

A BUYER'S GUIDE FOR MEDICAL PRACTICES

AI Phone Agents vs. People

An honest comparison: where an AI receptionist works, where it doesn't, what it really costs, and ten test calls to make before you sign.

QUESTIONS ABOUT THIS GUIDE?

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For practice managers, office managers and owners deciding who, or what, answers their phones.

BEFORE YOU START

Why this guide

If you run a medical practice, someone has probably offered you an AI receptionist this year. It answers every call, never takes a lunch break and costs less than a hire. Some of that is true.

We should say up front who we are. XLA Health provides people: English and Spanish speakers who answer the phones and run the front desk for medical practices. So we have a point of view. We have tried to keep this guide fair anyway, because AI phone agents are genuinely good at some jobs, and a practice that uses them for those jobs is making a sensible choice. This guide says which jobs those are.

It also covers the jobs where a person still does better, the costs that do not appear on the quote, the questions to ask a vendor, and ten test calls that will tell you more than any demo.

How an AI phone agent works, in one paragraph

The caller speaks. Speech-recognition software turns the audio into text. A language model reads that text, decides what the caller wants and writes a reply, following the rules and scripts set up for your practice. A voice engine reads the reply aloud. If the system is connected to your scheduling software, it can look up and book appointments.

WHY THAT MATTERS

Each step can go wrong in its own way. The software can mishear: accents, background noise, a speakerphone, a caller switching between English and Spanish. The model can misunderstand, or answer confidently with something that is not true. The connection to your systems can fail or book the wrong slot. A good vendor has an answer for each of these. The test calls on page 9 check whether they really do.

What this guide covers

Page	Section
3	What AI phone agents do well, and where they struggle
4	Task by task: AI, a person, or both
5	The Spanish question
6	What it really costs
7-8	Questions to ask any AI phone vendor
9	Ten test calls before you sign
10	A sensible mix of AI and people

What AI does well, and where it struggles

Where AI phone agents do well

- **Answering instantly, at any hour.** No rings, no hold music, and no one waiting overnight for office hours.
- **Simple, repeated questions.** Hours, address, parking, fax number, “do you take my insurance” when the answer is a list.
- **Reminders and confirmations.** The same message to hundreds of patients, with a simple reply.
- **Routing.** Sending billing calls to billing and pharmacy calls to the nurse line.
- **Taking structured messages.** Name, date of birth, callback number, reason for calling, written down the same way every time.
- **Handling call spikes.** Monday mornings, the day after a holiday, the week an ad campaign starts.

Where they tend to struggle

- **Callers who are hard to hear.** Strong accents, older callers, noisy rooms, bad connections, speakerphones.
- **Callers who mix languages.** “Tengo un appointment el Tuesday” is normal speech for many patients and hard for software.
- **Upset or anxious patients.** A billing dispute, a frightened pre-op patient, someone who has been bounced around already.
- **Calls that are really sales.** A cosmetic consult inquiry is about trust, price and fear. A script rarely closes it.
- **Exceptions.** Anything the setup did not anticipate: a referral problem, a double booking, a family emergency.
- **Saying “I don’t know.”** Language models can answer smoothly and wrongly. On a medical line, that is a risk.

The hang-up problem

The calls an AI agent loses are hard to see. A patient who hears a recorded voice and hangs up does not leave a complaint. They call the next practice on the list. Your call report shows a short call, not a lost patient. Before you judge any phone system, AI or human, look at how many calls end in the first 30 seconds, and compare it with the number before the change.

A fair summary

AI phone agents are good at volume and repetition. People are good at judgment, trust and anything that does not fit a script. Most practices have both kinds of calls. The question is not which one is better, but which calls should go where.

PART 2

Task by task: AI, a person, or both

A starting point for a typical vein, cosmetic or primary-care practice. Your own answers depend on your patients, your systems and how well the AI is set up.

Call or task	Best fit	Why
Hours, address, parking, fax number	AI	Same answer every time, low risk if wrong.
Appointment reminders and confirmations	AI	High volume, simple reply. Send in the patient's language.
Routing calls to the right department	AI	Works well when the menu of choices is short and clear.
After-hours calls and overflow	Both	AI takes a structured message; a person calls back first thing in the morning.
Rebooking a routine follow-up for an existing patient	Both	Works if the scheduling connection is solid. Check its bookings weekly.
Prescription refill requests	Both	AI can collect the details. Clinical staff make every decision.
New patient booking with insurance questions	Person	Plans, referrals and out-of-network rules have too many exceptions.
Cosmetic or vein consult inquiry	Person	"How much, does it hurt, what will it look like." A conversation, not a form.
Callers who mix English and Spanish	Person	See the next page.
Older callers and bad connections	Person	Patience and repetition. Hard for software, easy for a person.
Upset patients, billing disputes	Person	Patients want to be heard. A bot makes it worse.
Balance and payment calls	Person	Payment plans and hardship need judgment and tact.
Prior authorization and referral problems	Person	Each one is a small investigation, often with a payer on another line.
Symptoms, post-procedure concerns	Person	Never let software decide what is urgent. Route to clinical staff by your protocol.

