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A CLERRI GUIDE

The Dental Membership Marketing Playbook

Word-for-word language for your team, ready-to-send patient emails and texts, and the daily habits that grow your dental membership plan.

FOR

Practice owners & office managers

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Your next members are already in your practice management system. This is the field guide to enrolling them in your dental membership plan: the words your team says, the campaigns you send, what your website says, and the one number that tells you whether it's working.

Every play in this book can be run by hand. The final section shows what it looks like when Clerri runs them for you.

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SECTION 01

Why marketing your plan pays

01

A dental membership plan does not grow by existing. It grows by being offered, and the people most likely to say yes are already in your PMS.

$807[4]
additional annual revenue per member

76%[3]
more visits after patients become members

72M[5]
US adults with no dental insurance

$189B[8]
US dental spending in 2024, much of it out of pocket

Start with the pool you already have. 72 million US adults — about 27% — have no dental insurance, and uninsured adults visit at roughly one-third the rate of the privately insured, 16% versus 53% a year.[5,8] Cost is the main barrier: 43% of adults named it as a reason to avoid dental care, up from 38% a year earlier.[5]

A membership plan changes the economics of the same patient. Members visit 76% more than they did before joining, accept 146% more treatment, and generate 172% more cash production.[3] Clerri's Membership Effect report puts a dollar figure on it: a member is worth $807 more per year ($1,276 versus $469 for a cash-pay patient) and completes 5.9 procedures a year versus 2.4 for uninsured patients.[4]

None of that compounds on its own. Enrollments run about 50% higher while automated announcement campaigns are running, and practices see +51% cash production within two years of adding a plan.[1,4] Every play in this book can be run manually from your PMS and a calendar. The practices that grow fastest simply never let the outreach stop.

> **The core argument.** A membership plan only grows when patients hear about it. The more often your team offers it to the cash-pay patients already in your schedule, the faster it grows.

~50% higher membership enrollments while automated announcement campaigns are running. Consistent outreach is what drives the growth.[1]

SECTION 02 · THE FRONT DESK

Scripts your team will actually use

02

Websites and mailers introduce your plan, but enrollment happens out loud — in short, unrehearsed moments at the phone, the front desk and the chair. The scripts in this section give your team exact words for those moments, so no one has to improvise a pitch while a patient waits.

The new patient phone call

For most uninsured callers, price is the whole conversation: 43% of adults name cost as a reason to avoid dental care, and this call happens at your desk every day.[5]

FRONT DESK · CALLER ASKS ABOUT COST

"That's a really common question, and I'm glad you asked. A lot of our patients don't have insurance, so we built [Plan name] for exactly that. For [$X]/month, your cleanings, exams and X-rays are covered, and you get a discount on any other treatment you need. There's no waiting period and no paperwork. It starts the day you join. Want me to walk you through what your first visit would look like?"

Check-in for an uninsured patient

Uninsured patients of record are your warmest prospects, but they drift: uninsured adults visit at roughly one-third the rate of the privately insured.[8] Check-in is a low-pressure moment to plant the seed.

FRONT DESK · AT CHECK-IN

"Hi [First name], good to see you. While I get you checked in — I noticed we don't have insurance on file, and I wanted to make sure you knew about [Plan name]. It's [$X]/month, and it covers visits like today's — cleanings, exams and X-rays — plus a discount if [Dr. Name] ever recommends treatment. No pressure at all. I'll set a flyer out so you can look it over in the chair, and you can ask me anything on your way out."

Presenting treatment with cost looming

This is where a plan earns its keep: members accept 146% more treatment.[3] Present the membership as the answer to the cost objection, not as a separate pitch after it.

TREATMENT COORDINATOR

"I know this is a bigger number than anyone wants to see, so before we go further, let me show you something. With [Plan name] — it's [$X]/month — your cleanings, exams and X-rays are covered going forward, and treatment like this gets a [X]% discount. On [Dr. Name]'s recommendation, that saves you [$Y] right away. For a lot of our patients, the plan pays for itself on the first case. Want me to show you both numbers side by side?"

