Turn Your Consultations Into High-Revenue Visits

Book 2 | The Clinic Growth Operating System

Sell treatment plans, build your team, and keep patients coming back.

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How to use this book

Hello and welcome to your predictable patient pipeline. This book is about what happens once people reach your clinic: how you help them make a decision, deliver what you promised, and build a team that can keep doing it well.

Start with the problem your clinic has right now. Read the example, practice the conversation with a colleague, and complete the matching worksheet. Bring the actual work to your next training session.

The patient cases, clinic stories and worked calculations are teaching examples. The treatment-price reference separately labels published prices and their sources. Replace the prices with your own. Your clinical lead sets the care plan; your payroll and legal advisers check arrangements for your roles and location. Examples do not establish treatment doses, frequency or guaranteed results.

Choose your starting point

Patients leave unsure: start with Chapters 2–4.

Patients buy but do not come back: work through Chapters 8–11.

The team keeps coming to you: start with Chapters 1 and 5–7.

You cannot explain where the money went: start with Chapters 13–14.

You want more reviews and referrals: use Chapter 12 after checking the patient experience.

The available Book 1 is the Offer and Economics Unit: Chapters 2-4 on patient language, offers and acquisition economics. Its remaining acquisition chapters are in development. Book 2 covers consultations, ongoing patient relationships and clinic operations.

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The matching worksheets follow the chapters and are supplied as a separate workbook. Use PDF bookmarks to jump to a chapter or worksheet.

1. Build a Clinic That Can Grow Without You Doing Everything

You finish a treatment and look at your phone. The front desk needs to know whether to waive a deposit. Someone wants approval for a discount. A patient is waiting for a call about a treatment plan. Your new employee wants to know what to do next.

And you have another patient in five minutes.

You hired people to help you, but somehow you are still involved in every decision. Now you are thinking about hiring another person. Before you add another name to payroll, figure out which decisions will belong to that person. Otherwise, you are adding someone else who needs to ask you questions.

Someone needs to handle each step. Who calls the lead? Who gets them booked? Who explains the plan? Who checks in after the visit? You should not have to chase every person to keep things moving.

Work out what you need help with

You say, “I need a good front desk person.” Okay, what do you need them to do?

Do you need someone to greet patients? Answer incoming calls? Contact new leads? Explain payment options? Follow up on undecided treatment plans? Handle a full waiting room while doing all of that?

One person may be able to do several of those things. But do they have enough time? Look at what their day will involve.

Suppose your receptionist is checking in a patient while the phone rings and three new leads arrive. Telling her that everything is urgent will not give her three extra hands. Decide what she does first, who covers the other work, and how quickly someone needs to respond.

These responsibilities do not require six separate hires. In a small practice, the owner may also be the treating provider. Your front desk person may also help people choose dates and pay. Give them time to do it. When they can no longer keep up, split the work.

Each person still has to stay within the clinical work they are qualified and allowed to do. A coordinator can explain the price of an approved plan. They do not decide that someone needs another procedure to reach a sales target.

Give every part of the visit an owner

One person may hold several roles. Give each job time and a backup.

Owner / manager	Sets priorities, arranges coverage and checks the work.
Clinical lead	Sets clinical standards, supervision and when to escalate.
Booking / reception	Confirms the offer, appointment and arrival details.
Treating provider	Assesses, recommends, treats and records the care.
Coordinator	Explains approved prices and owns agreed follow-up.

For the full hiring and pay chart, see Chapter 5.

Tell people what they own and what they can decide

For every role, write down three things: what the person is responsible for, how to do the work, and what they can decide without asking you.

Take pending treatment plans.

Keep a list of people who are still deciding. Call when you said you would. Write down what they said and what happens next. The person doing this can help with dates and payment terms. Clinical questions go back to the provider. Discounts need to follow the clinic's rules.

Now they know what to do.

Compare that with "Be more proactive." Proactive about what? With whose permission? Using which information?

Use a role card:

Field	Example: patient coordinator
Outcome	Know what each patient decided and what happens next
Daily work	Review due follow-ups, contact patients, update records, pass on all the details

Field	Example: patient coordinator
Decisions they can make	Offer available times; send approved plan information
When to ask for help	Clinical questions to provider; exceptions to manager
Evidence	Clear notes, calls made and patients who understand the plan
Coverage	Named backup when the coordinator is absent

You should be able to review that card with someone in ten minutes and agree on what the job means.

Make the handoff specific

“Can you take care of Susan?” is how details disappear.

Try this instead:

> **Provider:** “Jordan, Susan's thinking about the T-Shape package. She's had the first visit, but she needs to check her shifts before she decides about the other seven. Can you call her Thursday afternoon? She's happy for us to check in then.”
>
> **Jordan:** “Yes. Does she have the price?”
>
> **Provider:** “She does. It's $1,399 including today, with $1,200 left. The plan's in her chart. If the dates don't fit, check with me before we change the spacing.”
>
> **Jordan:** “Okay. I'll put the call on my list for Thursday.”

Now the next person knows what Susan needs and when to call. Susan does not have to explain the whole visit again.

Build the same clarity into arrival, checkout and post-treatment contact. When the handoff fails, patients repeat themselves and staff make assumptions. The owner then gets pulled back in to sort it out.

Pass the decision to the next person

The coordinator and checkout roles may be the same employee.

PROVIDER	COORDINATOR	CHECKOUT
1 Assess and recommend	1 Hear the agreed decision	1 Check the current plan
2 Confirm Maya chooses lips at $700	2 Answer dates and payment questions	2 Record $700 paid; no chin purchase
3 Write the plan and included review	3 Pass the chosen plan to checkout	3 Book the review; supply instructions

Clinical questions return to the provider. Maya should not have to explain the whole visit again.

Try the handoff yourself

For these examples, we will use a made-up clinic called Riverside. The owner treats patients, and so does a second provider. Jordan works at the front desk and helps patients book. When several people arrive at once, nobody has time to call patients back.

Susan is considering a plan and needs to check her work schedule. The provider records “interested” and sends the receptionist a message: “Please take care of Susan.”

Before reading on, write the three details you would ask the provider to add.

> **Check your answer:** You need the actual question still to answer, the next step you agreed on and timing, and a named person who will own it. You also need access to the approved plan and accurate price. “Interested” alone does not tell the receptionist what to do.

The owner gives Jordan a set time to make those calls and covers urgent questions during that time. Then they check whether Jordan can keep up. If there is still too much work, they need to change the plan.

Write down who does the work and who covers when they are out. “Everyone helps” still leaves people guessing.

Give someone the time to do the job

At Riverside, the owner asks Jordan to take over follow-up. They need to agree on what happens when reception gets busy.

> **Owner:** “I'd like you to handle the calls to patients who are still deciding. Can we look at where that fits into your day?”
>
> **Jordan:** “I can do the calls. I just keep getting pulled back to the desk.”
>
> **Owner:** “When would you have the best chance of getting through them?”
>
> **Jordan:** “After lunch, if someone's covering check-in.”
>
> **Owner:** “Let's arrange that coverage and put the call time on your schedule. If you get pulled away anyway, let me know. We'll look at what's getting in the way.”

They name the person covering reception and review the results at the end of the week. Assigning the calls without arranging coverage would leave Jordan with the same problem.

Read the calendar before blaming the team

Here is a fictional example. A clinic has 160 bookable provider hours in a month and fills 80. There are also 25 overdue follow-ups assigned to nobody.

The clinic is only using half the treatment time it already pays for. Before adding another provider, check who calls leads, what happens in consults and who follows up. Maybe the clinic needs help getting people booked. Maybe the current team needs more time to do that work.

At another clinic, the team calls people back, but patients still wait weeks for a visit. The providers have little time left in the schedule. That clinic may need another provider.

Who you hire next depends on where things are getting stuck. Count the work and inspect the process before deciding.

Who should you hire next?

Start with the work that is not getting done.

Calls wait while reception is busy	First protect calling time and arrange coverage. If the backlog remains, assess a setter.
Patients leave confused or plans stall	Observe a consult and handoff. Coach the weak step; add coordinator capacity if workload still exceeds time.
Patients cannot get suitable appointments	Check scheduling and demand. If current capacity is genuinely full, assess another qualified provider.
The owner handles every routine exception	Write decision limits and train a backup. Assess a manager when coordination work exceeds the owner's capacity.

Clinical oversight must be arranged for the services you provide, regardless of clinic size.

Review a few numbers and make a decision

Meet with the team each week. How many leads came in? How many people showed up, bought a plan or are still deciding? How much did you collect? Also look at complaints, refunds and things the team missed. You need to know what happened after the sale too.

Then choose one problem to address.

If fourteen plans are pending and eleven have no next step, assign the work and fix the handoff. If patients keep misunderstanding package prices, review the plan sheet. If appointment demand exceeds capacity, investigate scheduling or hiring.

Before the meeting ends, decide who will do what and by when. "Everyone needs to do better" does not belong in the action column.

The question

If you were unavailable tomorrow, which decisions would stop because nobody knows what they are allowed to do?

Your move

Use Worksheet 1 to review a handoff that needed your help. Write the missing information, name the person who owns the next step, and complete one role card with that employee. Check that a colleague can continue the work without asking you.

What you now have

You now have one clear handoff, a named owner and a role card the team has tested. Expand the map after that first handoff works.

2. Turn Your Consultations Into High-Revenue Visits

You spend forty minutes with a patient. You explain the treatments, show them the device, answer their questions, and tell them about all the things your clinic can do.

They thank you. They say they need to think about it. They leave.

Now, there are perfectly good reasons for someone to wait or decide against treatment. But if this keeps happening, look at what is happening in the room. Does the patient leave knowing what you recommend and why?

Knowing a lot about your services does not automatically make you good at guiding that conversation. You have to understand what the patient wants, make an appropriate recommendation, explain the commitment, and ask what they would like to do next.

Start before they sit down

The consultation begins with the expectations you create when someone books.

If the advertisement says one thing, the booking team says another, and the provider introduces a completely different offer, the patient has to figure out which version to believe.

Before the appointment, confirm what they booked, the price they were told, who they will meet, and what the visit includes. Explain whether treatment might happen that day or whether it is an assessment appointment. Do not promise same-day treatment before suitability and availability are established.

Give the provider the patient's stated reason for coming in. A note saying “Interested in skin” is not especially helpful. “Wants help understanding options for uneven-looking skin; has tried several products and is worried about downtime” gives the conversation a starting point.

Set the room up for the conversation

The patient should be able to sit comfortably, speak privately and see the plan while you explain it. Have the relevant consented examples ready. Keep your full treatment menu available, but do not make it the first thing they have to interpret.

Check the chair positions, screen and lighting. If you have to turn your back to read from a computer for most of the visit, change the setup. If prices can only be discussed within earshot of the waiting room, find a private place to finish the conversation.

Prepare the quote before asking the patient to choose. It should show the specified treatments, included visits, total price, payments already made, remaining amount and any exclusions. Check financing information separately so staff explain current terms rather than an old monthly-payment example.

Before the first patient arrives, spend five minutes with the people handling that day's visits. Confirm what each person booked, any unresolved questions and who will cover the handoff. This is also the time to catch a sold package that has been entered as an individual paid visit.

Use proof to answer the question they asked

If Maya asks what a subtle change might look like, the provider can show genuine, consented examples relevant to that question. Explain what was done, when the photos were taken and why another person's result cannot predict hers exactly.

> **Maya:** “Can you show me someone who didn't have a dramatic change?”
>
> **Provider:** “Yes. Let's look at an example, and I'll explain what was treated. Then we can talk about what's similar or different for you.”

Do not scroll through your most dramatic transformations while she is telling you she wants to avoid looking different. Choose material that helps her understand the decision. Return to her own goals and assessment before making the recommendation.

Hand the patient over without restarting the sale

The provider owns the clinical recommendation. The coordinator helps the patient understand its approved price, payment terms and appointments. The patient should feel that the next person already knows why they are there.

> **Provider:** “Maya, Jordan will help with the dates and payment details. I'll explain what we've agreed so you don't have to go through it again.”
>
> **Provider to Jordan:** “Maya wants to start with the lip treatment at $700. We discussed the chin as a possible later option, but she isn't deciding about that today. The included follow-up is on her plan. She'd like to look at Thursday appointments.”
>
> **Jordan:** “Okay. Maya, I'll check those times with you. Before we do, is there anything from the plan you still want to go over with the provider?”
>
> **Maya:** “No, I think I'm clear. I just want to know when the payment is due.”
>
> **Jordan:** “Of course. Let me walk you through our booking terms.”

Jordan explains the clinic's actual policy. If Maya asks whether another treatment would be better, Jordan brings the provider back. The approved plan should not become larger because the person taking payment has a different sales target.

After checkout, record the decision, appointment, payment and next contact separately. Chapter 8 shows how that same handoff continues through treatment and aftercare.

Ask before you explain

You do not need to recite an entire questionnaire without looking up. Have a conversation, but know what you need to learn before you start.

“What made you decide to come in now?”

“What have you tried, and what was that experience like?”

“What would you most like help with?”

“What are you concerned about when you think about treatment?”

“Do you have anything coming up that we should plan around?”

“Did you have a budget in mind?”

Let them finish talking. If the patient says they are afraid of looking overdone, and you immediately explain your largest package, you have moved past the thing they needed you to hear.

Do not assume everyone wants the most dramatic change possible. Some people want a subtle change. Some want a simpler routine. Some want to understand whether treatment makes sense at all.

The answer affects the recommendation.

Follow the answer before you introduce a package

Maya booked a lip filler consultation. She says, “I want a little more shape, but mostly I want my face to look more balanced in pictures.”

Which response would you try first?

A. “Our full-face package would be perfect for you.”

B. “When you say balanced, what are you noticing?”

C. “How many syringes were you thinking?”

Choose before reading on. What would your question help you understand?

> **Check your reasoning:** B asks Maya to explain the result she wants. A recommends a larger purchase before assessment. C asks her to choose a quantity before she knows what might fit her goal.
>
> **Provider:** “When you say balanced, what are you noticing?”
>
> **Maya:** “My side profile. I thought bigger lips might help, but I'm not sure.”
>
> **Provider:** “Is there anything you're worried about?”
>
> **Maya:** “I still want to look like me. I don't want to look overfilled.”

Now you have more to work with than “interested in filler.” She wants a subtle change to her profile, and she is concerned about doing too much. Those details should shape the assessment and the explanation.

> **Provider:** “Since you mentioned your profile, are you okay with me looking at how your lips and chin sit together too?”

If she agrees, the provider can explore it. If she wants to stay with the original concern, respect that. Her appointment is not permission to point out everything you could change about her face.

Use the same approach with different services:

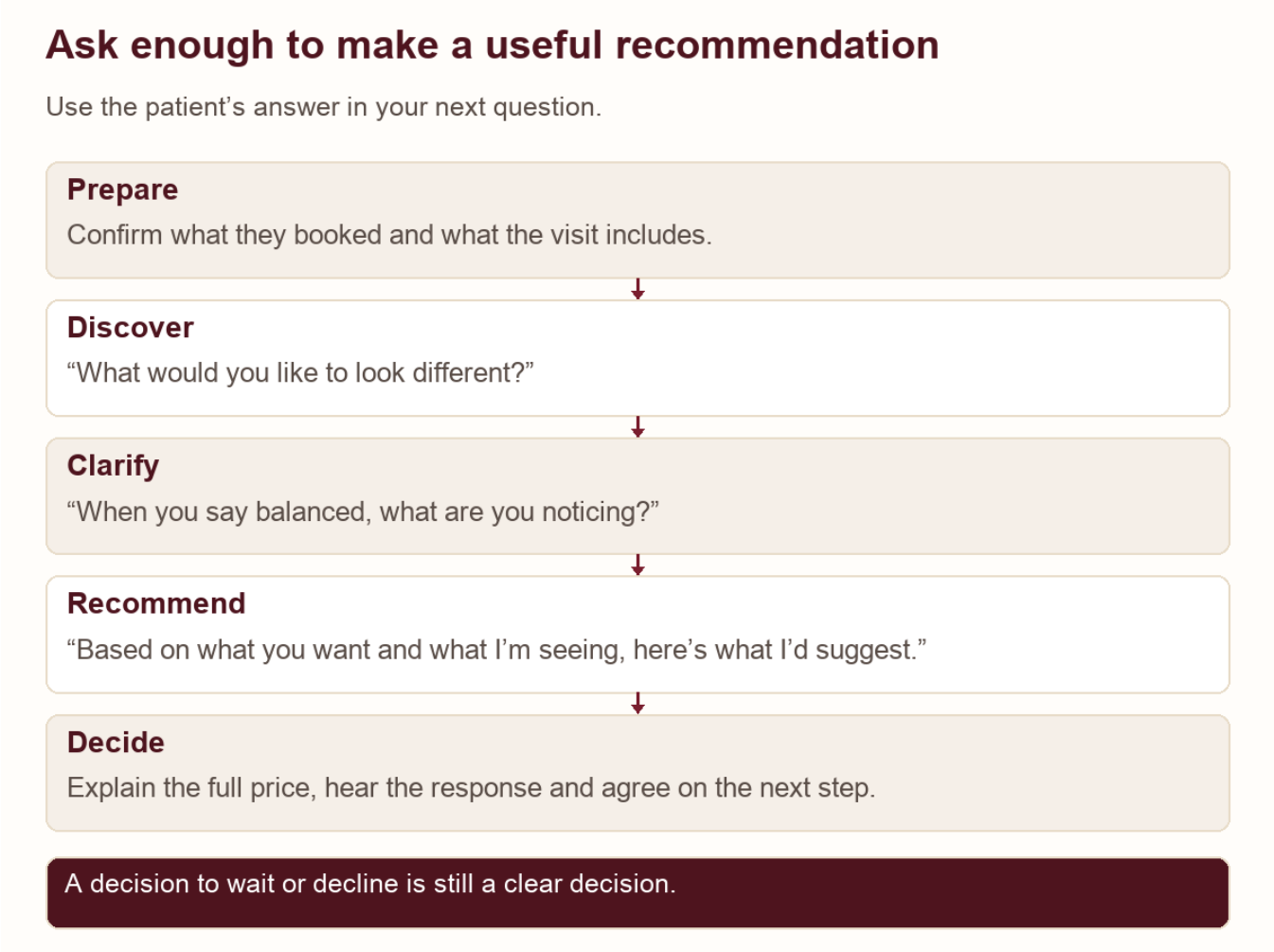
Patient says	Ask next	What you need to find out
“I want Botox so I look less tired.”	“Show me what you're noticing.”	Which features concern them and whether Botox is relevant

Patient says	Ask next	What you need to find out
“I booked one T-Shape 2 visit.”	“What were you hoping it would help with, and what are you expecting from today?”	Their goal and whether they understand the scope of one visit
“I want the full result.”	“What would that look like to you?”	Whether the expected change is realistic
“I don't want to spend a fortune.”	“Did you have a budget in mind?”	A practical limit, without making them justify it

Ask about timing too. A patient preparing for an event next week needs a different discussion from someone with no deadline. The provider has to assess whether the timing makes sense before the coordinator offers dates.

> **Try it:** Susan says, “I hoped one T-Shape visit would tell me whether it works.” Write your next question and what you need the provider to explain. A useful answer explores what change she expects and when. Offering eight visits at a discount skips that discussion.

Chapter 3 continues these cases through the recommendation, price and decision. For now, practice learning enough to make the recommendation meaningful.



Agree on the priority

Before presenting options, summarize what you heard.

“So you want a little more shape to your lips, but you're worried about looking overfilled. And you'd like to know what everything would cost before you decide. Is that right?”

This gives the patient a chance to correct you. Perhaps the deadline matters less than you thought. Perhaps the budget concern is about unpredictable additions rather than the amount itself.

Record the priority in the patient's words. Your internal treatment name can come later.

The qualified provider then assesses suitability and discusses the relevant benefits, limitations, risks and alternatives. If the right recommendation is to wait, seek another opinion or avoid the treatment, say so. The plan still has to make sense for that patient.

Make a recommendation you can explain

Patients should not have to assemble a plan from your entire service menu.

“All right. Based on what you're looking to accomplish and what I'm seeing with your profile, here's what I'd recommend.”

Then name the actual treatment and explain the reason. For Maya: “I'd keep the change to your lips subtle. I'd also consider your chin, because that affects the balance you're pointing out here.”

Explain the connection to their priority. Show the visits, timing, aftercare and total cost. Use appropriate visual material to clarify the discussion, with realistic context about individual results.

Then stop talking long enough to hear the response.

You may be tempted to fill every pause with another benefit. Give people time to process a decision that affects their body, schedule and money.

Ask for a decision without making it uncomfortable

Once the patient understands the plan, ask directly:

“What do you think about that?”

If they are interested, continue: “What else would you like to ask me?”

Once the questions are answered: “Would you like to get the first visit booked?”

That is a reasonable invitation. You have explained the recommendation and asked whether they want to proceed.

If they say, “I need to think about it,” find out whether they want help with something specific.

“Of course. Is there something you're still unsure about?”

If they say they just want time, give them time. If they name a concern, stay with that answer.

They may have a question about cost. They may need to check a schedule. They may not want it. Those responses need different next steps. Repeating the package benefits at higher volume will not resolve all three.

Know the difference between interested, booked and paid

A patient saying “That sounds good” has expressed interest. Record whether they accepted the plan, booked, paid, deferred or declined.

Agree internally on what each status means. Otherwise, the provider reports a successful consult, the coordinator has no appointment, and the owner counts revenue that has not been collected.

If the patient is still thinking about it, write down the concern and when they want you to check back. For people proceeding, complete the handoff while the details are fresh. Confirm that the next person has the approved plan and accurate price.

Find the part your team needs to practice

Use a fictional patient or a properly consented review of a real consultation. Assess whether the team prepared the patient, understood the goal, made a suitable recommendation, explained the commitment, checked understanding and agreed on a next step.

Do not score only whether money changed hands. A rushed conversation can produce a purchase and a refund. A sound consultation can produce a decision to wait.

