

## **Ep #243: Steven Mautner - Maximizing Profitably in an Era of Commoditization**



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**Dr. David Phelps**

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## **Ep #243: Steven Mautner - Maximizing Profitably in an Era of Commoditization**

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David Phelps: Good day everyone. This is Dr. David Phelps of the Freedom Founders Mastermind community and the Dentist Freedom Blueprint Podcast. Today, I've got what's going to be a really fun interview with somebody I have been following, engaging with. Actually even at one point I had to arm wrestle this guy just to try to prove a point and I didn't get my point across. He actually just put me down, crushed me. But today was you got Dr. Steven G. Mautner on the line. Mauty, how are you sir?

Steven Mautner: Pretty good. Just enjoying a nice stay off in the middle of the week.

David Phelps: Well, how the heck can you take a day off buddy? You're like the high volume, "Go, go, go!" guy, like maximum efficiency. How do you take a day off?

Steven Mautner: No, it's a Jewish holiday, so I always do that. I'm Jewish and I have a lot of Jewish patients, so what the hell? Might as well enjoy it.

David Phelps: I knew it had to be a holiday or you just make one up. But yeah, I get it.

So let's get a little bit of background. A lot of people know who you are, whether that's good or bad or indifferent,

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we'll let them decide today. But people who don't know you, just a little bit of background.

So you were born in Brooklyn, New York, 1962, so you can figure it out Mauty's age. He's getting to be a pretty old guy, but he's still going strong and I've seen him recently. He's looking pretty good. Your dad was a dentist, your mom was a hygienist, and you started out in practice with your dad in '87. Now, when you started out with your dad in '87 was your mom still practicing hygiene to an extent then?

Steven Mautner: No, she stopped practicing that when she got married. She was a traditional homemaker.

David Phelps: Yeah. And so, how many in your household? How many siblings?

Steven Mautner: Just a sister. One sister. She's younger.

David Phelps: All right. Did she happen to follow in your steps, or your dad's steps, and mom's steps into dentistry or she do something totally different?

Steven Mautner: No, she's a real doctor. She's a dermatologist.

David Phelps: I see. She went the real route.

Steven Mautner: Yeah.

David Phelps: Smart move. Dermatology too, I think there's no late night calls, or emergencies, and crap like that is there?

Steven Mautner: Nothing.

David Phelps: That's a sweet life.

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All right, so you practiced with your dad for looks like about four years. 1991 you purchased the practice in Margate, Florida. Now was your dad winding things down? Was that practice of being sold? Or what was the move there?

Steven Mautner: No, it was really accidental. I met someone, I met a lady down here on vacation. We had a long distance relationship and we decided to get married and be together, and I had already decided if I was going to be with her, I'd move to Florida because that's a better lifestyle than New York City. I didn't do any great demographic studies or hire a consultant to figure out the best spot to move to. It was purely accidental.

And then I ended up in Margate because we were on vacation in the Bahamas. I happened to run into an old classmate that was selling his practice and becoming a chiropractor. So, we both looked at each other like, "What are you doing here?" And then he told me what he was doing. He was selling his practice and he asked me if I was interested. I said, "Yeah, sure, I'll take a look." So I took a look and I liked it and that was pretty much it.

David Phelps: Well that could be a whole nother episode, DDS to chiro. I won't go down that rabbit hole right now, but-

Steven Mautner: Well now he's back to dentistry. He figured out dentistry is better. Yeah.

David Phelps: Well, the grass is always greener, isn't it? Everybody else has got a better gig going, so if you don't like your situation in life you're going to go find somebody else's, I guess.

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Steven Mautner: Well that's why I know that dentistry has its faults, but my buddy's a perfect example of that. It's better than a lot of jobs. I mean, he tried several of the things after dentistry and he came back to dentistry. So what does that say?

