planet DDS

2026 MID-YEAR

Dental Industry Outlook

New data, trends, and regulatory decisions that are impacting DSO growth

Thank you to these contributors

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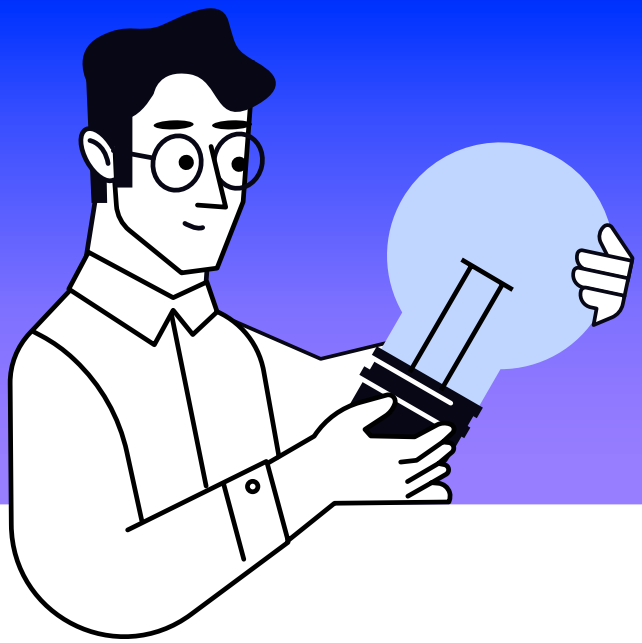
Eric Giesecke
Chief Executive Officer
Planet DDS

Dentistry Has Entered a New Era. Here's What It Demands.



Something has shifted in the conversations I have with dental leaders. The questions have changed. Five years ago, the conversation was almost always about growth: how to add locations, how to attract capital, and how to move faster. Today, the question is different. The question is: How do we run what we've built better?

That shift has a name. I first heard it at the Dental Capital Forum in NYC in May 2026. The industry has entered the era of the dental enterprise.

It wasn't declared by anyone. It arrived on its own—the natural consequence of a decade of consolidation reaching its next stage. An estimated 150 to 300 DSOs now hold 20 to 25 percent of all dental offices in the country. The top 20 groups alone have nearly doubled their location count in under a decade. The acquisition phase succeeded. The enterprise operating phase is what comes next.

And most organizations are attempting it on infrastructure that was never built for it.

The Gap Between Ambition and Infrastructure

The gap between ambition and infrastructure is the defining challenge of this era. Not capital. Not market conditions. Infrastructure. A different practice management system in three locations. An imaging platform that doesn't share patient data with the PMS. An RCM workflow living in a BI platform that someone built in 2019. Practice-level software being asked to run an enterprise.

We have a name for that cost. We call it process debt. And like all debt, it compounds—quietly, until it doesn't.

The groups that went on acquisition runs are now sitting on the infrastructure decisions they deferred. Multiple systems that don't communicate. Technology spend no one has full visibility into. Locations that each operate a little differently because there was never a real standard. The conversation has changed because the environment forced it. Same-store growth is now the metric every serious operator and every capital partner is measuring. You don't manufacture it with another acquisition. You build the operational foundation that produces it, consistently, across every location in the portfolio.

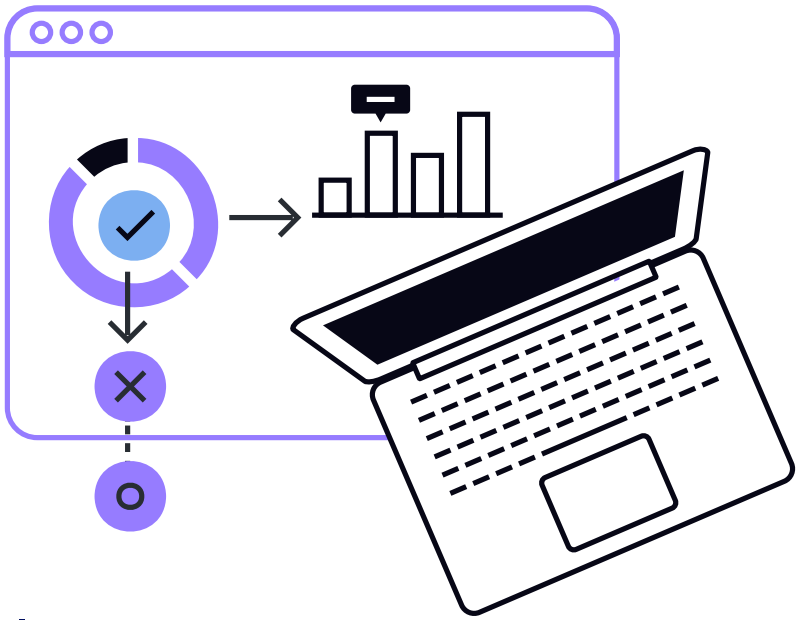
Four forces are compressing the timeline for getting this right:

1. **The performance imperative is replacing the acquisition imperative.**
The groups that went fast are being asked to perform. That requires a different kind of infrastructure than the one most of them inherited.

2. **AI has arrived, and the data layer determines everything.**
The winners of the AI era will not necessarily be the groups that adopt AI tools first. They will be the groups that built the data foundation that makes every tool work better. That foundation—connected operational data across locations, patients, production, and outcomes—is a strategic asset that compounds. A group building it now will have an intelligence advantage in 2030 that a late mover cannot close.

3. **Labor pressure is structural, not temporary.**
When 70 to 90 percent of dental offices report they cannot fill clinical roles, you cannot hire your way to performance. Automation is no longer a productivity story. It is a survival one. The platform you run on increasingly determines how quickly you can respond.

4. **The bar for what enterprise-grade infrastructure means has risen.**
Today's DSO leaders are evaluating technology the way enterprises evaluate platforms: single data layer, security governance at scale, and real visibility across every location. These are not the buying criteria of a practice shopping for software; they are the criteria of an enterprise that has outgrown the tools it started with.



