, underpayments, unresolved denials, or claims that simply stopped moving. It only takes more work than the team has time to stay ahead of.

The biggest revenue problems aren't always obvious from the day-to-day, and these results highlight how easy revenue-cycle problems can be to miss until someone looks directly at the numbers.

FINDING 3B

Owners are more than twice as likely to worry that money is being missed

The confidence gap also changes depending on who you ask.



Confidence in collecting every dollar owed by insurance, by role. Neutral share is the remainder.

37% of owners aren't confident they're collecting every dollar, compared with 16% of their office and billing managers. Half of office and billing managers feel confident; only a third of owners do. The split shows up again in how they think: owners are nearly twice as likely to name overhead and profitability as their biggest challenge (23.1% vs 12.9%). Owners tend to think in profit, while teams think in workflow.

OUR TAKE: THIS IS A VISIBILITY GAP

Office and billing teams see the work in front of them every day: the claims going out, the EOBs being posted, the calls being made. Owners see the bottom line, and many sense something is off. Both views can be true at once, and the missing money tends to sit where neither can easily see it.

A healthy revenue cycle should give the owner and the team the same answer.

THE BIGGER PICTURE

Being busy with billing and knowing billing is healthy aren't the same thing. The goal isn't more billing work. It's knowing, with real numbers, that the work is producing the result the practice expects.

Confident in your collections? Check that confidence against your real numbers.

Get a Free Practice Analysis

SECTION

04

Practices want AI in billing, but they still want humans in charge

Dental practices are open to using technology to make billing faster and more efficient, but they overwhelmingly still want people to remain part of the process.

FINDING 4A

Nearly 7 in 10 practices say the best billing model combines people and AI

When we combine the two AI-enabled models, a clear preference emerges: 69.4% of practices believe the most effective approach to verification and billing pairs AI with people, either in-house staff using AI tools or dedicated human billing experts supported by AI.

MOST EFFECTIVE APPROACH TO INSURANCE VERIFICATION AND BILLING (n=837)



84.8%
chose an approach that keeps humans involved

69.4%
selected a model that combines AI with human expertise

1.8%
would hand verification and billing over to fully autonomous AI

98%
of respondents with an opinion want humans involved in the process

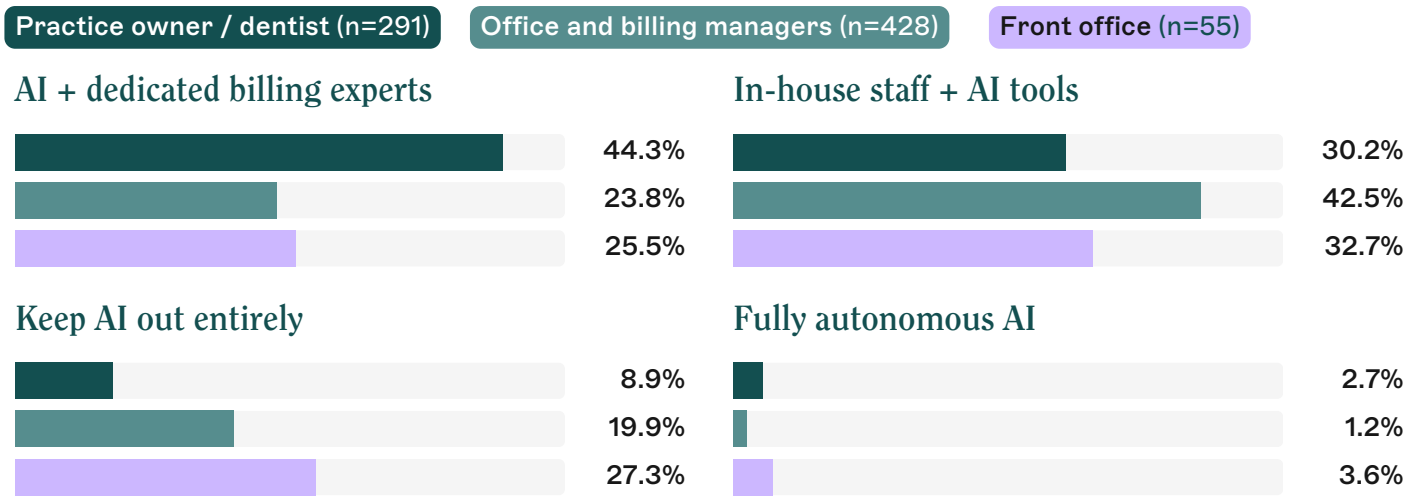
Practices want the efficiency of AI without giving up human judgment and accountability.