Practice the weak step again. If someone handles discovery well but becomes apologetic at the price, work on stating the price and pausing. You do not need to make them repeat an entire training course to fix that moment.

Track the opportunity without promising a result

Suppose a fictional clinic has 40 attended consultations and 16 initial purchases averaging $900. That is $14,400 in initial sales.

If 20 of those 40 patients purchased at the same average, the total would be $18,000. The difference is $3,600 before delivery costs, refunds and overhead. This is arithmetic showing why consultation performance deserves attention, not a forecast that a script will produce four more purchases.

Track same-day and later purchases separately. If you measure how many people buy within thirty days, give everyone in that group the full thirty days before counting the result. Also report who was unsuitable, who declined, and what happened after purchase.

The numbers help you choose what to inspect. The conversations help you understand why it happened.

The question

Does your consultation help the patient understand the recommendation and reach a clear next step?

Your move

Use Worksheet 2 to rehearse one complete consultation with a colleague. Start with what the patient booked, follow their answers, explain the plan and price, then complete the handoff. Repeat the one moment that was unclear. The patient should be able to explain the plan back accurately.

What you now have

You now have a practiced consultation and a specific correction to use in the next session. Rehearse it again with a different patient concern.

3. Increase Revenue per Patient With Treatment Plans That Sell

Someone books lip filler. You know how to do lip filler. You could confirm what they want, assess them, treat them and finish the visit.

But what if they chose filler because they saw a video, and what they actually want is a subtle change to how their face looks in photos? Have you asked enough to know?

The same thing happens with body treatments. Someone buys one T-Shape 2 visit because that was the offer. They may have no idea what a series of visits involves, what it costs or whether it fits what they want.

You have to help them connect the treatment they booked to the result they are hoping for. That takes a conversation before it takes a package.

The consultation patients, prices and decisions below are made up for training. The services are real. Each example assumes an appropriate provider assessment; it is not a treatment protocol. Replace the teaching prices with your clinic's prices before using the scripts with patients.

Build an offer patients understand

You bought a T-Shape 2. You know the settings, you know what it cost, and you've sat through the training. Now you need to explain why someone would book it.

Start with the person looking at your offer. Maybe she's thinking, “I want the skin on my thighs to look smoother.” Maybe it's, “I lost the weight, but I'm still unhappy with how my stomach looks.” Those are two different conversations. Putting the name of the machine at the top of the page doesn't explain either one.

The same thing happens with Endolift. Someone may already know the name and be searching for it. Give that person clear information about the treatment. But someone else is looking at a photo and thinking, “Why does my chin look like that from the side?” Start by helping that person understand their options.

You still need to name the treatment and explain it. Help them connect it to the change they're asking about.

Listen to how they describe it

The phrases below are invented examples for training, not quotes from patient research. Use them to recognize the difference between a service name and a person's concern. Replace them with language you hear in your own consultations.

What someone might say	What you need to understand	A clear topic for the offer
“I hate how my double chin looks in pictures.”	What they notice, what they want to change, and what an assessment shows	Double-chin treatment options
“I'd like a little more definition here.”	Where they mean and what definition looks like to them	Chin and jawline consultation

What someone might say	What you need to understand	A clear topic for the offer
“I want my lips done, but I still want to look like me.”	The change they want and what would feel like too much	A subtle lip enhancement consultation
“I look tired even when I've slept.”	What feature makes them feel that way; don't assume they need filler	A facial consultation focused on what looks tired to them
“I want to look refreshed. I don't want a different face.”	Their priorities, reference points and limits	Personalized facial balancing consultation
“My makeup settles into these lines.”	Which lines, when they notice them, and what they've tried	Options for the lines they're concerned about
“I want my skin to look more even.”	Whether they mean color, texture or something else	A skin tone and texture consultation
“These old acne marks still bother me.”	What they call marks and what the clinician identifies	Acne-mark and scar treatment options
“I don't like the way the skin on my neck looks.”	What specifically bothers them and their expectations	Neck treatment options
“I want my thighs to look smoother.”	What they mean by smoother and what change is realistic	A consultation about thigh texture and appearance
“I lost weight, but I'm not happy with how this area looks.”	The remaining concern, their current goals and clinical suitability	Body treatment options after weight loss
“I keep losing the same weight and putting it back on.”	Their history, goals and whether medical management is appropriate	Clinician-guided weight management
“My part looks wider than it used to.”	Their hair history and what a clinical evaluation finds	Hair-thinning evaluation and treatment options
“I'm tired of shaving all the time.”	Areas, routine, expectations and suitability	Laser hair-reduction options for the areas they choose

Someone may use a phrase like “turkey neck” or “bat wings.” You can understand what they mean without repeating it back as a label for their body. Ask them to show you the area and explain what they'd like to change. If they haven't raised a concern, don't manufacture one to make the package bigger.

Give them a clear reason to book

An offer needs more than a concern and a new name. Explain what happens when they come in, what is included, what it costs and what decision they'll be able to make afterward.

For a double-chin consultation, a draft could read:

> **Explore your options for a double chin.**
>
> Meet with [clinician] to talk through the change you'd like to see. We'll examine the area, explain which options may fit, and give you a written plan with the full price before you decide.

> The consultation costs [actual fee] and includes [actual inclusions]. Any treatment is [included or priced separately—state which].

Fill in those details before using the offer. If the visit includes a specific treatment, name it, say exactly how much is included, and explain what happens if the person isn't suitable.

“Double chin removal” is language a patient might use or search for. That doesn't mean the clinic should promise complete removal in its headline. The provider still has to assess what is causing the appearance and whether the available treatment can reasonably address it.

Walk from their words to the recommendation

This is a fictional consultation for practicing the conversation. It does not establish a treatment choice or protocol.

> **Patient:** “I saw the Endolift video. I want to get rid of this double chin.”
>
> **Provider:** “Show me what you'd most like to change.”
>
> **Patient:** “Here, underneath. I really notice it in photos from the side.”
>
> **Provider:** “What would you like your profile to look like?”
>
> **Patient:** “A little more defined. I don't expect to look twenty again.”
>
> **Provider:** “Have you tried anything for it before?”
>
> **Patient:** “No. I wanted to find out what would work before spending money.”

The provider examines the area, reviews the relevant history, and discusses suitability before recommending anything. The next part of the conversation uses what that assessment found:

> **Provider:** “You said you want a little more definition from the side. Based on that and what I'm seeing here, I'd recommend [appropriate option]. Let me show you what I think it could change and what it wouldn't change.”
>
> **Patient:** “Would I need more than one visit?”
>
> **Provider:** “For the plan I'm recommending, we'd expect [individual plan]. Here's the full price and what's included. We would review [relevant checkpoint] before deciding on any further treatment.”

If Endolift isn't a fit, say so and explain why. The video started the conversation; the assessment determines the recommendation.

Build a library of the words you hear

After a consultation, record the person's wording without their identifying details. Keep this in your approved internal system. Using identifiable recordings, photos or testimonials in marketing requires the relevant permission.

What to capture	Example entry for training
What they said	“I want my lips done, but I still want to look like me.”

What to capture	Example entry for training
When they notice it	“Mostly in pictures.”
What they want	“A little more shape.”
What worries them	“Everyone being able to tell.”
What they tried or considered	“I've been looking at filler videos.”
What helped them understand	A discussion of their preferred change, limits and suitable options

Keep their original wording next to your interpretation. Don't turn “I want to look less tired” into “patient seeks comprehensive facial rejuvenation” and then use that sentence in your marketing.

Collect repeated phrases from consultations, questions sent to the clinic and appropriately handled feedback. Mark whether something is an exact quote, your paraphrase or a draft copy idea. Track which messages bring suitable patients who understand the offer; a click alone doesn't tell you that.

Some people already search for the treatment by name. Keep clear treatment pages for them. For people who describe a concern, explain the concern, the consultation and the options. Both pages should make the visit, price and inclusions understandable.

Compare the offer with the cost of delivering it

The treatment-price reference near the end of this book gives published patient prices for injectables, device treatments, procedures and medical programs. Use it to identify services to investigate, then calculate your own costs. The source labels distinguish reported averages, individual clinic menus and medication-only prices. A quoted package price does not tell you how much profit the clinic makes.

Ask what they want, then stay with their answer

Someone says, “I want to look fresher.” Okay, but what does fresher mean to them? Fewer lines? A change to their lips? Looking more like they did a few years ago?

You don't know yet. So ask, “When you say fresher, what are you hoping to change?” Then let them tell you.

You can have a structure without sounding like you're reading a form. Keep these questions in mind, and use the ones that fit the conversation:

When you need to understand…	Try asking…
Why they chose that treatment	“What made you think about trying filler?”
The change they want	“What would you like to look different?”
Their expectations	“If you're happy with the result, what does that look like to you?”

When you need to understand…	Try asking…
Why now	“Have you been thinking about this for a while?”
Past treatment	“Have you had anything done before? How did you feel about it?”
What worries them	“Is there anything you're worried about?”
Timing	“Do you have anything coming up that we should plan around?”
Budget	“Did you have a budget in mind? That'll help me walk you through the options.”

If they have already answered a question, move on. You don't need to ask about their deadline after they have told you three times that the wedding is next month.

Use their words when you explain the plan. If they said, “I don't want huge lips,” answer that concern. Bring that concern back into your recommendation.

Example one: “I thought I just needed lip filler”

Maya booked a lip filler consultation. She wants a subtle change to her profile and worries about looking overfilled. In this fictional case, the provider finds that a conservative lip treatment and a separate chin treatment are reasonable options to discuss. The actual products, amounts and treatment decisions belong to the treating provider.

Read the conversation straight through first. The teaching notes come afterward.

In the room

Provider: “So, tell me what you're thinking with your lips. What would you like to change?”

Maya: “A little more shape, I guess. I keep seeing pictures of myself from the side, and I thought maybe filler would help. But I don't want huge lips.”

Provider: “When you look at those pictures, is it the lips themselves you're wanting to change, or more how everything looks together?”

Maya: “More how it looks together. I don't really know what I need. I just thought lips would be the place to start.”

Provider: “Okay. Have you had filler before?”

Maya: “No. And that's why I'm nervous. I've seen people who look completely different afterward.”

Provider: “You want a little change, but you still want to look like you.”

Maya: “Exactly.”

Provider: “Let's look together. Since you mentioned your profile, are you okay with me looking at how your lips and chin sit together too?”

Maya: “Yeah, that's fine.”

[After examining Maya, the provider uses a mirror or her consented photos to show what they mean.]

Provider: “All right. Based on what you're looking to accomplish and what I'm seeing with your profile, here's what I'd recommend. I'd keep the change to your lips subtle. I'd also consider your chin, because that affects the balance you're pointing out here. If we only make the lips bigger, we may not get the change you're looking for.”

Maya: “Oh. I hadn't thought about my chin. So you're saying I need both?”

Provider: “For the change you've described, I'd look at both together. But you can still choose to do just your lips. Let me show you what each option is meant to change, so you can decide whether the bigger plan is something you want.”

[The provider explains the proposed changes, limits, risks and alternatives. This discussion is specific to Maya; it is not a pitch for a standard full-face package.]

Maya: “I can see what you mean. I'm just not sure about doing everything at once.”

Provider: “We can take it a step at a time. In your case, we can start with your lips, let things settle, and look at it together again before you decide about your chin.”

Maya: “I'd feel better doing it that way. What would that cost?”

Provider: “For the treatments we've talked through, your lips would be $700. The chin treatment would be another $1,100, so both would be $1,800 altogether.”

Maya: “Do I have to pay for both now?”

Provider: “No. If you're starting with your lips, it's $700. If you decide to do your chin later, that would be a separate $1,100. I'll put both on the plan so you can see the whole picture.”

Maya: “Okay. Let's start with the lips.”

Provider: “Sounds good. What else would you like to ask me before we get you booked?”

[After answering Maya's questions, the provider brings Jordan into the handoff.]

Provider: “Jordan, Maya wants to start with the lip treatment we discussed. That's $700. We'll see how she feels at her follow-up before she decides about anything else.”

Jordan: “Great. Maya, are there particular days that work best for you?”

What your team should learn from this

Maya came in asking about filler. The provider found out what she wanted it to do, explained why the chin might be relevant, and showed her the difference between the two choices. When she was nervous about doing too much, the provider slowed the plan down.

“Full facial balancing” on a price sheet doesn't explain any of that. Your team has to connect each part of the recommendation to something the patient wants and something the provider has found.

The prices in this exercise cover the specific treatments discussed, with products, quantities and included follow-up written on the quote. They are not universal prices per area. The clinic supplies its actual terms before purchase. A follow-up does not automatically include more filler.

Maya's choice	What she pays	What happens next
Lips only	$700	Lip treatment and the agreed follow-up
Lips and chin	$1,800 total	Both treatments as agreed with the provider
Start with lips and decide about chin later	$700 first; $1,100 only if she chooses the later treatment	Follow-up before another decision

In this version, Maya buys the $700 treatment. The other $1,100 is still a possible future sale. Keep those separate when you look at the numbers.

From “I want filler” to an agreed plan

Maya’s decision, with the words that move the conversation forward.

Request: lip filler

“What would you like to change?”

↓

Goal: a subtle change to her profile

“Is it the lips themselves, or how everything looks together?”

↓

Concern: looking overfilled

“You want a little change, but you still want to look like you.”

↓

Assessment and recommendation

Provider explains the suitable lip and chin options and their limits.

↓

Choice and price

Lips $700. Chin $1,100 more if chosen. Maya starts with lips.

↓

Agreed next step

Arrange the included review. The chin option is not purchased.

Follow the patient’s goal and assessment; a bigger purchase is not automatic.

The plan Maya takes home

Give the patient a short plan they can read without replaying the whole consultation. This is the completed summary for Maya's decision above. The provider's assessment, product details and consent remain in the clinical record.

Maya's plan	What we agreed
What I want	A subtle change to my lips; keep looking like myself
What we are starting with	The conservative lip treatment discussed and approved by the provider
Why start here	Maya wants to make one change, then review how she feels before deciding about her chin
Price for this purchase	$700; includes the follow-up described on the quote
Payment in this branch	$700 paid at treatment checkout; $0 remains for this purchase
Next step	Arrange the included review at the provider's recommended time
Discussed but not purchased	Chin treatment, quoted at $1,100; a separate decision later
Not included	Additional product or treatment beyond the approved quote
Questions or changes	Contact the clinic through the care instructions; clinical questions go to the provider

> **Jordan:** “This is the part you're going ahead with: your lips, at $700. The chin option is below it so you have the information, but you haven't bought that.”
>
> **Maya:** “Okay. And the follow-up is included?”
>
> **Jordan:** “Yes. The review we've listed here is included. More treatment would be a separate decision.”

Keep the written payment, cancellation and aftercare terms with this summary. A short plan helps the patient follow the decision; it does not replace those documents.

Example two: “I want Botox, but I don't want to look frozen”

Daniel booked Botox for his frown lines. During the conversation he also asks about the lines beside his eyes. For this fictional case, the provider finds both areas suitable to discuss. The example assumes a $400 quote for the specified frown-line treatment or $650 total for the specified two-area treatment. These prices do not establish doses.

From the first question to the decision

Provider: “What made you decide to come in?”

Daniel: “I look tired in every picture. I figured Botox might help.”

Provider: “Show me what you're noticing.”

Daniel: “These lines here. Between my eyebrows. I look annoyed even when I'm not.”

Provider: “Is that the main thing you want help with?”

Daniel: “Yeah. And these ones when I smile. But I don't want that frozen look.”

Provider: “Have you had Botox before?”

Daniel: “No. A friend gets it and looks good. I just don't want to overdo it.”

[The provider reviews Daniel's health and treatment history, examines the areas he raised, and explains what is suitable.]

Provider: “Based on what you're telling me and what I'm seeing, I'd recommend treating the frown lines here. We can also treat the lines beside your eyes that you pointed out. Let me walk you through what I'd expect it to help with and what you might notice with movement, because I know that's what you're worried about.”

Daniel: “Would I need filler too?”

Provider: “I wouldn't recommend filler for what we've talked about today.”

Daniel: “Okay, good. How much are we talking?”

Provider: “For your frown lines, it's $400. If you'd like to do the lines beside your eyes too, it's $650 altogether.”

Daniel: “So another $250?”

Provider: “That's right.”

Daniel: “I think I'd like to do both. I'm still a little nervous, though.”

Provider: “What part are you most nervous about?”

Daniel: “The movement. Will I still look like myself when I smile?”

[The provider answers Daniel's specific question about expected movement and possible unwanted effects. They check that he understands without promising an exact result.]

Daniel: “Okay. That helps. I'd like to do both.”

Provider: “All right. Let's go through the consent and make sure you've had a chance to ask everything you want to ask.”

The coordinator then confirms the $650 quote, included follow-up, payment terms and appointment arrangements. Treatment timing depends on the provider and the clinic's availability.

Keep listening after you say the price

Daniel said he wanted both, then told you he was nervous. He still needed an answer about movement. Immediately asking for his card would have rushed past it.

The conversation stays with the two concerns he raised. If he decides to treat only the frown lines, record that choice and proceed with the appropriate care. A larger purchase is an option the patient understands, not a requirement for a successful consult.

Example three: “I only booked the one T-Shape session”

Susan booked a $199 T-Shape 2 session for her thighs. She knows the offer is for one session and that she can receive it, if suitable, without buying a package.

For this role-play, assume the treating provider has assessed Susan and approved eight visits in total. Eight is an example for practicing the conversation, not a standard protocol or a promise of a particular result. Use the actual provider-approved plan when training your clinic's team.

Learn what she expects from today

Provider: “What made you want to try T-Shape?”

Susan: “I want the skin on my thighs to look smoother. I saw the offer and thought I'd give it a try.”

Provider: “Have you tried anything for it before?”

Susan: “No treatments. This would be the first.”

Provider: “Okay. Have you been thinking about it for a while, or is there something coming up?”

Susan: “A while. Nothing coming up. I'd just like to feel a bit better wearing shorts.”

Provider: “And what were you hoping to see after today?”

Susan: “I don't know. Enough to see whether it works, I guess.”

[The provider examines the area, reviews Susan's history and discusses whether the treatment fits what she wants.]

Provider: “Okay, Susan. Based on what you're looking to accomplish and what I'm seeing with your skin, here's what I'd recommend. I'd plan on a series of treatments, with time along the way to check how you're doing. For you, the plan I'd suggest is eight visits altogether. Today would count as the first.”

Susan: “Eight? I thought I'd do one and see.”

Provider: “You can absolutely try today's visit. I just want you to know what I'm recommending for the smoother look you described before you decide about anything more. You may not know from one visit how much change you're going to get.”

Susan: “So how do we know if it's helping?”

Provider: “We'll take starting photos with your permission and compare as we go. I'll show you when I'd want to check in and what changes we'd be looking for. If things aren't going the way we'd hoped, we'll talk about whether it makes sense to keep going. I can't promise you an exact amount of change.”

Susan: “Okay. How close together would the appointments be?”

[The provider shows Susan the actual proposed dates and explains why that schedule fits her plan. Staff should practice with their clinic's approved schedule, rather than inventing a frequency to fill this line.]

Susan: “That might work. I do shifts, though.”

Provider: “Let's check what we have around your shifts before you commit. Is there anything else you'd want to know?”

Susan: “The price. I came in thinking $199.”

Walk through the whole price

This part takes place after Susan has received and paid for her first session. She asks Jordan to go over the package. If your clinic discusses it before treatment, say “the first visit” rather than “the visit you've had.”

Jordan: “Of course. The eight visits are $1,399 altogether. You've already paid $199 for today, and we'll put that toward the package. So you'd have $1,200 left to pay and seven visits left.”

Susan: “So it's $1,399 including today?”

Jordan: “Yes, including today.”

Susan: “That's more than I was planning to spend.”

Jordan: “I understand. You came in expecting one visit. What are you thinking about the plan itself?”

Susan: “I'd like to do it. I just didn't expect to pay that much today.”

Jordan: “Okay. Would it help to go through the payment options?”

Susan: “Yes.”

[Jordan explains the clinic's actual options, including all payments, any interest or fees, eligibility and total cost. Financing is not assumed to be available or approved.]

Susan: “Let me check my shifts before I decide.”

Jordan: “Sure. When will you have your schedule?”

Susan: “Wednesday.”

Jordan: “Would you like me to check in Thursday? Then we can look at appointments that work for you.”

Susan: “Yeah, that would help.”

Jordan: “Okay. I'll send you the plan so you have the price and everything included in one place. We'll talk Thursday.”

Susan has paid for one visit. She has not bought the package yet. Chapter 4 continues that conversation.

