

Optometry Practice Business — Workbook

This workbook turns the course into the systems an owner-optometrist or practice manager runs every day: an optical capture and second-pair tracker, a managed-care contribution calculator and medical-billing reference, a recall and reactivation engine, a local-marketing and cost-per-patient plan, and a weekly KPI dashboard. Work through one section per module, filling the worksheets and standing up the systems in your own EHR (RevolutionEHR, Crystal PM, Eyefinity, or Compulink) and your recall and review tools as you go. By the end you will have a complete, reusable practice-growth toolkit — capture more eyewear, protect margin on vision plans, bill medical eye care, refill the schedule from your base, and bring in new patients you can actually measure.

The Optical Dispensary: Capture Rate and Eyewear Revenue

Grow the engine of practice revenue: raise capture rate above 60 percent, sell second pairs and premium lenses, and run the frame board for margin.

Worksheet: Capture Rate & Optical Revenue Baseline

Pull last month's numbers from your EHR and compute your true capture rate and revenue per patient. Break it out by provider and optician — the variation between staff is where the easy gains hide. Update monthly. Comprehensive / refraction exams resulting in a new or changed Rx (denominator)

Eyewear purchases — complete pairs of glasses sold

Contact-lens purchasers (annual or partial supply)

Capture rate (eyewear purchases ÷ eyewear-needing exams)

Total optical revenue for the period

Average dollar sale (optical revenue ÷ buyers)

Second-pair rate (buyers leaving with 2+ pairs ÷ buyers)

Capture rate by provider (list each)

Capture rate by optician (list each)

Checklist: Exam-to-Optical Handoff Checklist (run every exam)

- Lifestyle questions asked in the exam — driving, computer/screen hours, reading, hobbies, time outdoors
- Doctor made a specific eyewear recommendation in the chair (computer pair, progressive, AR, sun) before the patient left the room
- Second-pair need identified and prescribed by the doctor where it exists
- Patient physically walked to the optician and introduced by name with a one-line summary of the recommendation
- Front desk did NOT simply hand back a prescription as the default exit
- Optician greeted, seated, and started with frames immediately
- Capture, average sale, and second-pair outcome logged for the visit

Exercise: Raise Average Sale with Second Pairs and Premium Lenses

Take ten recent single-pair sales and work out where a second pair or lens upgrade was missed. Then script the recommendation so the doctor prescribes it and the optician fulfills it.

- For each of ten single-pair patients, identify the unmet visual need a second pair would have served (computer, driving sun, backup).

- Write the doctor's in-chair prescribing language for a dedicated computer pair and a polarized driving pair.

- Define your good-better-best lens menu (entry / premium progressive; standard / premium AR; standard / high-index) and decide how the optician leads from the top.

- Set a standing second-pair offer and a target second-pair rate, and decide how you will demonstrate the AR and progressive upgrade to patients.

Worksheet: Frame Board & Optical Margin Review

Treat the optical like the retail store it is. Record cost, retail, margin, and turns by line so you reorder what sells and cut what does not. Review quarterly.

Frame lines carried and units on board per line

Average frame cost and average frame retail

Frame gross margin % (after any managed-care wholesale adjustment)

Frame inventory turns per year by line (target 2–4x)

Slow movers to discontinue / return

Good-better-best price-point coverage vs your patient base

Buying group / alliance used (Vision Source, IDOC, PECAA) and savings captured

Lab partner, lab cost trend, and remake rate %

Contact-lens annual-supply capture rate among CL wearers

Vision Plans and Medical Billing

Control what you keep: model the real margin on managed-care jobs, decide which plans to take, and bill medical eye care to health insurance.

Worksheet: Managed-Care Contribution Calculator

Build a sample job for each major plan you take — exam plus frame plus progressive lenses — and total what the plan and patient actually pay, minus your real costs. The contribution per visit, compared across plans, tells you which managed care is worth it.

Plan name (VSP / EyeMed / Davis / Spectera / other)

Contracted exam reimbursement

Patient copay (exam + materials)

Frame allowance and your wholesale / cost-of-frame

Lens reimbursement and your lab cost (progressive)

Contact-lens fitting fee where applicable

Total paid (plan + patient)

Total real cost (frame + lab + fitting)

Contribution per visit (total paid " total cost)

Share of your patient base on this plan (%)

Exercise: Decide Your Plan Participation

Use the contribution numbers above plus the volume each plan drives to make a conscious keep / manage / drop decision for every plan. Revisit annually.

