Build Your Predictable Patient Pipeline

Reconnect with past leads. Build a complete campaign. Turn interest into attended appointments.

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How to use this book

Start with the people who already asked about your clinic. Run a small, relevant reactivation campaign, learn from their replies, then build a complete campaign to attract new leads. Improve the creative with evidence, connect the booking journey, and use the scripts to help your team follow up, book appointments and help patients attend.

If you do not have a usable list of past leads, begin with Chapter 2. The same offer, cost and follow-through work will help you prepare a campaign. This book is written for different clinic models; use the visit and care process your clinic actually provides.

Riverside Clinic is our fictional teaching case. All dialogue, prices, costs and numerical outcomes in the manuscript are invented teaching examples, not case-study claims or suggested clinical protocols. Real clinic information must replace the examples before implementation. Separate comparisons are labeled where the service or economics change.

Each chapter ends with a practical move and points to the matching worksheet in the companion workbook. Keep what you complete; later chapters build on it. You can also complete the chapter exercises in your own working document. Each chapter includes a check to help you decide whether the work is ready to use.

Work through the decision

Read each coaching scene as a chance to make the decision yourself. What would you ask next? What information would change your answer? Then build the asset for your clinic and use the chapter's check with a teammate.

Keep the patient brief, offer, campaign materials and test records together. Name who owns the next action and when you will review it. Understanding how the work should look helps you do it yourself or brief and manage someone else.

A shared vocabulary

Lead: a person who has contacted the clinic to ask about a service or appointment. In this book, lead counts refer to these people, not every message they send.

Appointment request: a request to arrange a visit. Submitting a form does not by itself confirm a booking.

Booking and attendance: a booking is an accepted appointment. Attendance means the visit occurred under your clinic's recording process.

New paying patient: define this for the service you are measuring. Paying for a first visit and buying a later treatment plan are separate events.

Cash and earned revenue: cash is money collected. Earned revenue reflects care delivered under the applicable accounting treatment.

Contribution: the money remaining after the costs included in your calculation. State which costs you have counted and which still need to be paid.

Use the same definitions and time periods throughout each report.

Contents

1. Start With the People Who Already Asked

2. Choose the Patient and the Problem

3. Build an Offer Patients Understand

4. Know What You Can Afford to Spend

5. Gather the Proof and Content Your Campaign Needs

6. Build One Complete Campaign

7. Develop Variations From a Winning Ad

8. Connect the Ad to the Appointment

9. Follow Up While the Interest Is Fresh

10. Turn the Conversation Into a Booking

11. Help Booked Patients Show Up

12. Review the Whole Campaign Before Spending More

1. Start With the People Who Already Asked

Before you pay to introduce your clinic to another hundred people, look at the people who already asked you a question.

Someone wanted the price and never received a clear answer. Someone could only come after work, and the conversation stopped when your team offered a morning. Someone said, “Call me next month,” and nobody owned that call.

You may already have the beginning of your next campaign. Open those conversations before writing a new promotion.

Throughout this book, we will follow Riverside Clinic and its coordinator, Alex. Riverside offers a paid assessment, some services people can book directly, and ongoing care. These are fictional teaching examples. The people, prices, costs and results are invented so you can inspect the decisions. Replace them with your clinic’s actual information.

Our main campaign invites people who previously asked about an initial assessment to revisit that decision. The example assessment costs $99 for 30 minutes with a clinician, a discussion of the person’s concern, and a written summary of appropriate options and prices. Treatment is separate. There is no requirement to purchase further care. The assessment fee is not credited toward treatment in this example. We will keep those terms consistent from the first message through the appointment.

Ask what changed before choosing a promotion

Picture an owner who has moved into a larger clinic. The new rooms are ready, but the calendar has gaps. The owner wants to announce everything at once: the location, new services and a membership still being developed.

Start with a smaller question: what would give someone who already contacted you a useful reason to reply today?

Owner: “We need to promote the new clinic.”

Coach: “Who are you thinking of contacting first?”

Owner: “Everyone on the list.”

Coach: “What did those people ask for, and what can you offer them now?”

Owner: “Some asked about an assessment but couldn't come during our old hours. We now have evening appointments.”

Coach: “Then start there. Check those conversations, confirm the available times and put someone in charge of the replies.”

This is a fictional coaching scene. The useful offer is the relevant appointment and improved availability. The owner can finish the wider launch separately. You can begin with an existing service when its terms, costs and delivery are already clear.

Find a useful group

Alex finds 120 records of people who contacted the clinic. Before sending a message, Alex sorts them by what they asked and what happened next.

Review of the 120 records	Records	Action
Asked about the assessment, never booked, contact status checked	40	Candidate group for this campaign
Already booked or receiving care	25	Keep out of this reactivation campaign
Asked about a different service	20	Review separately with the relevant offer
Declined further contact, wrong details or duplicate	15	Exclude and correct the record
Contact permission or previous outcome unclear	20	Investigate before contacting

The table totals 120. Only 40 belong in the candidate group, and Alex still reads the last exchange before sending anything.

Check whether the person can appropriately be contacted on the proposed channel. Having an old number does not settle that question. Use the clinic's approved contact process and resolve uncertain records before including them. Keep the working list in the clinic's approved system; a training worksheet does not need patient identifiers.

Separate people who asked about a visit but never booked from existing patients who need follow-up care. Existing patients may need the clinical or care-follow-up process covered in Book 2. A marketing message must not substitute for it.

Make sure the clinic can handle a yes

Riverside has six assessment appointments available over the next two weeks. Alex has a protected hour for replies this morning, and Sam will cover the next shift. They contact ten eligible people, then review the workload before contacting another group. Ten is a teaching choice based on this staffing example, not a recommended batch size for every clinic.

Before the first message, write down the visit, price, inclusions, available capacity and person responsible for the conversation. Check the cost too. Riverside estimates $55 in direct delivery costs per completed assessment, leaving $44 from its $99 price before outreach costs and overhead. If a promotion costs more to deliver, that allowance changes. Chapter 4 will build the full model.

You do not need a new incentive just because someone first contacted you a while ago. The useful change might be that you can now answer the question, explain the visit or offer a suitable time. If you introduce a promotion, state the actual terms and cost it before sending.

Reopen the conversation without pretending it is new

Alex: “Hi Maya, it’s Alex at Riverside Clinic. You asked us about an initial assessment a while ago. Would you still like the appointment details, or has that changed? If you’d rather not hear from us, let me know.”

Maya: “Possibly. I never understood whether the $99 included treatment.”

Alex: “It covers a 30-minute assessment with our clinician and a written summary of your options and prices. Treatment would be separate. You can have the assessment without buying anything afterward.”

Maya: “Do you have anything after work?”

Alex: “I can check that. Would you prefer this week or next?”

Maya: “Next week.”

Alex checks the live calendar before offering a time. The first message avoided putting sensitive details about Maya’s concern into an unexpected notification. It also gave her an easy way to close the conversation.

If Maya asks about suitability, Alex hands that question to the clinician. Alex can explain the appointment; Alex cannot promise that a particular treatment will be appropriate.

Decide what to do with each reply

Wrong timing

Maya: “I’m interested, but this month is impossible.”

Alex: “Understood. Would you like me to contact you next month, or would you rather reach out when you’re ready?”

Maya: “Next month is fine.”

Alex: “I’ll note that and contact you then. You can let us know if that changes.”

Record the requested timing and owner. Pause the current sequence rather than continuing to chase the same person this week.

No longer interested

Maya: “I went somewhere else.”

Alex: “Thanks for letting me know. I’ll close this follow-up.”

Close the campaign conversation. Do not treat a courteous answer as an invitation to argue about their choice.

Wrong person or request to stop

Recipient: “Wrong number. Please stop.”

Alex: “Sorry about that. We’ll stop these messages.”

Correct the record and suppress the relevant outreach through the clinic’s process. Closing a task without stopping its automation leaves the problem in place.

No answer

If the clinic’s approved contact plan allows a further attempt, it should add context rather than repeat a vague nudge:

Alex: “Hi Maya, Alex at Riverside again. I was checking whether you still wanted information about the appointment you asked us about. If you do, I can explain the visit and current availability. Otherwise, I’ll close this follow-up.”

Set a date to review whether that message received a reply. A person who never replies should not remain in an endless sequence. Choose the timing and maximum attempts for the channel, previous conversation and clinic’s contact policy; this book does not prescribe a universal number of touches.

Review the first batch before expanding it

Suppose Riverside’s first ten messages produce four replies: two bookings, one request for next month and one person no longer interested. Six have not replied. Those are fictional first-batch outcomes, not expected conversion rates.

The two people who booked have not attended yet. Do not count them as treatment patients or assign future revenue to them. Assign the requested follow-up for next month, close the conversation with the person who declined and check how the team handled each reply.

What Alex records	First-batch example
Eligible people contacted	10
Replies	4
Appointments booked	2
Asked for later contact	1, with owner and requested month
No longer interested	1, closed
No reply	6, reviewed under the contact plan
Attendance and revenue	Pending
Repeated question	Whether treatment is included in $99

That final question improves the next campaign. Put “assessment; treatment separate” in the offer explanation instead of making every coordinator repair the same ambiguity.