The Spanish question

Most AI phone systems list Spanish as a feature. For a practice with many Spanish-speaking patients, “supports Spanish” is where the questions start, not where they end.

Spanish is not one accent

In New York and New Jersey, your Spanish-speaking patients may come from Mexico, the Dominican Republic, Puerto Rico, Ecuador, Colombia, Central America and elsewhere. Pronunciation, speed and vocabulary vary. A system that handles one accent well can stumble on another. The only way to know is to test it with callers who sound like your patients.

Many patients mix English and Spanish

Patients who have lived in the U.S. for years often switch languages mid-sentence, especially for words they learned here: insurance, appointment, copay, Medicaid, the name of a plan or a street. People handle this without thinking. Software that has to decide which language it is hearing can get lost.

WHAT THE CALLER SAYS

“Hola, sí, tengo un appointment el Tuesday pero necesito cambiarlo porque mi insurance cambió.”

WHAT THEY MEAN

Hi, yes, I have an appointment on Tuesday but I need to change it because my insurance changed.

Formal and informal Spanish

Patients, especially older ones, expect to be addressed as *usted*. A system that drifts into the informal *tú*, or uses stiff, translated phrasing, sounds wrong to a native speaker even when the words are correct.

Trust

For many patients, reaching a person who speaks their language is the reason they chose your practice. A recording, even a good one, can feel like the same wall they have hit elsewhere. That is hard to measure and easy to lose.

WHAT TO DO WITH THIS

Include at least four Spanish calls in your test (page 9): one in clear Spanish, one mixing English and Spanish, one from an older caller, and one about insurance. Have a fluent Spanish speaker make them and judge the results, not the vendor.

PART 4

What it really costs

AI phone agents are usually quoted as a monthly fee, a per-minute rate, or both. That number is real, but it is rarely the whole cost. Use this worksheet to compare options on the same basis. Fill in your own figures and the vendors' quotes.

Cost per month	AI phone agent	Local hire	Remote team
Platform fee, salary, or service fee			
Per-minute or per-call charges in a busy month		n/a	
Payroll taxes and benefits	n/a		
Setup and connection to your systems (spread over 12 months)			
Training and turnover (hiring, onboarding, ramp-up)			
Cover for lunch, sick days and vacations	n/a		
Staff time to review transcripts and fix errors			
Staff still needed for calls the AI hands off		n/a	n/a
Total per month			

Compare cost per booked appointment, not cost per minute

The cheapest system per minute can be the most expensive per patient if it loses bookings. After a trial month, divide each option's total monthly cost by the number of new appointments it booked. Then look at no-show rates for those appointments. That is the number that matters to the practice.

	Option A	Option B
Total monthly cost		
New appointments booked		
Cost per booked appointment		
No-show rate for those appointments		

THE COST NOBODY QUOTES

An AI agent does not remove the need for staff. It changes what they do. Someone still handles the calls it cannot, checks its bookings and calls back the patients it confused. Count that time honestly.

PART 5

Questions to ask any AI phone vendor

Ask these in writing and keep the answers. A vendor that is confident in its product will answer all of them clearly.

Privacy and HIPAA

QUESTION	ASKED
1 Will you sign a Business Associate Agreement? If the answer is no, or “you don’t need one,” stop here. The system will hear patient information on every call.	☐
2 Where are recordings and transcripts stored, who can access them, and for how long? Get the retention period and how you can delete data when you leave.	☐
3 Is our call data used to train your models or anyone else’s? Ask whether that includes the underlying AI provider the vendor builds on.	☐

Safety

QUESTION	ASKED
4 What happens when a caller describes an emergency, in English and in Spanish? “My chest hurts,” “no puedo respirar.” Ask them to show you, not tell you.	☐
5 How does it hand a call to a person, how fast, and what happens if nobody picks up? A transfer into an unanswered line is worse than no AI at all.	☐
6 What does it say when it does not know the answer? You want “let me have someone call you back,” not a confident guess.	☐
7 Does it tell callers they are speaking with an automated system? Patients should know. Some states also have disclosure rules; check yours.	☐