- Rank your plans best-to-worst by contribution per visit.
 - Pull the volume each plan drives — share of exams and optical sales — and flag the high-volume, low-contribution plans.
 - Estimate backfill: in your market, could those chairs be filled with private-pay, medical, or better-plan patients?
 - Decide keep / manage (capture upgrades hard) / drop for each plan, and write the reason so you can revisit it next year.
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Checklist: Medical Eye Care Billing Readiness

- Credentialed with the major medical carriers and Medicare (not only vision plans)
- Front desk trained to identify medical reasons for the visit at scheduling and capture the medical insurance
- Exam coded with the right family — ophthalmological (92002/92004/92012/92014) or E/M (99202–99215) — supported by documentation
- ICD-10 diagnosis coded precisely (dry eye H04.12-, glaucoma suspect H40.0-, POAG H40.11-, diabetic eye exam) and justifying the service level
- Special testing billed only when indicated and documented (visual fields 92083, OCT 92133/92134, fundus photos 92250)
- Chart documents medical necessity so diagnosis, exam level, and testing support each other
- Recurring medical care (dry eye, glaucoma, diabetic monitoring) built in with its own follow-up schedule

Worksheet: Medical vs Vision Routing Worksheet

For recent ambiguous visits, decide where each belonged. The complaint, not the insurance card, decides routing. Use this to train the front desk to route correctly going forward.

Patient reason / chief complaint

Medical or routine vision? (complaint-driven = medical)

Insurance billed (medical / vision plan)

Exam code used (92xxx or 99xxx)

Diagnosis (ICD-10)

Testing performed and billed

Follow-up interval booked before patient left

If misrouted as vision — revenue and follow-up missed

Patient Recall and Retention

Refill from your own base: pre-appoint and run a recall sweep, reactivate the lapsed file, lock in contact-lens annual supply, and harvest reviews and referrals.

Worksheet: Recall & Reappointment Tracker

Stand up your recall engine and safety net, then track the annual reappointment rate weekly toward 85 percent and above. Medical follow-ups are always booked before the patient leaves.

Recall intervals in use (12 months routine; shorter for medical follow-up)

Recall/recare report — where it lives and who runs it weekly

Automated recall platform (Weave / Solutionreach / Demandforce / RevenueWell / 4PatientCare)

Reminder cadence (text/email first !' personal call for non-responders)

Due-and-unscheduled patient count this week

Medical follow-ups booked at checkout (dry eye / glaucoma / diabetic)

Annual reappointment rate this week (target "e 85%)

Overdue count trend vs last month (up / down)

Exercise: Run a Reactivation Campaign

Mine your own lapsed file before spending on strangers. Pull the list, segment by value, and run a sincere multi-touch campaign. Track patients and revenue recovered.

- Pull patients not seen in 12 to 36 months and not scheduled; segment past eyewear buyers and contact-lens wearers as the warmest.

- Write a sincere, personal reactivation message led by eye-health value (annual exams catch glaucoma and diabetic changes early).

- Set the channel sequence (text !' email !' follow-up call) and any time-bound exam or new-frame incentive.

- Define how you will track reactivated patients and revenue recovered, and set the cadence to repeat the sweep.

Worksheet: Contact-Lens Annual Supply & Reviews Plan

Lock in contact-lens wearers with annual supply, and systematize reviews. Track both as KPIs, not afterthoughts.

Annual-supply pitch as default at the CL visit (yes/no) and current annual-supply capture rate

Manufacturer rebates stacked (Alcon / J&J Vision / CooperVision / Bausch + Lomb)

Practice-direct ordering portal and direct-to-door shipping in place?

Review tool and target page (Google first; Weave / Solutionreach / Birdeye / Podium)

Review-request trigger moment (great exam, loves new glasses, relieved red-eye)

Current Google rating and review count, and monthly review-velocity target

Who responds to reviews (no health details) and within what time

Referral ask language and how it is made easy (cards / form / textable link)

Checklist: Retention & Experience Live Check

- Recall interval set in EHR at checkout and preferred reminder channel confirmed
- Medical follow-ups booked on the spot, every time
- Recall/recare report run weekly and non-responders called personally
- Lapsed file mined on a regular cycle with a sincere reactivation campaign
- Annual supply presented as default to contact-lens wearers with rebates stacked
- Review request sent to every happy patient and every review responded to within a day or two
- Referrals asked for on purpose and professional referral sources nurtured
- Experience touches in place — on-time visits, plain-language explanations, proactive ready-glasses calls

Marketing, Growth, and Practice Metrics

Bring in new patients and lead by the numbers: own local search, track cost per new patient, and run the practice on a weekly KPI dashboard.