The Platform the Era Demands

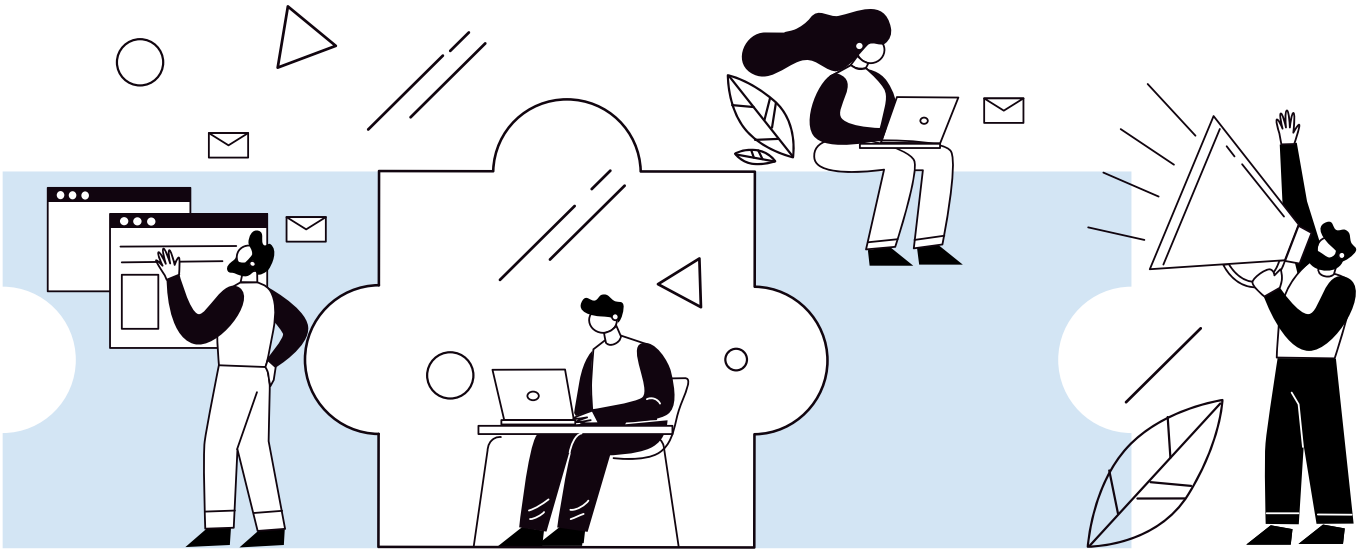
Planet DDS has been building for this era for more than twenty years. Cloud-native since 2003—not migrated to the cloud, built for it. Open by design, because the best dental enterprises should run the best tools without being forced into a single vendor's roadmap. And AI woven into the data layer from the beginning, not bolted on as a feature.

The era of the dental enterprise demands more than a better practice management system. It demands a dental enterprise platform—one that connects practice management, revenue cycle, imaging, and AI on a single shared data layer, giving leaders the visibility, control, and financial performance to run the enterprise they have actually built.

DentalOS® is that platform. Not our answer to the PMS market. Our answer to what the industry needs now.

The organizations building something durable in this era are not waiting for a better moment. They are making the infrastructure decision deliberately while the window is open. The groups that do the work now are the ones who will find out it was worth it.

The era of the dental enterprise is here. We built the platform it runs on. We are honored to be part of what you're building.



Mike Huffaker
Chief Revenue Officer
Planet DDS

What I Keep Seeing When I Sit Across from DSO Leaders

I've had a version of the same conversation dozens of times. Different cities, different-sized groups, and different stages of growth. But the underlying themes keep showing up like clockwork.

Some leaders are building something that compounds. Others are working incredibly hard and not moving forward. The gap between those two groups is widening and it's not about capital or market conditions. It's about whether they're honest with themselves about what's actually happening inside their business.

Here's what I keep seeing.

The organizations pulling ahead made decisions.

One pattern I keep seeing is indecision. Groups that have been evaluating the same technology for 18 months. Leaders who know their operational model isn't working but keep finding reasons to wait. Organizations cutting costs because it feels more defensible than investing when things are uncertain.

I understand the instinct. But cutting your way to growth doesn't work. You get smaller, slower, and less competitive, and eventually you're dealing with a much harder problem than the one you were trying to avoid.

The DSOs I see thriving right now have one thing in common: They made calls. Not always perfect ones. But they moved, they executed, and they learned. The groups that are stuck are still waiting for certainty that isn't coming.

You're probably measuring the wrong thing.

Case acceptance gets all the attention. Case completion barely gets any. That's a problem. Our data across 8,500 practices puts the average case completion rate at 47%. For a meaningful portion of those practices, the gap between what patients accept and what they actually come

back to complete is 30 points or more. Go beyond that gap, and growth becomes very difficult. The revenue isn't being lost at the treatment planning conversation; it's leaking in the space between yes and actually getting the work done.

Most groups don't track it. They look at acceptance, see a number they're happy with, and wonder why production isn't growing. Look under the hood.

New patient volume tells a similar story. There's a clear inflection in the data at 35 new patients per month. Practices above that threshold grow at nearly three times the rate of those below it. The conventional wisdom has been to protect your existing patient base first and worry about new patients second. That instinct isn't wrong; it's just incomplete. New patients tend to arrive with untreated conditions. Their revenue potential is structurally higher. If your new patient funnel is weak, you're running uphill no matter what else you fix.

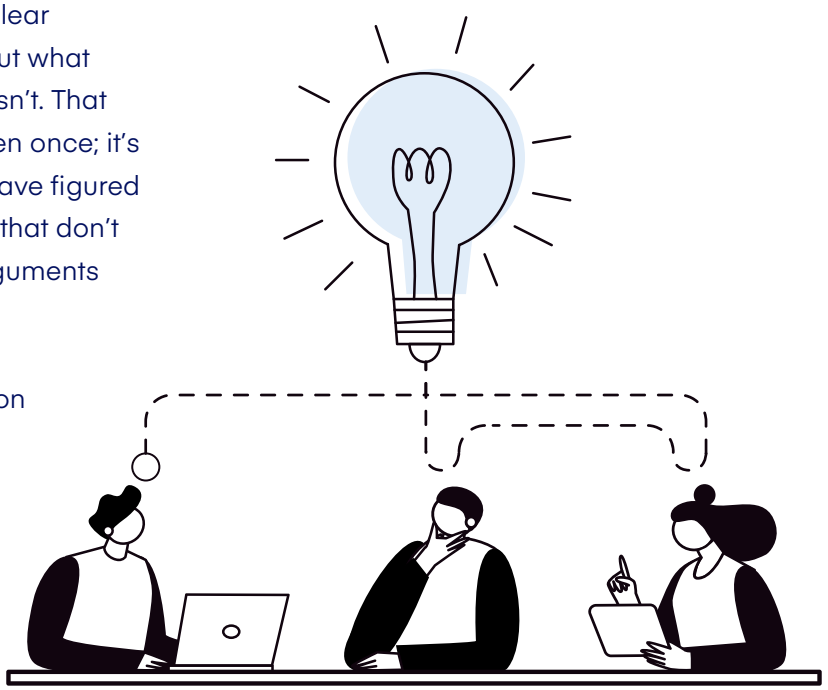
Know your number. Then, build a system around it.

Clinical autonomy is real. It's also been misused.

This one's a little blunt, but I've watched it cost too many organizations too much to dance around it.

Clinical autonomy is important. Doctors should control clinical decisions, full stop. But somewhere along the way, that principle got stretched to cover everything. Software selection. Workflow design. Operational reporting. And because executives didn't want to alienate their doctors, they let it happen.

The strongest DSOs I talk to have drawn a clear line. They've had explicit conversations about what lives inside clinical judgment and what doesn't. That conversation isn't easy, and it doesn't happen once; it's an ongoing discipline. But the groups that have figured it out are running real businesses. The ones that don't are still are still having the same circular arguments they were having five years ago.