If you have no usable list of past leads, start with Chapter 2. If you do have one, finish the small campaign and carry what you learned into the patient brief. Reactivation gives you conversations to learn from as well as appointments to track.

The question

Can your team restart a relevant conversation, answer the person's question and follow through on the next step?

Your move

Complete Worksheet 1. Select one appropriate group, check the visit economics and availability, name the person responsible for replies and their backup, and practice each response. Review the first manageable batch before expanding it.

Check your work: Give a teammate the campaign brief: audience and exclusions, reason to contact them now, offer, available times, message and reply branches, response owner, backup and review date. Have them handle an interested reply, a price question, a request for later contact and a request to stop. Resolve any answer they have to guess before sending. Keep the later outcome review separate from this preparation check.

What you now have

A reactivation campaign with a defined audience, clear offer, a plan for each type of reply and a record of what people still need to understand.

2. Choose the Patient and the Problem

Riverside's reactivation replies showed where its appointment explanation was unclear. Now use those conversations to choose the focus of a campaign. The clinic can offer several services, but each campaign needs a specific patient question and a clear first visit.

Consider a device-led clinic as one example. You bought the machine. Your team knows how to use it. Now you need patients.

So you put the name of the machine in an ad, list what it does, and wait. Meanwhile, the person you want to reach is looking at a picture of herself and thinking, "Why does my chin look like that from the side?"

She may have never heard of your machine. She knows what bothers her.

That is where I want you to start. Before you choose a headline, before you film anything, before you put money behind an ad: who are we trying to help, and what are they trying to change?

The conversations and prices in this book are fictional teaching examples. Use them to practice the process, then replace them with your clinic's language, services and costs. The examples below use aesthetics to show how to focus Riverside's assessment on a specific concern. Use the same approach with the services your clinic provides.

Start with one conversation

Imagine someone calls after seeing your Endolift content.

Patient: "I saw your video. Do you do something for a double chin?"

Team member: "We can help you explore the options. What would you most like to change?"

Patient: "Under here. I don't mind it as much in the mirror, but I really notice it in pictures."

Team member: "And have you looked into anything for it before?"

Patient: "A little. I don't know if I need something for fat or if it's loose skin. I don't want to pay for the wrong thing."

She has a concern, a situation where she notices it, and a reason she has not booked. She needs help understanding which options might fit. A list of device settings won't answer that.

A useful first message would be: "Bothered by how the area under your chin looks in photos? Meet with our clinician to understand what may be contributing to it, what your options are, and what they would cost."

That message offers a clear next step. It does not decide what treatment she needs before anyone has examined her.

Make one choice before building the campaign

Ask yourself: if a group of suitable people contacted the clinic tomorrow, what one appointment would I want to help them book?

“Anything we offer” leaves the team without a starting point. Choose a visit you can explain, deliver and make room for. Then name the person whose question that visit answers.

Here are fictional practice examples across different clinics:

Clinic	Person's question	Focus of the first visit
Physiotherapy	“Can someone help me understand why returning to running has been difficult?”	Assessment of the concern and discussion of possible next steps
Dental	“I'd like to understand my options for replacing a missing tooth.”	Consultation about options, suitability and prices
Wellness	“I want to discuss my ongoing fatigue and understand what assessment might involve.”	Clinician visit with a clearly explained scope and separate charges, if any

The campaign can invite someone to understand their options without promising the answer in advance. The clinical team defines the actual visit in each case.

Pick a service you can deliver well

I want you to choose one main offer for this exercise. You can add a second once the first is clear and your team can handle the patients it brings in.

Look at your clinic. Which service do you enjoy delivering? Where do you have good follow-up, enough available appointments, and patients who understand what they bought? What does it cost you to deliver the whole experience?

A high price alone is a poor reason to choose a service. If it takes all your provider's available time, uses expensive supplies, or brings in people your clinic cannot help, the price won't fix that.

Use the same questions for a lower-priced service. A facial may be a sensible first visit when it has its own value, fits your team's skills, and leaves enough money after costs. It becomes a problem when you lose money on every visit and hope everyone will buy something else.

Check before choosing	Evidence to bring to the meeting
Can we deliver it well?	Clinical lead approval, team capability and an established care process
Do patients ask about this concern?	Actual calls, consultation notes and messages, handled privately
Can we explain the first visit clearly?	One sentence naming the visit, price and what happens

Check before choosing	Evidence to bring to the meeting
Is there room to deliver it?	Available provider and room hours, including follow-up
Can the economics work?	Collected price and complete delivery costs from Chapter 4
Can we support the message?	Accurate service information and appropriately consented evidence

If you cannot answer one of these, write down what you need to find out. Don't make up a number so the worksheet looks finished.

Separate the patient's concern from the treatment decision

Someone says, "I look tired." That could mean several things. Ask where they see it and what they want to change. Avoid deciding they need filler because filler is what you want to sell this month.

What someone might say	Ask this next	Possible topic for the first visit
"I want my lips done, but I still want to look like me."	"What would feel like too much?"	A consultation about subtle lip enhancement
"I want a little more definition from the side."	"Show me the area you mean."	A chin and profile consultation
"My thighs don't look as smooth as I'd like."	"What do you notice, and when?"	A consultation about thigh texture and appearance
"My makeup settles into these lines."	"Which lines bother you most?"	A consultation about those specific lines
"I've lost weight, but I don't like how this area looks."	"What change are you hoping for here?"	A body treatment consultation after weight loss
"I want help managing my weight."	"What have you tried, and what kind of support are you looking for?"	A medical weight-management assessment

These are practice phrases, not research findings. Collect the language your own patients use before turning them into advertising.

Hear the goal behind the treatment request

Patient: "I think I want lip filler."

Provider: "Tell me what you'd like to change about your lips."

Patient: "A little more shape. But I also feel like the bottom half of my face looks out of proportion."

Provider: “Would you like us to look at that together, or would you rather keep today focused on your lips?”

Patient: “I'd like to understand both.”

Provider: “Of course. Show me what you notice first. Then I'll examine the areas you're concerned about, and we can talk through what might help and what I'd leave alone.”

The provider asks permission before broadening the conversation. That lets the patient explore her wider goal without feeling that someone has found five more things wrong with her face.

Book 2 teaches the treatment-room conversation in depth. Here, your job is to make sure the ad brings people to a visit that can answer the question they came with.

Write the brief before the ad

Here is a completed brief for our fictional clinic.

Brief field	Completed example
Person we can help	A local adult bothered by the appearance under their chin who wants to understand treatment options
Their words	“I really notice it in photos from the side.” Fictional example; replace with observed language
Desired change	Better understanding of whether and how the area can be treated
Main uncertainty	“Is it fat, skin, or something else? What would I be paying for?”
First visit	A 30-minute clinician consultation, with a written options and pricing summary
What we must explain	Suitability, alternatives, limitations, costs and whether follow-up is needed
What we cannot assume	That they need Endolift, Kybella, filler or any particular procedure
Next action	Read the visit details, then choose a consultation time

Now your marketer, front desk and clinician can work from the same idea. The ad doesn't promise a treatment that the clinician has to walk back.

Build a small language library

For the next week, have the team note the questions people ask before booking. Keep identifying details out of the marketing document. Use patient information only through your clinic's approved privacy process.

Record the question, the concern behind it, and what answer helped. Mark whether the wording is an exact quote, a paraphrase or a practice example. If you later want to publish someone's words or image, get the appropriate permission.

At your weekly meeting, look for repeated questions. You may find people asking about downtime more than price, or worrying about looking overdone more than needles. That gives you useful topics for your offer page and videos. Ten conversations are a starting point for learning; they do not establish what your whole market thinks.

Ask a team member to read your brief and explain the visit back to you. If they lead with a machine name and cannot explain why someone would care, keep working on it.

Use the same brief for a different clinic

A physiotherapy clinic might hear, “I want to get back to running, but I don’t know where to start.” Its first appointment, clinician assessment and subsequent plan differ from a skin service someone can book directly. A clinic providing ongoing care must explain the first visit and which decisions about later care will be made afterward. Keep the same brief fields, but write the real concern and booking model rather than substituting a new service name into an aesthetics script.

Record Riverside’s repeated question about treatment being included alongside the specific concern the campaign will address. Carry that wording into Worksheet 2 and the offer in Chapter 3.

The question

Can we describe the person, their concern and the first useful step in words a patient would use?

Your move

Choose one service. Review recent questions with your team and complete the patient brief. Have the clinician check that the proposed visit can deliver what the message promises.

Check your work: Read the brief without naming a device. A teammate should be able to identify the person, their concern, the appointment and the decision it helps them make. Mark any unverified patient wording as a practice example until you have evidence.

What you now have

One clear patient brief that your ad, booking team and clinician can all use.

3. Build an Offer Patients Understand

A patient can understand her concern and still have no idea what she's supposed to buy from you.