Checklist: Google Business Profile & Local SEO Optimization

- Profile claimed and verified; name, address, phone, and hours accurate (holidays included)
- Primary category set to Optometrist plus relevant secondary categories
- Real photos of office, optical, and team added
- Services and products listed (comprehensive exams, CL fittings, medical eye care, eyewear brands)
- Steady flow of fresh Google reviews coming in (recency and volume both matter)
- Google Posts and Q&A used; name/address/phone identical everywhere online (NAP consistency)
- Website fast and mobile-friendly with town + services in the content and an online-scheduling button
- Phone answered promptly during business hours and online scheduling live (EHR / Weave / NexHealth / 4PatientCare)

Worksheet: New-Patient Source & Cost-Per-Acquisition Tracker

Log how every new patient found you and track spend by channel, so you can compute cost per new patient against lifetime value and fund only what works. Review monthly.

Channel (Google Business Profile / local SEO / Google Ads / community / social / referral)

New patients from this channel this period

Spend on this channel this period

Cost per new patient (spend ÷ new patients)

Estimated patient lifetime value (annual exam + eyewear + CL supply + medical, over tenure)

Return signal (LTV vs cost per patient)

Keep / increase / cut decision

Front-desk source question being logged in EHR? (yes/no)

Worksheet: Weekly Practice KPI Dashboard

Pull these same numbers every week from your EHR or analytics layer (RevolutionEHR, Crystal PM, Eyefinity, Compulink). For anything off-benchmark, ask why, trace it to the system that produces it, and assign an owner and an action.

Revenue per exam (total revenue ÷ exams)

Optical capture rate (target "e 60%)

Average dollar sale and second-pair rate

Optical gross margin (frames near 60–65% after write-offs)

Annual recall / reappointment rate (target "e 85%)

New patients this month vs goal, and cost per acquisition

Exam mix — medical vs routine vision share

Off-benchmark number !' owner !' action this week

Exercise: Run the Daily Huddle and Assign System Ownership

Numbers move only if a team owns the systems behind them. Assign explicit ownership and run a short daily huddle for one week, noting what each surfaced and acted on.

- Assign an owner to each system: who walks patients to the optical, who runs the recall sweep, who sends review requests, who works medical-billing claims.
- Review today's schedule against goal and flag opportunities already in the building (overdue patients, second-pair candidates, medical follow-ups arriving).
- Name the day's larger eyewear sales, new patients, and anxious patients needing extra time.
- Confirm each person owns their part before the first patient, and review yesterday's off-benchmark KPI action.

Your Action Plan

1. Measure capture rate honestly by provider and optician, then install the in-chair doctor recommendation and the warm walk-to-optical handoff to push capture above 60 percent.
2. Build second pairs and premium lenses into the exam — lifestyle questions, doctor-prescribed computer and sun pairs, good-better-best leading from the top — and track second-pair rate and average sale.
3. Run the frame board like a retailer: target frame margin, two-to-four annual turns, a curated good-better-best spread, and a buying group (Vision Source, IDOC, PECAA) to lower frame, lab, and contact-lens costs.
4. Model the real contribution of a sample job on every major vision plan, then make a conscious keep / manage / drop decision and capture upgrades hard on the managed-care patients you keep.
5. Credential with medical carriers and Medicare, train the front desk to route medical visits, and bill medical eye care with the right 92xxx/99xxx codes and precise ICD-10 diagnoses.
6. Set recall intervals at checkout, book medical follow-ups on the spot, run the recare report weekly with text-email-then-call escalation, and drive annual reappointment above 85 percent.
7. Mine the lapsed file with a sincere reactivation campaign on a regular cycle, and lock in contact-

lens wearers with annual supply and stacked manufacturer rebates.

8. Systematize Google reviews and referrals off a genuinely good patient experience, responding to every review without health details and asking for referrals on purpose.

9. Own local search: complete and optimize the Google Business Profile, build local SEO and reviews, make online scheduling effortless, and add high-intent local channels.

10. Track every new patient's source and compute cost per acquisition against lifetime value, then fund only the channels that produce and run the practice on a weekly KPI dashboard with a daily huddle.

