

# Practices

Dental · Veterinary · Aesthetics · Chiropractic & Physical Therapy · Optometry & Vision · Behavioral & Mental Health

Six trades, one publication. Every item is something that moves a number on your P&L, changes what you must do by law, or changes what parts and labor cost you.

|               |                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    |                                                                                                                                                   |
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## MONEY

## Dental prices rose 5.0% and veterinary 5.7% in the year to August while physicians' services rose 2.0% and eye care 1.3%, Labor Department data released September 11 show

The Bureau of Labor Statistics released August Consumer Price Index data on September 11. Over the 12 months ended in August, dental services prices rose 5.0% and veterinarian services rose 5.7%. Hospital services rose 5.2% and nursing homes and adult day services 4.6%. All items rose 3.4%.

The lines set largely by payers moved far less. Physicians' services rose 2.0%, down from the 2.4% printed in the July release on August 12. Eyeglasses and eye care rose 1.3%, the weakest medical line in the report. Medical care services overall rose 2.5%. Health insurance fell 8.5% and prescription drugs fell 2.9%.

The split is not about demand. It is about who sets the price. Dental, veterinary and aesthetic practices reset their own fee schedules. Practices paid off the Medicare fee schedule, a vision plan or a Medicaid rate cannot, and their prices moved roughly two points slower than general inflation while wages, rent and supplies moved with it.

The one-month detail matters too. From July to August, dental services fell 0.6%, veterinarian services rose 1.1%, physicians' services and hospital services were flat, and eyeglasses and eye care rose 0.2%. Pet services including veterinary rose 4.8% over the year; medical care commodities fell 2.7%. Dental services carry a relative importance of 0.922 in the index.

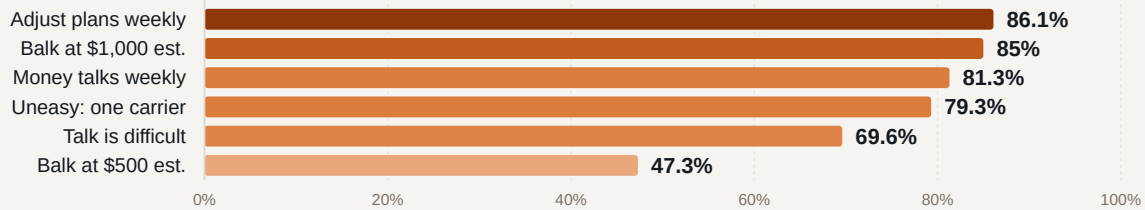
**What to do about it:** Pull your top 20 procedures by revenue and compare your own fee change over the past 12 months against the line for your trade - 5.0% dental, 5.7% veterinary, 2.0% physicians' services, 1.3% eyeglasses and eye care. If you raised fees less than that, you priced below your own sector. For cash-pay work, set new fees now and post them before January. For contracted work, ask each plan in writing for its 2027 fee schedule and the date it takes effect, then calendar the notice window in every PPO, vision plan and Medicaid contract. Where a plan is silent, budget on no increase. Health insurance prices fell 8.5% in the same release, so a carrier arguing its own costs are rising should be asked to show it.

Consumer Price Index Summary, August 2026 (released September 11, 2026) · CPI news release full text and Table 2, August 2026 · CPI news release archive, July 2026 data (released August 12, 2026)

## INFOGRAPHIC 1 / WHERE THE COST TALK HAPPENS

### Nearly nine in ten veterinary teams change a treatment plan over money every week.

Share of 451 veterinary professionals surveyed May-June 2026, percent. Pawlicy Advisor and AAHA, State of the Industry, third edition, reported September 13, 2026.



Cost is not an occasional conversation; it is the weekly operating condition. Clients balk at estimates of \$1,000 long before they balk at \$500, so the pressure point sits in routine diagnostics rather than surgery. Nearly four in five teams are uneasy recommending a single insurance carrier, which is why a comparison handout outperforms one carrier's brochure. [New report examines pet insurance's impact on US veterinary practices, September 13, 2026](#)

## DENTAL

TWO ITEMS

### REGULATION

#### CMS told state Medicaid directors on July 22 to restrict or end coverage of dental amalgam procedure codes, pushing posterior Medicaid restorations toward slower, costlier composite

**Why it matters:** The Academy of General Dentistry's analysis, reported September 10, warns the phaseout raises general dentists' reliance on composite resin, which takes longer to place and costs more per restoration, and that the squeeze lands on posterior teeth for Medicaid patients. The Indian Health Service phaseout runs to 2027; the global Minamata Convention target is 2034. No state has published a coverage end date, so your exposure depends on your own state's Medicaid bulletin. This week: run a report of amalgam codes billed to Medicaid over the last 12 months, price the composite equivalent against your state's fee, and ask your Medicaid dental contractor in writing when those codes close.

