clerri™

PRACTICE ROI REPORT

The $807 opportunity

How a dental membership plan turns uninsured, cash-pay patients into your most engaged, highest-value patients.

PREPARED FOR	TOPIC	DATE
Dental practice owners	Membership plan ROI	August 2026

✦ EXECUTIVE SUMMARY

Your cash-pay patients are your biggest untapped opportunity

Uninsured, cash-pay patients are the largest patient pool in American dentistry, and they visit at roughly one-third the rate of insured patients. That gap is unrealized production sitting in your own schedule. Compared with cash-pay-only patients, membership plan patients:

76%

More visits

Members return for the care they have already paid for.

146%

More treatment accepted

A clear, fair price makes patients say yes to needed care.

$807

More collected per year

More visits and more accepted treatment, per patient, per year.

Clerri first-party customer data, 2026. Illustrative and not a guarantee of results. Membership plans are not insurance.

✦ INDEPENDENTLY CORROBORATED

A separate industry study, "The Membership Effect" from Kleer and Membersy, reaches the same magnitude: uninsured patients generate **$469 per year versus $1,276 for members**, a gap of **$807**, and complete **2.4 versus 5.9 procedures** per year.[10] Two independent data sets, one conclusion.

For a practice with a few hundred cash-pay patients on file, that is a six-figure, recurring, self-owned revenue opportunity. The rest of this report shows why, and how to capture it.

A large, growing, underengaged patient pool

Dental coverage in the United States is thinner and less stable than most practice owners assume. A big share of your patients, and nearly everyone you could attract, has no benefit steering them back into the chair.



72M

US adults have no dental insurance, about 27% of all adults[1]



91.4M

projected size of the uninsured pool as it grows[2]



55%

of adults 65 and older have no dental benefits[5]

The uninsured pool is not a fixed group. Coverage is concentrated in employer plans, which makes it fragile: roughly **83% of Americans have some dental benefit, but enrollment is declining, and about half of covered people get that benefit through an employer.**[3] Every layoff, job change, and retirement drops another patient into the cash-pay pool. The senior gap is the sharpest example: traditional Medicare does not include routine dental, and about **47% of Medicare beneficiaries, nearly 24 million people, have no dental coverage.**[4]

> Research shows that patients who have a benefit plan are more likely to seek dental care and accept treatment plans.
>
> American Dental Association[11]

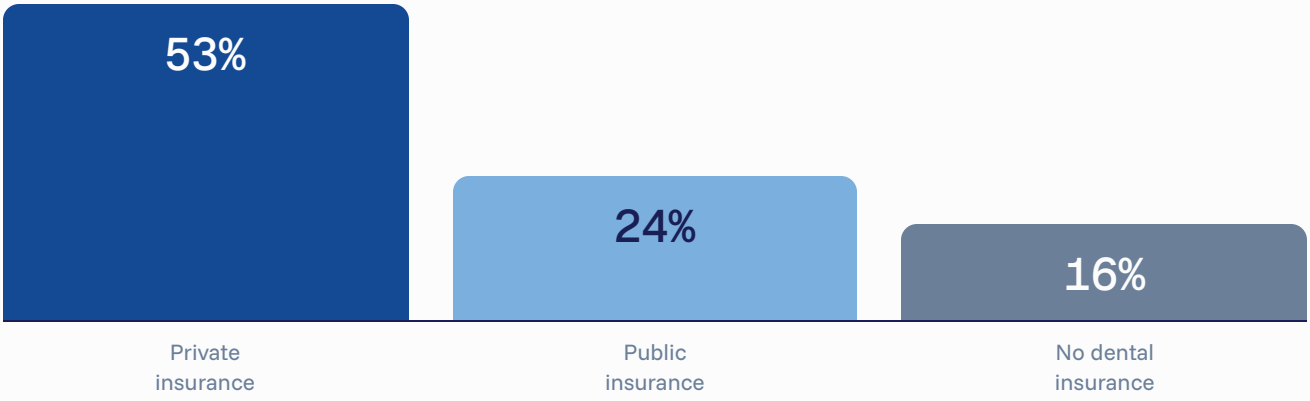
Read the other way, that is the whole thesis of this report. Give an uninsured patient a benefit, in the form of a membership plan, and they behave like an insured one.

✦ SECTION 02 · THE COST

Why cash-pay patients quietly cost you production

Patients without a benefit do not just visit less. Cost is the number one reason they stay away, and that shows up directly in your schedule.

Share of adults 19–64 with a dental visit, by coverage (2023)



Uninsured working-age adults visit the dentist at roughly one-third the rate of the privately insured. Source: ADA Health Policy Institute.[5]

43%
of adults named cost as a reason to avoid dental care in 2022, up from 38%[7]

31%
no-show rate across a study of 14,000+ appointments[8]

$20–70k
lost production per year from one missed appointment a day[9]

The pattern compounds: no benefit means fewer visits, more declined treatment, and more no-shows. Roughly **1 in 6 adults could not get or delayed needed dental care because of cost.**[6] The disengaged cash-pay patient is the one who leaves the chair empty.