David Phelps: Yeah, I think it says a lot. Your philosophy in your practice model is low fee, high volume insurance driven for the masses. I know you take a lot of heat out there for your model, which I'll say this, I'll say that probably wouldn't be my model today, but then again, I'm not practicing today so I can't say you'll fully out because I'm not totally in the trenches. I hang around with a lot of colleagues in dentistry, and you're one of those.

What I will say is what I learn about you, and your mannerisms, and what you have to say is you have a really great wit and sense of humor. There's a lot of truth in what you put out.

And by the way, if people want to find out more about what Steven Mautner, Mauty puts out, you might want to go to Facebook and jump on Mautys blog, M-A-U-T-Y-S blog, because you put out a lot of witticisms, but if you read in between the lines, certainly there's a lot of humor there, there is a lot of cynicism there, but there's a tremendous amount of truth and I think you do have a special gift. And I've never seen you in practice mode. I've just heard you talk about it. Talk about how you run things, but even though you receive a lot of criticism, well whether people believe that model or not, I would have to say you're convicted about your model. You don't let anybody beat you down about it. You know how it works. You run it well and in some regards I think you're a bit of an outlier in terms of your ability. I think you've got some

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special abilities, you might think otherwise, but we'll dig into kind of today's dentistry.

But just based on what I just said about you having a... Your characteristic and the way you run, the way you look at life and dentistry from your perspective, do you think your model is a good one for the rank and file dentist today? Or do you think you are just kind of a special breed that can make this work?

Steven Mautner: Yeah. I mean there are others that practice like me and they go room to room and room hop, but I think the problem is a lot of dentists, for some reason they just don't like to work on multiple patients at one time. Either they're taught in school... If your only experience of dentistry is a dental school, then you lean more towards a perfectionist, spending a lot of time with the patient, but if... Like I was exposed to a Medicaid practice, so that's one of the reasons I adopted my style. I learned that I could do multiple things at once, and the fees don't have to be high, and if the patient doesn't have to pay anything you don't have to worry about case acceptance and trying to convince them.

So, I think more dentists should practice like me because they make it very hard for themselves. They're thinking that they have to have a perfect crown, and spend two hours doing it, and charge what's considered a reasonable fee, which is way too high in my opinion for most of their practices. But I don't think a lot of dentists are capable of it because I don't think that taught to work that way. You know? And they're brainwashed that you can't do quality dentistry by working fast and doing multiple things, and they're not taught to delegate and let

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staff handle some things. So, I don't know. I mean, a lot of dentists aren't capable of it.

David Phelps: I think you're right. I think it does come from kind of a brainwashing, or mindset, or indoctrination that's pervasive in our professional training in dental school. I think there's no question about it that we're almost set up for failure.

Well, let's put it this way Mauty. I think anybody listening to this that has been to dental school understands the beat down that I think is pervasive in all the schools. I haven't heard anybody really say that "My school really made me feel like a real doctor." It was like I was always less than in school. You know, until the day you walked across the stage and got your diploma you were never a doctor, never even worthy of anything.

And the criticism, the requirement to achieve, as you said, 'perfection', which there's no such thing, but we're held to this high standard, and then you go take the CE courses, which I think you and I have both acknowledged that a lot of the people that teach that stuff are not necessarily real world practitioners. They get their slides and they magnify that one in a million case and show it as if that's the standard, and if you can't do that, you're not worried you should achieve that.

And I think that pressure, that stress that it puts on a lot of dentists at whatever level of career, they can't match it. And so, they're constantly stressed out because they can't match it. They try to do this high quality, they try to do a lot of treatment plans that are excessive, at least in terms of what patients reality is. Right? I mean you talked a lot about that in terms of-

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Steven Mautner: They're always criticizing the tooth of the month, year club, or some patients that come in for one tooth because their insurance is limited. So just do the one tooth. You don't have to do a full mouth rehab on every patient. If one guy comes in one time of year to do an extraction, do the extraction, and then don't spend a lot of time doing the extraction. Do it in 10, 15 minutes. Be nice to the guy, take his money and say, "See you next time."