They see the value in technology that makes routine work faster and more consistent. But when a claim needs judgment, an appeal needs a phone call, or a payment doesn't look right, they want a person on it.

FINDING 4B

Owners are more comfortable with AI than the people closest to the workflow

The appetite for AI changes depending on who you ask:



Share of each role choosing each approach. "In-house staff + AI tools" is calculated from the reported figures (AI with human oversight minus AI + billing experts). "Not sure" answers not shown.

Owners are the most receptive.

Three in four want AI working with human oversight, and their single favorite model is AI paired with dedicated billing experts (44%).

Office and billing managers lean toward keeping the work in-house with AI tools (42.5%).

And they're more than twice as likely as owners to want AI kept out entirely.

Front office staff are the most wary.

3 times as likely as owners to want AI kept out.

The people closest to the day-to-day work will feel the impact of new technology most directly, so their caution makes sense. Any AI introduced into the revenue cycle has to earn their trust, not just promise efficiency. Good billing support should make the team's job better, not threaten it.

For practices, the best place for technology is the work that's repetitive, rules-based, and time-consuming, while people stay responsible for communication, exceptions, and decisions that need context.

FINDING 4C

Almost nobody wants billing on autopilot

Owners and staff may disagree about how much AI belongs in billing, but they agree that fully autonomous AI isn't the answer.

That stands out in a market where "automation" and "autopilot" are increasingly common promises. Practices are asking for something different: technology that helps the work move faster, paired with people who can step in when the process gets complicated.

1.8%

Just 1.8% of respondents said software should handle verification and billing without human review, and no role went above 4%.

HOW WISDOM THINKS ABOUT AI IN BILLING

We use AI to make repetitive work faster, surface issues sooner, and help billing move more efficiently. But technology does not own the outcome. Experienced billing experts review exceptions, investigate discrepancies, communicate with the practice, and step in when judgment is required. For us, the strongest model is AI supporting experts who remain accountable for getting the work done.

THE BIGGER PICTURE

The survey doesn't point toward a future where dental billing is fully human or fully automated. It points toward a hybrid, with technology handling more of the routine work and people accountable for the outcome.

Speed alone won't solve dentistry's problems. Practices also want fewer claims getting stuck, clearer visibility into what's happening, and confidence that someone is responsible when something goes wrong. The goal should be to equip people with better tools and to minimize repetitive tasks.

SECTION

05

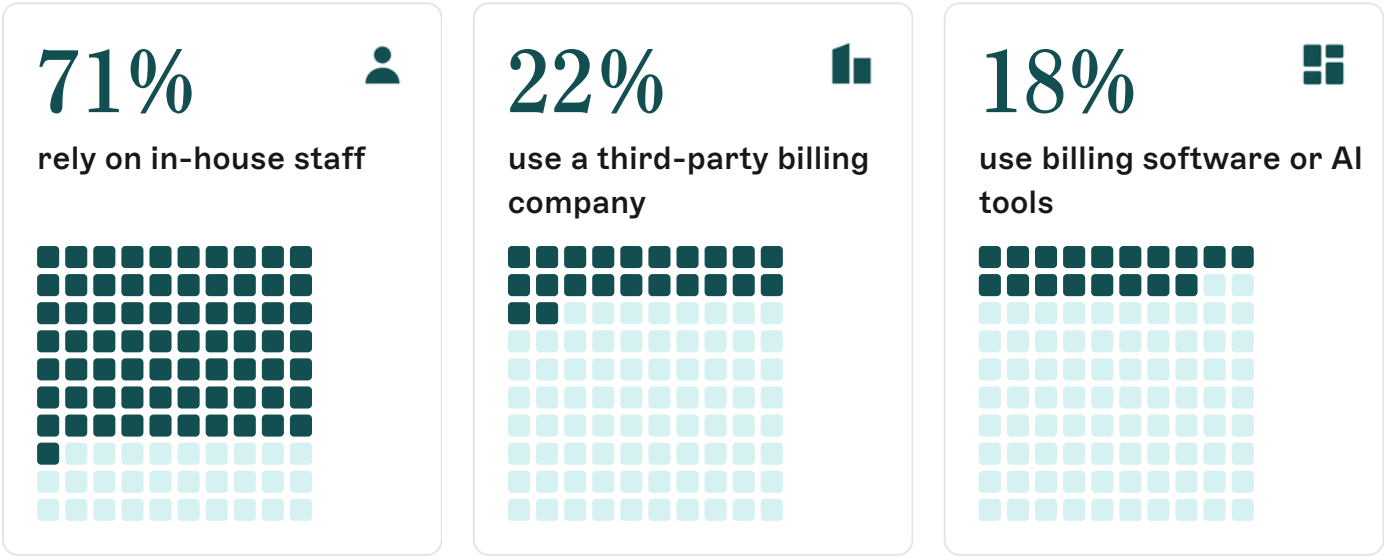
Most practices already use a hybrid billing model, but ownership is often fragmented