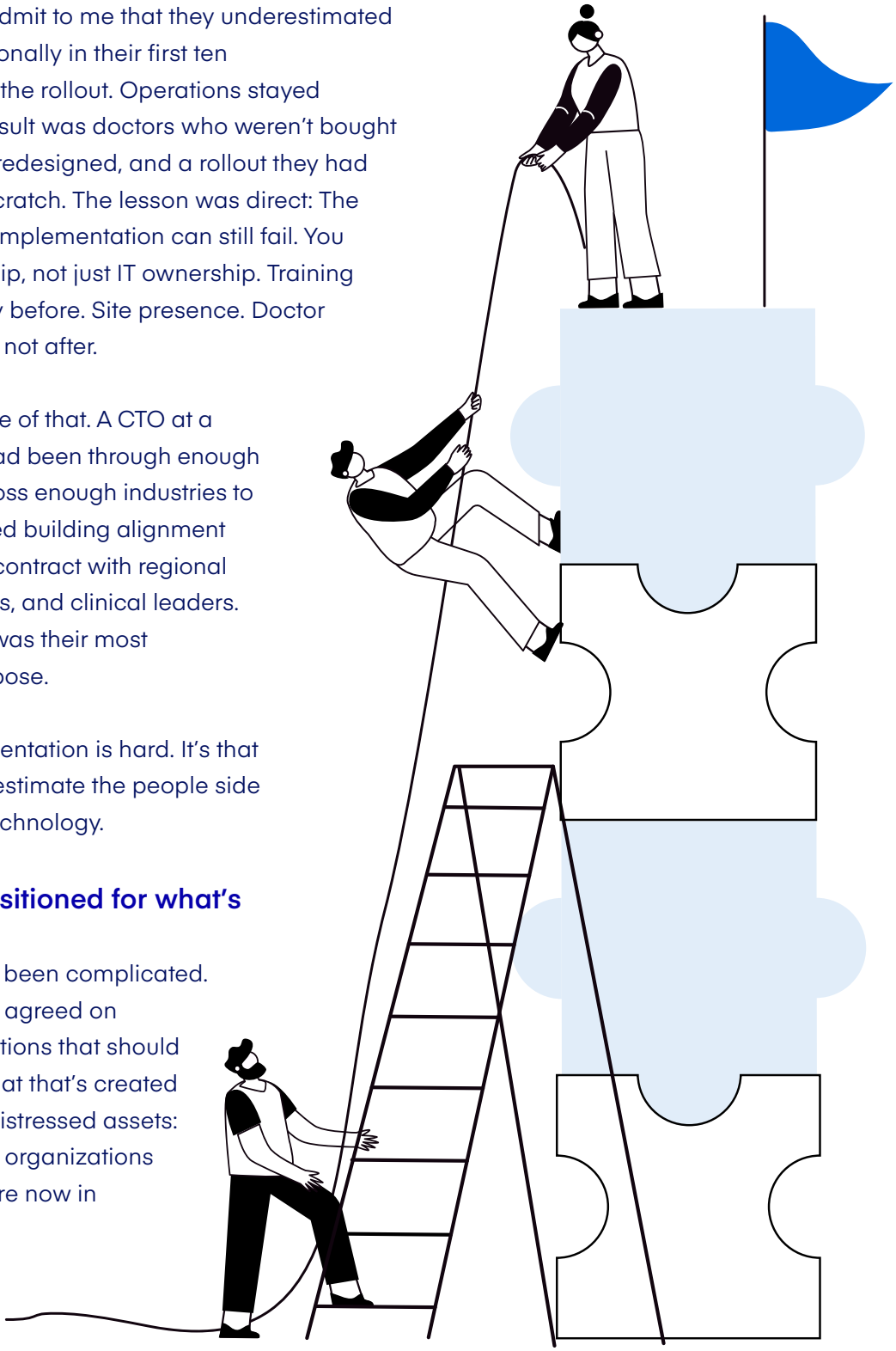


I've heard a DSO CFO describe their decision framework exactly this way: Every major decision starts with a question. Is this a clinical autonomy issue or a business autonomy issue? That framing alone has been worth more than most technology investments.

Implementation is an organizational problem, not a technical one.

I've watched a lot of technology rollouts up close over the last several years. The ones that go sideways almost never fail because the software doesn't work. They fail because the organization wasn't ready.

I've had a CFO candidly admit to me that they underestimated what it would take operationally in their first ten implementations. IT drove the rollout. Operations stayed focused elsewhere. The result was doctors who weren't bought in, workflows that weren't redesigned, and a rollout they had to stop and rebuild from scratch. The lesson was direct: The tech can be right and the implementation can still fail. You need operational ownership, not just IT ownership. Training two weeks out, not the day before. Site presence. Doctor buy-in built before go-live, not after.



I've also seen the other side of that. A CTO at a fast-growing group who had been through enough technology transitions across enough industries to know the pattern. He started building alignment before they ever signed a contract with regional directors, influential doctors, and clinical leaders. Their first go-live location was their most change-ready one on purpose.

The point isn't that implementation is hard. It's that most organizations underestimate the people side of it and then blame the technology.

Most people aren't positioned for what's coming next.

The M&A environment has been complicated. Buyers and sellers haven't agreed on valuations. A lot of transactions that should have happened didn't. What that's created is a growing inventory of distressed assets: lender-owned groups and organizations that over-leveraged and are now in survival mode.

That situation won't last. And when the logjam breaks, the groups positioned to move will be the ones that spent this period doing the unglamorous work, standardizing their systems, tightening their operations and having the conversations they'd been deferring. The premium on well-run organizations isn't going away. If anything, it's going to increase as the gap widens between groups that built real foundations and those that just aggregated EBITDA.

The question is changing.

For most of the DSO era, the technology conversation started and ended with practice management. Which system, which migration path, which vendor. It was the right question for the time when the primary challenge was getting practices onto a common solution and out of servers.

That era is over.

The groups operating at the frontier today aren't necessarily asking a different question yet, but they're feeling the limits of the old one. The practice management conversation still happens, but something else is underneath it. A frustration that the tools weren't built for the organization they've become.

A recognition that visibility, consistency, and scale require something more than a better version of what they already have. They may not have the words for it yet. But the need is real, and it's showing up in every conversation I have with operators who are serious about what they're building.

The complexity DSOs are managing now—multi-state operations, mixed acquisition models, workforce standardization, PE reporting requirements, multiple specialties, and clinical quality at scale—wasn't the complexity practice management software was designed for. The operators who are figuring that out are starting to demand something different. Not just a better practice management software. A platform built for the enterprise organization they've become.

We're seeing this new category being defined in real time. The DSOs at the front of it are already asking the right questions.

The cycle is turning. The organizations that did the work are about to find out it was worth it.