You don't have to do big cases on everybody. If someone comes in for an occlusal composite, then do the occlusal composite. Big deal. You don't have to do big cases on everybody, or bring their mouth to quote/unquote "health". Do what the patient comes in for. That doesn't mean you don't tell him what he needs, but if they don't want to do more work, that's fine. Go to the next patient.

David Phelps: So, yeah, that's kind of what I want to dig down into. So, what's our responsibility? So, you're right. I think what we have to look at in our industry, really any business that deals with consumers, with people, is number one, what does that person want? Why did they come see you? Why did they call you? What do they want? And we're almost dictated that we're supposed to check every box there is in terms of any kind of issues that patients have either today or that we see trends in. And so, we develop these complicated treatment plans and the patient just wanted to have the rough edge on the tooth fixed, or the sensitivity in the gum line looked at or taken care of and we go crazy.

So how do you do that in a high volume, certainly highly efficient practice like you have? Do you delegate a lot of



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the onboarding intake of say new patients and chief complaint or how much do you get involved in that?

Steven Mautner: Well usually the assistant will go into the room and find out what the patient's here for, but then I still go in there and I asked him the same thing. "So what can I do for you today?" And then the patient will tell me. They'll tell me, "Oh, this tooth is hurting me." Or "I just broke this tooth." Or "I'm in agony and I want to get this tooth extracted."

So, most of the time the patient tells me what they need. It's a very simple, quick process. It takes just a few seconds. I say, "Hi, how you doing?" I introduced myself if it's a new patient, "And what brings you here today?" And now they'll tell me and then I'll address that concern, and maybe I'll see something that needs taken care of and I'll mention it to them, but if it's not an urgent thing I'll just say, "Hey look you're missing tooth number 30 here. We could do an implant if you want, but if you're not interested, that's okay." I don't go into the whole speech of how their bites going to collapse, and then they're not going to be able to eat, and they're going to starve to death in five years. They could live without tooth number 30 you know?

David Phelps: Yes. Yeah, exactly. I think we put too much pressure on the fact that a tooth, is a tooth, is a tooth. And, look, it's not a major game changer in anybody's life. They get to make it what they want to.

Steven Mautner: Yeah. Like I don't have time to convince people. I tell them, but I don't try to convince. If they say no, or they hesitate, then I say, "All right, just go home and think about it. I'll see you next time." And that's all. There's no pressure and I just don't like it when they spend too much

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time thinking about it. If they spend too much time and they're not sure, I say, "Why don't you just go out and think about it, make an appointment for the next week maybe, and then we'll do it if you want." That's all. I just can't, I don't have time to convince them really.

Usually the work sells itself. If someone comes in with number eight fractured, they're going to probably do a crown because they don't want to walk around with number eight fractured, but sometimes they won't. It just depends. That's all. I don't really do a high pressure or a salesmany technique. I just tell them what they need. I'm nice and nonthreatening and either they do it or they don't. It doesn't really matter.

David Phelps: Do you try, irrespective of what the patient wants on a given day, and you take care of that chief complaint, do you try to have them come back to say get on hygiene, do a more comprehensive exam or again, do you kind of leave that up to them?

Steven Mautner: It depends. With some of them schedule for a comprehensive exam and the hygiene. So then if they're scheduled for that, I do that. But sometimes they just come in for one issue and then after I do that, I take care of that one complaint, then I'll tell them, "Hey, you should come back for a full exam and a cleaning." And then I leave it to them to schedule it. Some do and some don't.

David Phelps: Yeah, I think just from a practical standpoint, well I'm just thinking about myself now, I'm not talking about me going to the dentist. I understand dentistry. I think I have a pretty good understanding, but lay people that don't and they go to have say have a chief complaint taken care of. That's really what they want done that day. You do a good

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job, you're efficient, and get them out, and their situation is essentially resolved. That makes them happy. Right?