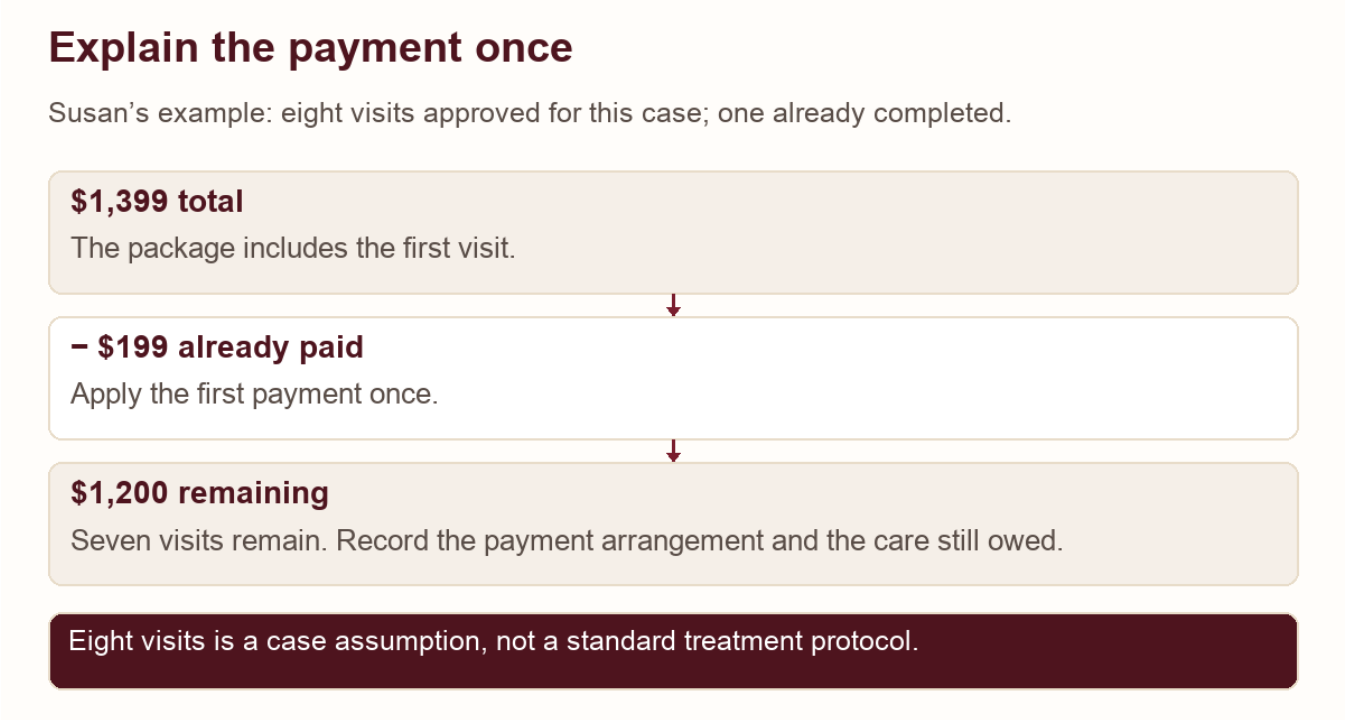
If she is ready to buy

Practice this ending too. Susan has seen the dates, understands the terms and has decided the payment works for her.

Susan: “Okay, I'd like to do the package.”

Jordan: “Great. We'll count today as your first visit and put your $199 toward it. The balance is $1,200. Let's get the rest of your appointments set up.”

Confirm the payment arrangement she actually chose, supply the agreed terms and care instructions, and track the seven visits still owed.



If she gives you a different answer

Don't force Susan into the payment conversation if money isn't what she's worried about. Practice these branches as separate scenes.

Susan: “I'm worried I'll spend all that and not see much difference.”

Jordan: “That's something I'd want to understand too. Let me bring the provider back so you can talk through what to expect for you.”

Susan: “Can I see some results first?”

Jordan: “I'll ask them to walk you through some examples and how they compare with your situation.”

The provider uses genuine, consented examples with the treatment count, timing and other relevant details. They explain what those examples can and cannot tell Susan about her own likely response.

Susan: “I can't come in that often with my shifts.”

Jordan: “What days usually work for you?”

Susan: “It changes every week.”

Jordan: “Let's ask the provider what flexibility we have. I'd want to know we can make the appointments work before you pay for them.”

Susan: “I really only wanted to try the one today.”

Jordan: “That's fine. You don't have to decide about anything else. Would you like a copy of the plan to take with you?”

Susan: “Yes, but I'll call if I want to do more.”

Jordan: “Of course.”

Record that Susan will contact the clinic. Do not schedule a sales callback she declined.

Keep the offer easy to explain

Item	Teaching example
Eight comparable visits bought separately at $199	$1,592
Eight-visit package	$1,399
Saving against those individual prices	$193
First visit already paid	$199
Balance after applying that payment once	$1,200
Visits remaining after today	7

The example package covers the same specified thigh treatment area and session scope, with the reviews and aftercare listed on the plan. Other areas and future maintenance are separate. The illustrative upgrade window is thirty days, subject to continued suitability and a workable schedule. The clinic's written terms explain cancellations, missed appointments and what happens to unused visits if care changes.

Have those details ready when someone asks. Don't make the patient work through a policy speech before you've answered “How much is it?”

Use the Money Models tools where they fit

By the time you explain the package, the patient should know why you're recommending it. Now help them understand what they're buying and what it costs.

Tool	How it appears in these examples	What staff need to explain
Menu upsell	Compare the specific goals addressed by a smaller and broader suitable plan	What changes for the patient at each price
Anchor upsell	Present a genuinely relevant broader facial plan, then explain a focused option	Why the broader plan was recommended; no inflated comparison price
Rollover upsell	Susan's paid first visit counts toward the course	$1,399 total, $199 already paid, $1,200 remaining, seven visits left
Feature downsell	Remove an optional addition or narrow a goal when clinically appropriate	What the smaller choice will and will not address
Payment-plan downsell	Offer an approved payment schedule when timing is the obstacle	Full cost and terms, not just the smallest installment

You do not need three packages in every consult. Maya has a focused plan, a broader plan and an option to stage care. Daniel has two relevant choices. Susan can stay with one visit or buy the series, then decide how to pay if she wants to go ahead.

A good/better/best comparison can help when three choices fit the patient's goals and assessment. "Most patients pick the middle" is not a reason to prescribe a middle treatment plan.

Make sure the larger sale is worth delivering

For Susan's fictional $1,399 course, assume all eight visits together cost $120 in supplies, $480 in allocated treatment labor, $41.97 in card fees and $80 in other direct delivery costs. That leaves $677.03 before any additional sales incentive and remaining overhead. These are example inputs, not market benchmarks.

The $199 payment plus $1,200 balance equals $1,399. Count the payment once and include the cost of the first visit in the eight-visit costs. Seven visits still have to be delivered after the upgrade.

For injectables, check the exact products, quantities, provider time and any staged appointments. A $1,800 plan does not have the same margin as a $1,800 device course. Chapter 5 shows how to connect those costs to staff pay.

Practice the conversation out loud

Run three short role-plays. One person is the patient, one is the provider or coordinator within their role, and one observes. Give the patient a concern the other person has not seen. Let them interrupt, ask you to repeat the price or change their mind. Real conversations don't follow the page exactly.

First, practice Maya's fear of looking overfilled. Then Susan's concern about the full course price. Finally, use a patient who does not want more treatment.

Pause immediately after the hesitation. Ask the observer, "What do we know, and what do we still need to ask?" Repeat that moment before restarting the whole conversation.

The observer checks whether the team can:

• State the patient's goal in their own words.

• Explain how the recommendation addresses that goal.

• Explain what the original treatment alone can and cannot address.

• State the full price, timing and any credit accurately.

• Respond to the actual concern and accept a smaller choice or a decision to wait.

• Record what was accepted, paid, booked and still undecided.

When you practice the clinical parts, use your provider's assessment, product information and consent process. The eight-visit T-Shape example is a case assumption, not a treatment protocol.

The question

Can your team explain why the larger plan fits this patient, without relying on “it's our most popular package”?

Your move

Use Worksheet 3 to write one conversation for an actual clinic service, from the patient’s opening request through the decision. Show the approved choices, total price, any payment already made and the next step. Have a colleague check the explanation and arithmetic.

What you now have

You now have a written plan, a checked price explanation and a conversation the team has practiced for one real service.

4. Turn “I Need to Think About It” Into Booked Treatments

The patient leaves with a plan. Your provider says, “She seemed interested.” The front desk says, “I thought you were going to call her.” A week later, nobody knows what happened.

You paid to get that person into the clinic. You spent time understanding the concern and making a recommendation. Now the entire next step depends on somebody remembering a conversation between appointments.

Pick someone to follow up with patients who are still thinking about the plan. Make sure that person knows what the patient is waiting on. You are continuing a conversation the patient has already had with you.

Find out what they need to think about

“I need to think about it” can mean several things. The patient may need to check dates, discuss a purchase, understand a risk, compare options, or decide whether they want treatment at all.

Ask without making them defend their hesitation.

“Of course. Is there something you're still unsure about?”

If they identify a concern, record it. “Wants to check work schedule before choosing dates” is useful. “Price objection” may be wrong if nobody asked.

If the concern is clinical, keep the provider involved. The coordinator should not improvise reassurance about risks to secure a booking.

What should you say when they hesitate?

Ask what they mean before choosing a response.

“It costs more than I expected.”	“What are you thinking about the plan itself?” If they want it, clarify total cost versus payment timing.
“What if I don’t see much change?”	“Let me bring the provider back so you can talk through what to expect for you.”
“I can’t make those dates.”	“What days usually work?” Check the schedule; changes to treatment spacing go to the provider.
“I need some time.”	“Of course. Would you like me to check in, or would you rather contact us?”
“I don’t want to do more.”	“That’s fine.” Record the decision and respect their contact preference.

Write down the concern and the next step the patient actually agreed to.

Agree on a next step before they leave

“Would you like me to check in Thursday, once you've got your schedule?”

The patient can agree, suggest another time, or decline. Record that response.

When someone says they will contact you if they want to proceed and does not want further messages, respect it. A completed record can say “Declined follow-up.” You do not need to keep every person in an active sales queue forever.

Use the contact method and level of detail the patient has agreed to. Sensitive treatment details do not belong in a casual message just because they appear in your clinical record.

Keep a list of patients who are still deciding

You can start in the system your clinic already uses. Do not buy another platform before deciding what the team needs to record.

Field	What goes in it
Patient and consult date	Enough to identify the record securely

Field	What goes in it
Approved plan	Current plan and version, accessible to the right staff
What the patient decided	Considering, booked, purchased, deferred or declined
Question still to answer	The patient's actual concern
Owner	One responsible person
Next step and date	What was agreed and when
How they want you to contact them	Approved channel and any restrictions
Outcome	Response, change, booking or closure

Review what is due each day. The manager checks overdue work and obstacles. The owner should not need to send “Did anyone call her?” messages all afternoon.

Start with one patient before making the whole list

This is an alternative branch of Susan's T-Shape 2 case. She has paid $199 for her first session but has not bought the course. She wants to check her work schedule before deciding about seven more visits. Do not count the proposed $1,200 upgrade as a sale yet.

Field	Completed example
Plan	T-Shape 2 course; eight visits total, seven remaining; $1,399 total; $199 already paid; $1,200 remaining
Status	Considering course; first session purchased, upgrade not purchased
Question still to answer	Needs to check shifts against available appointment dates
How they want you to contact them	Agreed Thursday check-in through the clinic's usual channel
Owner	Jordan, patient coordinator
Next step	Check in Thursday; discuss available dates if she wants to proceed
Escalation	Timing suitability goes to the provider

Now try this one: a fictional patient says, “I'm still not sure how much time I'd need off work. Can I talk to the provider about that before I book?” They agree to a call the following afternoon.

Write the owner and next step. **Check your answer:** Assign the clinical answer to the provider, with a named person coordinating the callback and writing down what happened. A generic promotional text does

not answer the patient's question.

Use Worksheet 4 for your own records. The starting statuses are considering, awaiting clinical answer, deferred, booked, purchased and declined. Track booking and purchase separately when needed; neither automatically means treatment has been delivered.

Send messages that continue the conversation

These examples are suggested wording, not a fixed cadence proven to convert every patient. Use them only where the contact and timing fit what was agreed. The example clinic sends treatment plans through its patient portal; use your clinic's actual secure method.

After the consultation, when a written recap was requested:

“Hi Susan, it's Jordan from the clinic. Your plan is in your patient portal now. Take a look when you have a chance, and let me know if you have any questions. I'll check in Thursday like we discussed.”

At the agreed time:

“Hi Susan, it's Jordan. Did you get your work schedule? Happy to look at some times with you if you're still thinking about coming in.”

When the patient has a question about price:

“Yes, it's $1,399 including the visit you've already had. Your $199 goes toward that, so there's $1,200 left for the other seven visits. What would you like me to go over?”

If the agreed follow-up gets no response:

After a reasonable interval consistent with the patient's preferences and clinic policy: “Hi Susan, I'll leave it with you for now. If you decide you'd like to book or have any questions, you can reach me here.”

Do not put every person into a relentless sequence. Different concerns need different contact. Someone waiting for a clinical answer should receive that answer, not a countdown promotion.

What the callback sounds like

Susan agreed to a Thursday call. She has paid for one T-Shape 2 visit and is considering the package described in Chapter 3.

Jordan: “Hi Susan, it's Jordan from the clinic. Is now still a good time?”

Susan: “Yes. I got my schedule.”

Jordan: “Great. What days are looking good for you?”

Susan: “Mostly Mondays. Some Thursdays. I don't know whether that's going to work for the whole thing.”

Jordan: “Let's look together. I've got the schedule the provider recommended here.”

[Jordan checks actual availability against the approved plan. Any change to treatment spacing goes back to the provider. In this version, they find dates that fit.]

Jordan: “Those dates work. How are you feeling about going ahead?”

Susan: “I think I'd like to. Remind me, is it another eight visits?”

Jordan: “Seven more. The one you've had counts as the first of the eight.”

Susan: “Right. And $1,200 left?”

Jordan: “That's right.”

Susan: “Okay, let's book it.”

Jordan confirms the payment arrangement, written terms and appointments. If Susan has a new clinical question, the provider answers it before they move forward.

Handle the response you receive

If the person is ready, confirm that the plan is still current and help arrange the appropriate appointment. If enough time has passed or circumstances have changed, the provider may need to review it.

If they ask for a lower price, establish whether the issue is the total cost, payment timing or the size of the commitment. Explain approved terms or request a review of a smaller plan that still fits. Keep the original price honest.

If they want to speak with a partner, offer the written information or, with the patient's permission, a conversation that includes them. Do not belittle the person for discussing a significant purchase with someone else.

If they chose another clinic, thank them for telling you and close the record. You can learn from feedback they freely offer, but they do not owe you an exit interview.

Count what happened

Suppose twenty plans are awaiting a decision. During the next month, six patients book, four decline, three defer to specific later dates, and seven do not respond.

That is useful information. Do not call all twenty “lost,” and do not call all six bookings collected revenue if some have not paid. If a patient purchases a prepaid plan, distinguish the collection from the treatments still owed.

Review the reasons alongside the numbers. If most patients misunderstand the price, repair the consultation explanation. If the follow-up dates are routinely missed, repair ownership or coverage. If the offered appointment times do not work, examine capacity.

Follow-up should also improve the visit that came before it.

The question

Can you identify each undecided plan that needs action, its question still to answer and its owner?

Your move

Use Worksheet 4 to review ten pending plans. Record the patient's actual concern, contact preference, owner and next step, or the reason the record should close. Check that clinical questions have reached the provider and that a booking is not counted as a payment.

What you now have

You now have a pending-plan list with an owner and an agreed next step for each active record.

5. Pay Your Team to Perform Without Giving Away Your Profit

A patient comes in for a $399 injectable treatment and chooses a $500 filler treatment as well. Product costs total $400. You pay the provider $75 for the baseline appointment plus 10% of the addition.

Before reading further, calculate what remains. Then write down which expenses you still need to subtract.

The arithmetic is $899 − $400 − $75 − $50 = $374. That amount still has other costs to cover. The example is fictional; its job is to make the pay decision visible.

You want staff to earn well and the clinic to keep enough to operate, train people and pay you. Work out what the treatment costs you before choosing a commission percentage. A $500 service with $250 of product has a different amount available from a $500 service with $40 of supplies.

Decide what the normal pay covers and what earns a bonus

The provider performs a treatment. The coordinator explains an approved plan and follows up. The front desk gets the patient checked in and booked correctly. Those responsibilities deserve clear compensation even when nobody purchases an extra item.

A bonus rewards something specific. Decide what you want it to reward.

If the provider is paid for completing the baseline appointment, what additional contribution earns the incentive? Is it an extra sale that qualifies under your pay rules? A team performance measure? A defined production tier? Write it down before employees start interpreting it differently.

Before you offer a bonus tied to clinical sales, have the plan checked for that person’s role and state. Calling it a bonus does not make every pay plan legal.

Work out what the visit costs you

Start with revenue after the applicable discount. Subtract product, supplies, transaction costs, delivery labor and any proposed incentive. The remainder contributes toward other overhead and profit.

Be clear about how you count staff pay. If you have already included the provider’s wages in the cost of each visit, do not count those same wages twice. If you pay wages plus a fee for each visit, include both.

Return to the opening example. “Contribution” here means the money left after the costs shown, available to cover the remaining costs and profit. It is not final profit:

Item	Amount
Baseline service	$399
Additional service	$500
Total revenue	$899

Item	Amount
Combined product cost	−$400
Baseline completion pay	−$75
10% incentive on the $500 addition	−$50
Remaining before other costs	$374

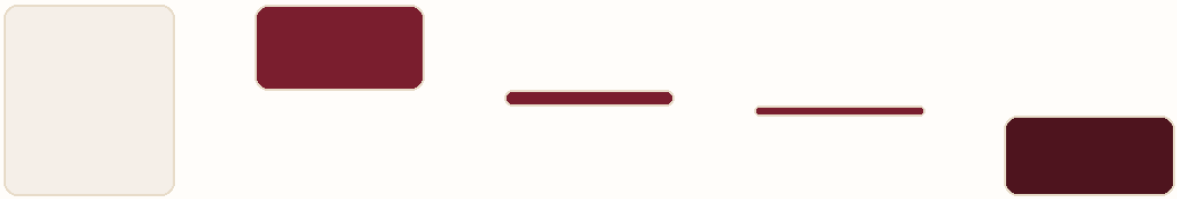
At a 20% incentive on the addition, $324 remains. The difference is $50. Neither calculation proves that one percentage is always profitable or that the other breaks even. We still need processing costs, other labor, overhead and the time required to deliver the work.

And the combined appointment has to fit the real work hours. A high apparent hourly earning based on treatment minutes does not tell you what the provider earns across an eight-hour shift with gaps.

See where the payment goes

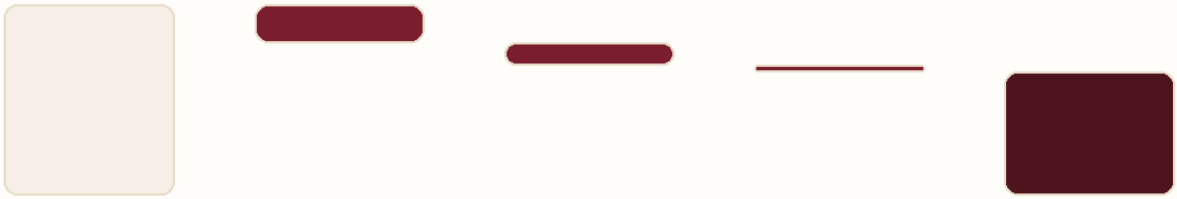
Example numbers. The remainder still has other costs to cover.

Injectable visit + addition



Payment	Product	Base pay	Bonus	Remainder
$899.00	**$400.00**	**$75.00**	**$50.00**	**$374.00**

Device visit



Payment	Supplies	Delivery pay	Processing	Remainder
$499.00	**$100.00**	**$60.00**	**$14.97**	**$324.03**

Injectable example: fees and other costs remain. Device example: 3% processing is included; equipment and other costs remain.

Use actual hours, product costs, equipment costs and employment costs before setting pay.

Pay for the work each treatment takes

Use the table to compare services. Replace these example numbers with your clinic's costs. "Delivery pay" is an assumed direct allocation; it does not settle the employee's full payroll entitlement.

Service example	Revenue	Supplies	Delivery pay	Processing at assumed 3%	Contribution before other costs
Injectable appointment	$399	$200	$75	$11.97	$112.03
Facial	$199	$35	$40	$5.97	$118.03
Device treatment	$499	$100	$60	$14.97	$324.03
IV appointment	$199	$60	$25	$5.97	$108.03

The device row still has equipment costs and other overhead to cover. The IV row may require substantially more paid staffing coverage than its $25 allocation suggests. If actual staff pay for the time needed is $60, that row's contribution falls to $73.03.

That is why a flat fee copied from another service can mislead you. Build the rate around actual time, skill, costs and paid responsibilities. A small touch-up and a long combined appointment cannot automatically receive the same fee because both are called appointments.

Fill in the missing number

Use the facial row above. Keep revenue at $199, supplies at $35 and processing at $5.97. If staff pay for the time needed rises from $40 to $55, how much remains before other costs?

Write the answer before checking: $199 − $35 − $55 − $5.97 = **$103.03**. The extra $15 of labor reduces contribution by $15. Nothing else in the example changed.

Now copy one row into Worksheet 5 and replace the assumptions with your clinic's costs. Mark unknown costs as unknown. A blank field is not zero.

Choose a structure people can understand

For each role, compare a few options rather than adding every incentive you have heard about.

Base plus a defined bonus: This can suit a coordinator or manager whose work includes coverage, accuracy and coaching that cannot be attributed to one sale. State the measures, review period, amount and conditions in advance.

Guaranteed pay plus tiers: The provider has a base they can count on and can earn more under the written plan. Explain which sales or costs count. Show where each higher rate starts and whether it applies to all sales or only the next group.

Service-specific completion pay with a guarantee: This links part of pay to delivery, but still needs proper treatment of all working time, other duties and applicable wage rules. It takes more administration than one hourly rate.

For staff covered by overtime rules, paying by commission or by the visit does not remove overtime requirements. Many promised bonuses also affect the pay rate used to work out overtime. Have payroll check it. The U.S. Department of Labor bonus guidance explains how promised bonuses can affect overtime calculations. “We pay whichever is higher at the end of the month” is not enough on its own.

Test an incentive with actual numbers

Here is a coordinator pay example. These figures are for practicing the calculation, not local salary benchmarks.

Assume $24 per hour and 160 hours in a four-week planning period. Base wages are $3,840. A proposed $400 maximum work bonus brings the possible total to $4,240 before employer taxes, benefits and other employment costs.

The bonus could have four defined components: timely completion of assigned follow-up, accurate plan records, reliable handoffs and a clear explanation of the plan during an observed practice. Specify how each is measured and what counts as meeting the standard. If training or management coverage prevents performance, address that rather than treating the employee as responsible for conditions they cannot control.

Notice that this illustration uses four weeks, not an average calendar month. Use the right number of paid hours in the actual budget.