SECTION 02 · CHAIRSIDE AND CHECKOUT

Scripts for the chair and checkout

02

Patients take cost advice most seriously when it comes from the clinical team. Members accept 146% more treatment and complete 5.9 procedures per year, versus 2.4 for uninsured patients.[3,4] The clinical team recommends; the front desk closes.

The hygienist plants the seed

When a patient flinches at a treatment estimate, the hygienist is the most trusted person in the room, and a brief mention goes further than a pitch.

HYGIENIST · AFTER A COST WINCE

"I know that's not a small number. Before you decide anything, ask [Front desk name] about our [Plan name] on your way out. It's [$X]/month, it covers cleanings and exams like today's, and it takes a set percentage off treatment like what [Dr. Name] is recommending. A lot of my patients use it. No pressure, just have them run the numbers before you leave."

The doctor's 10-second handoff

A one-line referral from the doctor carries more weight than any pitch, and with about 27% of US adults carrying no dental insurance, there is a candidate on almost every day's schedule.[5]

DENTIST · END OF EXAM

"One more thing before you head up front. Since you're paying out of pocket, I want you to see our [Plan name]. It's what I'd recommend in your situation. [Front desk name] can walk you through it in about two minutes, and it would apply to today's visit."

The checkout close

The minutes after a good visit are the highest-trust moment of the day, and the payoff compounds: a member is worth $807 more per year than a cash-pay patient.[4]

FRONT DESK · AT CHECKOUT

"I'm glad today went smoothly. One thing before you head out — since you're paying out of pocket, I'd feel bad not mentioning [Plan name]. It's [$X]/month, and it covers visits like today's — your cleanings, exams and X-rays — plus a discount on anything else down the road. Most people find it costs less over the year than paying visit by visit. I can sign you up right here before you go — it's quick. Want me to?"

SECTION 02 · OBJECTIONS

The four objections, answered

02

Every team hears the same four hesitations. The answers that work are honest, pressure-free, and identical from every chair. Post these at the front desk until they sound like your own words.

“I need to think about it.”

“That's completely fine. There's no deadline, and you can join any time. Two things that might help: if you join today, the savings apply to today's visit, and you can always sign up by phone or online later. I'll print the details so you have everything in front of you.”

“Is this insurance?”

“No, it's a plan directly between you and our office. There's no insurance company involved, so there are no claims to file, no deductibles, and no waiting periods. You pay [$X]/month, your cleanings and exams are covered, and other treatment is discounted.”

“I don't come in that often.”

“That's actually who this helps most. The plan builds your cleanings and exams into one monthly price, so coming in doesn't cost extra anymore. Most members tell us that's what got them back on a regular schedule. If something does come up between visits, you'd already have member pricing instead of a surprise bill.”

“Can I just pay per visit?”

“You absolutely can. The plan is never required. It usually comes down to math: two cleanings, exams and X-rays paid separately typically cost more than [$X]/month adds up to over a year, and members also get [X]% off other treatment. If you'd like, I can total it both ways for you right now.”

Practice them out loud. Objection answers only work at conversational speed. Run one objection per morning huddle for a week, and have every team member, clinical included, answer it once in their own voice. The wording can vary from person to person; the price and the three benefits should not.

SECTION 03 · THE SEQUENCE

Campaigns that fill the schedule

03

Patients who have been away 12 months or longer usually stayed away over cost, not care. A membership offer gives them a reason to come back, and a well-run reactivation campaign typically returns 10–20% of the patients you contact.[2,5]



31%[6]
no-show rate across a study of 14,000+ dental appointments

$20–70k[7]
lost production per year from a single missed appointment a day

10–20%[2]
of contacted lapsed patients typically come back to a well-run reactivation campaign

The six-touch reactivation sequence

Step	Timing	Channel	Subject line	Purpose
Email 1	Day 1	Email	We'd love to see you again	Warm reconnect, zero pressure, one easy rebooking link
Text 1	Day 4	Text	Text message (sample on page 8)	Personal nudge from a real person; reply to book
Email 2	Day 12	Email	No insurance? You still have options	Introduce [Plan name] and the flat monthly price
Text 2	Day 20	Text	Text message (sample on page 8)	Offer plan details by reply; keep it effortless
Email 3	Day 30	Email	What your visits cost as a member	Show the savings math; answer common cost questions
Email 4	Day 42	Email	We'll leave the light on	Graceful close; the door stays open anytime

Don't stop at enrollment. Members who never use the plan rarely renew, so schedule two more touches: a reminder when benefits sit unused, and a heads-up 30 days before renewal. Plans that get used get renewed; members visit 76% more than before joining.[3] Clerri sends these nudges automatically.