Steven Mautner: Yeah.

David Phelps: I mean, that's what people want. You make them happy and then they're likely to return at some point to you for the next time because you took care of them. You got the job done.

Steven Mautner: Yeah. I see these dentists, a patient goes in to recement a crown, sometimes when I'm off one of my patients will go in to recement a crown in another office, they come back with a full set of x-rays, and a whole treatment plan. Why even bother doing that? They want the crown recemented. Recement the crown and that's it. Let the patient go.

I mean, I don't even have time to take a full set and do a whole chew implant on every crown recement. They want the crown to be cemented. They don't want to hear what's wrong with their mouth. They want the crown recemented so they can go ahead and eat in an hour. That's all they care about.

I mean, on a new patient, I'll take an X Ray of the crown, they come in to be recemented, and then I just do that, and then I tell them, "Hey look, you've got some other stuff going on. If you'd like, come back and we'll do an exam." That's all. That's how you don't let these things bog you down throughout the day. Just do what the patient came for. Yeah. That's the only way to really deal with a high volume situation.

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David Phelps: Yeah. Well with high volume, number one, you don't have time for it. You're not stressing out like a lot of dentists are because they've got empty chair time. Right? So, it takes some pressure off, and I think it's certainly lower risk by taking care of what the patient wants rather than trying to force a treatment plan down their throat, so to speak, right?

Steven Mautner: Yeah, it's a turnoff.

David Phelps: That's pressure. Yeah.

Steven Mautner: Yeah. Well, and patients don't like it. I mean, do you like it as a consumer? If you go to a store, you want to buy one item and then they try to convince you to buy other stuff? Or at a restaurant, you want to go eat a meal, they try to push the wine on you and you have to say, "No, I don't want the wine." I mean, just give us what we want. Stop bothering us already.

David Phelps: Yeah, exactly. Tell us a little bit about about your staff, about the people, because obviously you're a very efficient machine, if I might say so, very productive, but you've got to have a team of ancillary people around you that help make that work. When you're so busy, nose to the task, as I know you have to be seeing multiple patients, multiple chairs, who's running things? What are your people like? How do you hire people? How do they manage themselves, or how's that done?

Because let's face it, outside of dealing with insurance today and ignorant patients, which a lot of people complain, the other one is his staff. So let's pick on that one a little bit. How do you deal with that?

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Steven Mautner: Well, I'm lucky really. I've had a core group of people that have been with me for years, and then around the fringes I usually have to add people, because people leave for various reasons. They move, they don't like the job, occasionally we have to fire them. Although I haven't really fired too many people.

But normally I like to hire people without any dental experience. My best employees, they knew nothing about dentistry when they started. And then I also like to hire, luckily here in Broward County, Florida, there's a lot of people from Brazil and Columbia. I like immigrants. They just seem to work harder. They have less of an entitlement mentality like some native born Americans do.

And that's basically the two things I look for. And then I like to train them because they come in with an open mind and they learn the way I do things rather than bring the bad habits over from another office.

The worst employees I've had have been the ones with experience, except the hygienists of course, they have experience. But I like to hire people with no experience basically and train them on the job.

David Phelps: So, something you said about your staff that you said you've had a core group that's been with you for quite some time.

Steven Mautner: Right.

David Phelps: Yeah. So, what that tells me about you without even being there is that you have developed a culture that the people that work with you appreciate. You've obviously

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got some qualities that you don't necessarily expose out on Mauty's blog. Right? With your cynicism-

Steven Mautner: Well, I don't really get on their case a lot. I'm very laid back. I don't give benefits, but I realize that they have a life, and if they need to take off work because they have a family issue, or whatever reason I let them go, and I'm not micromanaging them throughout the day, and I don't get upset if they joke around with their coworker for 10 minutes. I'm pretty laid back as far as being a boss. As long as we're seeing the patients and I'm doing the dentistry and money's coming in I don't sweat the small stuff. So, they like that I guess.