A provider's production bonus is a separate example from the coordinator's $400 work bonus above. Show people how the tiers work. Here, the written plan pays 10% on the first $5,000 of extra contribution and 15% on the next $3,000. Remember, contribution means the money left after the costs you have counted. At $8,000, the bonus is $500 plus $450, or $950. Paying 15% on the whole $8,000 would be $1,200. Those are different plans. Write down which one you mean.

The two tier calculations pay different amounts. Employees should not discover which one you meant on payday.

Explain the pay plan before someone signs it

For the coordinator example above, each of the four written work standards can earn $100 during the four-week review period. The signed plan defines how each standard is measured.

> **Manager:** “The role pays $24 an hour for the hours you work. There's also a bonus of up to $400 over each four-week review period. Let me show you what each part is based on.”
>
> **Candidate:** “Do I only get the bonus if someone buys a package?”
>
> **Manager:** “No. This bonus looks at the follow-up you've been assigned, the notes, the handoffs and how clearly you explain the plan. Each part has its own standard and is worth $100. You can see the measures here.”
>
> **Candidate:** “What if I'm meant to make calls but I'm covering the desk?”
>
> **Manager:** “Tell me when that happens so we can sort out coverage. We need to give you time to do the work we're asking you to do. Let's go over how the written plan handles work we have to reassign.”

Candidate: “And the $24 an hour is there whether I earn the bonus or not?”

Manager: “Yes. The bonus is on top. We'll go through an example together so you can check how we calculate it.”

At 160 hours, the example base wages are $3,840. If all four bonus standards are met, the total is $4,240 before any overtime adjustment and deductions. Actual payroll must include all pay required for the hours worked.

For the provider's percentage example, be just as direct: “The percentage applies to this amount, these costs come out first, and this is when you earn it.” Show a worked payslip. A phrase such as “competitive commission” gives a candidate nothing they can check.

Choose pay for the job you are hiring someone to do

Start with the work, then choose the pay structure. Use the same role names in your job ad, staff schedule and pay plan. In a small clinic, one person may cover two roles, but they still need time for both.

The chart below is a starting point for designing the job. It is not a salary survey. Any incentive tied to clinical revenue needs review for the person's role and your location before you offer it.

Leadership and clinical roles

Role and when you need it	Work they own	Pay structure to assess	What to review
Owner / business lead: responsibility exists from day one	Budget, priorities, staffing decisions and business results	Budget pay for the owner's actual work; keep ownership distributions separate	Cash, delivered-care margin, obligations and follow-through
Clinical lead / medical director: arrange the oversight the clinic requires before providing care	Clinical standards, scope, supervision and escalation	Written pay for actual oversight duties and time; establish availability and coverage	Chart review, training, incident response and supervision completed
Injector / clinical provider: appropriate demand exceeds current treatment capacity	Assessment, suitable recommendations, treatment, documentation and aftercare	Guaranteed pay; consider reviewed production tiers or service-specific completion pay	Clinical quality, documentation, patient understanding and contribution after costs
Aesthetician / device provider: the service has enough demand, space and support	Work within qualifications, room preparation, delivery, records and rebooking handoff	Hourly guarantee; assess service-specific completion pay or a defined bonus	Delivery quality, time, supplies, account accuracy and appropriate next steps

Booking, sales support and management

Role and when you need it	Work they own	Pay structure to assess	What to review
Appointment setter: leads wait while reception is busy	Respond, explain the booked offer, arrange visits and record contact	Hourly/base pay plus a reviewed bonus for defined work; attendance can inform review	Response time, accurate bookings, completed follow-up and attendance by cohort
Front desk: arrivals and incoming calls need reliable coverage	Check-in, scheduling, payments and routine questions	Hourly/base pay with clear duties; optional quality or team bonus	Booking accuracy, complete checkout, privacy and patient experience
Patient coordinator: plans stall after consults	Explain approved prices, help with dates/payment and own pending-plan follow-up	Base plus defined work bonus; any sales-based incentive needs separate review	Accurate plan explanations, next steps recorded, timely calls and patient understanding
Practice manager: the owner cannot keep schedules, coaching and operations consistent	Coverage, SOPs, onboarding, staff review and weekly reporting	Base/salary as appropriate to the role; consider a defined operational/team bonus	Coverage, training completion, reporting accuracy and controllable budget performance

Review volume and capacity before making a hire. A clinical lead is not optional because the clinic is small. A separate manager may be unnecessary if the owner can still handle the work reliably. A setter and coordinator may be the same person while volume is low; protect their calling time so the role can work.

Use a small number of written bonus measures. Define the data source, review period and what the employee can control. Do not pay only for booked appointments without checking whether the patient understood the offer or arrived. Do not treat a staff member's sales total as permission to skip clinical review.

A completed pay calculation

For Jordan's coordinator role, Riverside uses the example $24 hourly rate plus four possible $100 work bonuses in a four-week review period. The written plan defines each standard before work begins.

Payroll input	Completed example
Regular hours worked	160 hours across four 40-hour weeks; no overtime in this example
Base wages	160 × $24 = $3,840
Assigned follow-up completed by the agreed deadlines	Standard met: $100
Required plan records complete and accurate	Standard met: $100
Handoffs contain the agreed next step	Standard not met: $0
Observed plan explanation meets the written checklist	Standard met: $100
Total work bonus	$300
Gross pay before deductions	$4,140
Employer's total cost	$4,140 plus applicable employment taxes, benefits and other employer costs

The manager shows Jordan which handoffs missed the written standard and practices the correction with her. This is the agreed calculation for this period, not a retroactive deduction from earned pay. If management failed to provide coverage or training, apply the written rule for that circumstance and fix the work conditions.

Jordan: “So I earned three of the four parts?”

Manager: “Yes. Your bonus is $300 this time. Let's look at the two handoffs that were missing the next step, then practice one together.”

Jordan: “Can you show me what should have been in the note?”

Manager: “Yes. We need the patient's decision, the question still to answer, and who is doing what next. I'll show you one, then you can try it.”

Use Worksheet 5 to calculate the same structure with your actual hours and terms. The earlier $4,240 example shows all four standards met; this one shows a partial bonus. Keep those situations separate.

Define what earns credit

Write rules for the situations that will happen in your clinic:

• A patient buys more of an existing package.

• The provider recommends the plan and the coordinator follows up.

• A patient returns weeks later and purchases from another employee.

• The patient prepays for treatments delivered by multiple providers.

• A purchase is partially refunded or changed.

• The purchase was already booked before the appointment.

Separate sales credit from delivery pay. Do not accidentally pay multiple full incentives on the same amount. Do not remove earned pay retroactively because you forgot to define a rule. Use clear terms agreed before the work is done and appropriate review of any corrections or refund treatment.

Decide whether the incentive is earned on collection, delivery or another defined event. Prepaid packages create future work. Include that obligation when deciding how much cash can leave the business immediately.

Check quiet weeks too

A model can look attractive on a fully booked calendar and fail during a slow month.

Try the plan for a quiet week, a normal week and a busy week. Use your real staff hours and treatment mix. Work out what each person earns and what the clinic keeps. Include the time people spend setting up rooms, writing notes, making calls and training. Count the paid time between visits too.

If the quiet case fails, investigate demand, pricing, coverage and staff hours you have agreed to pay for. Do not assume the solution is to transfer all demand risk to the employee. Good staff also need a credible reason to stay while the clinic builds volume.

Keep quality visible

Review patient understanding, documentation, complaints, refunds and follow-up care that fits the patient alongside production. A retention percentage is meaningless unless you define who should return and over what period.

Do not take away pay someone has already earned because a monthly number fell. Agree on the rules before the work happens and check what caused the change. Did the clinic have appointments available? Did the offer change? Did anyone call the patient back?

The question

Can you explain how someone earns their pay and show what the clinic keeps after fulfilling the work?

Your move

Use Worksheet 5 to cost one frequent service, then compare three offers under quiet, typical and busy schedules. Write one role’s pay formula, attribution, earning event and refund rules. Check the arithmetic and obtain the role-specific payroll review before changing pay.

What you now have

You now have a costed offer and a written pay model to review before implementation.

6. The Clinic Hiring Playbook: Attract, Hire, and Keep Great People

Two candidates apply for the same patient coordinator role. In this fictional exercise, both meet the essential requirements. Both are personable in the interview.

You give them an approved plan and a patient question. Candidate A immediately offers an unauthorized discount. Candidate B clarifies the question, explains the written price and routes the clinical question to the provider.

Who has shown stronger evidence for this part of the job? Before choosing, name the behavior you are evaluating. Being easy to talk to does not answer whether someone can handle an accurate plan handoff.

Hire for the problem you have right now

If leads sit unanswered while the front desk handles check-in, investigate booking coverage. If consultations are happening but the team cannot explain plans or follow up, investigate coordination and training. If patients cannot get appropriate appointments despite efficient scheduling, investigate provider capacity.

A new provider is an expensive answer to an unanswered-phone problem.

Write down the work that is not getting done, its volume, and the consequence. Then decide whether you need a new hire, more hours, time set aside for an existing person, or a better process.

For a provider hire, estimate the demand available, the time needed to fill the schedule, the required supervision and training, and the cost of staffing before the calendar fills. Use conservative assumptions. Someone having an impressive social following does not prove that enough suitable patients will book at your location and prices.

Go back to Riverside Clinic, our example. Leads are waiting while the front desk checks patients in. The owner sets aside time to call them back and checks whether the team can keep up. If they still cannot, the clinic can work out how many more hours of help it needs. That gives the next hire a clear job.

Build the scorecard before the job advertisement

Write down what good work looks like. Then use the job ad to explain who you need and what the job involves.

For the person helping patients book, check whether they explain the price clearly, call when promised, pass on the plan and know when to ask for help. For a provider, check their credentials and clinical skills. Also look at how they talk to patients, keep notes and work with the team.

Separate required qualifications from things you can teach. If a role requires a license, enthusiasm cannot replace it. If your booking software is trainable, do not reject an otherwise capable person merely because they used another system.

Define the schedule and workload honestly. A candidate should not find out after accepting that the job includes every Saturday, evening calls and producing three videos a day.

Make an employment offer worth considering

You want patients to understand why they should choose your clinic. Candidates need that clarity too.

Tell them what they will do, what they can earn, how the earning rules work, who supports them, and what the first few months will look like. If the location is new, say so. If the calendar needs building, explain your demand plan and the support available while the schedule fills.

Training, a capable manager, reliable equipment, predictable scheduling and a clear career path can all matter. They do not excuse vague compensation or an unrealistic workload.

A useful job introduction might say:

“You'll help patients book, walk them through the price of their agreed plan, and call back when we said we would. You'll have time on the schedule for those calls. We'll train you on our process, and you'll have a manager to go to when you need help.”

Then add the actual pay range, hours, requirements and benefits. The candidate should be able to decide whether the job fits before spending several interviews trying to decode it.

Ask what they did in the last job

Ask each candidate the same core questions about the job. Judge their answers by the same standards. You can have a warm conversation without letting personal chemistry make the hiring decision.

“Tell me about a time you had several patient requests at once. How did you decide what to handle first?”

“Describe a situation where you needed to explain a plan or cost that someone misunderstood. What did you do?”

“Tell me about feedback that changed how you worked.”

“What conditions helped you do your best work in your previous role?”

For retention, explore what made them stay, what made them leave, and what they need consistently from a workplace. Listen for whether your clinic can provide those conditions. Asking about pay is reasonable; it does not make someone disloyal.

Do not treat a personal story as proof of future loyalty. Use it to understand expectations, then compare it with the rest of the evidence.

Watch them do a relevant task

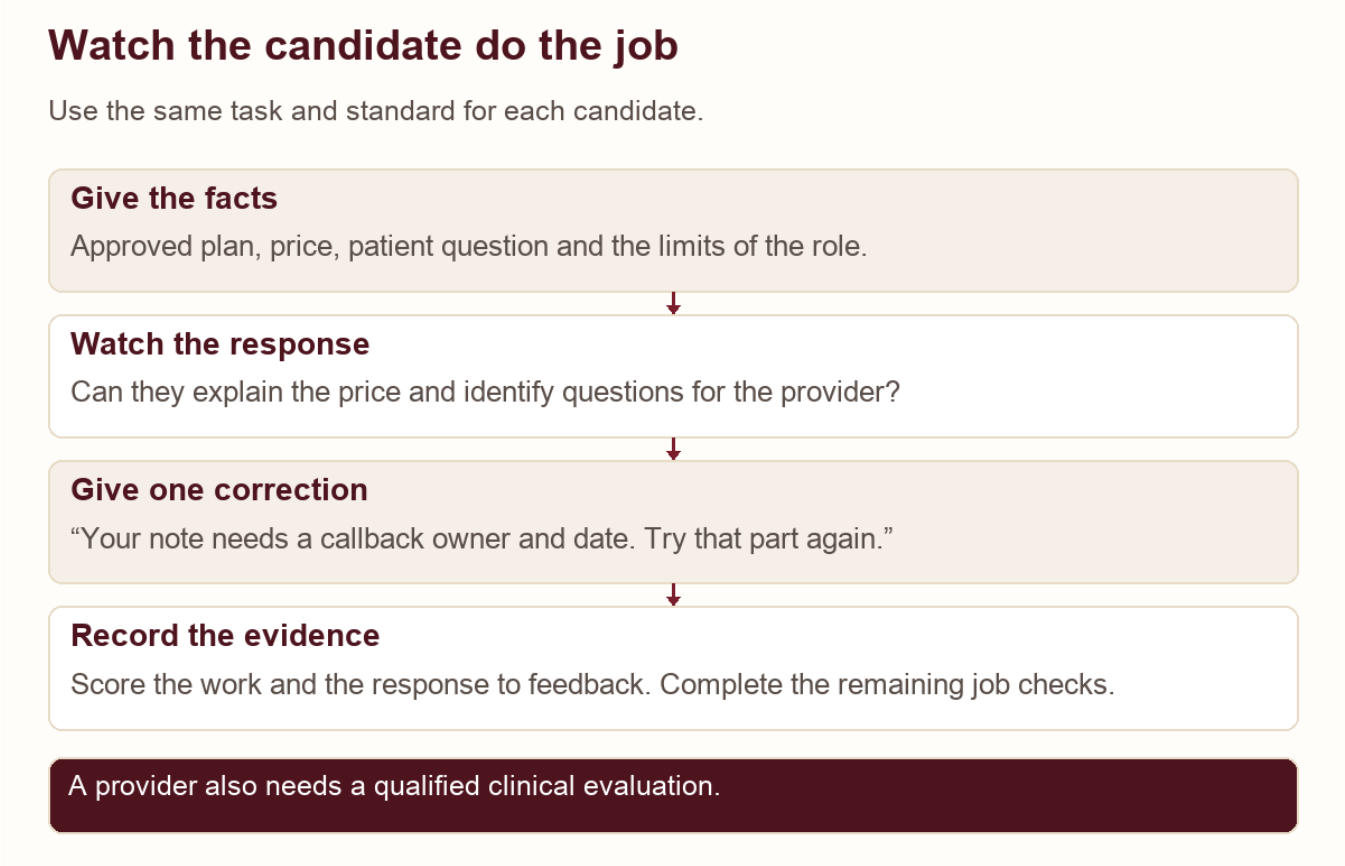
Create a short fictional exercise using the work the role will perform. Keep it about the actual job and accommodate candidates appropriately. If you ask someone to do real work or a longer trial, set it up properly and pay them.

For a coordinator, provide a fictional approved plan, price sheet and patient question. Ask them to explain the next step and write the handoff note. A good response should be accurate, clear, respectful and within their authority.

For front desk, present a scheduling conflict. Ask how they would handle the waiting patient, incoming call and new lead. Look for choosing what comes first and when to ask for help rather than pretending everything can happen at once.

For a manager, provide a small operating scorecard and ask what they would investigate first. For a provider, use a qualified evaluator for the clinical assessment and a separate consultation exercise. A confident sales conversation cannot substitute for ability to do the clinical work.

Give feedback on one part and ask them to try again. See whether they understand and apply it.



Give them a patient question and watch what happens

Use the same short exercise with each coordinator candidate. Give them the fictional T-Shape plan from Chapter 3, the pricing sheet and the boundaries of the role. Let them read it before starting.

Interviewer: “I'll play Susan. I've paid $199 for my first visit, and I'm thinking about the eight-visit package. Use the information on this sheet. You can ask questions, and you don't have to answer anything clinical.”

Interviewer as Susan: “I don't understand. Am I paying $1,399 on top of what I paid today?”

Candidate: “No. The $1,399 includes today. Your $199 goes toward that total, so there's $1,200 left for the other seven visits.”

Susan: “Okay. What if I do all seven and it doesn't work?”

Candidate: “Let me get the provider to talk that through with you. I can explain the price, but I don't want to guess about the result you should expect.”

Interviewer: “Good. Now show me the note you'd leave for the provider.”

A useful note says Susan understands the price, has not agreed to the package, and wants to discuss what change she can expect. It names who will arrange that conversation and when. “Patient interested, follow up” is missing the information the next person needs.

Then give feedback and repeat one part. “You got the balance right, but you didn't explain that today's visit counts as the first one. Try that answer again.” Watch whether the candidate uses the feedback.

Use a role-specific exercise for each hire. An injector also needs a qualified clinical evaluation. A manager might need to explain how they would handle overdue calls when the receptionist has been covering two jobs.

Score what you saw

Use simple anchors:

Score	Evidence
1	Cannot complete the task accurately, even with clarification
2	Completes some of it but needs substantial guidance
3	Completes it accurately with ordinary support
4	Completes it accurately, explains decisions and handles the complication

Score each skill on its own. Set essential requirements before interviews. Do not average away a failed clinical requirement because someone is personable.

Have interviewers record their observations before discussing the candidate together. Verify credentials and relevant references through appropriate channels. Ask former supervisors about responsibilities and observed work, not speculation about personality.

Apply the same standard to both candidates

For the opening example, the criterion is: accurately explain approved plan details and stay within the role's authority.

Candidate	Evidence observed	First assessment
A	Offers a discount without authorization	Below standard on this task; needs correction and reassessment
B	Uses written payment terms and passes the clinical question to the provider	Meets the described task requirements

This one exercise does not decide the entire hire. Check the remaining requirements and how each candidate responds to feedback. Do not invent a numerical score for ability to do the clinical work from this booking exercise.

Using Worksheet 6, score the observed behavior before comparing impressions with another interviewer. If you disagree, identify the evidence that caused the difference.

A completed candidate scorecard

Here is how an interviewer records Candidate B's coordinator exercise. The interviewer scores the work before discussing impressions with another reviewer. These observations cover this exercise only.

Skill	What the candidate did	Score using the anchors above
Explain the price	Said $1,399 includes today's $199; $1,200 remains	3: accurate with ordinary support
Stay within the role	Referred the question about results to the provider	3: accurate with ordinary support
Write the handoff	Recorded the unresolved clinical question but initially omitted callback timing	2: needs guidance on this step
Use feedback	Added the callback owner and timing on the second attempt	3: applied the correction

> **Hiring decision so far:** Continue to the remaining job requirements and references. Check handoff accuracy in another example. One successful price explanation is not enough to finish the hiring decision.
>
> **Interviewer:** “Your price explanation was clear. In the note, add who will arrange the provider call and when the patient should expect it. Can you try that part again?”

Use the same exercise, instructions and scoring anchors for the next candidate. Compare evidence from the same job tasks rather than comparing who seemed more confident.

Keep the promise after the offer

If you promise time set aside for follow-up, put it on the schedule. If you promise a mentor, name the mentor. If you promise a pay review after onboarding, define when it happens and what will be reviewed.

Candidate experience continues into employee experience. A polished interview followed by a chaotic first week gives the new hire a reason to question everything else you said.

The question

What evidence shows that a candidate can do the required work, and can your clinic support them?

Your move

Use Worksheet 6 to define one unfilled role: required work, qualifications, hours, pay and support. Write the same core questions and a short work sample for every candidate. Two reviewers should be able to explain their assessment from observed work.

What you now have

You now have a role brief, consistent interview questions and a work sample with clear scoring criteria.

7. Build a Team You Can Trust to Run Your Clinic

You explain a process once, let the new employee watch someone do it, and then put them on the schedule.

A few days later they get it wrong. You are frustrated because you already showed them. They are frustrated because watching someone handle a patient felt very different from doing it themselves.

At some point, they need to try it while someone watches and helps them fix mistakes. Otherwise, you are assuming that being present for an explanation means they can do the task.

Teach one complete piece of work

“Learn the front desk” is too broad for a training assignment.

Start with a task such as preparing a patient for a consultation, handing off an approved plan, or closing a pending follow-up record. Show the starting information, the actions, the expected result and the point where someone needs help.

A plan handoff, for example, includes the approved plan, accurate price, patient's decision, questions still to answer and next step. The employee should know where to record it and what would make the handoff incomplete.

Put that process in a short document or example. The person should be able to find it later. An explanation buried in an hour-long recording is hard to use while a patient is waiting.

Explain why you make each decision

When you show the task, explain why you make a decision.

“She's asking when the payments are due, so I can answer that from the plan. If she asks whether this treatment is right for her, I need to bring the provider back.”

Then have the employee explain their understanding back to you. Asking “Any questions?” is not enough. People may not know what they have misunderstood.

For a consultation, demonstrate how you summarize the concern, make the recommendation, state the price and pause. Do not train someone to recite a script at the patient regardless of what the patient says.

Practice the awkward parts

Role-play the moments your team tends to avoid.