SECTION 03 · READY-TO-SEND SAMPLES

Emails and texts you can send this week

03

Swap in your plan's name and price, and these are ready to go. Keep the tone this plain. The message should read like a note from a person, not a promotion.

EMAIL 2 · DAY 12 · READY TO SEND

No insurance? You still have options

Our [Plan name] covers cleanings, exams and X-rays for one flat monthly price.

Hi [First name],

It's been a while since we saw you, and we wanted to check in. No lecture, just an open chair whenever you're ready.

If cost has been the hurdle, we built something for that. Our [Plan name] covers your cleanings, exams and X-rays for [$X]/month. It's not insurance: no claims, no deductibles, no waiting periods.

For most patients, that adds up to less than paying for the same two visits out of pocket, and members get [X]% off any other treatment.

Call us at [phone] or book online at [practice-url]. We'd love to see you again.

— The team at [Practice name]

TEXT 1 · DAY 4

Hi [First name], it's [Front desk name] at [Practice name]. It's been a while and we'd love to see you. No pressure, whenever works for you. Reply YES and I'll find you a time, or call [phone] if that's easier.

TEXT 2 · DAY 20

Hi [First name], [Front desk name] from [Practice name] again. If cost has been the holdup, our [Plan name] covers cleanings, exams and X-rays for [$X]/month. It's not insurance, just a simple plan. Reply PLAN and I'll send the details.

SECTION 04 · YOUR WEBSITE

Let your website enroll members

04

Patients research a practice long before they ever call, and 43% of adults name cost as a reason to avoid dental care.[5] If the plan isn't on your website, those patients never find out it exists.



1 Homepage banner

"No dental insurance? You're not stuck. [Plan name] from [Practice name] covers your cleanings, exams and X-rays for one flat [$X]/month, with member savings on other care. No deductibles, no waiting periods, no claim forms. Just simple, predictable dental care."

2 Dedicated membership page

"About 72 million US adults have no dental insurance, and that's exactly who [Plan name] is for.[5] For [$X]/month, your preventive care is covered and everything else comes at clear member pricing. It's not insurance; it's a direct agreement between you and [Practice name], with no third party in between."

3 Fees and insurance page

"No insurance? You don't need it to be cared for here. [Plan name] members pay [$X]/month for cleanings, exams and X-rays, plus set member rates on other treatment, always quoted before anything starts. Ask our team about joining at your next visit, or enroll online anytime."

Two FAQ answers worth stealing

FAQ · IS THIS DENTAL INSURANCE?

"No. [Plan name] is a membership between you and [Practice name], not an insurance policy. Your monthly fee covers your routine preventive care here and gives you member pricing on other treatment at our office. There are no claims, no deductibles, and no waiting periods, and it can only be used at [Practice name]."

FAQ · WHAT IF I NEED MORE THAN A CLEANING?

"Your membership covers your preventive visits, and everything else, from fillings to crowns, is offered at member rates, always quoted before we schedule anything. The plan never locks you into treatment; it simply makes the care you choose more affordable."

SECTION 04 · SOCIAL AND GOOGLE

04

Ready-to-post, everywhere patients look

Three captions you can post this week, and the one profile most practices forget. Post monthly, keep the price visible, and let the plan tell its own story.

1 Facebook

“43% of adults say cost is a reason they avoid dental care.[5] We built [Plan name] so cost doesn't have to be the reason you skip your checkup. One flat monthly fee covers your cleanings, exams and X-rays, and members get set pricing on everything else. No insurance needed, no paperwork, no surprises. Call us or visit our website to see what's included.”