David Phelps: So how do you keep a regular pulse, if you do, with your staff? I mean, a lot of people talk about team huddles, and regular meetings, and the doctor being the owner and the visionary and all this stuff. I mean, how much do you implement any of that stuff, or how do you do it?

Steven Mautner: Well, you've got Elizabeth, she helps me out a lot. She'll tell me, "Oh, this one's not doing this." Or, "That one's not doing that." So she'll tell me and I'll tell her "Well go deal with it." Or I'll deal with it after work or during the day. A lot of the stuff we deal with on the fly. Like someone forgot to bill someone's insurance properly, I'll tell the the girl that does it, "Hey look what you did here. You got to concentrate." A lot of it's done during the day on the fly. I don't believe in morning huddles. I think that's a waste of time, and I only have one meeting a year.

So a lot of this stuff is just dealt with during the day, and if it's a serious thing I'll talk to them either after work, or before work. But most of the stuff isn't really serious stuff. It's just little issues, little annoying things that they'll do.

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Like one of the assistants will be distracting the front desk say with a funny Instagram video, and then I have to say, "Well don't do that she's busy."

And the other thing is sometimes we have what they call mission creep where we have a certain way of doing things. Like I had one assistant once that on her own she was deciding which patients to see because she wanted them to go home early or on time so she was seating the last patients first, and I lost a patient because that, so I had to go explain to her, "Hey don't do that." But I don't think that requires daily meetings. You deal with it as it happens, but Elizabeth helps me with a lot of that stuff. So I'm grateful to have her.

David Phelps: Yeah. No question. So really what you're saying, your philosophy, which I think is different from a lot of dentists who don't like conflict, they'll let things stack up, or they'll think, "Well we'll deal with all of these things." And they'll have this long list of their next meeting right? And what you're saying is you manage it right then and there, if you want to call it management. You deal with the issue right there amongst everything else that's on your mind, and all the patients are seeing, if you see something that could require some attention, then right there is the time to deal with it and not let it stack up for another day.

Steven Mautner: Yeah. And normally it's not a big deal. It's just a quick talking to. You don't have to close the place down and meet in a soundproof room with someone taking notes and a transcript. Just talk to them. That's all.

David Phelps: Yeah. I hear you. Then the other side is we've got so many HR regulations today and stuff like that, so I don't know about that closed door, soundproof room anyway

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unless you have someone else in there with you. But that's a whole other story for another time.

Steven Mautner: Yeah.

David Phelps: We'll leave that one alone. I get your point. I get the point, well made.

Tell me a little bit about your practice model in terms of doing the dentistry. Now you have associates, you've had associates. What's that look like for you?

Steven Mautner: Well I had associates starting when I first bought the practice like two years later because I wanted it to expand, and I wanted to maybe open up, I used to only work Monday through Thursday, so I wanted to open on a Friday, and I wanted to sign up for some HMO's and different plans. So, I knew I needed an associate. So, I gradually added an associate, and then increased the days as the practice got busier.

But then the funny thing happened was my last associate was terrible in 2007, and while I was in the process of looking for a replacement, I knew that the economy was going to slow, that was right before the real estate market crash, and I was doing similar numbers in the office without the associate because I delegate a lot to my assistant. So, I decided, "You know what? I'm going to try this without an associate."

And it's been great ever since. I don't really need an associate. The assistants, I have expanded duty assistants that are able to help me do a lot of the... They, help me with a lot of the crown and bridge, dentures. So, I don't really need another dentist there.



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I mean, I may hire another dentist in the future, especially when I'm prepping the place for a sale because, I know a buyer would like it if there's another associate there, or maybe I'll sell it to the associate, but right now I really don't need an associate. I'm quick enough and efficient enough that I could handle the patients myself.