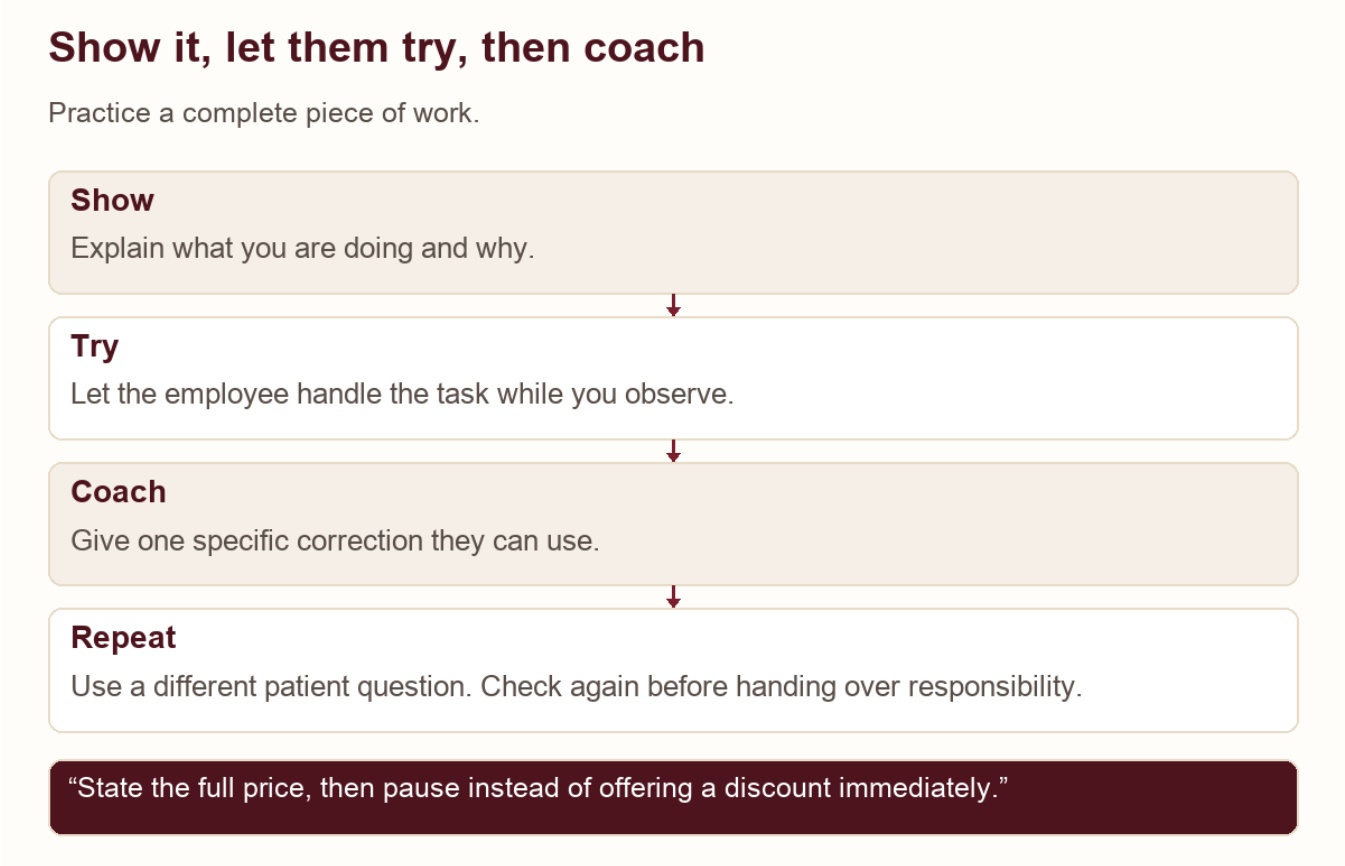
A patient says the plan costs more than expected. Someone asks whether the result is guaranteed. Someone wants to buy only one visit. Someone is ready to proceed, but the preferred appointment time is unavailable.

The employee should learn to stay accurate and useful without becoming defensive, inventing an exception or rushing to find you.

Here is a short practice loop for stating a price:

The employee explains the plan and price. The observer notes whether the full amount and exclusions were clear. The fictional patient asks a question. The employee responds or asks the right person for help. The observer gives one specific correction, and they repeat that part.

“Be more confident” is vague feedback. “State the full price once, then pause instead of offering a discount immediately” gives the person something they can do differently.



Coach the moment that went wrong

Jordan is practicing the price conversation from Chapter 3. In this practice session, the manager can pause it and let Jordan try again.

Jordan: “The package is $1,399, but I could probably ask about a discount.”

Manager: “Let's pause there. What made you offer the discount?”

Jordan: “She looked uncomfortable. I thought the price was too high for her.”

Manager: “Maybe. But we haven't asked her yet. Say the price again, explain that today's payment counts, and give her a second to answer.”

Jordan: “It's $1,399 including today. You've already paid $199, so there's $1,200 left for the other seven visits.”

Manager as patient: “I wasn't expecting to spend that much today.”

Jordan: “I understand. What are you thinking about the plan itself?”

Manager as patient: “I want to do it. I need to check whether I can fit the appointments around work.”

Manager: “Now we know what to help with. Walk me through what you'd do next.”

Jordan checks the schedule and the provider's plan. The manager then changes the scenario so Jordan also practices a patient who is unsure about the result and one who wants only the first visit.

Give feedback on what you saw. “You offered a discount before asking what she was worried about” helps someone change the next conversation. “You're bad at sales” does not tell them what to practice.

See what a completed observation looks like

At fictional Riverside Clinic, Jordan practices a plan handoff. The observer records what happened rather than “good job.”

Check	First attempt	After feedback
Approved plan and price accurate	Yes	Yes
Patient's decision recorded	Yes	Yes
Question still to answer recorded	Yes	Yes
Owner and time for the next step recorded	Owner present; time missing	Both present
Clinical question routed appropriately	Yes	Yes

The correction is to record the agreed time. Jordan repeats the handoff and then tries a different fictional case. One corrected attempt is useful evidence of learning; doing the job well more than once supports handing over more responsibility.

Use Worksheet 7 to observe your own task. At the next team meeting, ask the employee to explain the steps without notes, then perform it. Check the work against the reference and correct errors. Schedule another attempt a few weeks later if the task remains important. Those intervals are a practical starting plan, not an established optimal schedule for every skill.

Plan the first ninety days

The following is an example progression. Adjust it to the role, schedule, complexity and required clinical supervision.

Period	Training focus	Evidence before more independence
Before day one	Access, written payment terms, schedule, named trainer and initial assignments	Tools and responsibilities are ready
First week	Observe and practice routine tasks	Accurate explanation and successful simulations
Through day thirty	Perform defined work with review	Repeated correct work and asking the right person for help
Days thirty-one to sixty	Handle common variations	Reliable decisions within the role's boundaries
Days sixty-one to ninety	Own the agreed workload with routine review	Consistent quality, records and coverage handoffs

Someone being here for ninety days does not prove they can do the job. Watch them do it before handing over more work. Clinical work still needs the required qualifications and supervision.

Decide what can happen without you

Tell people what they can decide without asking you.

A coordinator may offer available appointments, explain published terms and send approved materials. A manager may resolve a routine scheduling problem within the staffing plan. Clinical decisions stay with the qualified provider.

Write exceptions down. If a discount needs approval, say who can approve it and how. If a patient raises a safety concern, staff need to know which clinician to contact right away.

If people keep asking you the same question, check why. Do they know the rule? Have they practiced the task? Have you told them they can make that decision?

Review the work without taking it all back

Use brief daily coordination for immediate issues and a regular review for patterns. Discuss due follow-ups, schedule problems and handoffs. Then inspect a small sample of work for accuracy and completeness.

If a coordinator has overdue follow-ups, ask what happened. Perhaps they avoided the calls. Perhaps they spent the entire day covering reception. Those problems require different responses.

Set the expectation, check that the person understands it, provide the necessary support, and agree on the next review. Keep the feedback specific to work you can see.

“Three plans were missing the date for the next step this week. Let's look at how they were handed over and practice completing the record” is a conversation you can act on.

“You don't care about this business” is an accusation you cannot use to teach a process.

Keep track of what each person can do

Maintain a simple record of the tasks someone can perform on their own, those requiring review, and those they have not yet learned. Include a backup person for essential duties.

This helps when someone is absent and when you are considering additional responsibility or compensation. You can point to work you have seen instead of relying on whoever sounds most confident in the meeting.

It also gives employees a clearer path to growth. Someone who wants to become a lead coordinator should know what additional responsibilities they need to learn and how you will check that they can do the work.

Keep improving the process

Your employees will notice problems you miss. Ask them where patients repeatedly become confused, where they have to duplicate work, and which decisions take too long.

When you change the process, update the instructions and train the affected people. Do not let one employee work from the old version while another is judged against a conversation they never heard.

Use the same approach with this training. Teach one chapter, inspect the completed assignment, and note the questions that come back. If several clients misunderstand the same instruction, improve the instruction before assuming they all failed to listen.

The question

Which responsibilities has your team demonstrated it can own, and which are you assuming they understand?

Your move

Use Worksheet 7 to teach one recurring task. Demonstrate it, watch the employee try it, give one correction and check another attempt. Record what they can now own, when they must ask for help, their backup and the next review.

What you now have

You now have a tested handoff of responsibility and a record of what the employee can do independently. Check the skill again at the planned review.

8. Deliver an Experience People Want to Repeat

Susan bought the plan. The consultation went well. She understood the price, found appointments around her shifts, and felt good about her decision.

At the next visit, someone asks which package she bought. Another person tells her she owes money she has already paid. She leaves with a sheet of instructions but isn't sure who to call if she has a question.

You can have a great consultation and still lose her trust during the next three visits. The promise has to survive the handoff.

This chapter follows Susan after purchase. Her care team supplies the treatment and aftercare instructions.

Write down what you sold

Before a package becomes available, the people delivering it should know what is included. Put the treatment scope, number of visits, reviews, price, exclusions and cancellation terms in the same plan the patient receives.

For Susan's teaching case, the package is eight specified visits for $1,399. Her first $199 payment counts toward the total. After that first visit, seven remain. A package label in the payment system does not tell the next provider which area was agreed, what happened during the first visit or what needs checking next.

The provider maintains the care record. The coordinator maintains the payment and appointment record. Both should agree on the plan version being used. If the provider changes the plan, someone also needs to update the remaining services and any affected financial arrangements.

Give one person responsibility for checking that the change reached the patient and the team.

Walk through your own clinic as a patient

Start with the arrival message. Is parking clear? Does the patient know where to go? When they arrive, can the receptionist find the booking without asking them to announce their treatment across the waiting room?

Sit in the consultation chair. Can you have a private conversation about price? Can the patient see the plan while you explain it? Is the room prepared, or does the provider keep leaving to find things?

Then follow the patient to checkout. Listen to how much they have to repeat. The small problems are easier to see when you walk the whole visit instead of inspecting one department at a time.

Use a colleague for this exercise. Ask them to report what happened, not whether they liked your decor.

Moment	What you want the patient to know	What the team checks
Arrival	Who they are seeing and what happens next	Correct visit, privacy and any delay

Moment	What you want the patient to know	What the team checks
Before treatment	What is planned today and questions they can ask	Current assessment, consent and care record
Checkout	What they paid, what remains and next step	Accurate account and complete handoff
At home	How to follow instructions and reach the clinic	Instructions received and contact route understood
Next visit	What this appointment is for	Previous notes and agreed review points

Tell people when you are running late

A patient can often work with an honest update. They cannot plan around silence.

Jordan: “Susan, we're running about twenty minutes behind. I'm sorry. Does that still work with your schedule?”

Susan: “I have to leave by three.”

Jordan: “Let me check with the provider before I tell you we can fit everything in.”

Jordan returns with a realistic option. If the visit cannot be completed properly before three, she offers a different appointment under the clinic's policy. She does not promise the provider will rush.

Record repeated delays. If the same appointment type always runs over, fix its booking length or preparation. Asking reception to apologize better will not create the missing time.

Make checkout feel like one conversation

Susan has now bought the package and paid its balance. In this example, she is leaving her second completed visit.

Provider: “Jordan, Susan's finished visit two. I've updated the plan. She's got six visits left, and the next one is already booked. Can you confirm the time and make sure she's got today's instructions?”

Jordan: “Of course. Susan, you're booked for Monday at two. Does that still work?”

Susan: “Yes. Do I owe anything today?”

Jordan: “No. This visit is included in the package you've paid for. There are six left after today.”

Susan: “Okay. And if I have a question later?”

Jordan: “The contact details are on your instructions. Let me show you where. The provider has also written what needs urgent attention and what to do outside our opening hours.”

The provider supplies those clinical directions. The front desk confirms that Susan has them and can find them. Nobody should make up advice to get checkout finished.

Make the record match the visit

Susan has completed two of eight prepaid visits.

Care record	Visit two is complete. The provider updates progress, instructions and the next clinical step.
Patient account	The $1,399 package is paid. Six visits remain; today's included visit is not charged again.
Next appointment	Confirm a date that fits the approved plan and Susan's schedule.
At home	Susan has usable instructions and knows how to reach the care team.

Check the care record, payment account and schedule together.

Check understanding without testing the patient

"Any questions?" often gets a quick no. Try asking about the next action instead.

Provider: "I've given you a lot of information. What are you planning to do when you get home?"

Patient: "Use my usual products tonight, I think."

If that conflicts with the instructions for this patient, the provider explains the difference and checks again. The point is to find anything that was unclear before the person leaves.

Supply instructions in a form the patient can use. A link they cannot open has not solved the problem. If they prefer a printed copy, have one available.

Give the follow-up call a purpose

Decide which visits need clinical follow-up and when. The clinical lead sets that timing. A service check can sit alongside it, but it should never replace clinical review.

Jordan: "Hi Susan, it's Jordan from Riverside. Is this a good time for a quick check-in about your visit?"

Susan: "Yes."

Jordan: "Did you get the instructions, and is there anything you wanted us to help with?"

Susan: "I've got a question about how the area feels."

> **Jordan:** “I'll get that to the clinical team now. Let me follow our call process so it reaches the right person.”

Staff use the clinic's escalation instructions. They do not reassure Susan that everything is normal because the campaign needs a good review. A concern requiring urgent care follows the clinical protocol immediately.

If the question is administrative, Jordan can handle it. If Susan says the instructions were hard to find, that is a process problem to fix before the next patient has it too.

Recover from a mistake with a specific action

Suppose checkout charged Susan for a visit already included in her package.

> **Jordan:** “You're right. This visit was included, and we charged you again. I'm sorry. I've asked our manager to correct it. I'll confirm the correction with you by four today.”

If Jordan is authorized to process the refund, she does so under the clinic's policy. Otherwise, she names the person who will. She records the mistake, promised update and resolution.

At the team review, check why it happened. Was the package balance missing? Did a staff member use the wrong visit code? Was the plan changed without telling checkout? Correct that cause, then check a few more accounts for the same error.

The question

Can your team deliver everything on the plan without asking the patient to explain what you sold them?

Your move

Use Worksheet 8. Walk through one complete visit with a colleague, from arrival to the follow-up message. Record what was missing, who will fix it and when you will repeat the walkthrough.

Check your work: the patient receives an accurate account, usable instructions, a named contact route and a clear next step. The next employee can continue the visit from the record.

What you now have

A tested visit process, a complete handoff and a short list of changes someone owns. Repeat the walkthrough after those changes are made.

9. Book the Next Visit Before They Leave

The patient is standing at checkout, pleased with the visit. Your team says, “Give us a call when you're ready to come back.”

Then life happens. Work gets busy. They forget what the provider recommended. Three months later, you send them a discount to bring them back.

If there is a useful next appointment in their plan, offer to arrange it while they are already talking to you. They can still say no. You are making it easier to follow through on something they want.

Start with the reason for coming back

The provider needs to explain the next step before the receptionist offers a time. “You should rebook” gives the patient very little to work with.

> **Provider:** “I'd like to see how this settles before we decide whether you want to do anything else. Let's arrange the follow-up we talked about.”
>
> **Patient:** “So that appointment isn't automatically another treatment?”
>
> **Provider:** “That's right. We'll look at how you're doing and talk it through.”

The provider specifies the timing and purpose for this person. The coordinator then books that appointment. A review, the next visit in a purchased series and a possible future treatment are three different things. Keep the language clear.

Next step	What the patient is agreeing to	What staff must not assume
Review	Check progress and discuss questions	More treatment has been purchased
Next package visit	Receive a service already agreed in the plan	Any date or spacing will work
Possible future treatment	Revisit an option they may want later	Consent or payment is already settled

Continue Maya's conversation

Maya chose the $700 lip treatment in Chapter 3. She did not buy the additional $1,100 chin treatment. In this fictional continuation, she is leaving her treatment visit and the provider has recommended a follow-up.

> **Provider:** “How are you feeling about everything we've gone through?”
>
> **Maya:** “Good. I'm glad we started with just the lips.”
>
> **Provider:** “Okay. At the follow-up, we'll look at how things have settled and how you feel about the change. You don't have to decide about your chin now.”
>
> **Maya:** “That sounds good.”

Provider to Jordan: “Maya needs the follow-up on her plan. It's included in today's quote. She hasn't booked or paid for the chin treatment.”

Jordan: “Maya, I've got Tuesday at eleven or Thursday at three in the window the provider recommended. Would either work?”

Maya: “Thursday.”

Jordan: “Thursday at three. I'll send the confirmation. If your schedule changes, let us know so we can help you move it.”

The dates are fictional availability, not a treatment timetable. The clinic uses the provider's actual timing. Notice that Jordan names what is included and avoids turning a review into a commitment to another procedure.

One patient’s next six months

Example relationship timeline. The provider sets clinical timing.

First visit: choose and deliver the agreed care

Maya starts with lips. Record the $700 purchase, care and instructions.

↓

At the agreed review: assess before another decision

Discuss how she feels. The $1,100 chin option remains optional.

↓

Months 2–3: act on her preference

If she wants another conversation, agree on contact. If she declines, leave the decision with her.

↓

Months 4–6: revisit ongoing goals if she wants to

Discuss a suitable next step, maintenance or membership only if it fits. No automatic treatment at this milestone.

A review, a new purchase and an ongoing membership are different decisions.

Book a series around a real schedule

Susan's eight-visit teaching plan needs more planning. Before she buys, find out whether she can attend the schedule the provider recommends. After she buys, arrange the visits she can commit to and record how you will handle the rest.

Jordan: “You've got your work schedule for the next three weeks. Let's book the visits we can confirm now, then agree when we'll arrange the others.”

Susan: “I get the next rota on Wednesday.”

Jordan: “Would you like me to check in Thursday? I'll make a note so we don't leave the remaining dates hanging.”

If the schedule does not fit the care plan, ask the provider to review it. Do not sell eight visits and hope the patient can somehow use them.

Track purchased visits, completed visits and remaining visits separately. After two completed visits in Susan's example, six remain. A cancelled appointment does not become a completed treatment. Any missed-appointment charge follows the written policy and appears separately from the clinical record.

When they don't want to book yet

Patient: “I don't know my schedule that far ahead.”

Jordan: “No problem. When do you usually know?”

Patient: “The week before.”

Jordan: “Would a reminder then help, or would you rather contact us?”

If they want a reminder, agree on the channel and date. If they would rather call, record that. Do not create a fake appointment to improve your rebooking report.

For someone saying, “I don't think I need anything else,” ask whether they mean another treatment or the recommended review. Explain the difference once. Their answer may still be no.

Make missed visits someone's job

The schedule shows what is booked. It does not always show which purchased plans have stalled.

Have a named coordinator review patients who have remaining visits and no next appointment. First check the record. They may be waiting on a clinical review, have asked to pause, or have already requested no promotional contact.

Jordan: “Hi Susan, it's Jordan. We had to cancel Monday's appointment, and I wanted to help you work out the next step. Are you ready to look at dates, or has something changed?”

Susan: “My shifts changed again. I don't think I can keep the same schedule.”

Jordan: “Thanks for telling me. I'll ask the provider to look at the timing with you before we move the rest.”

A service reminder about purchased care and a promotion for another purchase have different purposes. Keep the records, wording and permissions clear.

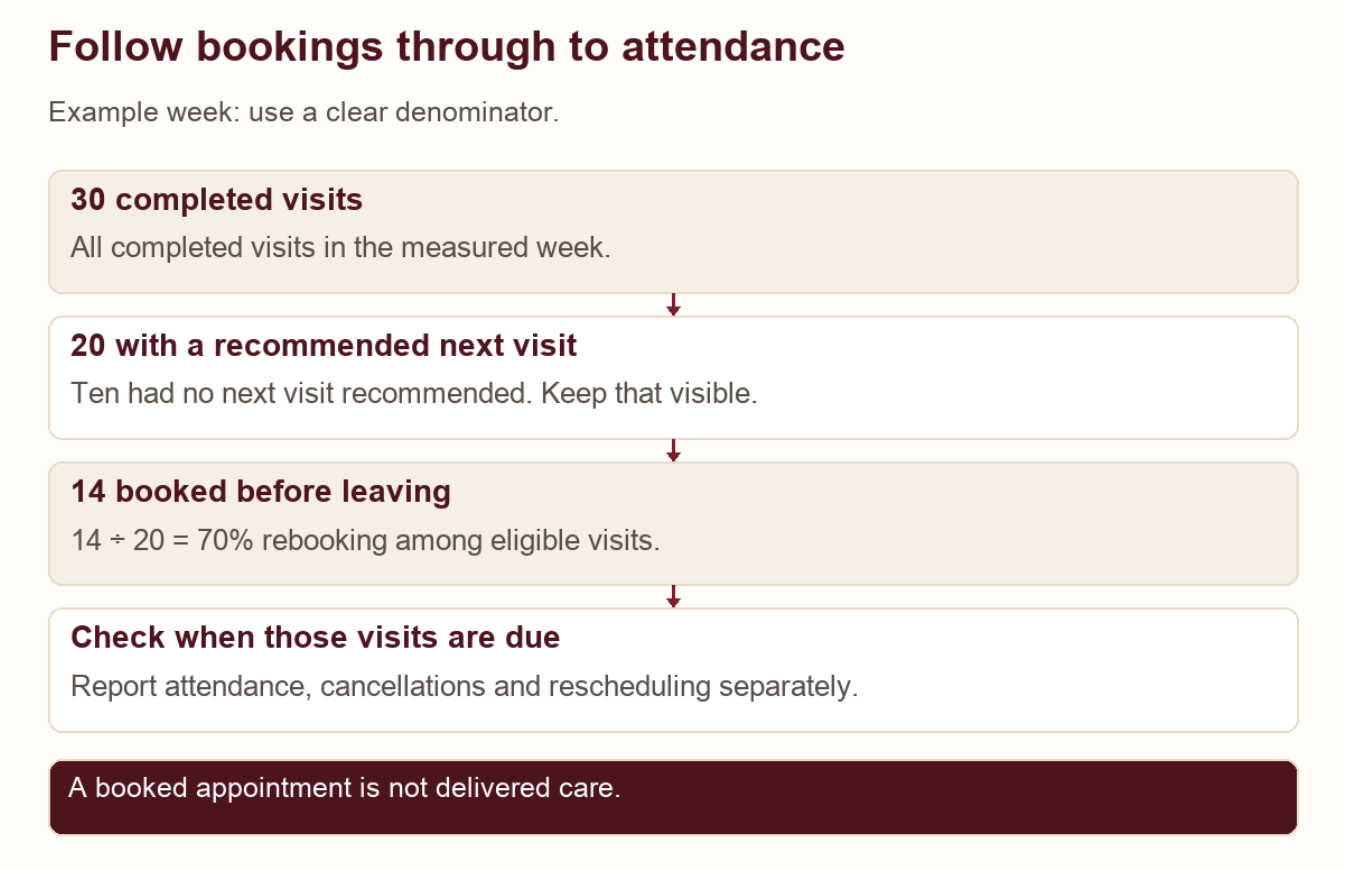
Measure returning, not only booking

Use a consistent definition for rebooking. For example: among completed visits where a next appointment was recommended, how many left with that appointment booked?