[AGD analyzes impact of CMS amalgam phaseout on dentists, September 10, 2026](#)

### LABOR

#### More than 90% of dentists now call hygienist recruitment extremely or very challenging, and federal projections put the shortfall at 33,220 full-time hygienists by 2038

**Why it matters:** Reporting on September 9 put one in five open hygiene positions at more than six months to fill, found 31.4% of practicing hygienists expect to retire within five years, and counted 24.7 million Americans living in dental care shortage areas. That is a chair-hours problem before it is a wage problem: an unfilled hygiene chair costs you the recall revenue and the restorative work it feeds. Two levers are already law. Delaware became the 50th state to let hygienists administer anesthesia, and ten states had joined the Dentist and Dental Hygienist Compact by early 2025. Check whether your state is in the compact, and price your job posting against a six-month vacancy rather than last year's wage.

[Hygienist shortage pushes practices to rework staffing models, September 9, 2026](#)

## VETERINARY

TWO ITEMS

### INSURANCE

#### Veterinary teams changed treatment plans over cost 5.1 times a week in 2026, up from 4.7, and 85% report clients declining care at estimates of \$1,000 or less

**Why it matters:** The third Pawlicy Advisor and AAHA State of the Industry report, covered September 13, surveyed 451 veterinary professionals in May and June 2026. Weekly cost-driven plan changes were reported by 86.1%, up from 84.4%; 47.3% put the decline threshold at \$500 or less; and 13% of euthanasias were attributed to a client's inability to pay. Insurance moves the number. Practices that recommend it proactively report a median 7.5% insured share against 3.5% for those that wait to be asked, and 73.0% say insured clients comply better. Only 48.2% recommend proactively. Add a one-line insurance prompt to new-client intake and to every estimate over \$500.

[New report examines pet insurance's impact on US veterinary practices, September 13, 2026](#)

### SUPPLY

#### FDA announced on September 3 a nationwide recall of three lots of American Regent epinephrine injection, 30 mg/30 mL multidose vials, for cracked vials and particulate matter

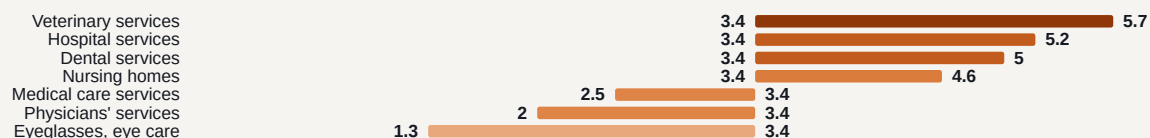
**Why it matters:** The lots are 25128L1C0, 25280L1C0 and 26108L1C0 under NDC 0517-3030-01, expiring August 2026, October 2026 and July 2027, distributed September 4, 2025 through July 31, 2026 - a window that covers most crash-cart restocking. Cracked vials can break sterility, and the particulate identified included nylon, cellulosic, acrylic, polyethylene and glass. This is a human-labeled product used in veterinary practice, so it will not surface in veterinary-only recall alerts. Today: check every crash cart, anesthesia kit and mobile unit against those three lot numbers, quarantine any match, and return it to the place of purchase or discard it.

[American Regent recalls 3 lots of epinephrine injection over particulate matter and cracked vials, September 12, 2026](#)

## INFOGRAPHIC 2 / AHEAD OF INFLATION, OR BEHIND IT

### Each band runs between general inflation at 3.4% and that line's own 12-month price change.

Consumer Price Index, 12 months ended August 2026, unadjusted percent change; all items 3.4%. Bureau of Labor Statistics, released September 11, 2026.



Bands that sit above 3.4% belong to trades that set their own prices; bands below it belong to trades whose prices are set by a payer. Dental and veterinary practices cleared inflation by roughly a point and a half. Optical dispensing fell two points short, so every cost increase since last August came out of margin instead of price. [CPI news release full text and Table 2, August 2026](#)

## AESTHETICS

TWO ITEMS

### REGULATION

The Ohio Board of Pharmacy fined a Delaware County med spa \$25,000 after finding nurses' prescriber numbers were used for about eight months to order peptides and other drugs

**Why it matters:** Reported September 9, the consent agreement required the owners of Pure Health Aesthetics and Wellness to admit the violations, pay \$25,000 and complete training on drug management and compliance. The license was suspended in June 2026 and reinstated about two months later. Some products obtained were not FDA approved, and a patient lost consciousness. A new Ohio pharmacy board rule taking effect in February will require medical directors to conduct documented quarterly inspections of every facility where they are the responsible person; the report does not state the year. Confirm this week whose prescriber credentials appear on your drug orders, and put the quarterly inspection on the calendar.