David Phelps: Well it makes a lot of sense. Even though you do handle a load, you can handle a load, and I think we both realize that when you add other personalities to any organization it's rarely seamless. It can bog things down, it can change the culture. Finding someone else who fits that same culture without all the other baggage, and mindset, and indoctrination issues, I think it's a tough battle today.

Steven Mautner: It is. I've only had two associates that were really good. And I've had a couple of others that were okay. I mean, they held their own, they didn't hurt anybody, the patients liked them, and they took the load off my back. But I really only had two that I'd say I made money or that that increased my income. The others were just kind of like treading water.

So, I have a perio associate that's great. So, he comes in and does implants. So, that's a different story, but as far as general dental associates, they're just not good. They want high guarantees and some of them want to use their own labs or they're fussy about the supplies they use.

David Phelps: Right.

Steven Mautner: Or they need the... I don't do forehand in dentistry, so they all need an assistant to stay with them during the whole procedure. It's just that I don't feel like dealing with the aggravation right now.

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David Phelps: Yeah.

Steven Mautner: Maybe one day.

David Phelps: No, I get it. Yeah. When you're ready to transition out.

I picked up something off of your blog. I don't know when it was, it was a while back, but I'm going to read it here just to get your insights, but you were talking about some questions, seeing a lot of questions on the forums. And so this was a question on another forum and it said, "New grad here. I've worked a couple of offices that accepted many PPO and Medicaid insurances. How can I get out of those networks?" And the answer on the other blog, kind of as you call it, the concerned answer was, "Well you'll have to contact each employer separately, get a list of each insurer, and contact them in writing about your desire to be out of network." And then your response was, kind of the reality response is, you said, "Get out of network? You might as well get out of dentistry with that attitude."

So, let's talk about that. You, joke a lot, but you're serious about it when people say, "Well I need to drop some insurances." Or, "I'm going to go free for service. I'm just going to make this thing happen." And your response typically is "Well, come on. Move across the street from me." So, let's talk about that because the other side of the coin people would say is, "Well, this whole insurance thing, the decrease in reimbursements, lower margins means yeah, you've got to work faster. You've got to be more efficient." And my question to you along this line would be, how low does this go? How far can this insurance reimbursement lowering the margins go before

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even you are barely treading water? Do you see that happening?

Steven Mautner: No, I do not see that happening. I mean, the worst plan I have I can only charge a patient like 300 a crown. So, I guess if it went below 300, if every plan went below 300 that would be bad, but I don't really see it getting too low. I mean, I've already started pretty low at the bottom and I've gradually raised the fees a little bit. So I don't think for me it can't go that much lower, but for the average dentist if they can't charge like 800 for a crown and they're forced to do it for 400, maybe they'd have a problem, but for me, I'm okay with where it's at right now. It's okay. You know?

David Phelps: Well-

Steven Mautner: I guess my limit on the crowns is like 300. I wouldn't want to do a crown for less than 300, or a denture for less than 600. If every plan paid those fees or below those fees then I'd be in trouble and I'd have to either drop the plan or maybe just start upcharge like everyone else does. Saying, "Oh well we need to do a cosmetic denture." Or "We need to use a more high quality teeth." Or charge for buildups, or occlusal adjustments, or the temporary. I'd have to go that route, but right now I'm okay with where I'm at.

David Phelps: Well, kind of what you said, upcharging, or gaming the system I guess is what we'd call it is-

Steven Mautner: Right.

David Phelps: To me, and again, I'm speaking not with experience here because I left clinical dentistry before things got to where they are today. So I wasn't dealing in that realm. I was still

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able to be primarily what we called a through fee for service, where the insurance we took was indemnity insurance, good, bad, or different, and didn't deal with that.

So, kind of this gaming the system, it seems to me when I read a lot of the blogs and the forums, like there was one the other day about, again, you look at these things kind of like I do, it's like pick your battles, right? Pick the battles you need to fight and the other ones forget it.

So someone was saying, "How do you deal," talking to the forum right? Talking to the other dentist. "How do you deal with dealing with insurance and indirect pulp caps?" Right? I mean that was a big deal, right?