“Book a consultation” leaves a lot unanswered. How much is it? Who am I meeting? Will I leave with an answer? Am I going to get a sales pitch for something I can't afford?

Your offer should answer those questions before your team has to explain them one at a time.

Start with the patient brief from Chapter 2. Riverside’s main example remains a $99 assessment with treatment separate and no treatment credit. The worked offer below is a separate aesthetics example that adds a credit toward an eligible plan. Keeping the two examples distinct lets you see exactly what changes when a credit is part of the offer.

Make the first visit worth paying for

Here is a complete teaching offer. The price and terms are invented for this exercise, not a recommendation for every clinic.

Understand your double-chin treatment options

Meet with our clinician for a 30-minute consultation focused on the area you'd like to change. We'll discuss your goals, assess the area and explain which options, if any, may be appropriate for you. You'll leave with a written summary of the options discussed and their prices.

Consultation: $99. Treatment is not included. You do not need to buy a treatment plan. If no treatment is appropriate, the consultation still includes the assessment and explanation.

If you choose an eligible treatment plan priced at $1,000 or more within 30 days of your visit, your $99 consultation payment is credited toward that plan. One credit per person; it cannot be exchanged for cash or combined with another promotion. We will show you the eligible options and their total prices before you decide.

For this example, cancellations at least 24 hours before the visit receive a full refund. Later cancellations or missed visits forfeit the fee; one reschedule is allowed with at least 24 hours' notice. The clinic must check and adopt its own appropriate policy before using this copy.

Next step: choose your consultation time.

The offer states the price, what happens during the visit, what the patient takes away and how the credit works. Someone who chooses no further treatment still receives what they paid for.

Say it out loud

Patient: “Is the $99 for getting rid of the double chin?”

Team member: “The $99 is for the consultation. You'll meet with our clinician, look at the area you're concerned about and talk through your options. Treatment would cost extra. You'll get the prices before deciding.”

Patient: “So I could pay that and find out I can't have the treatment?”

Team member: “Yes. The clinician might recommend a different option, or explain why treatment here isn't appropriate. The visit is for getting that answer. You won't be required to buy anything afterward.”

Patient: “And if I do go ahead?”

Team member: “If you choose one of the eligible plans of $1,000 or more within 30 days, we'll apply the $99 toward the total. A $2,400 plan would have $2,301 left to pay.”

The credit is part of the payment toward the plan. It is not another $99 of revenue on top of $2,400.

Choose the offer that fits the decision

A free consultation, a paid visit and a treatment package ask different things of the patient. Pick the structure that fits what you can deliver and what they need to know.

Structure	When to consider it	Make this clear
Paid consultation	The patient needs individualized assessment and options	Who they meet, what they receive, price and whether treatment is separate
Introductory treatment	A standalone service is appropriate and useful	Exactly what one visit includes and what it cannot promise
Credit toward a plan	You want the first payment to count toward a suitable next step	Eligible purchases, minimum spend, expiry and total remaining price
Added service or support	An extra benefit helps the patient use the main purchase	Real delivery cost, eligibility and whether it is already included normally
Limited release to past patients	You have a defined offer and genuine available capacity	Who qualifies, what is available and the actual booking deadline
Giveaway	You can fund a real prize and handle the entrants	Rules, prize, entry process and a separately disclosed optional offer
Ongoing membership	Patients benefit from an ongoing service you can sustain	Included care, billing cadence, exclusions and cancellation terms

Choose the structure that fits your visit. Start with something people understand. Add a benefit only if it makes that visit more useful or removes a real concern.

Chapter 1 starts with a relevant conversation and a clear visit. A giveaway is an optional, separate promotion requiring its own rules and delivery plan; it is not a required step in reactivation.

Explain the next appropriate step

The first appointment may lead to further care, but the advertised visit must stand on its own. Explain what the clinician will assess and which decisions can only be made afterward. Book 2 develops the full consultation and recommendation conversation.

For a direct-booked service, describe that actual service. For an ongoing program, separate the initial visit from later care and charges. Make clear that paying for the first visit does not commit the person to further care.

A completed package sheet

For the financial exercise in Chapter 4, we will use a fictional six-visit body-treatment plan costing $2,400. Six visits are an accounting assumption for this example, not a clinical protocol.

Package field	Teaching example
Who can purchase	Patients assessed as suitable for this specific plan
Included	Six defined treatment visits, care instructions and a progress review within one of those visits
Excluded	Other body areas, other procedures, medication and extra treatment visits
Price	$2,400 total; any qualifying $99 credit reduces the remaining balance to $2,301
Decision process	Clinician explains recommendation, alternatives, limitations and full price before purchase
Scheduling	Timing determined by the clinician; clinic checks capacity for all six visits before selling
If the plan changes	Written cancellation and unused-treatment terms explained before payment; clinical suitability reviewed as needed
Promises to avoid	Guaranteed appearance changes, guaranteed inches lost or a guaranteed result after a set number of visits

Complete this sheet for the actual treatment and have the clinical lead approve it. “Package” cannot mean that the team improvises what is included after someone pays.

Make the premium option worth more

If you offer a more expensive facial-balancing plan, explain what is different for that patient. It may address additional goals they raised, require more provider time or include additional appropriate treatment. Let the clinician explain the recommendation and the total price.

Avoid creating an inflated option whose only job is to make another plan look cheap. A premium plan should be something you would be comfortable delivering to a person who chooses it.

The same applies to a smaller option. If someone cannot afford the full recommendation, ask what budget they are comfortable with. Explain whether you can make useful progress within it. A narrower plan may help; in other cases, it may be better to wait or choose another path.

Practice the offer with someone who will question it

Give a teammate the patient role. Explain your offer without showing them the draft. Have them ask: “What do I get? What does it cost? What happens if I don't buy anything else?”

If you start adding benefits from memory, stop and put the agreed inclusions on the offer sheet. If you need to explain a bundle by hiding its component prices, rewrite the explanation around what the patient receives and why those parts belong together.

For Riverside, the short explanation is: “It's a $99, 30-minute assessment with our clinician. You'll discuss your concern and receive written options and prices. Treatment is separate, and you don't have to purchase further care.”

Ask the teammate to explain that back. Then let a different teammate try. An offer is ready for the team when the explanation stays accurate without the owner stepping in to repair it.

Check the offer before you advertise it

Read the copy to someone who doesn't work in your clinic. Ask them what they think they are buying, what they will pay and what happens next.

If they think $99 buys a procedure when it buys an assessment, fix the message. A busy calendar full of people expecting the wrong thing creates work for everyone.

Next, ask your front desk to explain the credit and cancellation terms. Ask the clinician whether the promised visit fits the allotted time. Ask whoever pays the bills to cost everything included. Those three checks make the offer usable.

Carry one version into the campaign

For Riverside’s campaign in Chapters 1 and 5-12, the offer stays at $99 for the 30-minute assessment and written options, treatment separate, with no treatment credit. It uses payment at booking and the fictional cancellation/rescheduling terms explained in Chapter 10. The credited double-chin offer and $2,400 plan in this chapter are separate worked comparisons. Use Worksheet 3 to keep your own selected offer and terms in one place.

The question

Can a patient explain what they are buying, what it costs and what happens if they choose no further treatment?

Your move

Write one complete offer sheet. Include the first visit, total price, inclusions, exclusions, credit terms and next step. Have the front desk and clinician role-play the questions above.

Check your work: Ask someone outside the drafting process to explain the inclusions, total price and next step back to you. Then ask a booking teammate to answer a question about credit or cancellation terms from the written sheet. Correct the sheet wherever their interpretation differs.

What you now have

A defined offer that your team can explain and your clinic can deliver.

4. Know What You Can Afford to Spend

You spend $1,000 on ads and get 100 leads. That's $10 a lead.

Sounds good. But how many booked? How many showed up? How many bought something you could deliver profitably?

If ten people become paying patients, the ads cost $100 per new patient. If two become patients, they cost $500 each. The ad spend and lead count are the same, but the cost of acquiring a patient is very different.

Before you spend more, work out how much of each payment remains after you deliver the care.

All numbers in this chapter are invented teaching assumptions. They are not market averages, performance forecasts or recommended spending levels. The purpose is to show you how to build the calculation with your own numbers.

Start with what you keep after delivering the care

Let's compare a $150 standalone skin service with the $2,400 six-visit plan from Chapter 3. These examples include direct provider pay, supplies, payment fees and other direct delivery costs. Rent, general administration and acquisition are still to be paid.

Completed purchase	Skin service	Six-visit plan
Collected price, assuming no refund	$150	$2,400
Direct cost for all promised care	$70	$1,200
Contribution before acquisition and overhead	$80	$1,200
Provider time including preparation and notes	45 minutes	6 hours total
Contribution per provider hour	$106.67	$200

Contribution is the amount left to pay for acquisition, overhead and profit after direct delivery costs. It is not take-home pay.

The larger plan leaves more money for acquisition and overhead in this example. But change its direct costs to $2,100 and it leaves $300, or $50 per provider hour. Now the lower-priced service leaves more per provider hour.