Mike Huffaker is Chief Revenue Officer at Planet DDS and host of *The Dental Economist Show*.
PlanetDDSPodcast

Nathan James
Chief Product Officer
Planet DDS

We Made Three Bets. Here's What We Built.

A year and a half ago, we made a decision that most software companies wouldn't have made.

We decided not to build a better practice management system.

That sounds strange coming from a product person whose company runs practice management for tens of thousands of locations. But when I looked honestly at what dental enterprises would need over the next decade, I kept arriving at the same conclusion: the PMS is not the destination. It is the foundation.

And the industry had spent twenty years building tools for the practice while the enterprise—the actual operating entity that needed visibility, control, and performance across dozens or hundreds of locations—was building on top of software that was never designed for it.

We realized we were in a position to introduce something new because of the three early bets we made. On a market that hadn't fully arrived yet.

And those bets are paying off.

Bet One: Cloud-Native from Day One

One, we've been cloud-native since day one, long before it became the norm. We built from the ground up in 2003 for multi-location dental organizations running on shared infrastructure.

Twenty-three years of solving the problems that only appear at scale: multi-location reporting, centralized

billing, and security governance across hundreds of locations. That institutional knowledge is embedded in every layer of this platform. A competitor can buy a cloud migration; they cannot buy the organizational memory of what breaks at scale and how to prevent it.

Bet Two: Open by Design

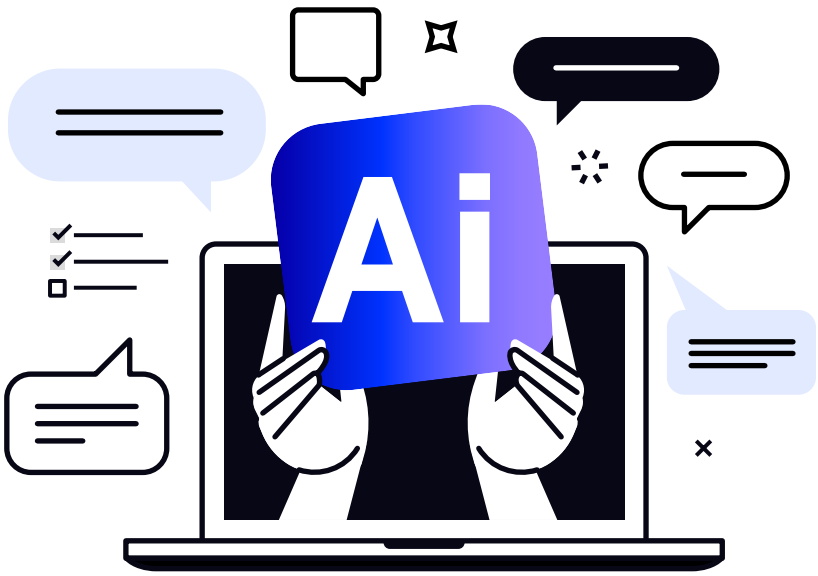
Some platforms are built around a single vendor's vision of how dental should work. You get their tools. You accept their roadmap. You wait for their priorities. And when your ambition outgrows what they decided to build, you have no options.

We made a different bet: Great dental enterprises should run the best tools in the industry, and those tools should work together natively without forcing a workaround or adding a vendor. DentalOS® connects with more then 80 integration partners across patient engagement, analytics, specialty systems, and revenue cycle. They all read from the same data layer.

This is not a technical preference. It is a belief about who should be in control of how an enterprise operates. It should be the operator, not the software vendor.

Bet Three: AI-Native, Not AI-Added

This is the bet I think about most. Because it's where the compounding advantage becomes clearest.



We did not build AI as a feature tab. We did not license it from a third party or add it to existing workflows as an afterthought. We wove intelligence into the data layer of the platform: inside the chart, inside the workflow, and inside the decisions teams make every day.

The result: Every year a dental enterprise runs on DentalOS, the data underneath gets richer and more connected. The intelligence is not just a capability; it is an asset that belongs to the organization running on it. And unlike most assets, it compounds the longer you hold it.

A group that builds this data foundation in 2026 will have an intelligence advantage in 2030 that a group starting later cannot close. Not because we will stop them from buying similar software. Because two years of connected operational data cannot be manufactured retroactively.

Three Bets, One Platform, and the Operating Model That Runs on It

Those three early bets are what allowed DentalOS to be possible. And in 2026, the enterprise operating model built on it is complete. Four layers. All running on the same platform from the same data.

The foundation

DentalOS is the platform. Everything else runs on it. One security model, one data layer, one governance structure across every product, every location, and every integration partner. A unified patient record—not a Denticon record or a Cloud 9 record but a DentalOS patient—carrying a complete history of GP visits, ortho treatment, imaging, insurance, and payments across every location in the group.

A true single source of truth. And because DentalOS is open by design, more than 80 integration partners connect to that same data layer—patient engagement, analytics, specialty systems—giving operators control over their technology stack without rebuilding it every time something changes.

The AI workforce

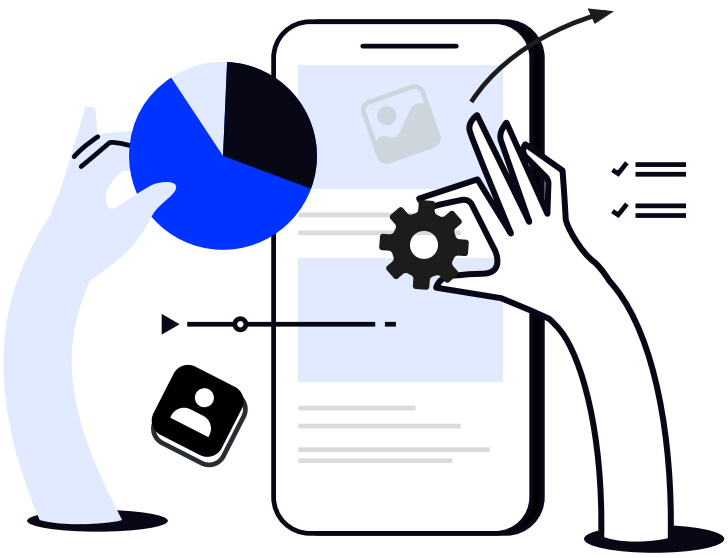
Agent+ puts an AI workforce inside Denticon and Cloud 9. These agents confirm appointments, fill recall gaps, reschedule cancellations, and recover missed production—writing outcomes back to the PMS in real time, with no double entry and no manual follow-up.

The Confirmation Agent and Recall Scheduling Agent are live now. The rest of the Scheduling Agents Family—rescheduling, treatment scheduling, quick fill—arrives later this year. Every agent inherits the same data layer and governance from day one, which means deployment across hundreds of locations is not a rollout problem. It is a configuration.

Clinical intelligence

Clinical Voice+ eliminates the documentation burden that is quietly burning out clinical staff. AI Voice Perio Charting and Restorative Voice Charting are live in Denticon today. A provider calls out findings during the exam. The chart writes itself—in real time, hands-free, and no scribe required. An automatically generated perio report card calculates stage and grade per AAP guidelines, with visit-over-visit tracking built in.