2 Instagram

“No dental insurance? You're in good company — about 72 million US adults don't have it either.[5] That's why [Practice name] offers [Plan name]: [$X]/month covers your preventive care, and members get set pricing on any other treatment. It's not insurance: no claims, no waiting periods, nothing standing between you and your dentist. Tap the link in our bio for details. #dentalmembership”

3 Google Business Profile

“On Medicare and missing dental coverage? You're not alone: 55% of adults 65 and older have no dental benefits.[8] At [Practice name], [Plan name] covers your cleanings, exams and X-rays for [$X]/month, with member pricing on other care. No age limits, no waiting periods, no claim forms. Ask our front desk at your next visit, or call us to learn what's included.”

Your Google Business Profile, kept current

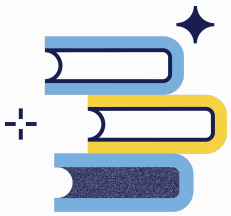
Your Google Business Profile is often where an uninsured patient quietly decides whether care at your practice is within reach; uninsured adults visit at roughly one-third the rate of the privately insured.[8] Give the plan real visibility there: add [Plan name] to your services list by name, publish a short post about it every month, and mention it when you reply to reviews. A line like “We're glad the membership made your visit easier” tells every future reader the plan exists. A recurring monthly reminder is enough to keep all three current.

SECTION 05

In-office materials

05

Enrollment conversations start before anyone says a word. About 27% of US adults have no dental insurance, and some of them are reading your counter while they wait.[5] A simple monthly price in plain sight starts the conversation for you.



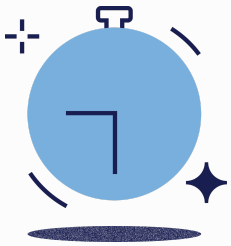
Piece	Where it lives	The message it carries
Front desk counter card	Standing acrylic holder at check-in, angled toward the patient, beside the card reader	"No insurance? [Plan name] covers your cleanings and exams for [$X]/month. Ask us today."
Chairside card	Small framed card on the patient-facing wall or tray table in every treatment room, at eye level from the chair	"Cleanings, exams and X-rays covered for [$X]/month, plus [X]% off other treatment."
Statement & checkout insert	Tucked into every printed statement and handed over with the receipt, while cost is still on the patient's mind	"Next time could cost less. [Plan name] covers cleanings, exams and X-rays for [$X]/month."
New patient folder insert	First page inside the welcome folder, ahead of the health history forms, before insurance ever comes up	"Welcome to [Practice name]. No insurance needed: [Plan name] starts at [$X]/month."
Team badge card	Clipped behind every team member's name badge, patient-facing side, clinical and front desk alike	"Ask me about [Plan name]: cleanings, exams and X-rays for [$X]/month."

One number, one line. Before you print anything, lock two things across all five pieces: the monthly price and a single three-benefit line, for example "cleanings, exams and X-rays, plus [X]% off everything else." When the counter card, the chairside card and the badge on your hygienist all say the same thing, patients reach checkout already knowing the offer, and your team only has to confirm it. A shared doc and a laser printer are enough to start; Clerri practices get matched print pieces generated from their plan settings, so the price and benefits stay in sync everywhere automatically.

SECTION 06 · THE TARGET

A goal you can measure

06



Most practices market their plan on instinct: a flyer in the treatment room, a mention at checkout when someone remembers. Without a number to hit, there is no way to know whether any of it is working.

The practices that grow set a monthly enrollment target and check it every week. Practices see +51% cash production within two years of adding a plan, and steady enrollment is what drives that curve.[4]

1

Count your enrollable base

Pull a report of active patients with no dental insurance: your cash-pay patients of record. Nationally, about 27% of adults have no dental insurance, so this list is usually larger than you expect.[5]

2

Set the monthly target

A realistic starting target is enrolling 1–2% of that base per month. Write the number where the whole team can see it.

3

Review weekly at the huddle

Spend two minutes on three questions: how many asks were made, how many enrollments closed, and which patients need a follow-up. A membership platform can pull these numbers automatically; a whiteboard works too.

The simple formula. Enrollments = offers × close rate. Close rates improve slowly; offer volume is yours to change this week. The fastest lever you have is making the offer to every eligible patient, at every visit.