This is why “sell high ticket” is incomplete advice. A suitable larger plan can reduce how many purchases you need to reach a sales target. You still need to cost the entire plan and find enough time to deliver it.

For injectables, include the actual product used and wastage. For a device, include supplies, treatment labor and relevant usage costs; put the lease or depreciation in the appropriate overhead calculation. Include employer payroll costs in the labor figure. Don't count a cost in both places.

Keep four numbers separate

Price is what the patient agrees to pay. **Cash collected** is what has arrived. **Earned revenue** reflects the care delivered under the applicable accounting treatment. **Profit** is what remains after all relevant costs.

Suppose the patient already paid $99 for the consultation and that amount is credited toward the $2,400 plan. They pay $2,301 more. Total cash across the two transactions is $2,400, not $2,499.

Now suppose they prepay the whole plan but most visits are still ahead. The cash has arrived, but the clinic still owes those visits. Keep track of the remaining visits and their delivery costs. Your accountant determines how the consultation credit and package revenue are allocated; the cash calculation does not determine when revenue is earned.

You need a view of both cash timing and work owed. Spending a prepayment as if every dollar were free cash can leave you short when the patient returns.

For a weight-management program, separate your clinic's management fee from medication charges. If the pharmacy collects the medication payment, that payment is not automatically clinic revenue. If you sell a combined program, identify the medication cost and all included monitoring and support before calculating contribution.

Build the monthly target backward

Let's use a clinic targeting $40,000 of earned revenue in a month. It expects $20,000 from established patients. The gap is $20,000.

Assume each new paying patient contributes an average of $1,000 in earned revenue during that same month. This is a separate mixed-service teaching case, not the full $2,400 prepaid package price. The clinic therefore needs 20 new paying patients to close the gap.

Use the amount expected to be earned within your planning period. A plan sold on the last day of the month cannot automatically fill an earned-revenue gap for that month.

Step	Assumption and calculation	Required volume
New paying patients	$20,000 gap / $1,000 earned per new patient	20
Attended consultations	50% become paying patients: 20 / 0.50	40
Booked consultations	80% attend: 40 / 0.80	50
Leads	25% book: 50 / 0.25	200

Step	Assumption and calculation	Required volume
Media spend	200 leads at $10 each	$2,000

For this model, a “paying patient” means someone who buys the modeled care after consultation. It does not mean every person who pays a consultation fee. Record consultation revenue separately if it is not included in the $1,000 average. Define the terms before pulling numbers from your CRM.

Round required people up at every step. Match the dates and follow-up windows. Leads arriving this week may buy next month. A same-month dashboard is useful for cash and workload; a cohort report follows the same group of leads until you know what happened to them.

Add the cost of getting the patient to the room

In the example, $2,000 divided by 20 new patients gives a **media acquisition cost of $100**.

Suppose you also allocate $800 for creative and campaign management, plus $600 for appointment-setting work. Total acquisition cost is $3,400, or **$170 per new patient**.

Decide which expenses belong in acquisition and which belong in overhead. Use the same method each month. If setter pay is included here, don't subtract it a second time as another acquisition expense.

A cheaper lead can still produce a more expensive patient. Check the complete path before you change the campaign.

Set a spending limit from the money available

Assume the $1,000 first-month earned revenue is also collected in that month and has $550 of direct delivery costs. That leaves $450 before acquisition and overhead.

The owner allocates $200 per new patient toward overhead, operating profit and uncertainty. This is a planning allowance, not a measured profit result. The complete clinic budget still has to cover fixed costs, established-patient activity and owner compensation.

That leaves at most $250 for all acquisition. Of that, $70 is already allocated to non-media acquisition costs in our example. The remaining media ceiling is $180 per new patient.

At a 25% booking rate, 80% attendance rate and 50% purchase rate, 10% of leads become new paying patients. A media ceiling of $180 per patient therefore gives a **$18 ceiling per lead**: $180 x 0.25 x 0.80 x 0.50.

A ceiling tells you where the model runs out of room. It is not a spending target. If you have not counted all costs or have little conversion data, leave a larger margin before committing money.

See what happens when the assumptions change

Keep the media cost at $10 a lead. These three cases show the rounded lead volume needed to produce 20 new patients under different assumed rates.

Case: booking / attendance / purchase	Leads needed	Media spend	Media cost per new patient
Lower conversion: 20% / 70% / 40%	360	$3,600	$180
Working case: 25% / 80% / 50%	200	$2,000	$100
Higher conversion: 30% / 85% / 60%	134	$1,340	$67

The lower-conversion case rounds 20 / 40% to 50 attended consults, then 50 / 70% to 72 bookings, then 72 / 20% to 360 leads. Use the rounded counts rather than pretending you can book part of a person.

At $180 in media cost, the lower case has used the entire media allowance. More setter hours or another uncounted fee would exceed the total acquisition allowance. That is a reason to inspect the process before buying more traffic.

Translate annual goals into monthly plans

Here are $100,000, $250,000, $500,000 and $1 million annual targets translated into a steady monthly average. For illustration only, established patients supply half the revenue and each new patient supplies $1,000 of earned revenue in the month.

Annual earned-revenue target	Monthly average, rounded	New patients needed for the remaining half
$100,000	$8,333	5
$250,000	$20,833	11
$500,000	$41,667	21
$1,000,000	$83,333	42

Patient counts use unrounded monthly targets and round up. These are different sizes of practice, not staffing prescriptions. If established patients supply 20% rather than 50%, the acquisition requirement increases. If the first-month average purchase is lower, more patients are needed.

Also, reaching $83,333 in December does not mean you earned $1 million that year. Build a month-by-month forecast when you are growing from a smaller starting point.

Check the calendar before increasing spend

Return to our six-visit package. Twenty sales create 120 treatment visits to deliver. If each visit takes one provider hour including associated work, that is 120 provider hours across the delivery schedule, plus any consultation time not already included.

Your calendar may show only the first 20 appointments. Your obligation is still 120 visits. Add them to the weeks when patients are expected to return, alongside existing patients, follow-ups and time off.

Ask who is answering the leads, who is completing consultations and who is delivering the care. One person may own several roles in a small clinic, but they cannot perform them simultaneously. Hire or rearrange responsibilities when measured workload and delivery capacity justify it. Book 2 handles role design and compensation.

Review a whole patient journey

At the weekly meeting, follow one lead from the ad to payment. Can you find the first response, booking, attendance, recommendation and purchase? Can you tie the payment to the visits still owed?

Then review the cohort totals. If booking is weak, inspect response speed and the booking conversation. If attendance is weak, check expectations and reminders. If patients attend but decline, listen to the consultation and check whether the offer attracted the right people. More traffic adds volume to the process you already have.

Adapt the calculation to a direct paid visit

Riverside’s main $99 assessment has an assumed $55 direct delivery cost, leaving $44 before acquisition and overhead. This is separate from the $2,400 plan comparison and the $1,000 first-month revenue model above. For this campaign, first calculate the acquisition cost for each paid assessment the patient attends. Measure later care separately.

For a direct-booked paid service, calculate the revenue gap divided by same-period earned revenue per new paying patient, then work backward through attendance and booking. Add a consultation-to-purchase stage only if that step exists in your actual journey. For recurring care, use revenue expected within the planning period and account for future delivery obligations. Worksheet 4 provides both paths.

The question

After delivering the promised care and paying the full cost of acquisition, is there enough left to support the clinic?

Your move

Cost one offer, set a monthly earned-revenue target and calculate the patients, consults, bookings and leads needed. Run the lower-conversion case. Check cash timing and future visit capacity before approving spend.

Check your work: Have another person trace one row from collected price through the costs included in your model. They should be able to identify the time period, assumptions, future care owed and expenses still excluded. Mark unverified inputs before using the result to approve spending.

What you now have

A spending model you can explain, with clear assumptions and a list of numbers your clinic still needs to verify.

5. Gather the Proof and Content Your Campaign Needs

Maya's reply told Riverside what the next advertisement must explain: the $99 assessment does not include treatment. A short walkthrough of the appointment can explain this more clearly than footage of expensive equipment.

Open the patient brief from Chapter 2 and the offer sheet from Chapter 3. For each unanswered question, choose something the clinic can show or explain accurately. Gather only the material this campaign needs.

Match each piece of content to a patient question

Patient question	Riverside asset	What it can establish
Who will I meet?	Clinician introduction with verified credentials	Who provides the assessment and their role
What happens during the visit?	Walkthrough of the assessment process	What the appointment includes
Is treatment included?	Coordinator explanation and written offer	The $99 assessment scope and separate treatment pricing
Will I have to buy a plan?	Clinician explanation of options and decisions	The clinic's actual decision process
Where is the clinic?	Current entrance and arrival information	How to find the appointment

A walkthrough shows what happens during a visit. It does not establish a treatment's effectiveness. A patient story describes one person's experience; it does not establish that another person will get the same result. Keep the claim within what the asset supports.

Before using a real person's image or story, check the approved use and whether the planned placement is covered. Keep that record with the asset. A screenshot found in an old folder is not automatically ready for an advertisement.