A fictional week has 30 completed visits. Twenty patients have a recommended next appointment; 14 book before leaving. That is 70% of the 20 eligible visits. It is also useful to see all 30 visits and the ten with no next appointment recommended. Do not quietly remove difficult cases to improve the percentage.

Then check attendance when those appointments become due. Fourteen bookings are not fourteen return visits. Track cancellations, rescheduling and completed returns as well.

For packages, review each patient's progress against their own plan. A patient whose later visits are not due yet has not failed to complete. A clinical decision to stop should be recorded as such, not blamed on reception.



The question

Does a patient leave knowing why they might come back, what that appointment includes and how it will be arranged?

Your move

Use Worksheet 9. Review ten completed visits. Record the recommended next step, whether it was booked and what needs to happen for anyone still waiting. Rehearse one review booking, one package booking and one patient who declines.

Check your work: every record has a next appointment, an agreed reminder, a clinical review or a clear reason for no action. No booking is counted as delivered care.

What you now have

A rebooking conversation your team can use, a list of unfinished plans and a person responsible for checking that agreed next steps happen.

10. Build Memberships Patients Want to Keep

A patient tells you, “I'd like to come regularly. I just never get around to booking.” That gives you something useful to build around.

A membership can help them keep a routine they already want. But if you start with “What can we charge every month?” you can end up selling benefits nobody uses, or discounts your clinic cannot afford.

Start with the patient, the ongoing need and the work required to meet it. Then decide whether a membership makes sense.

Choose what the membership actually is

There are several ways to collect money regularly. Explain which one you are offering.

Structure	What the patient receives	What you need to track
Service membership	Defined services and support during each paid period	Benefits owed, used and still available
Savings wallet	Money held toward eligible future purchases	Each patient's credit balance and applicable terms
Access membership	Specific benefits such as defined member pricing	Benefit use, costs and whether the fee is worthwhile
Installments on a fixed package	Payments toward an already agreed purchase	Total price, amounts paid and remaining balance

Paying for an eight-visit package in installments does not make it an open-ended membership. Calling everything a membership makes it harder for the patient, staff and bookkeeper to understand what is owed.

Avoid including treatments at a frequency chosen to match a billing cycle. The provider still decides what is suitable and when. A monthly payment does not establish a monthly clinical need.

Build one membership before making three tiers

Use a service patients already return for and that your team can deliver consistently. Ask current patients what makes returning difficult: scheduling, understanding the plan, remembering appointments, or the cost of a routine they already value.

Then build one clear offer. This fictional example is for a patient whose provider has agreed that the included facial and routine fit their care. It is a pricing exercise, not a treatment schedule for everyone.

Riverside Skin Routine	Illustrative terms
Price	$149 each month until cancelled; no minimum term

Riverside Skin Routine	Illustrative terms
Included	One 60-minute hydrating facial per paid month and a brief routine check within that visit
Appointment length	60 minutes including the planned room time
Not included	Injectables, additional procedures and retail purchases
Standalone option	The same facial is $175 without joining
Unused benefit	Remains available for 90 days from its charge, including after cancellation, subject to the approved written terms
Cancellation	Request by phone, email or the clinic's account page before the next charge; staff confirm it
Refunds and pauses	Explained in the written agreement before enrollment; applicable requirements take priority

These are proposed example terms. The clinic needs terms that fit its services, system and location before selling them. Test whether reception can explain what happens if someone misses a month, moves away or becomes unsuitable for treatment.

If every question needs the owner, the membership is not ready to sell.

Check the cost at full use

Do the math assuming the patient uses what you sold them.

Cost per paid monthly benefit	Example amount
Product and supplies	$25
Allocated treatment labor, including employment costs	$45
Processing	$5
Allocated booking and routine-check support	$10
Total assigned cost	$85
$149 fee less those costs	$64

The $64 still has to support costs not included above and leave room for profit. Check rent, management, equipment and unused paid staffing time in the clinic's full budget. Count costs once.

At 40 memberships, monthly collections would be $5,960. Forty fully used benefits at $85 would cost $3,400 under these assumptions, leaving $2,560 before the remaining costs. You also need 40 hours for those visits. Unused benefits that can carry forward create later demand; they do not disappear because the appointment calendar looks quiet today.

Suppose 40 current patients already bought that same facial every month at $175. Moving all of them to $149 reduces revenue by $1,040 a month before any behavior changes. A membership needs a reason to exist beyond collecting less from people who would have returned anyway.

Check quiet, typical and busy months. Account for the patients joining, leaving, using carried benefits and buying additional services. Do not count hoped-for upgrades as money that will definitely cover a weak membership.

Price the membership at full use

Example: one defined hydrating facial benefit per paid month.

$149 monthly fee	The patient understands the renewal and included benefit.
− $85 assigned costs	Product $25; labor $45; processing $5; support $10.
$64 before remaining overhead	An $18 joining kit leaves $46 in the first month.
Check capacity too	40 members = $5,960 collected and 40 hours of promised visits, plus any carried benefits.

If an existing $175-per-visit patient switches without coming more often, count the $26 reduction.

Use a joining bonus that helps them start

Money Models describes adding a bonus to an ongoing offer. For this clinic, the useful question is what would help the patient use the membership well.

A suitable starter skincare kit with an actual cost of $18 could support the routine, if the provider approves its contents for the patient. At the example costs, the first month's $64 remainder becomes $46 after that kit. The clinic should be comfortable with that first month even if the patient cancels afterward.

A welcome appointment or routine explanation should not be called a special bonus if every patient already receives it. Name what is genuinely additional. Avoid invented retail values or fees created only so you can waive them.

You can also consider a prepayment discount, but work out the total obligation before collecting a year in advance. More cash now also means more care to deliver later. Start with one offer your team can explain and your calendar can support.

How to introduce it in the room

Provider: “You said you'd like to keep a routine instead of waiting until your skin starts bothering you again. The facial we've discussed is part of our membership. Would you like Jordan to explain it so you can compare?”

Patient: “Yes. Is it a contract?”

Jordan: “It's $149 a month until you cancel, with no minimum term in this plan. That includes the facial we've just discussed. You can also book it on its own for $175.”

Patient: “What if I miss a month?”

Jordan: “That paid benefit stays available for ninety days from the charge. You don't have to come twice close together to use it; the provider still checks what makes sense for you. Let's look at the timing before you decide.”

Patient: “And Botox isn't included?”

Jordan: “That's right. Injectables and other treatments are separate. I've listed everything included here.”

Patient: “Okay. I'd like to try it.”

Jordan: “Let's go through the billing and cancellation terms first. Then, if you're happy with those, we'll set up the membership and book your first visit.”

Enrollment includes clear agreement to recurring billing. A signature on a general treatment consent does not replace that conversation.

Help people use what they bought

Before the patient leaves, show them how to book, where to see benefits and how to contact the clinic. Agree on the first visit and any useful reminder.

Review members who have paid but have not booked. A gentle message can find a problem while it is still easy to fix.

Jordan: “Hi Priya, it's Jordan from Riverside. Would you like help finding a time to use your membership this month?”

Priya: “I keep looking, but the evening times are gone.”

That is a capacity problem. Show the manager the unavailable times. Selling more memberships will make it worse unless the schedule changes.

Make cancellation straightforward

Patient: “I'd like to cancel. I'm not using it enough.”

Jordan: “Of course. I can take care of that. Would you like me to confirm your remaining benefits as well?”

Patient: “Yes, please.”

Jordan: “I'll check your account and send you the cancellation confirmation with those details.”

If the patient is open to discussing it, ask what made using the membership difficult. A smaller option or pause might help, but it should be their choice. Process the cancellation without requiring a sales call or an exit interview.

Track how many members join, cancel, fail payment, book and use benefits. Report revenue alongside delivery costs and the work still owed. A growing member count is not enough if patients cannot get appointments or the service loses money.

The question

Would your membership still make sense if every patient used every benefit and nobody bought an extra treatment?

Your move

Use Worksheet 10. Design one membership with a standalone alternative. Calculate full-use costs, capacity and the first-month bonus. Rehearse enrollment, a missed month and cancellation with a colleague.

Check your work: someone can explain the price, renewal, inclusions, unused benefits and cancellation without asking you. Have the appropriate advisers check the final agreement before launch.

What you now have

One membership with costs, capacity and patient conversations worked through. Pilot it within the capacity you can deliver, then review actual use before expanding it.

11. Bring Past Patients Back

You have patients who liked your clinic and haven't been back. Some got busy. Some finished what they wanted. Some had a problem nobody followed up on.

Sending everyone the same discount skips those differences. Before you write the offer, decide who you are trying to bring back and what would give them a useful reason to return.

This chapter covers previous patients. Leads who never booked belong in the acquisition book. People still considering a recent plan belong in Chapter 4. A patient with paid visits remaining needs help using their care, not a message asking them to buy it again.

Clean the list before writing the message

Choose one group based on actual visit history and a reasonable return window for that service. Being absent for ninety days means different things for different treatments.

Check contact permissions, opt-outs, current appointments, unresolved complaints, clinical restrictions and unused purchases. Remove anyone for whom the promotion is unsuitable. A clinical concern goes to the care team before a sales campaign.

What happened	Useful next step
Completed care; wants an ongoing routine	Offer a review or a relevant return visit
Has purchased visits remaining	Help arrange those visits under the current plan
Had an unresolved poor experience	Have the responsible person address it
Recently declined further contact	Respect the request; exclude from promotion
Has an appointment already	Avoid sending a conflicting incentive

Start with a small enough group that someone can handle replies the same day during staffed hours. Twenty replies waiting in an inbox are not twenty appointments.

Choose the right reason to contact them

Check the patient's record and contact permissions first.

Completed care; interested in returning	Offer a relevant return visit or clearly priced package.
Purchased visits remain	Help arrange care they have already bought.
Recent undecided consultation	Continue the conversation and timing agreed in the room.
Unresolved concern	Resolve it with the responsible team before promotion.
Declined contact or opted out	Exclude from promotional messages.

A $399 three-visit offer sold 20 times creates 60 visits to deliver.

Choose a reason to return

Use the concern or service the patient raised, within their communication preferences. A genuine new service can be news. A seasonal schedule release can be useful. A specific return offer can lower the cost of restarting.

Do not pretend a promotional credit is money already sitting in their account. If they truly have a paid balance, say so accurately and handle it separately.

Here are three Money Models mechanisms adapted for a fictional clinic. Prices are teaching examples, not recommended prices for every med spa.

Mechanism	Concrete example	What makes the offer understandable
Promotional credit	$100 off one defined $499 facial package; $399 to pay	Names the purchase, final price and genuine deadline
Added bonus	Buy the usual $175 facial and receive a suitable starter kit at no extra charge	Keeps the normal service price and adds a real extra

Mechanism	Concrete example	What makes the offer understandable
Rollover	Apply a specified prior $175 facial payment toward a defined $499 package that includes that same visit	Shows $324 remaining and exactly which visits remain

The rollover requires a package designed to include the earlier service. Applying $175 as a payment and then counting it again as an additional discount would be wrong. A smaller promotional credit based on a prior purchase is a different offer; label it that way.

You could also run a genuine giveaway with a separate offer for entrants, but that needs a real prize, selection process and complete rules. For a first past-patient campaign, the direct return offer is easier to operate and measure.

Build the offer before sending it

For this worked example, Riverside has 20 offers it can support. It offers former facial patients a $100 reduction on a specified $499 package of three 60-minute hydrating facials, each including a brief routine review. The patient pays $399. Each visit and the proposed timing still need to fit the person's care.

For this fictional campaign, the offer runs October 31 through November 6, 2026. The patient must claim and book by 5 p.m. Eastern on November 6, attend the first visit by December 6, and receive the remaining visits under the agreed plan and disclosed use terms. These dates illustrate a complete offer; replace them before using the campaign. Those are offer terms for this example, not a reason to rush unsuitable treatment.

Product, delivery labor and processing are estimated at $225 across the package. That leaves $174 before campaign handling, other overhead and profit. At all 20 offers, the clinic would collect $7,980 and owe 60 visits. At one booked hour per visit, that is 60 hours of future work. Check the actual schedule before releasing the offer.

If those patients would otherwise have bought the $499 package, the discount reduces what they pay. You need a way to judge how many additional returns the campaign creates.

A complete example sequence

These are original teaching scripts. Use your clinic's actual terms and permission-based channels. The example texts avoid naming treatment details on a lock screen. Include the applicable sender identification and opt-out wording; the examples use “Reply STOP to opt out.”

First message: make the offer clear

Day 1 text: “Hi Priya, it's Jordan at Riverside. We're offering 20 returning patients $100 off our three-visit facial package. It's $399 after the offer, with the full details available before you book. Would you like me to send them? Reply STOP to opt out.”

Email subject: “A returning-patient offer from Riverside”

Email: “Hi Priya, if you've been thinking about getting back into a skincare routine, we've put together a returning-patient offer. Our three-visit hydrating facial package is normally $499. For this offer, it's $399.

> We're making it available to 20 returning patients. Book by Friday, November 6 at 5 p.m. Eastern, with your first visit by December 6. You can see everything included and the full terms on the offer page. Reply if you'd like help deciding whether it fits what you're looking for. You can also book an individual visit at its usual price."

Include the actual offer page and required email unsubscribe details in the clinic's approved template. Do not send a placeholder link.

When someone replies

> **Priya:** "Yes. What does it include?"
>
> **Jordan:** "It's three hydrating facials, with the routine checks included in those visits. The total is $399. I'll send the full description and terms. Are you looking to get back into your previous routine, or has something changed?"
>
> **Priya:** "Mostly the same. I started something new for my skin, though."
>
> **Jordan:** "Thanks for mentioning that. Let's have the provider review it before we arrange treatment. I can help book that review."
>
> **Priya:** "And do I need to decide about all three right away?"
>
> **Jordan:** "You can have the review first and decide from there. The promotion has a booking deadline, but you can still come in at the usual price if you want more time."

For someone suitable and ready to proceed, offer two actual available times, confirm the full terms and record the booking. Stop the automated sequence when they reply so they do not receive "last chance" messages in the middle of a conversation.

A useful reminder

> **Day 4, only to eligible nonresponders:** "Hi Priya, Jordan from Riverside. A quick reminder about the returning-patient offer I sent. If you'd like the details or help checking appointments, reply here. If now isn't a good time, that's fine. Reply STOP to opt out."

The actual deadline

> **Day 7, only if the offer is still available:** "Hi Priya, it's Jordan at Riverside. The $399 three-visit facial offer ends today at 5 p.m. Eastern. Would you like help finding a time before it closes? Reply STOP to opt out."

Use the exact time and time zone in the live version. Do not claim a small number of remaining allocations unless the system confirms it. Stop when the allocation or deadline is reached. If you later create another offer, explain it as a new offer.

Respond to what they tell you

"I only want one visit." "Of course. The individual visit is $175. Would you like help arranging that?"

"I had a problem last time." "I'm sorry to hear that. Let me get the right person to speak with you about what happened." Pause promotional follow-up and assign the issue.

“I've moved away.” “Thanks for letting me know. I'll update your preferences.”

“I'm not interested.” “Understood. Thanks for replying.” Record and respect the response and any opt-out.

Do not use objections as a reason to keep repeating the discount. The reply tells you what the next conversation should be.

Check whether it brought anyone back

Track the eligible list, delivered messages, replies, bookings, attendance, collections, refunds, delivery costs and services still owed. Keep existing bookings out of the campaign's claimed gains.

Where the list is large enough, randomly reserve a comparable group that receives no promotion during the same observation period. Compare return rates, then compare the value and cost of those returns. With small groups, treat the result as a clue rather than proof.

For example, if 100 contacted patients produce ten returns and 100 comparable uncontacted patients produce four, the observed difference is six returns. That does not mean the campaign caused all ten. Check timing, patient mix and uncertainty before scaling the discount.

The question

Why would this particular patient want to return, and can your team deliver what you are offering?

Your move

Use Worksheet 11. Choose one past-patient group, cost one offer, write its complete terms and rehearse the reply conversation. Name the reply owner and backup before scheduling anything.

Check your work: the final price, included care, real deadline, permissions and capacity are clear. A test recipient can reply, receive help and stop messages.

What you now have

One ready-to-configure campaign with an offer sheet, reply process and measurement plan. Review the first batch before expanding the audience.

12. Help Patients Share Their Experience

A patient tells your provider, “My friend asked where I went.” The provider smiles, says thank you and moves to the next room.

That was a natural chance to make the introduction easy. You do not need a complicated rewards program to start. You need a useful invitation, a simple way to share the clinic and someone who records where new patients came from.

Reviews, patient stories and referrals do different jobs. A review helps someone judge the experience. A story explains what a person wanted and what happened. A referral creates an introduction. Build a process for each.

Ask for an honest review

Choose a consistent point in the patient journey to invite feedback. Send the invitation fairly to patients at that stage rather than selecting only those who first tell you they are happy.

> **Jordan:** “If you'd like to share your experience, I can send you our review link. An honest review helps people understand what it's like to come here.”
>
> **Patient:** “Sure.”
>
> **Jordan:** “Thank you. You can write as much or as little as you're comfortable sharing.”

Let them write in their own words. Do not ask for five stars, tell them which claims to include, or stand over their phone while they post.

Google prohibits incentives for reviews and selectively requesting positive reviews. Keep discounts, gifts and credits separate from Google review requests. The platform's current policy is linked in the source notes.

If a patient raises a complaint, help resolve it. Do not make help conditional on removing or changing a review. An unresolved clinical issue goes to the appropriate care team immediately.

Make the request easy to use

A printed card can have a QR code and a short clinic URL. A permitted follow-up message can link directly to the review page. Test the code and link on a phone before putting them into your workflow.

Use one routine request and, if appropriate to the patient's preferences, one reminder. Continuing to ask after they decline is not helpful.

Keep the request separate from the treatment consent. A patient should not need to publicly describe their care to receive it.

> **Example message:** “Hi Maya, it's Jordan from Riverside. If you'd like to share your experience, here's our review link. Please share only what you're comfortable making public. Thank you for your time.”

The live version uses the clinic's verified link and communication requirements. The book's example is not a ready-to-send automated message.

Collect a story without putting words in their mouth

If a patient is interested in sharing a fuller story, explain where it would appear and obtain the required permission before recording or publishing. Permission to take clinical photos does not automatically authorize their use in marketing.

Ask open questions:

Interviewer: “What made you start looking into this?”

Patient: “I wanted a small change, but I was worried I'd look different.”

Interviewer: “What did you want to understand before deciding?”

Patient: “What it would cost and whether I had to do everything at once.”

Interviewer: “How did the team help you work through that?”

Patient: “They showed me the options. I could start with one thing.”

Follow their answer. If they are disappointed or still waiting to see results, let that be true. Do not feed them a claim about outcomes they have not experienced.

Useful stories can be about the clarity of the consultation, the way staff answered questions or how the patient chose a plan. Every story does not need a dramatic before-and-after claim.

Keep photos and results in context

For approved before-and-after material, document the treatment, timing, number of visits and other information necessary to understand the comparison. Use consistent photography and preserve the original images. Do not retouch the treatment result or use lighting changes to suggest a benefit.

The clinical lead checks whether the caption is accurate. The person publishing checks permission for the channel and use. Keep those approvals with the asset so a staff change does not separate the image from its terms.

The acquisition book covers turning approved material into ads and content. This chapter's job is to create a reliable source of material that can be used with permission.

Make a referral easy to give

Patient: “My sister has been asking about coming here.”

Jordan: “She's welcome to contact us. Would you like a link you can send her?”

Patient: “Yes.”

Jordan: “I'll send our consultation page. She can book or ask us questions herself.”

Give the current patient something to share. Do not ask them to hand over their sister's phone number so your team can start a sales sequence she did not request.

At the new patient's booking, ask, “How did you hear about us?” If they name a person, record the referral in the clinic's system using its privacy rules. Do not report the new patient's treatment or spending back to the

referrer.

A referral program can start without cash or treatment credits. If the clinic later wants financial rewards tied to referrals, get the arrangement checked for its services, payer mix and location before launching it. A generic rewards template cannot settle those questions.

Respond to a public complaint privately

A defensive reply can disclose more than the original review.