FINDING 5A

Billing is already spread across people, tools, and outside partners

Billing today spans several different models. Practices rely heavily on internal teams, while many also use outside billing support, software, AI, and other specialized tools.

WHO HANDLES BILLING TODAY (each square = 1% of practices)

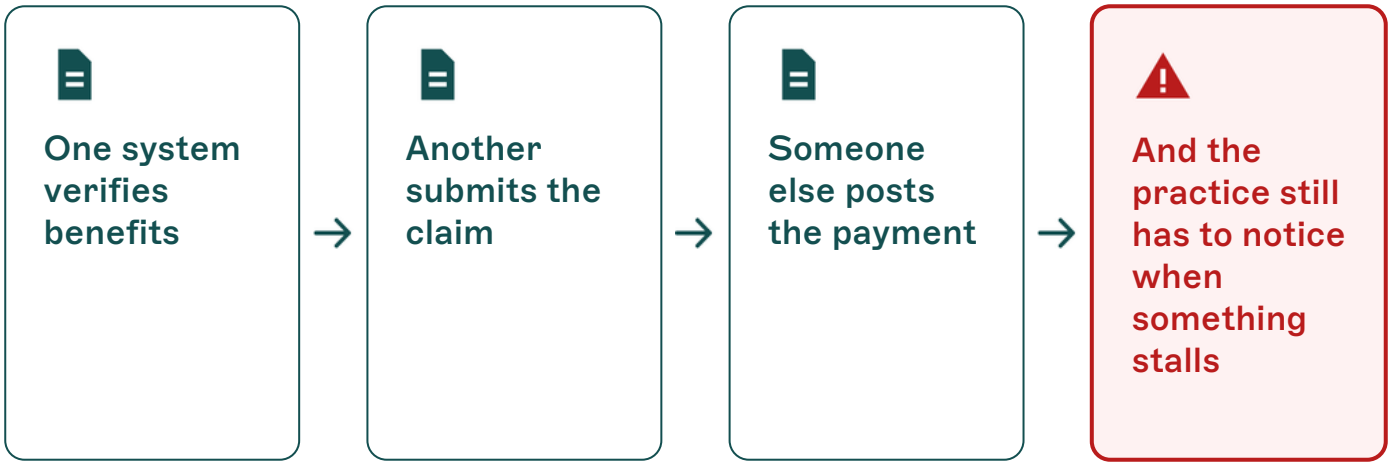


Respondents could select more than one option.

Notably, though, respondents' definitions of "software, tools, and solutions" varied widely: among non-customers who named the company or platform they use, half cited a practice management system and about a third referred to a clearinghouse, verification, AI, or payments tool.

What is clear is that practices are using a combination of internal staff, outsourced help, and software. That calls for more clarity, since many practices are poised to have redundant solutions, patchwork solutions, or gaps in their revenue cycle.

That can create efficiency, but it can also create more handoffs and more places where responsibility can stop.



If one system verifies benefits, another submits the claim, someone else posts the payment, and the practice still has to notice when something stalls, the revenue cycle may be more automated without actually being easier to manage.

Every handoff creates the same question:

Who owns what happens next?

FINDING 5B

Outside help doesn't automatically mean the work leaves the practice

Billing setup	Spend 10+ hrs/week on billing	Confident they're collecting every dollar
In-house staff only	83.0%	45.3%
Another third-party billing company	83.9%	32.8%
Wisdom customers	66.7%	50.6%

The rest of each group spends under 10 hours a week (17.0%, 16.1% and 33.3%).

Practices using another third-party billing company reported roughly the same time burden as practices handling billing entirely in-house: more than 8 in 10 still spend at least 10 hours a week on billing. **Wisdom customers in this sample reported a different pattern:** they were more likely to spend under 10 hours a week on billing and more likely to feel confident they were collecting every dollar.