Record one useful explanation

Alex asks the clinician a question patients already ask:

Alex: "What does someone get from the assessment if they don't book treatment?"

Clinician: "We discuss what brought them in, assess the concern and explain the options that may be appropriate. They leave with a written summary and prices. Sometimes the right answer is that we don't recommend treatment here. The assessment gives them that explanation too."

Alex: “And is treatment part of the $99?”

Clinician: “No. That price is for the assessment. Any treatment would be a separate decision with its own price.”

Record the whole answer first. Then choose an edit that preserves its meaning. Cutting out “may be appropriate” or “treatment is separate” can turn an accurate explanation into a different promise.

For a direct-booked service, record the actual visit inclusions and preparation instead. For an ongoing-care program, explain what the first visit does and what later visits or separate charges may involve. Use the patient’s question to choose the material.

Make a brief the person filming can use

Riverside’s brief is short: explain the assessment; answer the treatment-included question; show the entrance and room; finish with the actual next step. The clinician approves the service explanation, Alex checks the booking details, and the campaign owner checks the final edit against the offer sheet.

Capture clear speech and readable images. A viewer should understand the offer without relying on tiny captions or sound alone. Correct automatic captions, especially prices, treatment names and qualifiers. Describe any essential visual information in the spoken explanation or accompanying text.

Keep a clean original and label the approved version. When a price or provider changes, you need to find the affected assets without opening every exported video.

Turn the brief into a small recording session

You do not need a new idea every time you pick up the camera. Use the questions already collected to plan the session. Riverside can record three separate answers: what the assessment includes, what happens if no treatment is recommended, and how to arrange a visit.

For each recording, write the question, the facts the answer must include and the next step. Give the person filming the current offer sheet. Record the full explanation, then check the edit and captions against it.

Decide who approves each asset, who prepares it for the chosen channel and who checks that the published version is correct. Put those tasks on the calendar. The owner may record the explanation while someone else handles editing and distribution.

At the next review, look at whether the content answered the question and helped relevant people take the next step. A widely watched clip can still leave local patients unsure what they can book.

Check what patients see outside the ad

A person may search the clinic’s name before booking. Walk through that path once on a phone. Check the address, opening hours, service description, route to booking and consistency of the advertised price. If the website says treatment is included while the ad says it is separate, more creative will not resolve the confusion.

Assign someone to correct any inaccurate information, then check the page or listing again to confirm patients can see the change.

The question

Does each piece of content answer a real patient question with something the clinic can support?

Your move

Complete Worksheet 5. Match the campaign's main questions to assets, record one full explanation and review the finished material against the offer. Resolve missing proof before writing claims around it.

Check your work: Hand the recording brief and approved assets to the person preparing the campaign. They should find the correct version, permission record where needed, required qualifications and next step without asking you to reconstruct the session.

What you now have

An approved set of campaign materials and a recording brief, ready to use in Chapter 6.

6. Build One Complete Campaign

Riverside now has a defined appointment, a cost model and a short explanation of what happens during the visit. The next job is to make those pieces agree wherever a patient encounters them.

Put the patient brief, offer sheet and approved assets beside each other. Keep one version of the price and terms. If the ad writer, page designer and coordinator each invent their own explanation, the patient meets three different offers.

Write the message as one complete thought

Here is Riverside's fictional first ad. The wording illustrates the campaign, not a prediction of response or approval by an advertising platform.

Understand your options before deciding on treatment.

Riverside Clinic offers a 30-minute assessment with a clinician to discuss your concern, assess your options and explain the prices. You'll leave with a written summary to help you decide your next step.

The assessment is $99. Treatment is separate, and there is no requirement to purchase further care.

See what the visit includes and view available appointments.

The opening names the decision. The body explains the appointment. The price paragraph removes the ambiguity found during reactivation. The next step describes the page the person will reach.

Pair it with the approved walkthrough from Chapter 5. Do not attach a dramatic treatment-result image that makes the assessment look like a promise of that outcome.

Test different openings with the same offer

Riverside can test a different opening while keeping the same offer and explanation:

• "What happens at an initial assessment?"

• "A clear first appointment, with options and prices explained."

• "Meet the clinician before deciding on your next step."

These openings can introduce the same walkthrough. An opening advertising a treatment result or a discount would require a different explanation and supporting evidence. Read each opening with the full ad to check that they make sense together.

For a concern-specific campaign, use the patient research and approved service information to make the explanation more precise. The broad example above explains the visit model. Your real campaign should name the relevant service or concern.

Assemble the campaign before launching it

Piece	Riverside’s agreed version
Audience and situation	Adults considering the clinic’s relevant assessment service; appropriate targeting reviewed for the channel
First purchase	$99, 30-minute assessment; treatment separate; no treatment credit in this main example
Creative	Clinician walkthrough with corrected captions
Destination headline	Understand your options at an initial assessment
Page information	Provider, visit scope, price, location, booking terms and next step
Form	Necessary contact and scheduling information with clear explanation of what follows
Calendar	Live assessment availability and accurate visit details
Reply coverage	Alex during the assigned shift; Sam as backup
Measurement	Lead source, booking, attendance, collected payments and acquisition costs

The campaign pack can live in a document or your existing project system. Its purpose is to give the people doing the work the same instructions.

Give AI the same starting materials you would give a teammate

Watching someone generate an ad can make the work look simpler than it is. Their assistant may already know the clinic's voice, offer and previous decisions. Yours needs those inputs too.

Attach a patient brief without identifying details, the approved offer sheet, the usable evidence and the next step. Then use this prompt:

Draft one ad and a matching landing-page opening using the attached brief and offer. State the appointment, price, inclusions and next step clearly. Preserve the exclusions and important qualifications. Use only the evidence supplied. List missing information as questions; do not invent results, testimonials, discounts or availability. After the draft, show where each offer detail appears so I can check it.

For Riverside, the starting facts are the $99 price, 30-minute clinician assessment, written options and prices, treatment separate, no treatment credit and no obligation to purchase further care. Its next step is to read the visit details and request an appointment. The ad earlier in this chapter shows the scope of a suitable finished draft.

If the output calls the visit free or promises a treatment result, return to the inputs and correct the draft. Keep the approved brief, prompt and final version together. A teammate should be able to repeat the task without relying on information stored only in your conversation with the assistant.

Choose a test the clinic can learn from

Choose a campaign objective that matches the action you want and the results your system can reliably report. Booking a straightforward first visit may call for a different approach from promoting care that requires an assessment and more time to consider. Two tutorials in the source review recommend different approaches. “Facebook Ads for Clinics: Get More Paying Patients (Not Just Leads)” favors purchases in its higher-ticket aesthetics example. “How To Run Facebook Ads For Physiotherapists (2026 Step-By-Step Tutorial)” favors lead generation. Their examples involve different businesses and tracking setups; they do not establish one best approach for every clinic.

Ask the person running the campaign to explain what the objective counts, which actions are tracked reliably and how you will review attendance and business results. Keep platform-specific settings in the campaign’s dated operating notes.

Agree the spending limit and review point before launch. Chapter 4 explains how to determine affordability. Also record what would make you pause immediately: an inaccurate offer, a broken booking path, failed routing or insufficient coverage. A fixed number of days is not a substitute for checking whether appointments have had time to happen.

Run the patient journey yourself

Open the ad destination on a phone. Read it as someone who has never heard of the clinic. Submit a clearly labeled internal test using an approved test record, then check where it arrives. Confirm that the right person can respond and that the calendar describes the same visit.

Exclude the test record from your lead count. Correct discrepancies before starting the paid campaign. Chapter 8 provides the complete test checklist.

The question

Could the patient, coordinator and clinician each describe the same first appointment after seeing their part of the campaign?

Your move

Complete Worksheet 6. Assemble one ad, its supporting asset, destination message, booking path, coverage plan and measurement definition. Review the whole pack with the people who will deliver it.

Check your work: Compare the finished ad and destination against the offer sheet, then ask a teammate to explain what the campaign invites someone to do. Keep a list of unresolved details and an assigned owner for each. A generated draft is ready for review; launch readiness also requires the journey checks in Chapter 8.

What you now have

One complete campaign with a clear offer and an operational plan. The next chapter explains how to improve it once usable results exist.

7. Develop Variations From a Winning Ad

An ad brings in low-cost leads. The team calls it a winner and orders ten versions. A week later, the calendar is still quiet.

Before you multiply an ad, define what it won at. Attention, leads, attended appointments and profitable new-patient acquisition are different results. An ad can perform well at one and poorly at another.

For Riverside's assessment campaign, start with the cost of getting an eligible person to attend the promised appointment. Follow any later care separately over a defined period. Keep that distinction visible when someone presents the results.

Save the version you are comparing against

The control is the version you are comparing against. Save the exact creative, copy, offer, destination and dates. Record the spend, lead count, appointments booked and attended, and the time allowed for those appointments to occur.

