

BUYER'S GUIDE · EDITION 2026.1

# AI Receptionist Buyer's Guide for Dental Practices

How to evaluate, scope, contract, and roll out AI front-office software — written for practice owners and operations leads, not for procurement teams.

READING TIME	PAGES	BUILT FOR
22 minutes	13 pages	Practice owners + ops leads

Aria Dental AI · A product of Aria by Velzyx AI · Newport Beach, California

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# Why this guide exists

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If you're reading this, your practice is either losing calls today or about to start losing them. The market is loud. Every AI receptionist company will tell you they're HIPAA-compliant, they integrate with your PMS, and their voice is indistinguishable from a human. Some of those claims are true. Some are not. None of them tell you whether the product will actually move revenue at *your* practice.

This guide is a procurement framework. It's the same checklist Aria's own customers used when they evaluated us — including the ones who chose competitors first and came back. It will not tell you which vendor to pick. It will tell you what to ask, what to test, and what to put in writing before you sign anything.

Read it once end-to-end. Then use the scoring sheet on page 12 with two or three vendors and choose the one that wins on the dimensions that matter to your practice — not on whichever one has the loudest demo.

# The 8 evaluation criteria

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## 1. HIPAA + security posture

Ask for a current Business Associate Agreement (BAA). Ask which model providers process voice and chat (OpenAI, Anthropic, Google) — and which of those they have BAAs with. Ask where call recordings are stored, how long they're retained, who at the vendor can access them, and whether you can delete them on demand. If a vendor cannot produce a BAA in writing within 24 hours, walk away.

## 2. Integrations & PMS depth

There's a difference between 'works with Open Dental' and 'reads + writes + mirrors Open Dental.' Ask: can the AI book directly into the PMS, or only into a parallel calendar? Does it sync patient profiles, insurance, treatment plans, recall? What happens if the PMS is offline for 30 minutes — does the AI continue? Get a list of supported PMSes with the depth of each integration spelled out: read-only, write-back, full mirror.

## 3. Voice quality & latency

Bring three real scenarios to the demo: a complex new-patient call with insurance, a same-day cancellation with a frustrated patient, and a question the AI *shouldn't* answer (clinical advice). Listen for latency over 1.5 seconds — that's the line below which patients still feel like they're talking to a human. Listen for whether the AI ends sentences cleanly or trails off. Listen for whether it apologizes when it doesn't know.

## 4. Call escalation logic

When the AI is in over its head, where does the call go? Voicemail? A live agent at the vendor? A transfer to your front desk? Each option has trade-offs. The worst answer is 'we drop the call.' The second-worst is 'we transcribe a voicemail and email it to you.' The best vendors give you per-scenario routing: warm transfer for clinical, voicemail for after-hours, SMS follow-up for billing.

## 5. Support model

Who answers when something breaks at 9 a.m. on a Tuesday? Is it a Slack channel, an email queue, or a 1-800 number with hold music? Is there a named CSM or a shared inbox? What's the SLA on a P1 (production-down) issue versus a P2 (degraded experience)? Get the answers in writing.

## 6. Pricing model

Per-call, per-minute, per-location, per-seat, or flat? Each model rewards different behavior. Per-minute pricing punishes long, complex calls — exactly the calls you most want the AI to handle well. Flat pricing is predictable but caps the vendor's incentive to improve quality. Ask about overage charges, set-up fees, and what happens to your rate if your call volume doubles.

## 7. Contract terms

Look for: a 30-day or 60-day out clause; a data-portability commitment in writing (you own your call recordings, transcripts, and patient profiles); an exit migration plan; and price caps for renewals. Avoid: 12-month minimums with auto-renew, 90-day cancellation windows, and any clause that gives the vendor the right to use your patient data to train models without explicit consent.

## 8. References & case studies

Three references. All three should be practices that look like yours — same PMS, similar volume, similar specialty. Call them yourself; don't accept a written quote in a deck. Ask the references: how long did setup take, what surprised you, what's the worst day you've had with the product, and would you sign again?

# 5 must-ask questions for every vendor

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## **Show me a real call recording from a customer like me — not a demo.**

Demos are scripted. Real recordings expose latency, tone, and how the AI handles unexpected questions. If a vendor can't share one (with the customer's consent), they don't have many customers like you.

## **What happens when your AI is wrong about my insurance?**

Good vendors have a fallback workflow: the AI says, 'I'll have someone from the practice double-check that and text you in 30 minutes.' Bad vendors hang up or fabricate coverage. Ask for the exact transcript of how that scenario plays out.

## **What's your uptime over the last 90 days, and where is it published?**

If they don't have a public status page, that's the answer. Real vendors publish 99.9%+ uptime publicly and post-mortems for every incident.

## **How much does my data weigh?**

Ask: if I leave you tomorrow, what do I get back, in what format, and how fast? You should be able to export every call recording, transcript, patient profile, and appointment in machine-readable formats within 5 business days. Get it in writing.

## **Who owns the phone number?**

If the vendor ports your number, can you port it back? Some vendors make you sign over the number permanently. Walk away from those.