These groups may differ in size, staffing, or setup, so the data does not prove that one model causes better outcomes.

But it does reinforce an important distinction:

Outsourcing work is not always the same as getting it off your plate.

If the practice still has to chase the vendor, check the work, identify what fell through, and handle every exception, the burden hasn't disappeared. It's just been redistributed.

Surprisingly, practices using another third-party billing company other than Wisdom reported roughly the same time burden — and less confidence — than practices handling billing entirely in-house.

OUR TAKE

Rather than adding more tools or hands, practices should be creating better systems and designating clear ownership. A stronger billing model should make ownership obvious:

- Who is responsible for the next step
- Who catches a claim that stalls
- Who handles the exception
- Who follows through until the money is collected

The best system is the one where someone owns the outcome from start to finish.

ACROSS EVERY ROLE

Same practice, different seats: Where roles agree and where they don't

Owners and their teams agree on what's broken. They see different amounts of it.

WHERE EVERYONE AGREES

Insurance work is the work they'd eliminate

What would you eliminate? An insurance task, by a wide margin, across owners, office managers, billing specialists, and every billing setup.

AI should not run alone

Should AI run billing alone? No. Fully autonomous AI drew 1% to 4% in every role.

But AI should help

Should AI help? Yes, for most. AI with human oversight was the top choice in every role (58% to 75%).

WHERE PERSPECTIVES DIFFER

Owners worry more about revenue

Owners are more skeptical of the financial result. They are more than twice as likely as office and billing managers to say they are not confident the practice is collecting every dollar owed.

Billing specialists see more workload

Billing specialists see a much bigger job than owners and office managers do. Two-thirds report spending more than 20 hours a week on billing, compared with about one-third of owners and office managers.

Front-office teams are more skeptical of AI

Owners are the most open to pairing AI with dedicated billing experts. Office and billing teams are more cautious, while front office staff are the most likely to want AI kept out of billing entirely.

Each role sees a different part of the same revenue cycle. Owners feel the financial outcome, billing specialists feel the workload, and front-office teams are closest to how new tools affect the day-to-day.

OUR TAKE

Each seat sees an important, but different part of the picture.

There is no right or wrong way to view the revenue cycle, but a revenue cycle that only makes sense from one seat isn't giving the practice what it needs.

WHAT THIS MEANS FOR HOW PRACTICES TALK ABOUT BILLING

Owners should lead with revenue and real numbers. Teams should be brought in early, with tools and partners that clearly support their work rather than threaten it. A good billing partner should give both sides the same view of what's happening.

LOOKING AHEAD

What the data tells us about the future of dental billing

The findings in this report point in the same direction:

01 Practices are short on capacity.

02 Insurance work is consuming a large share of the time they do have.

03 Putting more hours into billing does not necessarily create more confidence.

04 Revenue problems can be difficult to see until someone looks directly at the numbers.

05 And while practices are ready to use AI, they overwhelmingly still want people involved when judgment, communication, or follow-through are required.

Taken together, the opportunity is bigger than just "making billing faster."

The goal is to make billing require less from the practice while giving the practice more confidence in the result.

That means using technology where it can remove repetitive work, keeping experienced people involved when the process gets complicated, and making sure someone is accountable for what happens next.

A HEALTHY REVENUE CYCLE SHOULD ANSWER THREE QUESTIONS CLEARLY

01
Is the work getting done?

02
Is the money getting collected?

03
If something gets stuck, who owns fixing it?

If the answer to any of those questions is unclear, the practice may have more risk than it can see from the day-to-day.

A NOTE FROM WISDOM

A model built around what practices say they want

This report was produced by Wisdom. This closing section looks at the 81 Wisdom customers who took the survey. These are customer-reported results, not industry benchmarks.

Across the survey, practices told us the same four things:

Less insurance work

It's the work 85% would eliminate first.

Real visibility into collections

More hours aren't buying more confidence.

Technology that makes the work easier

Nearly 7 in 10 want AI in the process.

People who stay accountable

Fewer than 2% want AI on autopilot.

That's how Wisdom is built: technology for speed and consistency, with experienced billing experts working alongside the practice and accountable for the result. The Wisdom customers in the survey give an early look at what happens when that work actually comes off the team's plate.