Suppose a fictional initial test spends $180, brings in 12 leads, of whom six book an assessment and four attend. Two other bookings remain scheduled. Media cost per lead is $15; media cost per attended appointment so far is $45. The attendance result is incomplete until the remaining appointments resolve.

At four completed $99 assessments, Riverside earns $396 from these visits and incurs $220 in assumed direct delivery costs. That leaves $176 before acquisition and overhead. The $180 media spend alone exceeds it by $4. So far, the completed assessments have not covered the ad spend. Additional outreach costs make the position worse. Later treatment revenue might change the result for this group. Count it only when it occurs.

Change something for a reason

Riverside notices that callers understand the $99 assessment when the opening names the visit, but some misunderstand a version led by a treatment image. The next variation keeps the visit, price, page and audience settings stable and changes the opening to show the clinician explaining the assessment.

Test record	Example
Control	Approved assessment walkthrough and original opening
Proposed change	Start with the clinician saying what the $99 visit includes
Reason	Reduce confusion about whether treatment is included

Test record	Example
What stays the same	Offer, destination, reply process and measurement definition
Result to inspect	Leads, booking questions, attendance and acquisition cost
Other changes to record	Availability, staffing, offer edits or tracking problems

If the new version performs differently, you have a plausible change to examine. You still need enough comparable observations and a fair follow-up window before reaching a firm conclusion. With a small group, a few appointments can change the rates substantially.

Separate refinement from a new concept

Editing the opening of an existing walkthrough is a refinement. Replacing it with a patient-story concept is a new creative direction. Both can be useful, but they answer different questions.

A new concept may change several things together. Label it as a concept test rather than claiming that its first sentence caused the result. If you also change the price and calendar, record that the campaign changed more broadly.

Useful variations include a clearer opening, a new answer to a repeated question, a different approved explanation or a format suited to another placement. An edit must preserve qualifications, prices and meaning. The team should be able to name why the new version is worth testing.

Check the booking process before replacing the ad

A decline may come from the creative. It may also come from a full calendar, delayed responses, a changed offer or a broken form.

Read recent replies, inspect availability and follow a few leads through the booking process. If the advertisement still attracts appropriate people but the team stopped reaching them, a fresh video does not repair the handoff.

Keep the working version available while testing alternatives when the budget and setup allow a meaningful comparison. Set the spending limit and decide how you will compare results before the test. There is no universal percentage increase or fixed number of hours that makes every clinic test reliable.

The question

What did this version improve, and can you distinguish that change from the rest of the patient journey?

Your move

Complete Worksheet 7. Save the control, choose one learning question and brief one variation. Record bookings, attendance, costs and any outcomes still pending before deciding to keep, change or stop it.

Check your work: Ask a teammate to identify the saved control, proposed change, reason for testing it and outcome you will compare. Keep unresolved appointments visible. If several parts changed, label the broader change instead of crediting one edit with the result.

What you now have

A variation process tied to a documented campaign rather than a folder of loosely related ads.

8. Connect the Ad to the Appointment

The ad offers a $99 assessment. The landing page calls it a free consultation. The form promises someone will call. The calendar appears afterward without explaining whether the person has already booked.

Every screen may work technically, but the patient still has no clear answer about what happens next.

You can inspect this journey without knowing how to build the software. Follow one person through it and ask what they believe at each step.

Give each step one job

Step	What the person needs	What the clinic needs
Ad	A relevant reason to consider the visit and an accurate next step	A supported message that matches the offer
Landing page	Visit scope, provider, price, location and important terms	Clear explanation before asking for information
Form	Necessary questions and an explanation of what submitting does	Usable contact information and the request's context
Calendar or scheduling conversation	Real availability and clear confirmation	Correct appointment type, duration and ownership
Confirmation	Date, time, location, visit details and how to make a change	A verified booking record and response route

The form and calendar may be on the same page or in different systems. Check that the next system receives the necessary details and that someone is responsible for the next step.

Explain the visit on the landing page

Riverside's page begins with "Understand your options at an initial assessment." It explains the 30-minute visit, the clinician's role, the $99 price, what the written summary includes and that treatment is separate. The page shows the location and Riverside's example booking terms before the person commits.

Its form says: "Send your appointment request. Our coordinator will help you choose an available time." Submitting the form creates an appointment request. The appointment is confirmed only after the booking is accepted. If the clinic instead allows direct booking, the page must describe that route accurately and show confirmation only after the appointment is accepted.

Use only information needed for this step. Route clinical details through the clinic's appropriate intake process rather than asking people to put their history into a marketing form. Explain who will respond and how.

Check what happens after someone submits the form

Alex submits an internal test and sees the success message. Then Alex checks the receiving system. Is the record there? Does it identify the campaign and requested visit? Is someone assigned? Can that person contact the test lead? Does the correct appointment type appear in the calendar?

A success message without a usable record is a failed test. So is a record that arrives in a queue nobody checks.

Test the paths that often get overlooked: submit without booking; choose an unavailable time; ask a question; request a change; cancel; and return on a phone. Use approved internal test details and keep tests out of campaign reporting.

Riverside check	Expected result
Ad and page price	Both say $99 assessment; treatment separate
Submission without booking	Appointment request assigned to Alex; no appointment confirmation sent
Appointment accepted	Correct date, time, location and visit length recorded
Question after confirmation	Reaches the person covering replies
Cancellation	Calendar and future reminders update consistently
Duplicate submission	Team can recognize the same request without multiple conflicting conversations

Find out whether the problem is the system or the available time

Imagine a clinic where the form works and every request arrives, but patients keep asking for appointments the team cannot offer. The owner spends another evening redesigning the page. The calendar remains the obstacle.

Ask the booking team to show you the times they can actually offer for this visit. Include the required clinician, room and appointment length. If patients consistently need different hours, review the schedule and staffing before attracting more of the same requests.

When information lives in two systems, identify which record owns each fact: the accepted appointment, payment, conversation and clinical intake. Test how a change reaches everyone who needs it. You can document this handoff without moving the entire clinic to new software.

Allow another route when it fits

Some clinics use a native lead form inside the advertising platform. Others send people straight to a calendar or ask the coordinator to schedule after a conversation.

Choose the route based on the service, how much explanation people need, the available appointments and who can handle replies. A shorter path may bring in more leads while requiring

more staff follow-up. A longer page may answer questions but add steps. Compare actual attended visits and costs, with the same definition of success.

The book's main example uses ad → page → form → scheduling → confirmation so you can see every responsibility. Your operator can implement those responsibilities in the tools you already use.

The question

At every step, does the patient know what has happened and does a named person own what happens next?

Your move

Complete Worksheet 8 with the person responsible for your website and booking system. Walk the full journey on a phone and verify each receiving record. Fix the failures before increasing traffic.

Check your work: Save a test log with the step tested, expected result, actual result and owner of any fix. Repeat failed steps after the fix. Finish by checking the receiving appointment record and the patient confirmation, including what happens when the appointment changes.

What you now have

A tested booking journey and a clear handoff to the team that responds to appointment requests.

9. Follow Up While the Interest Is Fresh

Maya sends an appointment request after the clinic closes. The system sends an automatic acknowledgment. The next morning, Alex assumes someone else called because the record says “responded.” Nobody has spoken to Maya.

An automated acknowledgment and a useful conversation are different events. Record them separately so the team can see the work still waiting.

The reactivation campaign in Chapter 1 reopened old interest. This chapter covers new appointment requests and the follow-through that keeps either kind of conversation moving.

Decide who answers before deciding what to automate

Riverside’s coverage sheet names Alex during the assigned morning shift and Sam afterward. A shared queue shows new requests, conversations awaiting a reply, people who asked for later contact and bookings. A backup takes over when the primary owner is unavailable.

Set a response standard your clinic can staff, then measure it. Record when the message arrived, when a team member first replied, any contact time the person requested and the next action. If you cannot cover every channel, change coverage or the expectations you publish rather than hiding the delay behind automatic messages.

Clinical questions go to the appropriate clinician. Also name who handles payment disputes, unusual requests and questions the booking team cannot answer.

Answer what the person asked

Maya: “How much is the assessment?”

Alex: “It’s $99 for 30 minutes with our clinician, including a written summary of your options and prices. Treatment is separate. Would you like me to check appointment times?”

Maya: “Does that mean I have to buy a treatment plan?”

Alex: “No. You can have the assessment and decide afterward. There’s no requirement to buy further care.”

Maya: “Okay, next week after work would be good.”

Alex: “I’ll check next week’s evening availability.”

Alex answers the price question first. The follow-up now has a purpose: find an appropriate time.

Handle after-hours interest honestly

An example acknowledgment, used only when the clinic can honor the stated coverage:

Thanks for contacting Riverside Clinic. We’ve received your appointment request. Our booking team is back at 9 a.m. on the next day we’re open and will respond during that shift. We’ll help you choose a time when we respond; your appointment is not booked yet.

When the team replies, continue from what the person already told you:

Alex: “Hi Maya, it’s Alex at Riverside. I’m following up on your assessment request from last night. You mentioned needing a time after work. I’m checking those appointments now. Is there a day that works best?”