Ohio med spa fined \$25,000 following prescription drug violations investigation, September 9, 2026

### SUPPLY

Mississippi's medical, nursing and pharmacy boards ruled jointly in August that providers may not compound, administer or dispense non-FDA-approved or research-grade peptides under any circumstances

**Why it matters:** Reported September 8, the joint statement is broader than a single-board warning. It reaches recommending, advising, supplying and prescribing, and it closes the two workarounds med spas have used: telling the patient to obtain the product themselves, and delegating the purchase or administration to staff. The boards also state that a consent form labeling a product research-grade does not reduce a provider's professional or legal liability. Coming three weeks after South Carolina's August 18 notice, treat this as a pattern rather than one state. Audit your peptide inventory against FDA-approved products this week, and stop relying on research-grade consent forms as cover.

Mississippi boards warn against use of 'research-grade' peptides, September 8, 2026

## CHIROPRACTIC & PHYSICAL THERAPY

TWO ITEMS

### MONEY

APTA's September 1 analysis of the 2027 Medicare proposed rule projects practice expense relative value units for commonly billed physical therapy codes rising 35% to 45% over eight years

**Why it matters:** That works out to roughly 1% to 3% a year for most commonly billed physical therapy services, and it comes from CMS recalculating indirect practice expense with therapy-specific data instead of applying specialty-wide rates. That is a structural change, not a one-year bump, and it runs against a proposed conversion factor cut, so the net in any single year is small while the gain compounds. Comments on the rule closed September 14 and the final rule is due this fall. Model 2027 at roughly flat, and put the 35% to 45% into your five-year equipment, lease and partner-buy-in math rather than next year's budget.

APTA analysis reveals greater long-term payment gains in Medicare proposal, September 1, 2026

### REGULATION

APTA warned on August 28 that the 2027 Medicare proposal on remote therapeutic monitoring could bar many physical therapy practices from delivering RTM through contracted clinical support models

**Why it matters:** APTA's summary says the proposal, if finalized, could significantly limit many physical therapy practices' ability to provide RTM through contracted clinical support models - the arrangement in which an outside vendor supplies the staff who review monitoring data and contact patients. The full analysis sits behind APTA's member wall, so the operative fact is the direction of travel, not a rate. Comments closed September 14 and the final rule is due this fall. If you bill RTM, pull the last twelve months of RTM revenue, establish in writing whether the people performing the service are your employees or a vendor's, and price bringing that work in house before January.

Remote Therapeutic Monitoring at a Turning Point, August 28, 2026

## OPTOMETRY & VISION

TWO ITEMS

### REGULATION

Nearly 35 AOA federal keypersons lobbied House Energy and Commerce members in early September for vision benefit manager reform built on the Carter-Clarke amendment offered in June

**Why it matters:** Reported September 2, the package would ban lab monopolies, close loopholes claimed by abusive vision benefit managers and require contracting fairness - specifically barring plans from mandating exclusive use of their own optical laboratories and extending lab choice to ERISA plans, which state law cannot reach. The vehicles are the Carter-Clarke amendment offered in June 2026 by Reps. Buddy Carter and Yvette Clarke, the DOC Access Act (H.R. 1521) and the Vision Lab Choice Act (S. 1716). Nearly 25 states have enacted their own reforms already. Check whether your largest plan contract mandates a lab, and send that clause to your House member and your state association.

Critical moment: AOA mobilizes for VBM reform, September 2, 2026

### MONEY

The AOA puts the average cost of fighting a denied claim at \$43.83 and says 97% of denied dollars are eventually paid, making write-offs the expensive choice

**Why it matters:** Published September 2, the figures accompany a claim that AOA reimbursement and coverage advocacy has returned more than \$12.5 million to practices and helped stop downcoding programs at Aetna and Humana. At \$43.83 a claim, an appeal pays for itself on almost any denial above roughly \$50, and a 97% eventual-payment rate means a denial is usually a process step rather than a decision. Practices that write off small denials are financing the plan. Run an aging report this week, sort denials by dollar value, set a standing rule that everything above your own break-even gets appealed, and track the appeal cost as its own line item.

Critical moment: AOA mobilizes for VBM reform, September 2, 2026

### INFOGRAPHIC 3 / THE WARNING-LETTER ROUNDS

#### FDA has run four rounds of warning letters at online sellers of unapproved injectables since September 2025.

Letters issued per round to online sellers and telehealth companies marketing compounded GLP-1 products and unapproved botulinum toxin. Holland & Knight review, August 5, 2026.