✦ SECTION 03 · THE MEMBERSHIP EFFECT

When a cash-pay patient becomes a member

A membership plan gives an uninsured patient a reason to come back. They pay the practice a recurring fee for preventive care and a set discount on treatment. That one change in the financial relationship changes behavior, and the value shows up per patient, per year.

Annual revenue per patient: cash-pay vs. member



A difference of $807 per patient, per year. Independent data from “The Membership Effect” (Kleer and Membersy), matching Clerri's own $807 figure.[10]

Clerri's own data and independent research land on the same conclusion. The member is materially more engaged, and materially more valuable:

2x
members visit about twice as often as cash-pay patients[10]

5.9
procedures per year for members, vs. 2.4 for the uninsured[10]

+51%
cash production at practices within two years of adding a plan[10]

✦ SECTION 04 · THE ROI MATH

The numbers scale with your cash-pay base

The per-patient figures are the whole story, because they multiply by the uninsured patients already on your file. Here is a deliberately conservative model: only the $807 in incremental annual collections, ignoring membership fees and no-show savings entirely.

If a practice converts…	Incremental collections per year
100 cash-pay patients	$80,700
250 cash-pay patients	$201,750
500 cash-pay patients	$403,500

At $807 incremental collections per member, per year

A practice with a few hundred uninsured patients on file is sitting on six figures of recurring production. And the table **understates** the return, leaving out three real sources of value.

✦ WHAT THE MODEL LEAVES OUT

The membership fees themselves. Every enrolled patient pays a predictable fee, revenue you own outright with no third-party payer and no PPO write-off.

Fewer empty chairs. Members visit more reliably, recovering some of the $20,000 to $70,000 a year that no-shows drain from a typical practice.[9]

Compounding retention. A member has an ongoing relationship with your practice, so the $807 does not happen once. It recurs.

✦ SECTION 05 · HOW TO CAPTURE IT

Why in-house, and how to stand it up

National dental spending reached **$189 billion in 2024.**[12] The uninsured share is the part a practice can capture directly, without a payer taking a cut. An in-house plan keeps that value inside the practice.

Recurring revenue you own, patients on your brand, and a reason for the cash-pay patient to choose you. A membership plan works when it is easy to price, easy to sell at the front desk, and easy to keep current:

1 **Design the plan around your patients.**
Preventive visits included, a clear discount on treatment, a simple annual or monthly price.

2 **Price it with data, not guesswork.**
Set member discounts that grow enrollment without giving away production.

3 **Enroll at the moment of truth.**
Offer the plan to every uninsured patient at check-in and at treatment presentation.

4 **Retain deliberately.**
Track renewals and lapsed members, and reach out before they drift back into the cash-pay pool.

✦ WHERE CLERRI FITS

This is the backbone Clerri runs for practices: data-backed plan pricing, front-desk tools that surface which patients to enroll and re-enroll, and member communications on your practice's brand. The behavior change in this report, made repeatable.

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✦ SOURCES & METHODOLOGY

The evidence behind the numbers

The three headline figures (76% more visits, 146% more treatment, $807 more in annual collections) are Clerri first-party customer data, labeled as such throughout. Every other statistic is attributed to a named, published external source below. The Kleer and Membersy "Membership Effect" figures are cited as independent third-party corroboration, not as Clerri data.

1. CareQuest Institute for Oral Health, 72 million / 27% of adults lack dental insurance, 2025. carequest.org

2. CareQuest Institute for Oral Health, 68.5 million rising to 91.4 million, 2023. carequest.org

3. National Association of Dental Plans, 2025 Dental Benefits Report. nadp.org

4. KFF, Medicare and Dental Coverage, 2021 (2019 data). kff.org

5. ADA Health Policy Institute, Coverage, Access & Outcomes, 2023. ada.org

6. Healthy People 2030 / CDC-NCHS NHIS, objective AHS-05, 2023. health.gov

7. CareQuest Institute for Oral Health, cost as a barrier, 2022. carequest.org

8. Cureus, study of 14,066 dental appointments, 31.06% missed, 2023. ncbi.nlm.nih.gov

9. Dental Economics, cost of missed appointments. dentaleconomics.com

10. Group Dentistry Now, citing Kleer and Membersy, "The Membership Effect," 2025. groupdentistrynow.com

11. American Dental Association, Is an in-office dental plan right for your practice? ada.org

12. ADA Health Policy Institute, National Dental Expenditures, 2024. ada.org

✦ THE OPPORTUNITY, RESTATED

See how it can work in your practice

The uninsured cash-pay patient is not a low-value patient. They are a high-value patient who has not been given a reason to engage. In 15 minutes, we will model a membership plan against your own patient base: the visits, the accepted treatment, and the recurring revenue already sitting in your schedule.

See it working in your practice

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

Figures throughout are illustrative and not a guarantee of results. Membership plans are not insurance.
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