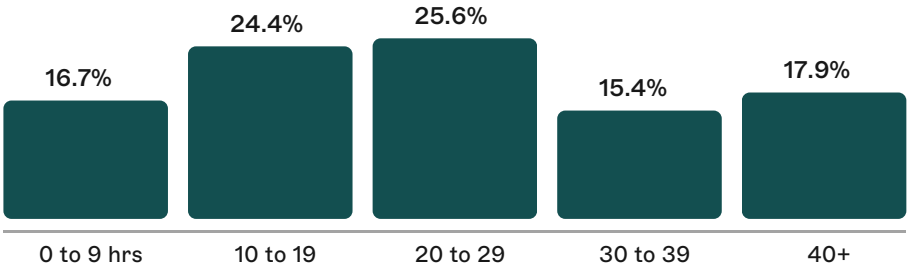
WHERE WISDOM COMES IN

Wisdom takes the insurance work practices most want gone off the team's plate, from verification and claims follow-up to appeals and carrier calls. Technology handles the routine steps, and dedicated billing experts own the follow-through until the claim is paid so practices can focus on what matters most.

See how it works

Wisdom customers get three workdays back every week

Weekly admin time Wisdom customers say they save (n=78)



24 hrs
average saved

20 hrs
median

83%
save 10+ hours

59%
save 20+, about half an FTE

Remember: nearly 4 in 10 practices spend more than 20 hours a week on billing. For most Wisdom customers, that's roughly the amount of time that came back.

Wisdom customers' biggest change: more money or less work

We asked Wisdom customers to name the single improvement that has had the biggest impact on their practice (n=77, one answer).

48%

Increased collections	22.1%
Faster insurance payments	14.3%
Reduced accounts receivable	6.5%
Lower staffing cost or overhead	3.9%
Improved cash flow	1.3%

46%

Reduced administrative workload	29.9%
Less staff stress	15.6%

7%

Improved visibility into billing	3.9%
None of the above	2.6%

97%
of Wisdom customers would recommend Wisdom to another practice (n=76)

More than 9 in 10 customers say Wisdom's biggest impact is either more money (48%) or less work (46%), and every one of the eight improvements was named as someone's biggest impact. Administrative efficiency is a top-3 wish for non-customers. Among Wisdom customers, it ranks dead last of seven, suggesting that pain is far less acute.

In their own words: what Wisdom customers told us

"The amount of work taken off my plate fighting insurance denials and accounts receivable has truly changed my life and the entire flow and function of our practice for the better!"

Ashley, Brimhall Family Dentistry

"The Wisdom team has been a huge help to my practice. I used to spend my weekends posting insurance claims and many aging claims got lost in the process because we did not have enough time or manpower to address them."

Practice Owner

"My AR situation was pretty depressing before I started with Wisdom... the clarity and transparency are what I'm appreciating most right now, and I finally feel confident that things will improve now."

Practice Owner

"When staffing issues create workflow problems, it is so relieving to know that at least our claims and insurance payments won't get behind!"

Alyssia, Neighborhood Dental

"I purchased my practice and purchased the accounts receivable so collecting was very important! Having Wisdom on the team has made the transition months so much smoother."

Stephanie, Boutique for Cosmetic Dentistry

"Wisdom took an enormous amount of time off our shoulders just by taking over our insurance verification process."

Sandy, Office Manager

"Wisdom helps our office succeed through every step of the patient billing and insurance collections process."

Ellie B, Lake Fam Dental

SO, WHAT NOW?

Six questions worth asking your practice

You don't have to assume your billing is broken, but you also don't have to rely on a feeling that everything is fine, either. Start with the numbers:

01 How much time are we really spending on billing every week?

02 Where is that time going?

03 How much of our insurance AR is over 90 days?

04 Are we collecting at least 98% of what we are owed?

05 Do the owner and office team have the same view of billing performance?

06 Are our people, tools, and partners actually removing work, or just moving it around?

If the answers are clear and the numbers are healthy, that's great news. If they aren't, that's useful information too.

If you think your billing is healthy, great. Let's find out for sure.

Complementary Practice Analysis

A complimentary Wisdom Practice Analysis gives your practice an objective look at collection rate, AR aging, and revenue-cycle performance so you can see where money may be getting stuck.

Get your free practice analysis

Take insurance work off your plate

And if insurance work is consuming your team's time, Wisdom can take that work off their plate, with technology handling the routine steps and experienced billing experts accountable for the outcome.

Book a demo

wisdom