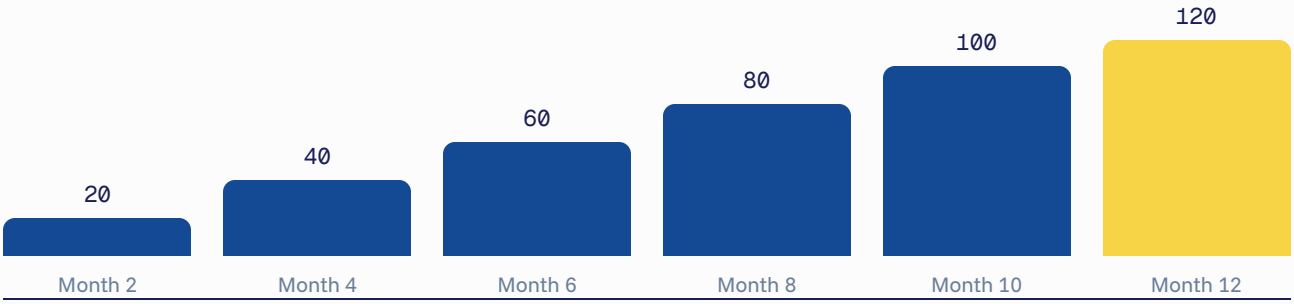
SECTION 06 · THE MATH

06

What ten enrollments a month builds

Say you have 600 cash-pay patients of record. A 1–2% target means 6–12 enrollments a month, call it 10. That's an ask or two per day. At a $399 annual membership, that pace crosses 150 members inside 15 months, worth $59,850 a year in recurring revenue, on the way to 300 members and $119,700.[9] And the subscription is the smaller half of the math: members generate 172% more cash production, so every enrollment keeps compounding.[3]

Active members at 10 enrollments a month



An illustrative ramp at 10 enrollments a month: 120 members by month twelve, worth $47,880 a year in recurring revenue at a $399 annual plan, before the production lift on top.[9]

The four numbers to watch

Metric	Cadence	What good looks like
Offers made at checkout	Weekly	Every eligible patient hears the offer, every visit, with no guessing about who can afford it
New enrollments	Weekly	On pace for the monthly target of 1–2% of your enrollable base
Lapsed-patient reactivations	Monthly	10–20% of contacted lapsed patients typically come back after a well-run campaign[2]
Renewal rate	Monthly	Steady or rising; every cancellation gets a personal call before it is final

SECTION 07

What top practices do differently

07

The practices that enroll the most members are not running secret promotions. They have turned membership into a set of daily habits, and habits can be copied.



HABIT 01

They offer the plan every visit

Every eligible patient hears about [Plan name] at every visit: in the hygiene chair, at treatment presentation, at checkout. With about 27% of US adults uninsured, the eligible list is longer than most teams assume.[5]

HABIT 02

They name a plan champion

One person owns the enrollment number: they track it weekly, field the team's questions, and report it like production. When membership is everyone's job, it ends up being no one's.

HABIT 03

Membership is in the morning huddle

Each morning, someone flags today's schedule for uninsured patients and members coming up on renewal. It takes two minutes, and the team walks in knowing exactly who to talk to.

HABIT 04

Everyone uses the same script and price

Every team member gives the same 30-second explanation and quotes the same [$X]/month price. No improvising and no hedging, so patients hear one clear offer no matter who they ask.

HABIT 05

They market to their list first

Before spending a dollar on new-patient ads, they email and text the patients they already have. Even quiet charts respond: 10–20% of contacted lapsed patients typically come back.[2]

HABIT 06

They treat renewals like enrollments

Renewal outreach starts 30 to 60 days before each member's anniversary, and a saved renewal is counted like a new signup. That protects the behavior worth keeping: members visit 76% more than before joining.[3]

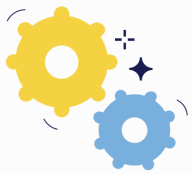
None of this is complicated. From 2023 to 2024, **Arbor Dental Group** grew cash collections 78% with 471 members, **7 to 7 Dental** lifted production 85% with 1,275 members, **Covington Family Dental** increased procedures 84% with 167 members, and **Peter K. Cocolis DDS** grew cash collections 119% with 1,818 members.[9] Four practices, four very different sizes, one common thread: they made the same offer the same way every day, tracked the number, and kept at it.