# Side-by-side comparison framework

Use this table for every vendor on your shortlist. Score each row 1–5. Total at the bottom.

Dimension	Vendor A	Vendor B	Vendor C
BAA in writing within 24 hrs			
Native PMS write-back (not just read)			
Voice latency under 1.5 sec			
Per-scenario escalation routing			
Named CSM + named technical contact			
Pricing predictable at 2x volume			
30-day exit clause			
3 reachable customer references			
Public status page			
Data export commitment in contract			
Phone number portability			
<b>TOTAL</b>			

# Red flags to watch for

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## **"We can integrate with anything."**

Translation: we don't have a real integration with the PMS you actually use. Real integrations require months of engineering and an API partnership. Generic 'webhook' integrations break the moment your PMS updates.

## **"You're our biggest dental customer."**

If you're their biggest dental customer, you're paying to be their R&D; lab. Not necessarily a deal-breaker, but you should be paying a discount, not a premium.

## **"We don't share recordings — privacy."**

If you can't hear other dental practices' real calls (with the customer's permission), the vendor either doesn't have happy customers or doesn't have a workflow for sharing recordings. Both are red flags.

## **"Our pricing depends on your volume."**

Sometimes legitimate. Often a bait-and-switch: low quoted rate that balloons when you actually deploy. Get the rate card in writing for 1x, 2x, and 3x your current call volume.

## **"You won't notice it's AI."**

You will. So will your patients. The right framing is: 'It sounds professional, it's polite, and it gets the job done — not 'You'll be fooled.' Vendors who oversell on indistinguishability are usually under-investing on the parts that actually matter (escalation, integration, accuracy).

## **Implementation timeline measured in months.**

For a single-location practice, basic deployment should take 7–14 days. If a vendor needs 60 or 90 days, ask why — usually it means heavy custom engineering that won't survive the next product update.

# Implementation checklist (week-by-week)

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## Week 0 — before you sign

- BAA signed and stored
- Vendor's data-export commitment in contract
- Named CSM + named technical contact
- P1/P2 SLAs in writing
- Test calls scheduled with at least 2 references

## Week 1 — integration setup

- PMS API credentials provisioned
- Provider list synced and verified (names, NPIs, calendars)
- Appointment types mapped (cleaning, exam, perio, etc.)
- Insurance payer list confirmed (top 10 by volume)
- Test call from an internal number → confirm AI answers

## Week 2 — workflow tuning

- Greeting customized to your brand
- After-hours behavior defined
- Escalation rules set per scenario
- Reminder cadence set (24-hour and 2-hour)
- Review-request SMS template approved

## Week 3 — soft launch

- Forward 25% of calls (or all after-hours) to AI
- Daily review of transcripts with vendor for first 5 days
- Patient feedback channel open (text 'WAS THIS HELPFUL?')
- Front desk briefed on what AI does and doesn't do

## Week 4 — full launch

- 100% call coverage
- Weekly performance report delivered
- First post-launch tuning session scheduled (week 6)
- ROI baseline locked in (calls answered, bookings, revenue)

# ROI calculation framework

There are three lines on the ROI calculation. Don't skip any of them, and don't let a vendor calculate them for you.

Line	How to calculate	Source of data
Recovered missed-call revenue	$(\text{Missed calls/week} \times \text{close rate} \times \text{avg patient value}) \times 52$	Call log from your phone system or carrier
Saved staff hours	$(\text{Hours/week on phone} + \text{insurance work} \times \text{hourly rate}) \times 52$	Time logs for one week, multiply by 52
No-show reduction	$(\text{Current no-show rate} - \text{projected}) \times \text{appts} \times \text{avg patient value}$	Reports from PMS
TOTAL ANNUAL VALUE	Sum of three lines above	
AI receptionist annual cost	From vendor's contract	Vendor
<b>NET ANNUAL ROI</b>	<b>Total value minus annual cost</b>	

**Rule of thumb:** if a vendor can't get your net annual ROI to at least 4x their annual cost in year one, the math is not on your side. Either they're overpriced or your practice is too small for AI receptionist value to land yet.

# Final scoring sheet

Add up scores from the comparison table on page 6. Use this as the final tiebreaker.

	Vendor A	Vendor B	Vendor C
Score from comparison table (out of 55)			
References — would they sign again? (Y/N)			
Pricing fits my budget at 2x volume? (Y/N)			
Net ROI $\geq$ 4x annual cost? (Y/N)			
Would I be embarrassed if a patient knew? (Y/N)			
<b>FINAL DECISION</b>			

# Next steps

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If you've worked through this guide, you should now have a defensible shortlist and a procurement plan that protects you for the next 18 months.

If Aria is on your shortlist, our 30-minute demo is built around your real practice — not a script. We'll answer test calls with your front desk live, walk through the PMS integration depth for your specific PMS, and share three customer references in your specialty.

If Aria isn't a fit, that's fine. Use this guide on whoever is. The dental industry needs more practices making procurement decisions like operators, not like the marketing copy.

## Ready to see Aria in action?

A 30-minute live demo. No script. We answer your phones, we book your patients, you ask anything.

**[AriaDental.AI / demo](#)**

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