> **Example public response:** “We're sorry to hear about your concern. Please contact our practice manager through the contact details on our website so we can look into it with you.”

Do not confirm that the reviewer is a patient or describe appointments, payment disputes or clinical details in a public response. Route the concern to the right person internally and record the outcome there.

Ask the team what can be learned once the issue is understood. If several people mention waiting without updates, fix the delay communication. If people cannot understand what their package includes, revise the plan sheet.

Make sharing easy and voluntary

Give reviews, stories and referrals their own process.

Review	Ask fairly for honest feedback. Give a working link. No Google review incentive.
Patient story	Ask open questions, check permission for the planned use and preserve accurate context.
Referral	Give the patient a link to share. Let the friend contact the clinic and record the introduction.

Keep another person’s treatment and spending private.

Count the work and the result separately

For reviews, track how many invitations were sent, how many reviews appeared and which themes keep coming up. Avoid rewarding staff only for five-star counts; that can encourage them to pressure patients or filter whom they ask.

For referrals, track introductions, booked visits and attended visits. Count revenue only when the relevant sale occurs. When reviewing acquisition costs, include any approved referral-program expense and staff

time rather than calling every referral free.

Assign one person to maintain the review link, another or the same person to check permissions, and someone to report referral results. In a small clinic, these may all be one job with a defined block of time.

The question

Can a patient share an honest experience or introduce a friend without pressure, confusion or extra work?

Your move

Use Worksheet 12. Test the review link, rehearse the invitation and build one consented-story workflow. Then walk through a fictional referral from shared link to attended visit.

Check your work: requests are fair, no reward is tied to a Google review, permissions match the planned use, and referrals can be tracked without exposing private care details.

What you now have

A review invitation, a patient-story approval process and a simple referral route your team can use consistently.

13. Know Where Your Clinic Is Losing Money

You had a busy month. People bought packages. The calendar looked full. Then payroll came out, the product invoice arrived, and you wondered where the money went.

Start by separating the questions. How much did patients agree to buy? How much money arrived? How much care did you deliver? What did that care cost? How much work have you already been paid to do later?

Those numbers are related, but they are not interchangeable.

Use these examples to read your clinic's activity. Your bookkeeper sets the accounting treatment and reconciles the reports.

Follow one patient through the numbers

Susan's fictional package is $1,399 for eight visits. She paid $199 for her first visit, then later paid the $1,200 balance.

At the point of that second payment, the clinic has collected $1,399 in total. It has completed one visit and still owes seven. The balance payment does not turn those seven future visits into delivered care.

For a simple internal illustration, suppose the package price is allocated equally across the eight visits: $174.875 per visit. After two visits, $349.75 would be allocated to delivered care and $1,049.25 to six visits still to deliver. Your actual allocation, rounding and accounting policy may differ, especially when services have different standalone values.

The patient account also needs a separate count of remaining visits. A dollar balance alone will not tell reception what to book.

Separate cash from care still owed

Susan’s $1,399 package; equal allocation shown only to explain the difference.

$1,399 collected	$199 first payment + $1,200 balance payment.
$349.75 allocated to two visits	2 × $174.875 in this internal example.
$1,049.25 allocated to six visits still owed	6 × $174.875. Track the remaining visits as well as the money.

Your bookkeeper sets the actual allocation and accounting treatment.

Build a short scorecard you can trust

Do not begin with thirty metrics nobody can explain. Start with a few measures that answer different questions.

Measure	Definition to agree with the team
Attended consultations	Completed initial consults in the measured group; exclude cancellations and label reviews separately
Eligible consultations	Consults where the provider found a purchase option suitable; report unsuitable cases separately
Plan purchases	Patients who accepted a defined purchase under the clinic's recorded rules
Net collections	Money received less refunds in the period, with financing fees and timing reconciled separately
Delivered-care revenue	Revenue assigned to care actually delivered under the agreed accounting policy
Delivery costs	Product, assigned labor and other direct or allocated delivery costs under a consistent method
Prepaid work remaining	Paid visits or services still owed, with their financial balances
Rebooking and attendance	Whether the recommended next visit was booked, then whether it happened when due

Write where each number comes from. Test five records against the report. A dashboard with the wrong visit codes can look precise while telling you very little.

Use a fair consultation comparison

Suppose a group of 40 patients attended initial consultations. Four were unsuitable for the proposed services. Sixteen of the other 36 purchased on the day. Four more purchased within thirty days.

Same-day conversion among eligible consults is 16 divided by 36, about 44%. Thirty-day conversion is 20 divided by 36, about 56%. Across all 40 attended consults, those rates are 40% and 50%. Show the numerator, denominator and time window so someone can understand the difference.

Wait until every patient in the group has had the full thirty days before calling that group's thirty-day result complete. Otherwise, someone seen yesterday is being compared with someone who had a month to decide.

Now compare a later group with a similar service mix. If the later group includes mostly returning patients and the first group includes mostly first-time visitors, the difference may not come from the new script.

Always review refunds, complaints, suitability decisions and patient understanding alongside purchase rates. You want the team to make sound recommendations, not hide declined care to protect a score.

Check contribution by service

Chapter 5 uses a $399 baseline appointment and a $500 additional treatment. Total sales are $899. The assumed product cost is $400. The example appointment pay is $75, and 10% of the $500 addition is $50. That leaves $374 before other costs.

It is not $374 in net profit. If processing adds $27 and another $35 of properly allocated support and employment costs applies, the remainder becomes $312. Those extra figures are assumptions for this exercise. Use actual costs and avoid counting labor twice.

Compare a device service, an injectable service and a retail purchase separately. The same percentage incentive can have a very different effect on each. A high selling price does not guarantee a high contribution if product and delivery costs are high too.

Use the appointment time as well. A service that leaves $200 but uses two hours differs from one that leaves $160 and uses one hour. Check whether the second service can actually fill the schedule before assuming its hourly potential becomes monthly profit.

See the difference between a strong month and a cash surge

Consider this simplified management example. The bookkeeper has reconciled which costs are already included.

Monthly view	Amount
Net cash collected from patients	$60,000
Revenue assigned to care delivered in the month	$48,000

Monthly view	Amount
Product and assigned delivery costs for that care	$18,000
Contribution from delivered care	$30,000
Remaining operating expenses, including budgeted owner pay	$24,000
Operating result before tax and excluded financing items	$6,000

This table does not reconcile bank cash by itself. Timing of supplier payments, debt, equipment purchases and other transactions also affects the bank account. The $12,000 difference between collections and delivered revenue is not automatically a complete prepaid-liability balance. You need opening balances, sales, delivery, refunds and other adjustments to reconcile it.

The owner asks two people for different reports: the bookkeeper for the financial reconciliation, and the manager for the services still owed and capacity required. Then they decide how much cash can safely be spent.

Find the problem before setting a target

If attendance is strong but few patients understand their options, review Chapter 2 and Chapter 3. If purchases are strong but margins are weak, look at cost, discounts, pay and the membership model. If patients buy but cannot book, look at delivery capacity and scheduling.

If the clinic has open treatment time because too few suitable patients are arriving, the acquisition book becomes the next priority. Hiring another injector will not fill the first injector's empty hours.

A fictional provider has 100 bookable treatment hours and delivers 60. That is 60% utilization on that definition. Paid admin time, training and room turnover must be handled consistently; do not secretly remove empty hours from the denominator. Check whether the available times match what patients want before deciding there is simply too little demand.

What should you fix this week?

Example observations point to work to inspect, not automatic conclusions.

40 attended consults; 20 purchases within 30 days	Check eligibility and patient mix. Review unclear recommendations before blaming lead quality.
11 of 14 pending plans have no next date	Inspect handoffs and contact preferences. Assign the missing information.
Revenue rises but contribution falls	Review product, pay, discounts and delivery costs by service.
Only 14 of 20 recommended returns are booked	Practice checkout and follow up on agreed reminders; then measure attendance.
Members pay but cannot find evening times	Review capacity and availability before selling more memberships.

Choose one change, one owner and a review date.

Learn what patients are worth over time

Start with an observed group. Take 50 new patients whose first visit was six months ago. Suppose they have produced $40,000 in net revenue over those six months. That is $800 per original patient in observed six-month revenue.

If assigned delivery costs were $18,000, the group's contribution would be $22,000, or $440 per original patient before other costs. Patients who did not return remain in the original 50. Removing them would exaggerate the result.

Call this six-month value, not lifetime value. A longer forecast requires assumptions about future visits, cancellations, costs and time. Label those assumptions before using the forecast to justify more ad spend or a larger joining bonus.

The question

Which number tells you where to inspect the work, and can you trace it back to actual patient records and costs?

Your move

Use Worksheet 13. Define your scorecard, check five records and calculate the contribution for one service. Reconcile collections, delivery and prepaid work with your bookkeeper.

Check your work: another person can reproduce the numbers. Unknowns remain marked until checked, and no prepaid collection is counted twice or treated as proof of profit.

What you now have

A small, defined scorecard and one costed service you can use in the next owner meeting. Add measures only when they help you make a decision.

14. Run a Weekly Meeting That Fixes Problems

You finish the team meeting with a familiar list: follow up faster, explain packages better, get more reviews and keep the schedule full.

Everyone agrees. Next week, you discuss the same things.

Give the meeting a smaller job. Check what happened, choose the problem that needs attention, and leave with one change someone will make. At the next meeting, look at whether they made it and whether it helped.

Prepare before everyone sits down

The manager brings the scorecard from Chapter 13, overdue handoffs and a short update on last week's actions. Whoever prepares the numbers checks obvious errors before the meeting. Do not use the meeting to watch someone hunt through five dashboards.

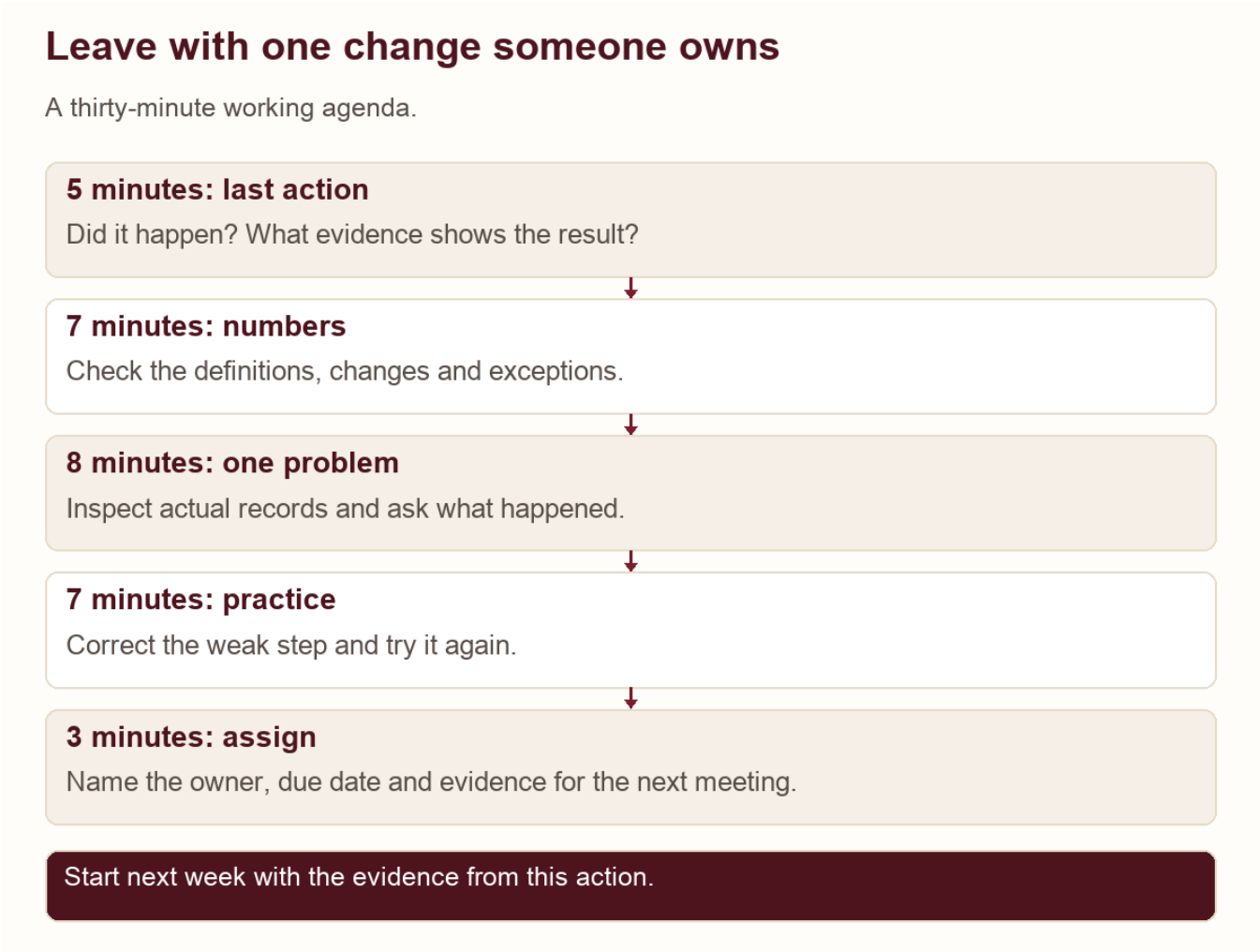
Keep patient details in the appropriate clinic system. Use the minimum information needed for the people attending. Staff who do not need clinical details should not receive them in a general performance report.

Separate an urgent clinical issue from the weekly business meeting. It goes to the clinical lead when it happens. The meeting can later review whether the process worked.

Use a thirty-minute working agenda

This timing is a starting example. Adjust it to the clinic, but keep the meeting focused.

Longer hiring, budget and strategy discussions get their own time. If the team needs a full training session, schedule it. A rushed five-minute mention is not a substitute for practice.



Follow a problem to its cause

At fictional Riverside, 14 treatment plans are pending and 11 have no next contact date. The owner starts the conversation.

Owner: “We have eleven plans without a next step recorded. Let's look at three of them. What happened?”

Jordan: “Two patients wanted time, but I wasn't told whether they wanted a call. The third has a question for the provider.”

Owner: “So we shouldn't send the same message to all three. What do you need at handoff?”

Jordan: “What they decided, whether they want us to check in, and when. If it's a clinical question, I need to know who's answering it.”

Provider: “I can add those before they leave. I thought 'considering' was enough.”

Owner: “Let's practice that handoff now. Then we'll use the revised fields for the next ten consultations and review them Friday.”

The owner does not need to diagnose Jordan's attitude. The records exposed missing information, and the team can test a specific fix.

Write an action that can be checked

Vague action	Checkable action
Improve follow-up	Jordan reviews the eleven records by Thursday, resolves missing information and records an agreed next step or reason for closure
Sell more packages	The clinical lead observes two consented training examples and coaches one unclear recommendation step
Fix membership churn	The manager reviews five recent cancellation reasons and checks whether members could get suitable appointments
Get more referrals	Reception tests the share link and rehearses the invitation at Tuesday's training

A sales number may be a goal, but it does not explain the work. Name the change you expect to influence it and how you will check for unintended problems.

The completed meeting record

Riverside's manager records the decision while everyone is still in the room. The names and dates below show how specific the action needs to be.

Meeting field	Completed example
Meeting	Monday, November 2, 2026
Problem	11 of 14 pending plans have no next contact date
What three records showed	Two patients had not agreed to a callback; one needed a clinical answer
Change	Add decision, contact preference, next step, owner and timing to the handoff
Owner	Jordan checks the records; the provider supplies missing clinical information
Work due	Thursday, November 5, at 3 p.m.
Test	Use the revised handoff for the next ten consultations; continue the sample if ten have not occurred
Review	Friday, November 6: inspect completed fields, unresolved questions and overdue actions
What success means	Each record has an agreed next step or a clear reason to close; nobody is called after declining contact

At Friday's review, bring the records. “I think we did better” is not enough to tell whether the new handoff was used. If the sample has not reached ten consults, report the number completed and keep checking.

Change one thing you can learn from

If you rewrite the offer, change the price, replace the coordinator and alter the follow-up timing in one week, you will struggle to know what helped.

Start with the smallest change that addresses the observed problem. For Riverside, that is the handoff record and a short rehearsal. Keep the rest stable where possible.

After ten consultations, inspect completion. Suppose eight records now have a clear next step and two are still missing a contact preference. Coach that remaining step. Ten records can show whether staff used the process; they do not prove a reliable revenue lift.

Over time, compare groups with enough follow-up time and similar service mix. Use the scorecard's definitions. If you change a definition, write down when it changed so the chart is not mistaken for a sudden performance improvement.

Coach privately when the issue is individual

A shared process problem belongs in the team discussion. A staff member's personal performance or pay issue usually needs a private conversation.

Manager: “In yesterday's handoff, the remaining balance wasn't recorded. Jordan had to ask the patient what she'd paid. Walk me through what happened.”

Employee: “I thought checkout could see it.”

Manager: “They can see the payment, but the new plan hadn't been attached. Let's look at how to complete that step. Then I'd like to watch you do the next one.”

State the observed event, hear the explanation, demonstrate the correction and check another attempt. If the person lacks access or training, fix that. If they know the process and repeatedly do not follow it, handle that through the clinic's performance process.

Know when the problem needs a larger decision

Some problems will not yield to another script rehearsal. If patients consistently cannot find suitable times, investigate capacity. If paid non-treatment work consumes the coordinator's day, change coverage. If a service loses money at full delivery cost, revisit pricing or the offer.

The owner makes those decisions with the relevant clinical, financial and operational input. A weekly meeting should identify the decision and assign the work needed to make it, rather than pretending every issue is a motivation problem.

Review the budget and staffing plan on a separate monthly cadence. Include product usage, expenses, services owed, cash timing, complaints and employee development. The weekly meeting handles current execution; the monthly review checks whether the business model still makes sense.

Use this book as your training schedule

Choose the chapter that matches the current problem. Give the relevant people the chapter and worksheet before the training. Demonstrate one example, let them try it and check the work.

A first-month implementation sequence might look like this:

Week	Focus	Evidence to bring back
1	Map responsibilities and define the scorecard	One complete handoff and checked definitions
2	Practice consultation and plan presentation	Observed role-play and accurate plan sheet
3	Repair checkout, rebooking and pending-plan follow-up	Ten reviewed records with next steps
4	Review pay, capacity and one ongoing offer	Costed service, identified staffing need and tested membership or return offer

This is a suggested sequence, not a deadline to launch everything. If the cost information is missing, finish the calculation before changing pay or selling a membership. If the team still cannot explain the core plan, repeat that practice before adding another offer.

Hiring and onboarding use Chapters 6 and 7 whenever the workload calls for them. Reviews and referrals follow a reliable patient experience. The acquisition book becomes useful when this team can handle more people coming through the door.

The question

What will be different in the clinic after this meeting, and how will you know whether it happened?

Your move

Use Worksheet 14. Run one thirty-minute review with checked numbers. Choose one problem, inspect examples, practice or change the relevant step, and record an owner and review date.

Check your work: a person who missed the meeting can read the action record and explain what is changing, who is doing it and what evidence is due.

What you now have

A repeatable owner meeting and an implementation record for the next week. Bring the evidence to that meeting before adding another list of tasks.

Treatment prices and offer examples

U.S. patient prices in USD. Sources checked September 12, 2026.

These prices help you compare services to investigate. They do not rank treatments by demand, safety or profit. Some are individual procedures, others are packages or ongoing programs. A clinical assessment determines the appropriate care.

Patient price is what someone pays, not your wholesale or delivery cost. RealSelf averages are self-reported and may mix areas and session counts. Many underlying articles date to 2023–2024; these are not representative 2026 national averages. Clinic menus are individual examples observed on live pages. An access date does not establish when a menu was last revised.

Average = RealSelf patient-reported average. Clinic = one published clinic price. Promotion = a clinic promotional price. Vendor = an advertised indicative range. Medication = manufacturer self-pay terms, separate from clinic care fees.