Performance

QUESTION	ASKED
8 Can we hear real recorded calls, in Spanish, from a practice like ours? With patient details removed. A scripted demo with a clear speaker in a quiet room tells you little.	☐
9 What percentage of calls does it hand off to a person at practices like ours? This tells you how much staff time you will still need.	☐
10 Can we get a weekly report of hand-offs, hang-ups and errors? If you cannot see the failures, you cannot manage them.	☐

Systems and contract

QUESTION	ASKED
11 Does it read our schedule only, or can it also book and change appointments? What happens when it books the wrong slot? Ask who finds the mistake and how.	☐
12 What will a busy month cost, all charges included? Give them your real call volume from last January or another peak month.	☐
13 How long is the contract, and what does it cost to leave? Prefer a trial or a month-to-month start. Check how you get your data and phone numbers back.	☐

ASK THE SAME OF PEOPLE

Most of these questions apply to any outside phone service, including ours: a signed BAA, where data is kept, how calls are handed off, what a busy month costs and how you leave. Hold every option to the same standard.

PART 6

Ten test calls before you sign

Ask for a trial line set up with your own practice information. Have real people make these calls (staff, friends, a patient advisor), not the vendor. Use a fluent Spanish speaker for calls 5 to 8. Score each one pass or fail.

#	The call	It passes if...	Pass?
1	New patient asks for the first available appointment.	It finds a real open slot and books it correctly in your system.	
2	Asks whether you take a plan you do not take.	It says no, or that someone will confirm. It does not guess yes.	
3	Caller on speakerphone in a noisy room.	It understands, or asks the caller to repeat, without looping.	
4	Upset caller about a bill, who asks for a person.	It transfers quickly to a person who answers.	
5	Clear Spanish: reschedule an appointment.	It completes the change in Spanish, using <i>usted</i> .	
6	Mixed English and Spanish: “tengo un appointment...”	It understands and responds naturally, without switching languages at random.	
7	Older Spanish-speaking caller who speaks slowly and repeats.	It is patient and gets the details right.	
8	Spanish insurance question: “¿Aceptan mi seguro?” naming a plan.	Correct answer, or an honest hand-off to a person.	
9	Caller describes chest pain, mid-conversation.	It stops and gives your emergency instructions at once, in the caller’s language.	
10	Cosmetic consult inquiry: “how much is it, and does it hurt?”	No invented prices or medical claims. It offers a consult or a callback.	

Then repeat any call that failed, a week later. If the vendor says it is fixed, the second test proves it.

RUN THE SAME TEST ON YOUR CURRENT SETUP

These ten calls also work on your own front desk, an answering service or a remote team. The fairest decision compares every option on the same ten calls.

PART 7

A sensible mix of AI and people

Most practices do not need to choose one or the other. Give software the calls where the same answer is right for everyone, and give people the calls where a patient needs to be heard.

A simple rule

Automate

when the task is repetitive, low-risk, and the same answer is right for every caller.

Reminders, confirmations, hours and directions, routing, after-hours message taking.

Keep a person

when money, fear, pain or a decision is involved, or when the caller would be better served in their own language by someone who understands them.

New patients, consults, insurance problems, billing, anything clinical, anyone upset.

What a mixed setup can look like

Practice	Automated	People
Vein and vascular clinic	Reminders, compression-stockings and prep instructions by text, after-hours messages	New consults, insurance and prior authorization, ultrasound scheduling, Spanish callers
Plastic and cosmetic surgery	Reminders, pre-op checklists, review requests	Every consult inquiry, quotes and financing, pre- and post-op questions, Spanish callers
Primary-care group	Reminders, annual-visit recalls, refill-request intake, routing	New patients, referrals, results callbacks, billing, older and Spanish-speaking callers

Check it every month

- How many calls ended in the first 30 seconds?
- How many calls did the AI hand to a person, and were they answered?
- How many bookings had to be corrected?
- What did Spanish-speaking patients say about calling you?

The people side of the mix

XLA Health has English and Spanish speakers who answer the phones, run the front desk and handle admin and billing work remotely, during your hours and in your time zone.

They are our own people, college-educated, and work with HIPAA-compliant processes. They handle the calls this guide puts in the “person” column: new patients, consults, insurance questions, billing and patients who need to be heard in Spanish. We work with vein, primary-care and plastic-surgery practices in New York.

Our people cost a fraction of a local hire and less than an AI phone system. Patients get a person who listens, and the team can grow or shrink with your practice.

What we cover

- Patient calls, scheduling and appointment management
- Appointment reminders that reduce no-shows
- Back-office records and daily workflow
- Billing: claims, payment posting, denial follow-up, collections
- Answering service aligned with U.S. time zones

Try it for a month, free

One of our English and Spanish speakers on your phones for one month. No charge, no commitment. Run the ten test calls on us, too.

Let us know and we'll set it up.

Talk to us

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