Write the actual opening hours and expected coverage into your version. An automated message should not imply that someone is reading replies when nobody is assigned.

Make an unanswered attempt useful

Where the person has agreed to be contacted through the relevant channels, the team can use a phone attempt and an appropriate written follow-up. Log both in the same conversation.

Voicemail: “Hi Maya, this is Alex from Riverside Clinic calling about your appointment request. Please call us on the clinic number when convenient. I’ll also send a message so you can reply there if that’s easier.”

Message: “Hi Maya, Alex at Riverside. I tried calling about your appointment request. Would you prefer a call, or would you like the visit details here?”

Avoid putting sensitive concerns into a voicemail or preview notification. Use the person’s stated preferences and the clinic’s approved contact process.

If the next attempt is unanswered, review the record before sending again. Check whether the person booked elsewhere in your system, requested later contact or asked to stop. Set a clear endpoint under the contact plan rather than allowing every channel to run independently.

Follow their timing

Maya: “Can you call me Friday at lunchtime?”

Alex: “Yes. Would 12:30 work?”

Maya: “That’s fine.”

Alex: “I’ve noted Friday at 12:30. I’ll call then.”

Assign that action and pause messages asking for a reply before the agreed time. If Alex is away on Friday, Sam needs the conversation, not merely a task labeled “follow up.”

For an existing patient who asks about continuing care, route the conversation to the relevant care team. For someone asking for a diagnosis by text, explain that the clinician must address suitability through the appropriate process. The coordinator’s job is to make that next step clear.

Make the shift handoff specific

Alex: “Maya asked for a call Friday at 12:30. We explained the $99 assessment and that treatment is separate. She wants an evening appointment next week. No time is booked. Can you take the call?”

Sam: “Yes. I'll own the call and record the result. I'll check evening availability before I contact her.”

The working record needs the exact date and relevant time zone. Sam should be able to find the conversation and the appointment options. Alex checks that the task is assigned and that the earlier sequence is paused.

During practice, give the next teammate only the handoff record. If they need to ask the owner what happened, add the missing information to the process.

Give automation a stopping point

A sequence should change when the person replies, books, cancels, requests later contact or asks to stop. Someone must inspect exceptions where the system cannot determine what happened.

Before launch, rehearse one record through each branch. Check that a booked patient stops receiving “Are you still interested?” messages and that a cancellation does not leave an old appointment reminder active.

The question

Can the next person covering the queue see what the patient asked, what was answered and what is due next?

Your move

Complete Worksheet 9. Assign coverage and practice answering price questions, responding after hours, following up after an unanswered call and arranging later contact. Test the sequence changes with internal records.

Check your work: Run a shift handoff using only the saved record. The receiving teammate should know what was asked, what was answered, who owns the next action and when it is due. Check that paused and stopped messages behave as intended.

What you now have

A staffed follow-up process that leads naturally into the booking conversation.

10. Turn the Conversation Into a Booking

Maya has the price and understands the visit. She wants next week after work. Alex's next job is to help her find an available time and complete the booking.

The booking conversation should leave both sides with the same appointment details. Keep answering the question in front of you rather than restarting a sales script after every reply.

Offer real availability

The times below are fictional examples. Check the live calendar before offering times in a real conversation.

Alex: "Next week I can offer Tuesday at 5:30 or Thursday at 6 for the assessment. Does either work?"

Maya: "Thursday. How long will I be there?"

Alex: "The assessment is 30 minutes. We ask you to arrive ten minutes early for check-in. Treatment isn't included in that appointment."

Maya: "Okay. Is the $99 paid now?"

Alex: "For this appointment we take payment when you book. I'll send the secure booking link with the visit and cancellation terms so you can review them before paying."

Riverside's fictional policy allows a refund for cancellation at least 24 hours before the visit. Later cancellations or missed visits forfeit the assessment fee, and one reschedule is allowed with at least 24 hours' notice. These are teaching terms for this example, not a policy recommendation. Use your clinic's actual reviewed terms and explain them before payment.

Maya: "And if I decide not to have treatment?"

Alex: "You still receive the assessment and written options. Treatment is a separate decision. The $99 pays for the assessment itself."

Maya: "Send it over."

Alex follows Riverside's booking process and verifies that the appointment has been accepted before sending confirmation. Sending the link does not confirm a slot, and an unpaid request may still be incomplete.

Finish the exchange

Alex: "You're booked for Thursday at 6 p.m. at Riverside Clinic's main location. Your $99 assessment payment is recorded. Please arrive at 5:50. The confirmation includes the address, preparation instructions and how to contact us if you need to change anything."

Maya: "Great, thank you."

The actual confirmation must use the full calendar date and relevant time zone, not only “Thursday.” Use the precise details from the booking record in the confirmation.

If payment or acceptance is incomplete, say so: “Your request is received, but the appointment is not confirmed yet. Here is the remaining step.” Only promise a temporary hold when the system and staff can honor one.

Handle a price objection without inventing an offer

Maya: “Another clinic says their consultation is free.”

Alex: “You can compare what each visit includes. Our $99 assessment is 30 minutes with the clinician and includes a written summary of options and prices. Treatment would be separate. Would you like any of those details explained before deciding?”

Maya: “I’ll think about it.”

Alex: “Of course. Would you like a follow-up at a particular time, or would you prefer to contact us?”

Alex does not criticize the other clinic or improvise a discount. If the clinic has another suitable appointment option, explain its actual scope and price. Do not offer a smaller service as though it will accomplish the same thing.

Handle a booking that stops at the link

Maya: “I opened the link, but I haven't finished it. I need to check my work schedule.”

Alex: “Understood. The appointment isn't confirmed yet. Would you like to contact us when you know, or arrange a time for me to follow up?”

Maya: “I'll message tomorrow.”

Alex: “That works. We'll check the available times when you're ready.”

Record what Maya chose. Do not mark the appointment booked or imply that the time will still be available. If the agreed next step passes without a reply, follow the clinic's contact plan rather than creating an unrequested daily chase.

Change the conversation for the service model

A direct-booked service may not need a separate assessment appointment. Explain that service, its inclusions, preparation and any suitability check the clinic requires. For that model, count the completed paid visit and measure any later purchases separately.

An ongoing-care program may require an initial visit before anyone can recommend later care. Explain which first-visit charges are known and which ongoing decisions remain for the clinician. Separate any external medication or laboratory charges when they are outside the clinic’s quoted price.

The coordinator should explain what is known, what the clinician will determine and what the patient needs to do next.

Save a handoff the clinician can use

Riverside's fictional handoff identifies the assessment booked, the patient's stated question, what the team explained and anything unresolved. Store actual clinical information in the clinic's appropriate systems, with access suited to the role.

Handoff item	Example
Visit	Initial assessment, 30 minutes
Main question	Wants to understand options before deciding on further care
Explanation already given	$99 assessment; treatment separate; no treatment credit
Scheduling	Exact accepted appointment from the calendar
Payment and terms	Verified status and the version presented
Unresolved question	Clinician to address suitability at assessment
Owner	Alex until completed handoff; receiving team identified

The question

Is there an accepted appointment with clear terms, or only a conversation that sounds promising?

Your move

Complete Worksheet 10. Practice a price question, limited availability, a comparison with another clinic and an incomplete booking. Check the final record against the confirmation.

Check your work: Practice a completed booking and an unfinished one. The teammate playing the patient should know which state they are in, what remains to be done and whether a time is reserved. Verify the accepted appointment before sending confirmation.

What you now have

A booking conversation that ends with an accurate appointment and a usable handoff.

11. Help Booked Patients Show Up

Maya booked after work, but the confirmation names the wrong location. On the day, she replies asking where to park. Nobody sees the message because reminders send from an unmonitored number.

The team needs to correct the location and give Maya a way to reach someone before her visit.

Confirm the actual appointment

Use the accepted booking record as the source for the date, time, location and visit type. Add the preparation instructions approved for that visit. Keep payment status separate from the description of what is included.

A completed confirmation template for Riverside's example reads:

You're booked for your 30-minute initial assessment at Riverside Clinic on [full date] at [time and time zone], at [verified location]. Please arrive ten minutes early. Your $99 assessment payment is recorded. Treatment is separate. Your arrival details and preparation instructions are here: [approved link]. For questions or changes, contact [monitored reply route]. Your booking terms are here: [terms supplied before payment].

Replace every bracketed placeholder with verified booking information before sending. A receipt should not claim payment is recorded unless the system has verified it.

Plan messages around useful information

Start with confirmation after the booking is accepted. Add preparation at the time the clinic's visit process requires it. Send the reminder early enough to resolve a problem, and explain how to change the appointment. The exact timing depends on the appointment, preparation, channel preferences and staffed coverage.

Before adding another message, ask what new job it does. Repeating the same instruction across several channels can create more notifications without answering the patient's concern.

Reminder example: "Hi Maya, a reminder of your Riverside assessment on [full date] at [time], at [location]. Your arrival details are [link]. If you need to change the appointment or have a question, reply here and our booking team will help during [actual coverage hours]."