Steven Mautner: Yeah.

David Phelps: I mean, that's going to really move the ticker a lot, but this dentist was focusing all over this and there was like 85 responses. So what does that tell you about the mindset of our colleagues out there? Why is this business of dentistry so hard? Because I think we're focusing on the wrong things. Right?

Steven Mautner: Yeah. I agreed with the insurance companies. You shouldn't even be charging for that. That's just a part of the procedure. You have a deep cavity, you put some dical, or whatever pulpal protective thing you'd like to use, just put it in there and finish the restoration. It's not really a huge deal, you know?

David Phelps: Yeah. And by the time you play these games, and send in these extra narratives, and documentation, and pictures, and everything else, I mean, how much overhead are you

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eating up, right? I mean you've got to have extra personnel to be dealing with this. Yes?

Steven Mautner: Yeah. And time. And if you have a situation where you have a pulp cap, if you want to charge a little bit extra for the filling, just charge a little bit extra, or just make it on the surface, whatever you feel like doing. But this whole thing, I don't focus on like pulp caps, or pulp testing, or getting paid for crown buildups, or all these little minors procedures that really don't amount to anything, because insurances don't want to pay that, and I understand because there's a lot of abuse there, you know? What's to stop a dentist from billing for a pulp cap on every filling just to get another 10, 15 bucks per filling, or a pulp test every tooth, or do a crown build up on every crown.

David Phelps: Right.

Steven Mautner: We've abused these procedures and codes and the insurances, they're not idiots. They know what's going on. So, to write a narrative to get paid on a pulp cap is absurd. Even if you have a pre-written thing, it still takes some time. Your insurance person has to send it in to them and to me it's just ridiculous even to think about it. You know?

David Phelps: Somebody else made the point that anytime that you're going to change the treatment plan, even if it needs to be changed or whatever, but the comment was, "Well, you need to stop the procedure, sit the patient up, take the rubber dam away, whatever you're using, and bring them a waiver and have them sign a waiver." It's like, "Really?" I mean, you're going to stop every procedure and go into all this detail for, like you said, an indirect pulp cap, or crown buildup, or something that the insurance is or isn't

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going to pay based on your experience? I don't know, that's what it seemed like to me.

Steven Mautner: Right. That's a waste of time. Now there is a time when you do have to stop. Like if you're doing say a filming, and then it turns out the patient needs a crown, and you do have to stop and you'll let them know. You say, "Look, this is not going to work. We need to do a crown." And then you let the patient decide. If they decide that they don't want the crown, you tell them, "Okay, I'm going to finish this filling, but it's probably not going to last." And then you let them decide. If they say, "Okay, I'm okay with that. Just give it a try." I do it. But you don't have to stop and have them sign a paper and go into a whole long narrative about it. Just do it. It's too much time wasted on that kind of thing I think.

David Phelps: Mauty, do you think the whole designation of fee for service dentistry, do you think that's going to go away? Maybe not entirely, but to the greater extent at some point?

Steven Mautner: I think so because, first of all, there's a demand out there for a moderate priced dentistry. So patients, they don't have insurance, they join in these discount plans, and plus I have a lot of elderly patients that are on these Medicare Advantage plans that give them a limited dental. So, I just think there are very few patients out there that can afford or are willing to pay those elevated fees, unless you're lucky enough to be in an area that's not saturated with dentists.

I read a lot of stories about these dentists in Oklahoma, or Delaware, or the Midwest that they could get away with this kind of thing, but if you're in an area that's desirable

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to live in, like where I am in South Florida, I don't think you could pull that stuff unless you are an extremely skilled practitioner and you focus on high end patients and you could deliver the work. If you're not one of those, I think it's a waste of time.

David Phelps: Yep. All right. Last question for you. Knowing what you know about dentistry, the state of the industry, where it is today, if you were a young guy coming out of school and let's say you had, pick a number of \$400,000 of debt coming out of school, but knowing what you know about it, would you do that today?