SECTION 08

What Clerri does for you

08

Everything in this playbook takes real time: lists to build, emails to write, follow-ups to send. You can run it all yourself, and plenty of practices do. On Clerri, our team runs it for you, under your practice's name.



1

Announcement campaigns, written and sent

Clerri's team writes and sends your plan announcement series end to end, with subject lines and content tested across the Clerri network.

2

Right-moment outreach and reactivation

Seasonal campaigns and treatment-focused re-engagement run on a calendar you never touch. Out-of-pocket patients hear about the plan, regular insured patients are left alone, and members are never pitched a plan they already have.

3

Member reminders and renewal notices

A plan only works if members stay active, so Clerri sends visit reminders and renewal notices automatically, protecting the behavior that makes membership valuable.

4

Your brand, replies handled

Every email goes out under your practice's name and brand; patients see you, not us. Replies route to a monitored Clerri inbox and get handled, unsubscribes are honored immediately, and staff and VIP exclusions are built in.

5

Savings math, personalized per patient

Each patient sees what membership would have saved on their own completed treatment from the past year; patients without recent history see your practice's average member savings.

0

lists to build, emails to write, or replies to chase — Clerri's team runs every play in this book for you. Across the network, enrollments run about 50% higher while campaigns are live.[1]

SOURCES

Where the figures come from

The figures in this guide are directional, drawn from Clerri data and the published sources below. They describe typical results across many organizations, not a guarantee for any single practice. Dental membership plans are not insurance.

01 **Clerri network data, 2026.** Practices running automated announcement campaigns have seen approximately 50% higher membership enrollments during campaign periods.
clerri.com

02 **Practice by Numbers.** "How do you reactivate lapsed dental patients? A step-by-step playbook." Updated May 2026.
practicenumbers.com/blog/lapsed-dental-patient-playbook

03 **Clerri first-party member data.** 76% more visits, 146% more treatment accepted, and 172% more cash production, measured against the same patients before they joined a plan. Illustrative and not a guarantee of results.
clerri.com

04 **Clerri, "The Membership Effect," 2026.** $469 vs. $1,276 in annual revenue per patient (a gap of $807); 2.4 vs. 5.9 procedures per year; +51% cash production within two years of adding a plan. Clerri first-party data; illustrative and not a guarantee of results.
clerri.com

05 **CareQuest Institute for Oral Health.** 72 million US adults (about 27%) without dental insurance, 2025; 43% of adults naming cost as a reason to avoid dental care, up from 38% a year earlier, 2022.
carequest.org

06 **Cureus, 2023.** 31% missed-appointment rate across a study of 14,066 dental appointments.
ncbi.nlm.nih.gov

07 **Dental Economics.** $20,000–$70,000 in lost production per year from a single missed appointment a day.
dentaleconomics.com

08 **ADA Health Policy Institute.** Annual dental visit rates by coverage (53% private / 24% public / 16% uninsured), 2023; 55% of adults 65 and older without dental benefits; $189 billion in national dental expenditures, 2024.
ada.org

09 **Clerri practice results and enrollment model.** Practice figures (Arbor Dental Group, 7 to 7 Dental, Covington Family Dental, Peter K. Cocolis DDS) were provided by the practices, 2023 to 2024, and are illustrative of individual results. The $399 enrollment model is illustrative; actual results depend on plan design, price, and enrollment.
clerri.com

GET STARTED

Or let us run this playbook for you

Everything in this playbook is yours to keep and run yourself. Or let Clerri run it for you: our team writes, sends, and answers every campaign under your practice's brand. In about 15 minutes, a Clerri growth specialist will model your plan price, likely enrollment, and production lift against your real patient base.

Get started

Live in two weeks or less | Works inside your PMS | No obligation

EMAIL
sales@clerri.com

WEB
clerri.com/get-started