The rounds have not stopped since FDA removed semaglutide and tirzepatide from the shortage list, which ended the legal basis for mass compounding. Rounds three and four hit telehealth companies; round two hit websites selling unapproved botulinum toxin. If your practice buys injectables from anyone other than an authorized distributor, you are inside the target set. [Medical spa compliance under the microscope](#), Holland & Knight, August 5, 2026

REGULATION

The DEA sent its final telemedicine special registration rule to White House review on August 25, with current controlled-substance tele-prescribing flexibilities expiring December 31

**Why it matters:** The Justice Department's own timeline puts the final rule in November 2026, leaving roughly six weeks between publication and the December 31, 2026 expiry of the fourth temporary extension. The January 2025 proposal would create three registration types - one for Schedule III-V, one letting specialized practitioners prescribe Schedule II-V, and a platform registration - plus state-level registrations, prescription drug monitoring checks and new recordkeeping. The text under review is not public. Practices that tele-prescribe buprenorphine, stimulants or ketamine should list every affected patient now, book in-person visits for those who can travel, and budget for registration fees and state-by-state filings.

DEA telemedicine special registration rule enters final review, September 9, 2026 · DEA prescribing of controlled substances, Alliance for Connected Care, updated August 26, 2026

LABOR

Federal graduate borrowing caps took effect July 1, limiting graduate students to \$20,500 a year and \$100,000 in total and ending Grad PLUS loans for new borrowers

**Why it matters:** The final rule was published May 1, 2026 and took effect July 1, 2026, with professional-degree students capped at \$50,000 a year and \$200,000 lifetime. Behavioral health hiring runs on master's-level clinicians - counselors, clinical social workers, marriage and family therapists - whose programs are financed almost entirely by graduate borrowing, and the new ceilings sit below the full cost of many two-year programs. The effect lands on your 2028 and 2029 pipeline, not this quarter's schedule. If you hire from a particular feeder program, ask its financial aid office now what share of the class exceeded the old Grad PLUS amounts, and price a retention bonus against a longer vacancy.

2026 federal behavioral health policy changes, published June 4, 2026

THE BACKGROUND SIGNAL

The fraud that reads your invoices before it sends one

The FBI's Internet Crime Complaint Center took 24,768 business email compromise reports in 2025, with losses of \$3.05 billion — a record, after dipping to \$2.77 billion in 2024 from \$2.95 billion in 2023. Across all internet crime it logged 1,008,597 complaints and \$20.88 billion in losses. Reported cases only, so read it as a floor.

Business email compromise, not ransomware, is the one that should concern an independent practice. Someone gets into a mailbox, reads until they understand how you invoice and who pays you, then sends a real-looking progress billing with different bank details. No malware, no warning — just a payment that never arrives and an argument about who eats it. A practice that emails claims, statements and supplier invoices all day is the shape this is built for. The quieter number is adoption: under 20% of firms with fewer than 20 staff use AI at all.

**What to do about it:** You don't need a security program. You need multi-factor authentication on email and your accounting login, and one rule everybody follows: nobody changes bank details on the strength of an email or a call — you ring the number you already had on file and confirm. That covers most of it, and costs nothing. The part it doesn't — how the systems are set up — is the day job of our parent company, CyberSainya.

FBI Internet Crime Complaint Center, 2025 Internet Crime Report — reported cases only, rounded from \$2,946,830,270, \$2,770,151,146 and \$3,046,598,558. U.S. Census Bureau, Business Trends and Outlook Survey, May 3, 2026.

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1

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Answers every call & text, 24/7

Qualifies & captures the job

Live warm transfer to you

Books onto your calendar

Instant text-back to callers

Custom intake questions

Spam & robocall screening

Call recordings + transcripts

Booking reminders

Review requests

Pushes every lead to your other tools, in real time

Emergency escalation to cell

Bilingual (on request)

Multi-location

Outbound campaigns

Monthly ROI report

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2

SEE EVERYTHING — YOUR DASHBOARDS

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ANSWERED312

BOOKED88

CAPTURED124

MISSED0

example view - this month

47 calls caught after hours — a 9-to-5 desk would have missed them

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Turns the call into a priced quote that books itself

AI drafts the estimate from YOUR price book

Itemized good / better / best options

You approve from your phone

Customer page: options, photos, plain English

Accept → book a time window

Automatic follow-up until booked

Tech photo line (techs text photos in)

Financing & maintenance-plan display

Shared job room (AI, tech, owner, customer)

Works with your stack or standalone

"From first call to booked job."

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OPEN12

AWAITING4

SENT18

WON71

example view - this month

6 min average from request to quote sent · 71% estimate → won

Read-only, branded, one-key login. Two clean views of the money.

Booked, paid job

The lead becomes revenue

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