Steven Mautner: Well, I always say I would do it because if you compare dentistry to other jobs, it's way better. Me and Paul Goodman are always having this debate.

David Phelps: Right.

Steven Mautner: He says, "That's not the way to sell something, that it's better than something that's worse." And even yesterday, I said, "Yes, it is better because dentistry provides a guaranteed living. You're not going to starve to death. You're going to have a place to live. You have great working hours. Could be your own boss eventually." And a lot of jobs don't provide that level of security. A lot of guys get laid off in their 50's, or they work at dangerous jobs, or they have to work on the weekends, or in evenings. In dentistry you don't have to do that even if you borrow 400,000. You do that repay program where you pay like 10% of your income in loan repayments, and then you save up for the eventual tax hit when they forgive it in 25 years.

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It's still a good life. It's just the promise that a lot of people expect too much. They all think they're going to live in mansions and take three European vacations a year and drive a Maybach around town. You may not get to that level. You may just have a nice upper middle class life with a three bedroom house and a couple of kids and you'll be fine. It's better than a lot of people. Better than a lot of people. That's my opinion at least.

David Phelps: So, it looks like you've got a book coming out. How do you have time to write a book?

Steven Mautner: Well, it was easy because a lot of it was stuff I had previously written, and then there was a couple of original stuff and it's in my head. Most of the old stuff I wrote has been in my head for years, I just put it down on paper.

And it was all like tongue in cheek stuff. It was... It's not a long book because have you ever noticed nowadays books are very short?

David Phelps: Very short.

Steven Mautner: Like no one has an attention span.

David Phelps: Exactly. No attention span. You got it.

Steven Mautner: Yeah. Even movies. Movies are only an hour and a half now, when I was young movies were three, four hours.

David Phelps: Yeah.

Steven Mautner: Like I'm reading Atlas Shrugged. I've always wanted to read it and I'm reading it. It's like a thousand pages and each chapter is absurd. It's very long. And now if a



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chapter is more than 10 pages in any book, it's unbelievable.

So, my book is very short, it was very easy to write because it's stuff I've thought about for years. And I did like maybe one chapter every two weekends, but Emily was always getting on my case so I had to eventually hustle up and finish it.

David Phelps: She has a tendency to do that, doesn't she?

Steven Mautner: Gets very pushy, very pushy. I'm not going to tell her office she'd probably talk to me into the news or something.

David Phelps: We're talking about our good friend, Dr. Emily Letran, just in case people are wondering who Emily is. So, yeah, she'll push you to get stuff done.

So the title of the book, No Nonsense Dentistry, or Dental Peeps. Did I get it, right?

Steven Mautner: Yeah.

David Phelps: Yeah. Is it out now? Is it available or in preorder?

Steven Mautner: It's in presale. There's a discount, \$14.95, and then I think it goes up to \$19.95 on October 31st when it's released.

David Phelps: So you're creating that urgency like "You better get in now or you're going to pay the premium." Is that what you're saying?

Steven Mautner: Yeah. That old sales pitch right?

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David Phelps: Okay. All right. Mauty, really good. I appreciate you being on today. I'm thinking really your next step, your real exit strategy should be you should start offering an over the shoulder program at your office. You could like bring dentist's in and you could be charging the big bucks buddy. You can do a one and a half day seminar in your office. I mean five grand, easy. Easy. I mean, that's your exit. So that's just a free tip from me. You can take it.

Steven Mautner: Not a bad idea. They'd have to be over the left shoulder though. The right shoulder, that's my working shoulder and the rooms are very cramped. I don't think there's room for them.

David Phelps: All right. Over the left shoulder with Dr. Mauty Mautner. Loved having you on today. Thank you so much.

Steven Mautner: Okay. Nice talking with you.

David Phelps: All right, we'll see you. Bye-bye.

Steven Mautner: Bye.

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