AI Voice Progress Notes arrive later this year, completing the clinical layer. Notes stay inside the system. Providers go home on time.



The financial layer

The RCM Hub closes the loop on revenue. We envision a world with zero RCM friction. The average dental group leaves 20 to 30 percent of submitted claims in a denial or pending state at any given time. For a 20-provider organization, that is millions in recoverable revenue sitting in a queue with no unified visibility.

The RCM Hub changes that: one workspace across eligibility, claims, remittance, and patient AR, with board-ready dashboards sliced by location, provider, and payer, and predictive insights that surface revenue risk before it becomes a write-off. It arrives in the second half of this year.

Foundation. AI workforce. Clinical intelligence. Financial layer. That is the complete enterprise operating model—all of it built in 2026, all of it on the same platform and the same data.

The Window Is Open

The three bets we made early created advantages that are structural for our customers, not temporary. Cloud-native architecture cannot be replicated on a short timeline. An open platform gives you control that a closed stack cannot. And a data asset built over years of connected operational history is something no late entrant can manufacture by moving faster.

The window to build on the right foundation is open. The groups moving now are not just buying software. They are building an advantage that compounds—in operational performance, in AI capability, and in enterprise value—the longer they run on it.

The platform is built. The operating model is complete. We are ready.

Are you?

2026 Mid-Year Data Trends

Ever wonder how your practice compares against others?
Here are the average benchmarks for common key performance indicators.

61%

61% average **case acceptance rate** marked as accepted, scheduled, or completed 1/2026 – 6/2026

2025 industry average: 58%

49%

49% average **case completion rate** of treatment plans created between 1/2026 – 6/2026 that were completed by 6/2025

2025 industry average: 47%

47

47 average **new patients** per month per practice, including specialty

2025 industry average: 46

13.7%

13.7% of patients **canceled an appointment** in advance

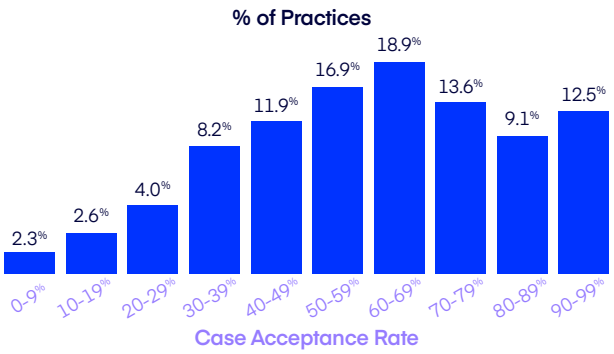
2025 industry average: 12.9%

6.4%

6.4% of patients **failed to show** for an appointment without prior notice

2025 industry average: 6.9 %

Case Acceptance Varies Widely by Practice

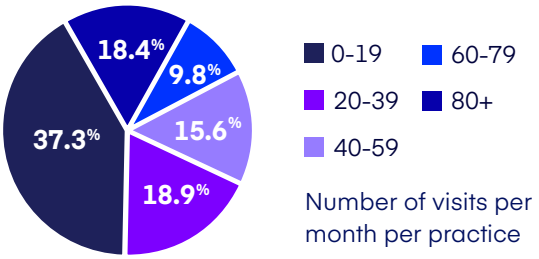


66%

66% average **hygiene reappointment rate** within months

2025 industry average: 63%

Number of New Patients Varies Widely



Source: Planet DDS analysis of more than 5,200 practices on Denticon includes general dentistry, specialty dentistry, emergency dental clinics, and mobile dentistry clinics. Individual practice results are influenced by their patient mix, provider mix, and payor mix.

Same-Store Growth Trends

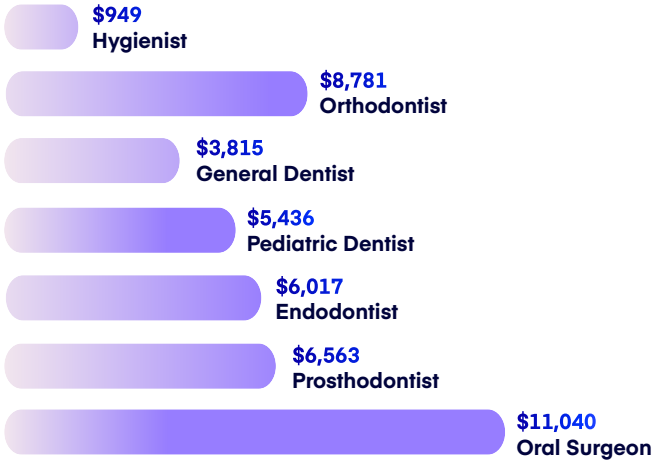
56.4% achieved same-store growth in production during the first six months of 2026, compared to the first half of 2025.

Same-Store Growth Trends

across 3,294 practice locations

	Q1 2026	Q2 2026	H1 2026
Simple Average*	6.4%	5.6%	4.8%
Trimmed Mean*	3.5%	2.8%	2.8%
Weighted Average*	2.6%	2.8%	2.2%

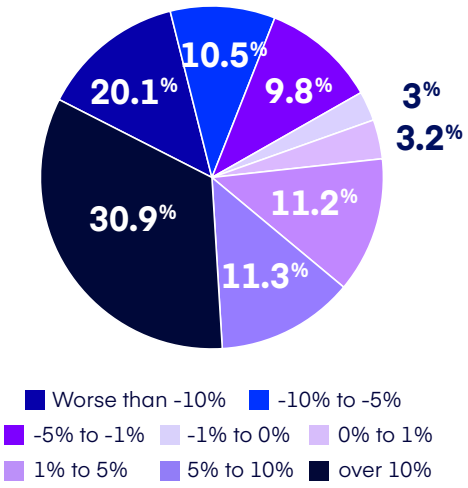
Average Daily Production by Provider



Average Daily Production by Practice

The gross daily production figure is calculated on the practice's expected collections, rather than UCR fees. It does not reflect adjustments or write-offs.

Adjusted Distribution of Average % Growth



Cloud 9 Trends

69.7% case acceptance for orthodontic treatment

2025 average is 68.3%

368.3 new patients

six-month average consultations for orthodontic practices

Source: Analysis of 2,500 practices on Cloud 9

*Simple Average: Shows all individual practice growth rates. Best for "How did a typical practice perform?" **Trimmed Mean**: Shows the average after removing extreme outliers (top/bottom 10%). Best for "What's the typical performance without outliers skewing results?" **Weighted Average**: Shows overall growth based on total revenue across all practices. Best for "How did all practices within the Planet DDS ecosystem perform overall?" and for understanding total practices/revenue performance.