Use a reply route the team monitors. If the channel does not accept replies, give the working alternative prominently.

Answer uncertainty before it becomes a missed visit

Maya: "I don't know whether I should come if I'm not ready to buy treatment."

Alex: "You can attend the assessment without purchasing treatment. The visit is for discussing your concern and understanding options and prices. If you have a clinical question about attending, I can ask the clinician to advise."

Maya: “No, that answers it. I’ll come.”

Record the answer so another team member does not reopen the same uncertainty. Do not label a reply like this as confirmation of clinical suitability.

Make rescheduling one complete action

Maya: “My shift changed. Can I move Thursday’s appointment?”

Alex: “I’ll check what’s available and how the booking terms apply. Which days could work?”

Maya: “Tuesday or Wednesday next week.”

After checking the calendar and the timing of the request:

Alex: “Tuesday at 5:30 is available. Your request is within the rescheduling terms, so we can move the assessment to that time. Would you like me to do that?”

Maya: “Yes, please.”

Alex: “It’s moved to [full date] at 5:30. I’ve sent the updated confirmation. The old Thursday appointment is canceled.”

Verify both sides of the change. The new appointment needs its details and the old one must stop generating reminders. If a request falls outside the published terms, explain the actual policy and available review route; do not improvise a fee or promise an exception.

Follow up on a missed visit without assuming the reason

Once the clinic has checked that the patient did not arrive and the calendar is accurate:

Alex: “Hi Maya, it’s Alex at Riverside. We didn’t see you for your assessment today. Would you like to discuss another appointment, or should we close the booking request?”

Maya: “I had an unexpected problem at work. Can I book again?”

Alex: “We can look at availability. I’ll also explain how the missed-visit terms apply before you decide.”

A missed appointment should trigger a defined conversation and record update. It should not automatically restart the whole new-lead promotion. Route any clinical concern raised in the reply appropriately.

Rehearse the reply that the reminder is supposed to invite

Maya: “The reminder says your main location. Is that the one near the station?”

Alex: “Let me verify the location on your booking. I'll send the exact address and arrival directions.”

Alex checks the accepted appointment, sends the correct details and fixes any incorrect confirmation. Then Alex checks whether the same template has given other patients the wrong location.

Practice this with someone who did not build the reminder. Can they receive the question, find the appointment and give an accurate answer? A reminder has done useful work when a patient can resolve the issue it brings to light.

Learn from attendance without miscounting it

Track attended, canceled, rescheduled, missed and still scheduled appointments separately. A future appointment is not a no-show. A moved appointment should not look like two separate patients who both failed to attend.

When you calculate an attendance rate, state which appointments you include in the total. For example, make clear whether canceled appointments count. If you compare campaigns, use the same rule and allow the same follow-up time. Review the reasons with the team: wrong location, unsuitable time, unanswered question, unclear price or other circumstances. If the record does not explain what happened, mark the reason as unknown.

The question

Can the patient understand the visit, resolve a question and change the booking without getting lost between systems?

Your move

Complete Worksheet 11. Test confirmation, preparation, a patient reply, a reschedule, cancellation and a missed visit. Verify that old messages stop when the appointment changes.

Check your work: Send an internal reminder, reply with an arrival question, then reschedule the test appointment. Check who receives the reply, whether the new confirmation is correct and whether reminders for the old appointment stop. Record any failure and retest the fix.

What you now have

An attendance process with clear messages, monitored replies and accurate appointment outcomes for the campaign review.

12. Review the Whole Campaign Before Spending More

Riverside's reactivation campaign produced questions the team could answer. Its paid campaign tested whether the same appointment attracted people who had not already contacted the clinic. These are separate groups, with different acquisition costs and starting relationships.

Keep them separate when you review results. Combining them can make paid acquisition look cheaper simply because people who already knew the clinic were easier to reach.

Follow the same people through the process

A cohort is a defined group, such as eligible leads first received from Campaign A during a particular period. Follow those same people for the agreed review period. Combining this week's new leads with this week's purchases can mix people from different groups.

A current-period report helps you manage workload and cash. A cohort report helps you understand what happened to the people the campaign brought in. You need both, with labels that tell the reader which one they are looking at.

Read the numbers before changing the ad

Here is a fictional campaign group whose appointment outcomes are all known. It is separate from the ten-person reactivation batch in Chapter 1 and the incomplete early ad test in Chapter 7. It illustrates a direct assessment purchase; it does not reuse Chapter 4's separate treatment-plan model.

Cohort input	Result
Media spend	$240
Allocated creative and lead-handling costs	$120
Leads	20
Assessments booked	10
Assessments attended and delivered	8
Cancellations refunded before the deadline	2
Future appointments or unresolved outcomes	0
Assessment revenue and net cash after those refunds	8 × $99 = $792
Direct assessment delivery costs	8 × $55 = $440

Booking rate is 10 ÷ 20, or 50%. For this table, attendance is eight attended out of all ten bookings, including the two cancellations, or 80%. A clinic that excludes cancellations needs a different labeled measure; do not compare the two as if they were identical.

Media cost per lead is $12. Media cost per attended assessment is $30. Full acquisition cost per attended assessment, with the listed allocations, is ($240 + $120) ÷ 8, or $45.

The eight completed visits leave $352 after direct delivery costs. Subtract $360 in acquisition costs and the result is negative $8 before overhead. The clinic has appointments and revenue, but the initial assessment campaign has not paid its full listed costs.

Do not rescue the result by inserting expected treatment sales. Record actual later purchases, delivery costs, refunds and timing when they occur. To include later care, calculate contribution for the same people over a clearly stated longer period.

Find the first decision you can improve

What you observe	What to inspect before acting
Few suitable people contact the clinic	Offer clarity, relevant message, supported proof and destination usability
Leads arrive but few people book	Response coverage, price explanation, fit, availability and unanswered questions
Bookings rarely attend	Expectations, reminders, location, preparation and change handling
People attend but the model loses money	Full delivery costs, acquisition costs, price, capacity and realistic repeat behavior
Numbers disagree across reports	Definitions, duplicates, periods, refunds and campaign attribution

Use the records to choose where to investigate. A weak booking rate does not prove the coordinator caused it. An offer attracting people the clinic cannot appropriately help can create the same pattern. Listen to the conversations and inspect the actual path.

For this fictional group, keep spending at the current limit. Check whether acquisition costs can fall and whether the assessment price covers a workable delivery model. Do not pressure patients to buy treatment to make up the shortfall.

Write a decision with an owner

A usable weekly decision names the evidence, uncertainty, action, owner and review point:

Keep the current budget limit. Alex will review the records for those twenty leads and record the main unanswered questions and reasons for not booking. The campaign owner will check whether the next approved creative variation addresses those questions. The clinic owner will verify the $55 delivery

estimate and the $120 acquisition allocation. Review after the agreed next cohort has enough resolved outcomes; do not increase spend before that review.

Before increasing spend, check capacity too. The first appointments may fit while their later visits do not. Reuse Chapter 4's delivery schedule and make sure the team can answer more appointment requests.

When information is missing, the decision may be to fix measurement. Record what is unknown rather than turning a blank into zero or presenting a forecast as a result.

Turn "I'm the bottleneck" into a task someone can finish

An owner says, "Everything waits for me." That describes the frustration. Ask which decision or piece of work is waiting today.

Perhaps the coordinator needs permission to offer an appointment already allowed by the booking policy. Perhaps the campaign owner is waiting for the final offer. Or perhaps the clinic has no provider time for the visit being promoted. Each requires a different action.

Use this short agenda at the weekly review:

• What did we finish, and where is the evidence?

• At which step did people or work get stuck?

• What do the records show, and what is still unknown?

• What single change will we make next, and who owns it?

• When will we review it, and what would count as completion?

For a separate fictional scheduling example, write: "The coordinator found requests for evening assessments but no matching appointments. The clinic owner will review provider and room availability, approve a workable schedule or revise the campaign's availability message, and have the coordinator test it before outreach resumes." Add the actual due date to the task.

Give the owner of the task the authority and information needed to finish it. At the next review, inspect the updated schedule and test record. This makes progress visible even when one person holds several roles.

Continue the patient journey with Book 2

Book 1 gets the person to an accurately described appointment and follows the campaign's economics. Book 2 takes the clinical consultation and business operation further: explaining appropriate plans, managing follow-up after the visit, organizing the team, delivering care and retaining patients.

Send the receiving team the patient's stated concern, the offer they saw, the appointment and any unresolved question. Their experience should continue the conversation the campaign started.

The question

Can you explain the result from first contact through attended care, including the costs and outcomes still unknown?

Your move

Complete Worksheet 12 using one defined group of leads. Reconcile counts and money, inspect one weak point, and decide whether to hold, change or increase spend. Name who will act and when you will review the result.

Check your work: Finish the review with one written decision containing the evidence, unresolved questions, next action, named owner and review point. Give it to the responsible teammate and ask what they will bring back. The answer should be a completed piece of work or an observed result you can inspect.

What you now have

A repeatable acquisition review connected to the campaign, the booking team and the care the clinic must deliver.