Injectables

Treatment or offer	Patient price / basis	What it covers	Source
Facial balancing	$3,000 lower face; $7,500 full face (Clinic)	Starting prices for different scopes; not a national range	FRZN Aesthetics, Frisco, TX
Sculptra	$1,744 average; $600–$1,000 per vial (Average)	Reported treatment spend; average is not a per-vial price	RealSelf; cost article updated February 2023
Radiesse	$1,371 (Average)	Reported treatment spend; not a per-syringe price	RealSelf
Kybella	$1,228 average; $600–$800 per vial (Average)	Reported spend mixes treatment scope; not the average price of a completed course	RealSelf; cost article updated August 2023
PDO thread lift	$2,165 (Average)	Reported procedure spend; area and thread count vary	RealSelf

Skin and energy devices

Treatment or offer	Patient price / basis	What it covers	Source
Morpheus8	$1,870 (Average)	Reported spend mixes single treatments and series	RealSelf; cost article updated May 2024
Genius RF microneedling	$1,200+ (Clinic)	Menu starting price; confirm area and session count	SpaVie, Plymouth, MN
EXION fractional RF / Clear RF	$1,300 (Clinic)	Menu treatment price; scope must be confirmed	SpaVie, Plymouth, MN
Sofwave	$2,408 (Average)	Reported treatment spend; area and plan vary	RealSelf; treatment article updated September 2023
Ultherapy	$2,609 (Average)	Reported treatment spend; area and plan vary	RealSelf; cost article updated June 2023
Thermage	$3,188 (Average)	Reported treatment spend; treatment scope varies	RealSelf; cost article updated October 2024
XERF	$3,800 (Clinic)	Two-treatment package	SpaVie, Plymouth, MN
EMFACE	$2,600 (Clinic)	Four-treatment package	SpaVie, Plymouth, MN
HALO laser	$1,732 (Average)	Reported spend; single treatments and packages can differ	RealSelf; cost article updated May 2023
Fraxel laser	$1,433 (Average)	Reported spend; different devices, areas and series	RealSelf; cost article updated June 2023
CO2 laser resurfacing	$3,078 (Average)	Reported treatment spend; intensity, areas and setting vary	RealSelf; cost article updated April 2024
BBL photofacial	$400+ (Clinic)	Menu starting price, not a series price	SpaVie, Plymouth, MN

Body and specialty

Treatment or offer	Patient price / basis	What it covers	Source
CoolSculpting	$3,308 (Average)	Reported spend; not a per-cycle rate	RealSelf; cost article updated April 2024
EMSCULPT NEO	$3,000 (Clinic)	Four-treatment package	SpaVie, Plymouth, MN
T-Shape 2 body	$2,400 / 6 visits; $4,200 / 12 visits (Clinic)	Standard body package prices; promotional rates excluded	Cryohealthcare Marina del Rey, CA
T-Shape 2 face / neck / décolleté	$1,800 / 6 visits; $3,300 / 12 visits (Clinic)	Standard face package prices; promotional rates excluded	Cryohealthcare Marina del Rey, CA
Avéli cellulite treatment	$6,329 (Average)	Reported procedure spend; treatment extent varies	RealSelf; treatment article updated September 2023
miraDry	$1,900 (Clinic)	Menu treatment price; confirm inclusions	SpaVie, Plymouth, MN

Advanced procedures

Treatment or offer	Patient price / basis	What it covers	Source
Endolift	$3,000–$5,000 (Vendor)	Advertised U.S. procedure pricing by area; no independently verified national average found	Endolift West US / MediPrisma
FaceTite	$5,307 (Average)	Reported spend; some treatment plans combine procedures	RealSelf; cost article updated June 2023
Ellacor	$3,097 (Average)	Reported treatment spend; total series may differ	RealSelf; treatment article updated August 2023

Hair

Treatment or offer	Patient price / basis	What it covers	Source
PRP hair restoration	$1,197 for 3; $500 individual visit (Promotion)	New-patient three-session package; not a national average	ImageLab Med Spa, Illinois
Laser hair removal	$1,016 (Average)	Reported spend mixes areas and series; not a full-body package quote	RealSelf

Medical weight management

Treatment or offer	Patient price / basis	What it covers	Source
GLP medical management: Aspire	$99 first month; $149/month ongoing (Clinic)	Care membership; medication excluded	Aspire Medical Group, Walpole, MA
GLP medical management: Gemini	$250/month + $159 enrollment (Clinic)	Zepbound program; medication excluded; described labs and visits included	Gemini Health & Wellness, Roseville, CA

Medication price comparators

Treatment or offer	Patient price / basis	What it covers	Source
Wegovy injection	$349 per 4-pen box (Medication)	0.25–2.4 mg; eligible introductory fills $199; HD 7.2 mg $399; terms apply	Novo Nordisk
Zepbound vial / KwikPen	$299 / $399 / $449 per 28-day supply (Medication)	2.5 / 5 / 7.5–15 mg respectively; higher-dose $449 requires program terms and timely refills	Eli Lilly

Compare the work behind the price

A $3,000 four-visit EMSCULPT NEO package on SpaVie's menu averages $750 of package price per promised visit. Cryohealthcare's $4,200 twelve-visit T-Shape 2 body package averages $350. Those figures compare price divided by visits. They do not establish profit, identical outcomes or accounting treatment.

For your own offer, enter the product and disposable costs, every promised visit, staff hours, device costs, payment fees, aftercare and acquisition costs. Then see what remains for overhead and profit. The clinical plan sets the number of visits; do not add treatments to reach a revenue target.

Keep clinic fees separate from pharmacy sales

If a patient pays a pharmacy for medication, that sale is not your clinic's revenue. Aspire's published fees total $1,738 over the first twelve calendar months if the patient stays enrolled: $99 plus eleven payments of $149. Gemini's fees total $3,159: $159 plus twelve payments of $250. Medication is excluded from both examples.

Manufacturer self-pay offers are patient prices, not wholesale quotes. Zepbound's listed supply is 28 days. Twelve such fills do not cover twelve calendar months. Its higher-dose $449 offer has eligibility and refill conditions; regular higher-dose prices can reach $699. Check the linked terms before using these figures in a budget.

Choose a small number of appropriate services, verify comparable local prices and obtain actual delivery costs before setting your offer, staffing or ad budget.

Implementation worksheets

Use these pages with the chapter you are working on. Write the actual person, offer and date. Leave unknown costs marked as unknown until you have checked them.

Worksheet 1 — Responsibility and handoff

Worked reference

Field	Fictional example
Decision	Susan is considering the approved plan
Question still to answer	Work schedule and suitable appointment timing
Owner	Jordan, receptionist/coordinator
Next step and timing	Agreed Thursday check-in
Clinical questions	Provider checks timing suitability
Backup	Owner covers urgent reception work during the agreed admin block

Your clinic

Stage	Accountable person	Information required	Next step	Backup
Lead				
Booking				
Consultation				
Decision				
Treatment				
Follow-up				

Role card field	Your answer
Outcome owned	
Process followed	
Decisions permitted on their own	

Role card field	Your answer
Decisions that need help or approval	
Who to ask	
Evidence of completed work	
Coverage and backup	

Owner: ____ Work session: ____ Reviewer: ____ Review date: ____

Check your work: another person can name the next step, owner, timing and person to ask for help without asking the clinic owner.

Worksheet 2 — Consultation practice

Before consulting the chapter, write the six stages from memory: ____

Observation	Evidence from the role-play	Correction needed
Patient knows the purpose and terms of the visit		
Main concern explored		
Priority summarized and checked		
Suitability and recommendation explained by qualified provider		
Scope, price and alternatives clear		
Patient explains understanding accurately		
Decision and next step recorded		
Clinical questions sent to the provider		

Practice case: ____ Observer: ____

Room privacy, seating and relevant examples ready: ____

Plan sheet, approved payment terms and handoff owner ready: ____

What they booked: ____

What they actually want to change, in their words: ____

What they want to preserve or avoid: ____

Timing and budget: ____

The follow-up question that changed your understanding: ____

One correction to repeat: ____

One line that sounded written rather than spoken: ____

How you would say it to a patient sitting in front of you: ____

The patient's exact words you brought back into your recommendation: ____

What changed on the second attempt: ____

Owner: ____ Work session: ____ Reviewer: ____ Review date: ____

Later practice date and different patient concern: ____

Check your work: accurate explanation and handoff, with misunderstandings corrected. A purchase is not required to pass the exercise.

Worksheet 3 - Plan comparison and cost

Completed example: Maya

Field	Completed answer
Goal	Subtle lip change; still look like herself
Agreed purchase	Provider-approved lip treatment and the included review
Paid / remaining	$700 paid at treatment checkout / $0 remaining
Discussed but not purchased	$1,100 chin treatment; decide later
Next step	Book the review at the provider's recommended time

Your plan

Patient priority in their own words: ____

Provider's recommendation and reason: ____

Write the transition for one actual service

Choose filler, Botox or your device treatment. Use a fictional case approved by your provider and real clinic prices.

Moment	Your words
Patient's opening request	
Your question about the desired change	
Their answer and your next question	
Your summary of their goal and limits	
Provider's reason for the recommendation	
What the original treatment alone can and cannot address	
Price explanation, including payments already made	
Patient's hesitation and your response	
Decision, booking and payment actually agreed	

For the T-Shape teaching case, check your arithmetic: $1,399 total − $199 already paid = $1,200 remaining; eight total visits − one completed = seven remaining. This is a fictional offer, not a standard treatment protocol.

Compare the approved choices

Field	Suitable option A	Suitable option B	Optional additional choice, if appropriate
Services and support			
Visits, timing and commitment			
Limitations and relevant clinical explanation			
Total price			
Eligible credit and terms			
Remaining payment			
Total spending, including earlier payment			
Exclusions			
Cancellation/refund/payment terms supplied			

Cost input	Amount	Evidence or unknown
Revenue after discount		
Product and supplies		
Allocated delivery labor		
Processing costs		
Other direct costs or incentive		
Contribution before remaining overhead		

Patient's remaining question: ____

Agreed next step and owner: ____

Owner: ____ Work session: ____ Reviewer: ____ Review date: ____

Check your work: a colleague explains the differences and price accurately; the arithmetic counts each payment and cost once.

Build the offer in the patient's words

Completed example for practice: “I notice my double chin in photos” becomes “Explore your double-chin treatment options.” The visit is a consultation with a clinician, followed by an explanation of suitable options and a written price. Treatment is separately priced. This is an invented example, not a patient quote or a promise of removal.

Offer detail	Your clinic's answer
Patient's wording, with identifying details removed	
Exact quote, paraphrase or invented teaching example?	
The change they want and what worries them	
Clear offer headline	
What the booked visit includes	
Actual price and anything charged separately	
What the clinician needs to assess before recommending treatment	
First consultation question, in words you would say aloud	

Clinical reviewer: ____ Review date: ____

Check your work: the offer describes the visit accurately, the price is clear, and the recommendation follows an assessment. Do not promise a specific result to make the headline stronger.

Worksheet 4 — Pending-plan board

The following ten records are fictional examples of different statuses, not conversion benchmarks or instructions to contact patients without permission. “Next review” means the actual date recorded in the clinic system; replace it with a date in practice.

Example	Status	Question still to answer	Owner	Appropriate next step
A / Susan	Considering T-Shape course; first visit paid	Work shifts before deciding about seven more visits	Jordan	Agreed Thursday check-in
B	Awaiting clinical answer	Downtime question	Provider, coordinated by Jordan	Agreed next-afternoon callback
C	Declined	Does not want treatment or further contact	Jordan	Close record; no promotional follow-up
D	Deferred	Wants to revisit next month	Jordan	Contact on the agreed date next month
E	Booked; unpaid	Payment arrangements pending	Coordinator	Confirm disclosed terms and booking policy
F	Purchased; undelivered	Visits remain to be scheduled	Coordinator	Arrange appropriate dates; track services owed
G	Considering	Wants to discuss purchase at home	Jordan	Send requested written plan; agreed follow-up only
H	Closed after no response	No additional agreed contact	Jordan	Record closure under clinic policy
I	Plan review needed	Circumstances changed	Provider	Review before any further sales action
J	Completed first visit	Agreed next care step	Care team/coordinator	Follow the care plan and contact preferences

Your ten records

Internal record reference	Status	Question still to answer	Contact preference	Owner	Next step/date or reason closed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Owner: ____ Work session: ____ Reviewer: ____ Review date: ____

Check your work: every reviewed record has an appropriate action and owner, or a recorded reason not to act. Booked, collected and delivered remain distinct.

Worksheet 5 - Service economics and pay

Completed example: Jordan's pay

Field	Completed answer
Period	Four 40-hour weeks; 160 regular hours
Base wages	160 × $24 = $3,840
Bonus earned	Three of four $100 standards = $300
Gross pay	$4,140 before deductions
Employer cost	Gross pay plus applicable employment costs
Correction to practice	Complete the handoff's owner and next step

Use the clinic's written rules for overtime and any different hours. The example does not set a market wage.

First task: one service

Input	Amount	Source
Price after discount		
Supplies		
Delivery minutes		
Allocated delivery labor cost		
Processing cost		
Other direct cost/incentive		
Contribution before remaining overhead		

What is unknown: ____

After reviewing the first row

Planning input	Quiet schedule	Typical schedule	Busy schedule
Paid staffing hours			
Mix of treatments and completed visits			
Which sales you count			
Employee pay under written formula			
Employer employment costs			
Product and other delivery costs			
Remaining contribution			
Future delivery obligations from prepayments			

Labor is counted once consistently. Include paid non-treatment responsibilities in the staffing model. Document how overhead is handled.

Pay-policy decision	Written rule
Role and guaranteed pay	
Eligible earning basis	
Thresholds and marginal vs. retroactive tiers	
Sales attribution and shared cases	
Payment/earning event	
Refunds and changed plans	
Prepaid service obligations	
Work-time and payroll treatment	
Quality measures and review process	

Owner: ____ Work session: ____ Reviewer: ____ Review date: ____

Check your work: calculations can be checked; unknowns are resolved or visible. Payroll and role/jurisdiction review precede any change to terms.

Worksheet 6 - Hiring evidence

Completed example: coordinator work sample

Skill	Evidence	Assessment
Price	Correct $1,200 remaining balance	3: meets the task standard
Clinical question	Referred expected results to the provider	3: stays within the role
Handoff	First note omitted the callback timing	2: needs guidance
Response to feedback	Added timing and owner on the second try	3: used the correction

Next step: complete remaining job checks and observe another handoff. This exercise alone does not decide the hire.

Your candidate

Workload problem: ____ Evidence of volume and capacity: ____

Role outcome: ____ Required qualifications: ____

Actual schedule and responsibilities: ____

Pay range, formula and benefits: ____

Training and supervision supplied: ____

Competency	Job-related question/task	What good work looks like	Candidate evidence	Assessment
1				
2				
3				
4				
5				

Use the same relevant standard for each candidate. Record observations before discussing scores together. Essential clinical qualifications require the appropriate verification and evaluator.

Feedback given in the work sample: ____

Evidence on the next attempt: ____

Owner: ____ Work session: ____ Reviewer: ____ Review date: ____

Check your work: two reviewers can explain their judgment from observed work; the job brief matches the actual role.

Worksheet 7 — Example and handoff of responsibility

Task: ____ Trainer: ____ Employee: ____

Starting information required: ____

Step to check	Demonstrated	First attempt	Correction	Later attempt
1				
2				
3				
4				
5				

Decisions they can make: ____

When to ask for help and recipient: ____

Responsibilities still supervised: ____

Backup: ____

Owner: ____ Work session: ____ Reviewer: ____ Review date: ____

Next practice date: ____ Later review date: ____

Check your work: the employee performs the agreed task accurately, explains when to ask for help and completes the handoff. Independence follows proof they can do the work and role requirements.

Worksheet 8 - Patient experience walkthrough

Service and current plan version: ____ Walkthrough date: ____

Moment	What the patient received or understood	What was missing	Owner and fix date
Arrival and privacy			
Explanation and questions before care			
Current plan available to the provider			
Account and payments at checkout			
Usable aftercare and contact instructions			
Next appointment or contact			
Follow-up and escalation			

Write the provider-to-checkout handoff in your own words: ____

Use a fictional billing mistake. What will you say, who can correct it, and when will the patient hear back? ____

Repeat walkthrough date: ____ Reviewer: ____

Check your work: the next employee can continue from the record; the patient can explain what happens next and how to get help.

Worksheet 9 - Rebooking and unfinished plans

Definition of a visit eligible for rebooking: ____

Report period: ____ Date when return attendance will be reviewed: ____

Internal record	Recommended next step	Booked or agreed reminder	Remaining purchased visits	Owner and action
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Eligible visits: ____ Rebooked before leaving: ____ Rate: ____

Write three conversations: booking an included review; booking the next purchased visit; responding to someone who declines: ____

Owner: ____ Practice partner: ____ Review date: ____

Check your work: distinguish reviews, new purchases and prepaid care; confirm appointment dates against the approved plan and the patient's availability.

Worksheet 10 - Membership you can deliver

Who this helps and the routine they want: ____

Offer decision	Your terms
Service, savings wallet, access or fixed installments	
Fee, charge timing and renewal	
Included benefits and exclusions	
Standalone alternative and price	
Unused benefits, pauses and expiry	
Cancellation method and timing	
Refunds and change in suitability	
Joining bonus and actual cost	

Full-use monthly calculation	Amount or hours	Evidence
Collected fee		
Product and supplies		
Allocated delivery labor		
Processing and support		
Other assigned costs		
Remainder before unassigned overhead		
Delivery hours per member		
Maximum members within available capacity		
Carry-forward demand allowance		

Effect if current full-price patients switch without visiting more: ____

First-month calculation with bonus: ____

Read-back test: a colleague explains renewal, inclusions, missed month and cancellation: ____

Owner: ____ Finance reviewer: ____ Terms reviewer: ____ Review date: ____

Check your work: no hoped-for upsell is needed to hide a loss; account for all promised benefits and verify terms before selling.

Worksheet 11 - Past-patient return campaign

Patient group and reason to return: ____

Exclusions: opt-outs, current bookings, clinical issues, unresolved complaints, remaining paid care, other: ____

Offer field	Exact answer
Included services and reviews	
Established price and evidence	
Discount or bonus and final price	
Prior payment handling, if any	
Claim, booking and use dates	
Real allocation and capacity calculation	
Suitability, cancellation and unused care terms	
Delivery costs and remaining contribution	

First message: ____

Reply explaining the complete offer: ____

Reminder and deadline message: ____

Stop rules and opt-out test: ____

Reply owner: ____ Backup: ____ Staffed response hours: ____

Campaign result	Count or amount
Eligible group / comparison group	
Delivered / replied / opted out	
Booked / attended	
Collected / refunded	
Campaign and delivery costs	
Visits still owed	
Comparable untreated-group returns	

Owner: ____ Review date: ____

Check your work: the message is accurate, the reply process works, and the clinic can honor the offer at full use. Existing planned visits are not automatically attributed to the campaign.

Worksheet 12 - Reviews, stories and referrals

Review invitation stage and fair selection rule: ____

Exact spoken invitation: ____

Verified review link and date tested: ____

Story asset check	Person checking	Evidence or location
Patient permission for this use and channel		
Accurate treatment and timing context		
Original image or recording preserved		
Clinical claim review		
Publication approval and withdrawal process		

Referral link and invitation: ____

How you record source without disclosing another patient's care: ____

Public complaint response and internal owner: ____

Owner: ____ Review date: ____

Check your work: no incentive is tied to a Google review, the invitation does not filter for praise, and the patient controls whether to share.

Worksheet 13 - Numbers you can reproduce

Period or patient group: ____ Observation window completed on: ____

Measure	Exact definition and denominator	Data source	Person checking	Result
Consult attendance				
Eligible consults and exclusions				
Same-day / later purchases				
Collections and refunds				
Delivered-care revenue				
Assigned delivery costs				
Remaining prepaid work				
Rebooking / completed returns				
Available / used treatment hours				

Five-record check and discrepancies: ____

Costed service: ____ Price: ____ Product: ____ Labor: ____ Other costs: ____

Contribution and costs still excluded: ____

Opening prepaid balance + additions - delivered allocation - refunds/adjustments = closing balance: ____

Bookkeeper's reconciliation and any unresolved differences: ____

Owner: ____ Reviewer: ____ Review date: ____

Check your work: payments and costs are counted once, definitions stay consistent, and another person can reproduce the report.

Worksheet 14 - Weekly decision and practice

Completed example: Riverside

Field	Completed answer
Problem	11 of 14 pending plans lack a next contact date
Evidence	Three records show two missing contact preferences and one clinical question
Action	Jordan resolves the missing information with the provider by Thursday at 3 p.m.
Process change	Record the decision, contact preference, next step, owner and timing
Check	Inspect the next ten consult handoffs; report actual sample size on Friday

Your meeting

Meeting date: ____ Attendees: ____ Scorecard period: ____

Last action, evidence and result: ____

Problem selected and evidence: ____

What the team observed in actual records: ____

This week's action	Named owner	Support or backup	Due date	Evidence for next review

Conversation or task practiced: ____

One correction and result of second attempt: ____

What stays unchanged during this test: ____

Patient experience or cost problem to watch for: ____

Larger decision needing separate review: ____

Next review date: ____

Check your work: someone who missed the meeting can explain what will change, who owns it and how completion will be checked.

Sources and further reading

This book combines Dr. Emeka Ajufo's Predictable Patient Pipeline roadmap and supplied training transcripts with concepts from Alex Hormozi's business books and Diamond Accelerator training. The patient conversations, calculations, worksheets and diagrams are original teaching material for this edition. They do not report measured clinic outcomes.

Further reading by topic

Chapters	Reference material	Application in this edition
1, 6–7, 14	Built to Scale: Where Recruitment Meets Operations; The Med Spa Hiring Playbook; Onboarding & Offboarding Like a Boss; Why Team Drama Is Usually a Leadership Problem	Responsibilities, hiring evidence, practice and handoffs
2–4	Turn Your Consults Into High Revenue Generating Visits; Maximizing Provider Revenue; the author's in-clinic sales and roadmap training	Goal discovery, plan explanation and patient-specific follow-up
3, 10–11	$100M Money Models, supplied Hinglish edition; $100M Fast Cash Playbook; $100M Pricing Playbook	Plan choices, rollover payments, bonus offers, continuity and defined promotions
5, 10, 13–14	Profit Efficiency Analysis; Profit Leaks & Power Moves: A CEO's Guide to Margin Control; pricing material	Costed pay, membership economics, contribution and weekly review
8–9, 12	Author's roadmap and sales-environment training; Maximizing Provider Revenue; Profit Efficiency Analysis	Experience, rebooking, patient proof and follow-through
9–11, 13	$100M Retention Playbook; $100M Lifetime Value Playbook	Help patients use purchased care, solve the next relevant problem and measure observed repeat value

The membership examples use clear enrollment terms and straightforward cancellation. Review requests ask for honest feedback without an incentive.

Policies and professional guidance

Google's Maps contributed-content policy prohibits incentivized reviews and selectively soliciting positive reviews. Chapter 12 follows that policy. Checked September 12, 2026.

The FTC's March 2026 discussion of negative-option programs identifies inadequate disclosures, unauthorized charges and difficult cancellation as sources of consumer harm. Chapter 10 uses clear terms and voluntary enrollment as operating practices. Local requirements still need review for the actual

membership.

For clinical and employment context, consult the FDA's dermal-filler information, current product instructions, and the U.S. Department of Labor's bonus guidance. Those references do not replace an individual care assessment or review of the clinic's pay arrangement.

Using and adapting the scripts

Read the complete conversation before practicing. Keep the patient's actual answer in the next line; do not recite every question when it has already been answered. For the clinical parts of Chapter 3, practice with your provider's own assessment and explanation.

Before using any offer with patients, replace the fictional prices, timing, terms and availability with the clinic's verified details. Before distributing client-specific pay policies, membership agreements or clinical instructions, have the responsible professionals approve those documents.