Brian Colao
Director
Dykema DSO Industry Group

A New Era of Aggressive Regulatory Enforcement

One trend that I have been watching closely over the last two years is the significant uptick in DSO regulatory enforcement. The DSO regulatory climate has varied from lenient to aggressive over the last ten years. After a period of relative stability and leniency from 2015 to 2023, it has recently swung back toward stricter and unpredictable. Several developments are driving this shift.

State Laws Targeting Private Equity Investments in Healthcare

Numerous state laws and regulations targeting private equity investment in healthcare—many including dental—have been passed or are being considered by state legislators. These laws impose various degrees of state level disclosures and/or approvals for private equity investment in healthcare organizations.

Although some of the most onerous potential laws did not pass (such as AB 3129 in California vetoed by Governor Newsom in September of 2024), there are still numerous bills being proposed with varying requirements, and it is uncertain which ones may ultimately pass in the future. These laws generally make it more difficult to complete healthcare transactions and could have the effect of reducing interest by private equity investors in DSO transactions.

The Association of Dental Support Organizations (ADSO) has been leading lobbying efforts to prevent the passage of these new laws, or to exclude dentistry from them, but there is a lot of momentum in many states to pass this sort of regulation.

Increase in Government and Payor Audits

The current presidential administration has made a priority of eliminating fraud in healthcare, and the current difficult economic conditions have prompted states and private payors to seek to recoup as much money as possible. This has led to a significant uptick in federal and state government and private payor audits and investigations into improper billing.

Many of these investigations lack merit but require considerable expenditures of time, effort, and money to defend. All DSOs should focus on complying with government and payor billing requirements.

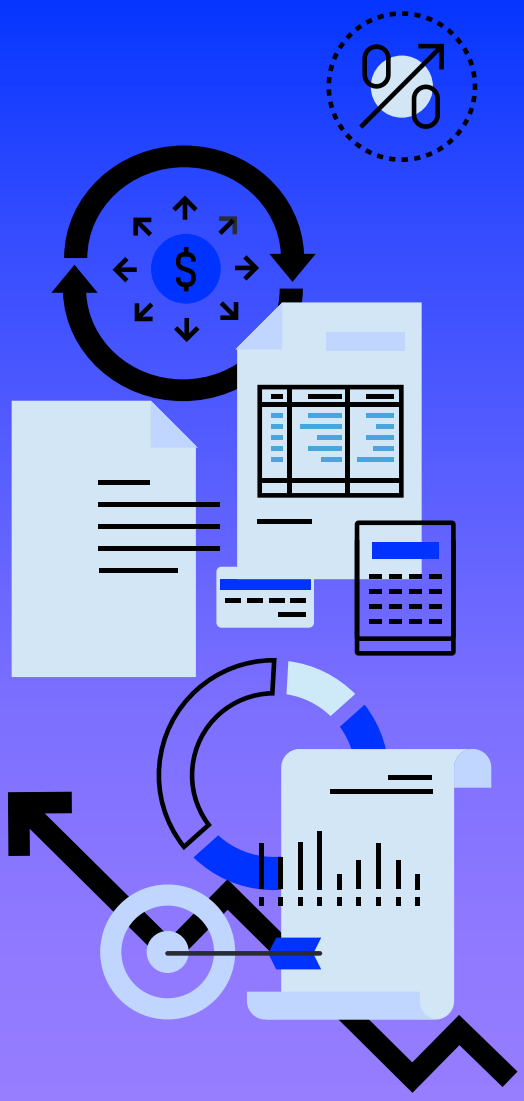
Renewed Enforcement of Corporate Practice of Dentistry Regulations

After five years of relative calm, state governments have begun aggressively enforcing corporate practice of dentistry and dental advertising regulations. This includes at least one very significant settlement in the state of California and recent aggressive enforcement actions in other states such as New York, New Jersey, Texas, Florida, and Colorado.

These enforcement actions could potentially require DSOs to change the way they conduct business in certain states and/or make it more difficult to conduct business in certain states. In the current environment, it is critical that all DSOs adopt a comprehensive plan of regulatory compliance.

Rich Blann
Managing Director
DC Advisory

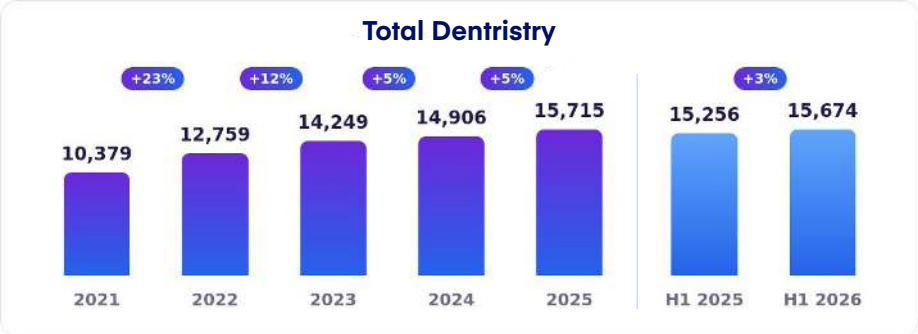
Dental Market M&A & Consolidation Trends

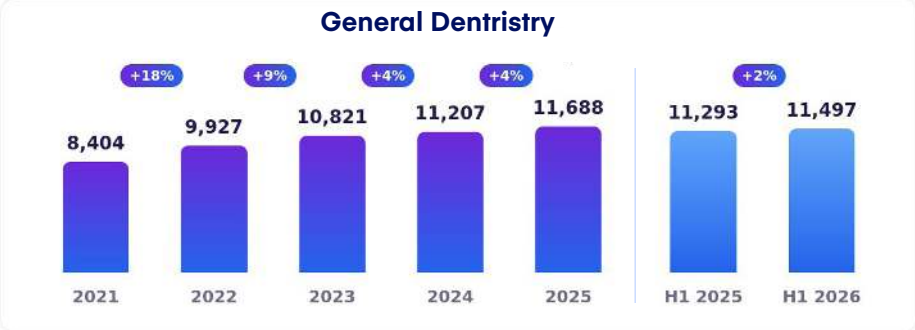


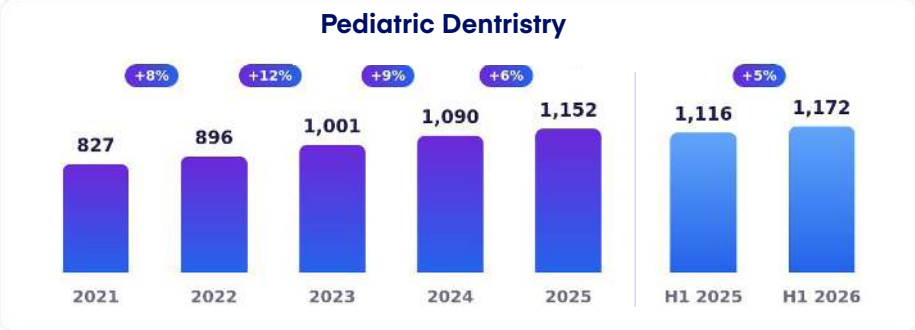
The great dental reset is driving the beginning of a "consolidation of consolidators" theme. Publicly available data from January through May 2026 reveals the following trends:

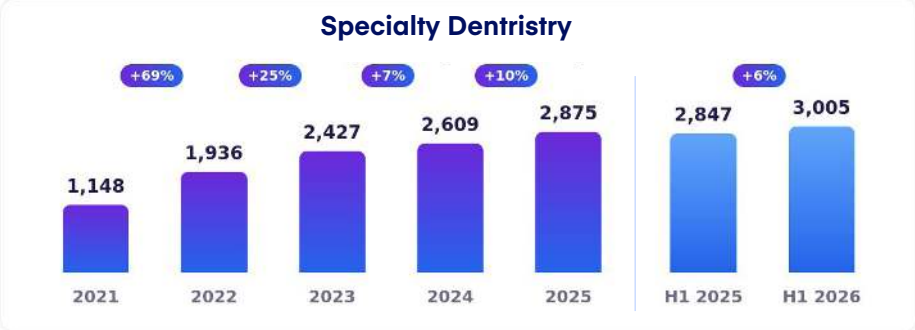
- M&A has declined significantly from peak to trough (annual consolidation growth declined from 23% in 2022 to less than 3% for January through May 2026).
- Many DSOs are struggling with over-levered balance sheets (5 of 10 largest DSOs owned by lenders) and limited new capital entering the DSO market given sub-10% success rate in DSO recapitalizations (more than 50 of the last 55 recapitalization processes failed).
- General dentistry DSOs practice count grew only 1.8% for the twelve-month period ending May 2026, while specialty DSOs grew at 5.5% during this time.
- Well-capitalized DSOs are very engaged in pursuing M&A when opportunities are most strategically aligned.
- Sector is transitioning to "consolidating the consolidators" strategy with equity value accretion through a synergizing of target MSO (management service organization).
- Target DSOs with sizable MSOs offer buying DSOs the opportunity to capture material cost savings by eliminating duplicative costs.
- Target DSOs are repositioning to sell to strategic DSO buyers (e.g., practice carve-outs, regional/specialty divestitures, merger/combinations, etc.).

These charts represent the total number of dental practice locations associated with private equity-backed DSOs.









DC Advisory is the global investment banking arm of Daiwa Securities with over 750 dedicated investment bankers across 24 offices around the world.

Andrew Smith
CEO
Association of Dental Support Organizations

Adult Dental Coverage Trends

Midway through the year, adult dental coverage remains one of the most pressing issues shaping access, affordability, health outcomes, and the future of care delivery—with the Association of Dental Support Organizations (ADSO) continuing to play a leading advocacy role.

Current Landscape of Adult Dental Coverage

Recent years have brought meaningful progress in adult dental coverage, with more states expanding benefits and a growing number of adults gaining access to care.

- **Medicaid adult dental benefits expanded significantly between 2020 and 2024.** 28 states expanded benefits or increased frequency of coverage, 13 increased or eliminated annual benefit maximums, and 11 states and the District of Columbia began offering extensive coverage to all adult beneficiaries.

- **We entered 2026 with 38 states and the District of Columbia offering enhanced dental benefits for adult beneficiaries.** This number represents a significant increase from previous years.

- **Expanding adult dental benefits reduces dental-related emergency visits,** saving patients, providers, and the healthcare system significant time and money.

- **DSOs continue to have higher rates of Medicaid participation,** contributing to the expansion of adult dental care access.

Oral health is inseparable from overall health. Increasing dental coverage for adults is crucial to preventing serious health problems and lowering long-term medical costs.

Key Advocacy and Policy Efforts

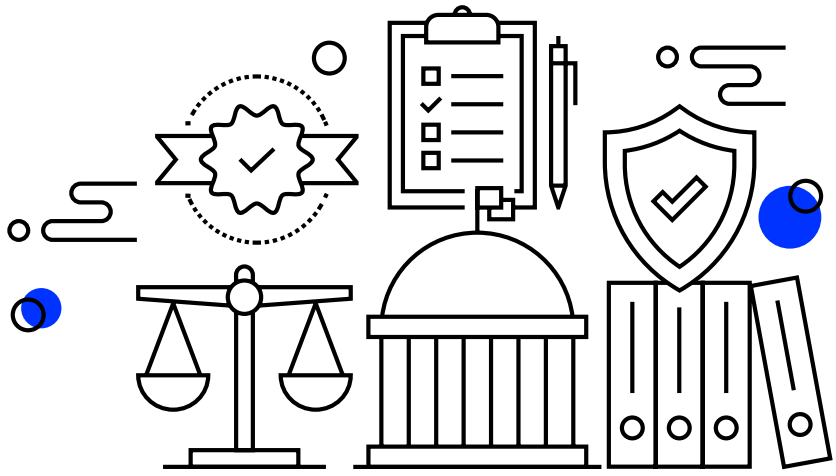
The ADSO is proud to be a leading advocate for the expansion of adult dental coverage, actively engaging policymakers at both the federal and state levels.

- **As a member of the Organized Dentistry Coalition, the ADSO is working to expand adult coverage through Medicaid and Affordable Care Act (ACA) marketplaces.** We are pushing the Centers for Medicare & Medicaid (CMS) to allow—not prohibit—adult dental coverage as an essential health benefit.

- **The ADSO is a staunch supporter of the Medicaid Dental Benefit Act.** This legislation would close the nation's coverage gap by requiring comprehensive dental coverage for all adult Medicaid beneficiaries.

- **By championing the SMILED Act, the ADSO is working to eliminate administrative burdens that reduce access.** Unnecessary credentialing and audits too often discourage providers from Medicaid, which end up limiting access for patients who need care most.

- **With the help of our advocacy, 21 states have either enacted or have pending legislation to join the Dentist and Dental Hygienist Compact (DDH Compact).** Currently, the dental industry is meeting just 33.51% of the population's needs due to the workforce shortage. The DDH Compact streamlines licensure across state lines, helping close this gap and ensuring there are enough providers for our growing population.



ADSO Association of Dental Support Organizations

The ASDO is a non-profit organization committed to providing support to its members, allowing affiliated dentists to focus on patients, expand access to quality dental care, and improve the oral health of their communities.

Alexa Benito-Nance
Head of DSO Sales & Customer Success
IntelePeer

Your DSO Revenue Problem Is Probably Not Where You Think

Based on IntelePeer's work across enterprise DSOs, here are five operational gaps quietly costing DSOs millions in lost production, preventable patient churn, and aging receivables:

1. **Most production leakage happens before the patient ever reaches the chair.**

Across many DSOs, patient access friction, including missed calls, delayed response times, scheduling gaps, and no-shows, remains one of the largest hidden drivers of lost production.

For many DSOs, every missed patient interaction represents more than a missed call. It represents revenue walking directly to a competitor.

2. **Many DSOs struggle to deliver a consistent patient engagement experience at scale.**

As DSOs expand across markets, maintaining consistent call handling, scheduling responsiveness, and front-office coverage becomes increasingly difficult, especially during peak call periods, after-hours windows, and when staff is under pressure.

Optimizing patient engagement workflows is now directly tied to same-store growth initiatives, improved chair utilization, and long-term operational efficiency.

3 **Aging patient A/R becomes exponentially harder to recover at scale.**

Once patient balances extend beyond 90 to 120 days, recovery rates decline significantly, particularly when outreach efforts rely heavily on manual revenue cycle management (RCM) workflows and limited staff bandwidth.

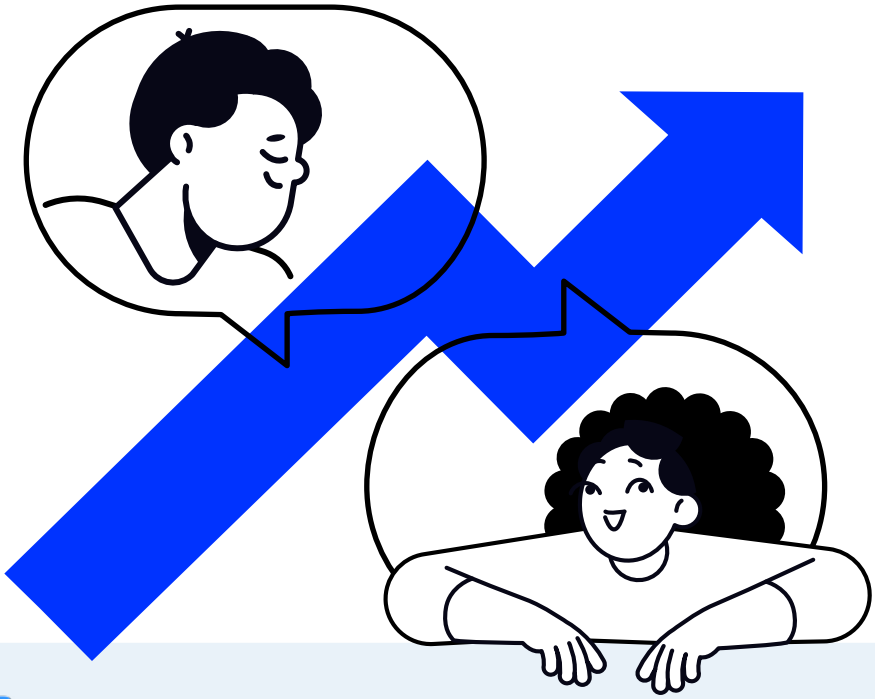
42 North Dental recovered more than $8M in outstanding patient A/R through automated outreach initiatives. Another top 10 DSO recovered more than $20M in outstanding patient A/R, with approximately one-third of collections tied to balances over 120 days old.

4 **Front-office staffing instability creates operational inconsistency across the organization.**

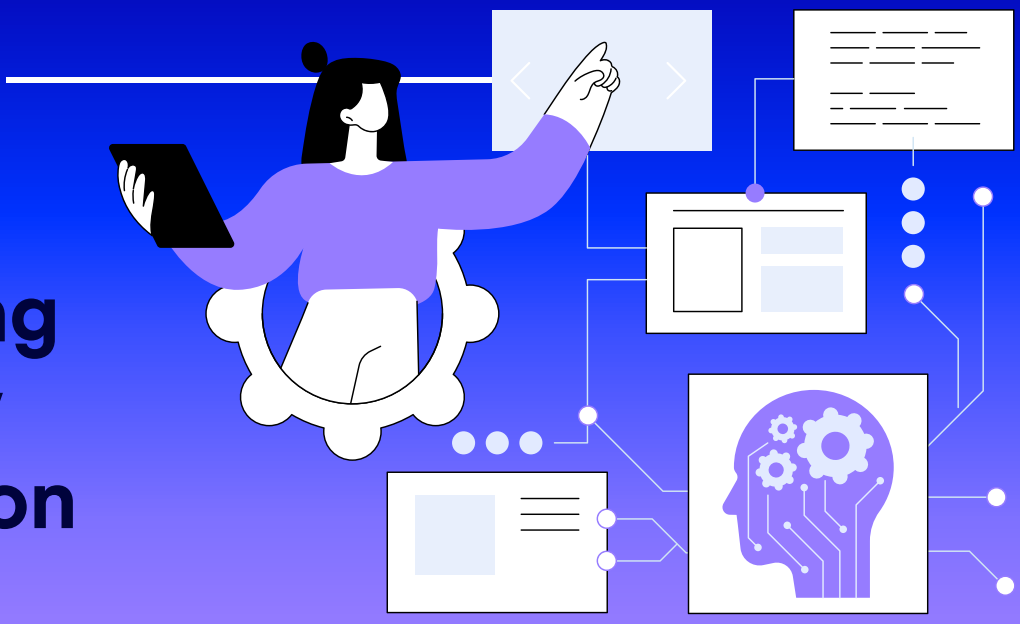
DSOs like Benevis are leveraging AI-powered patient engagement to support a scalable human-plus-AI strategy, helping reduce operational strain on teams while creating a more consistent patient experience across locations.

5 **Leading DSOs are moving from reactive patient engagement to proactive patient intelligence.**

By connecting patient interactions across voice, SMS, digital channels, and live staff engagement, DSOs are gaining greater visibility into the full patient journey, helping leadership teams identify operational gaps earlier, improve patient experiences, and shift from reactive workflows to more proactive patient engagement strategies.



Elliot Zibel
Founder and CEO
ClariFi Health



Leveraging Workflow Automation with AI

Early AI adopters in dentistry will leverage workflow automation and copilots to grow substantially faster and run much more efficiently than legacy DSOs weighed down by tech and data debt. Five key factors are driving this momentum:

1. Same-store revenue and earnings growth will remain challenging due to reimbursement pressures, consumer headwinds, labor constraints, and inflation.
2. Workflow automation will substantially lower corporate overhead costs for early AI adopters, particularly in revenue cycle management (RCM).
3. Copilots and agents will empower providers with actionable real-time insights that improve quality of care and provider productivity.
4. DSOs will increasingly select technology partners that connect with other solutions, embed inside location workflows, and drive consistency across locations.
5. Ambient transcription will help dental organizations expand clinical capacity and efficiency by reducing documentation burden and refocusing clinicians on patient care.

ABOUT THIS REPORT

The *2026 Mid-Year Dental Industry Outlook* is an industry-focused report based on the findings from more than 8,000 dental practices and insights and data from dental industry experts. Individual contributions are copyrighted by their respective authors and used with permission.

Data Collection Methods

The datasets presented in this report are cited accordingly, including from the analysis of more than 5,200 practices on Denticon and 2,800 practices on Cloud 9. The data review process involved quantitative and qualitative analysis, data mapping, statistical modeling, normalization, anonymization, and validation.

Planet DDS Contributors

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Use of Data

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