

Chiropractic Clinic Business — Workbook

This workbook turns the course into the operating tools your clinic actually runs on. Work through one section per module, filling in your real numbers as you go. By the end you will have a revenue model, a new-patient funnel, a Report-of-Findings talk track, priced care plans, and a weekly KPI dashboard built for your own practice.

Your Revenue Model and Fee Schedule

Choose a payer mix, model your break-even, and set defensible fees before you treat a patient.

Worksheet: Break-Even and Owner-Pay Model

Enter your real monthly fixed costs and your collected-per-visit, then calculate the weekly visits needed to break even and to pay yourself.

Monthly rent and occupancy

Staff wages (CA / front desk)

Software, EHR, and billing fees

Malpractice, licensing, and insurance

Marketing budget

Loan or equipment payment

Utilities, supplies, and miscellaneous

Total fixed monthly costs

Collected per visit (net)

Variable cost per visit

Contribution margin per visit (collected minus variable)

Break-even visits per month (fixed divided by margin)

Break-even visits per week

Target monthly owner pay

Visits per week to cover owner pay

Exercise: Cash vs Insurance vs Hybrid Decision

Work through these prompts to commit to a primary revenue model and justify it with your own market numbers.

- What is your estimated collected-per-visit under a pure cash model versus your top insurance payer, and what is the dollar gap per visit?
- Given your physical capacity (max visits per week you can sustainably deliver), can a cash model hit your revenue goal, or do you need insurance volume?
- Which two or three payers (if any) will you join, and is each one for net-per-visit, referral volume, or both?
- Write a one-sentence statement of your chosen model and the single reason it fits your market and your tolerance for billing.

Worksheet: Fee Schedule and Payer Go / No-Go

Set your usual-and-customary rate for each core code, then record the top payer's allowed amount and your decision.

98940 UCR / top payer allowed

98941 UCR / top payer allowed

98942 UCR / top payer allowed

98943 UCR / top payer allowed

New-patient exam (99203/99204) UCR

97140 / 97012 / 97110 adjunct UCR

Cash new-patient special price

Time-of-service (prompt-pay) discount policy

Payer 1 net-per-visit and decision (join / decline)

Payer 2 net-per-visit and decision

Payer 3 net-per-visit and decision

Checklist: Revenue Model Readiness

- Primary revenue model chosen and written down
- Fixed monthly overhead totaled to the dollar
- Break-even visits per week calculated and physically achievable
- One-page fee schedule set for all core CPT codes
- Go / no-go decision recorded for each payer panel
- Time-of-service discount and membership pricing reviewed for compliance

Building the New-Patient Funnel

Make new-patient acquisition a measurable funnel with owned channels and a converting front desk.

Worksheet: New-Patient Funnel Tracker

Enter last month's real counts at each stage, then compute your conversion rates and find your weakest stage.

Impressions / reach

Leads (calls + form fills + messages)

Booked first appointments

Showed for first visit

Started a care plan

Lead-to-booked rate

Booked-to-show rate

Show-to-started-care rate

Monthly marketing spend

Cost per new patient (CPNP)

Average patient lifetime value (LTV)

LTV-to-CPNP ratio

Weakest stage to fix first

Exercise: Channel Plan and Budget Allocation

Decide where your marketing budget goes and assign an owner and a metric to each channel.

- Which channels will you fund this quarter (Google Business Profile and reviews, search ads, Meta offers, referrals, community screenings), and what percent of budget goes to each?
- Who on your team owns each channel, and what single weekly number proves it is working?
- What is your specific plan to generate a steady flow of new five-star reviews, and who asks for them?
- Describe your provider-referral loop: which local MDs, PTs, gyms, or massage therapists will you build, and how will you report back to them?

Exercise: Front-Desk Call Script Build

Draft your new-patient phone script using the six-step framework, in your clinic's own voice.

- Write your live-answer greeting and the two qualifying questions you will ask every new caller.
- Write the one or two sentences that bridge from the caller's complaint to the value of a first-visit exam.
- Write your two-specific-times booking ask (for example, Tuesday at 3 or Thursday at 10).
- Write the confirmation step: what number you collect, what you text them, and what you tell them to bring.

Checklist: Funnel and No-Show Controls

- Funnel tracker populated with last month's real numbers
- Weakest funnel stage identified and assigned an action
- CPNP and LTV calculated, ratio at or above 4 to 1
- Automated confirmation plus 24-hour and 2-hour text reminders set up
- Same-day standby list process in place to fill cancellations
- Quarterly reactivation campaign scheduled for 60-to-90-day lapsed patients

Report of Findings and Care Plans

Convert new patients into committed, compliant care plans that they actually complete.

Worksheet: Report of Findings Talk Track

Write your ROF using the six-step structure so it is clear, confident, and built around the patient's goal.
Reconnect: how you restate the patient's complaint and goal

Show findings: which exam results and visuals you present

Explain cause: your plain-language cause-and-fix sentence

Recommendation: phase of care, visit frequency, and timeline

Investment: how you state the plan price without apology

Commitment ask: your exact words inviting them to start today

Goal anchor: the patient-life goal you tie the plan to

Worksheet: Care-Plan Pricing Builder

Price an acute plan, a corrective plan, and a maintenance membership, and confirm your effective collected-per-visit.

Acute plan: number of visits / list price / plan price

Corrective plan: number of visits / list price / plan price

Maintenance membership: monthly fee / visits per month

Standard cash fee per visit

Prepaid per-visit rate

Effective collected-per-visit (corrective plan)

Cash collected up front on a sold corrective plan

Written cancellation and refund policy for prepaid plans

Exercise: Raising Case Acceptance

Diagnose and improve your conversion from new patient to started care.

- What is your current case-acceptance rate, and how does it compare to the 65-percent-plus target?
 - Which of the common ROF mistakes (jargon, apologizing for price, vague recommendations, skipping the goal, not asking) shows up most in your consult?
 - What is one change to your ROF you will test for two weeks, and how will you measure whether acceptance moved?
 - How will you keep recommendations clinically honest so retention and compliance both stay strong?
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Checklist: Conversion and Retention Controls

- ROF talk track written and rehearsed out loud
- Acute, corrective, and maintenance plans priced with effective per-visit checked
- Whole plan booked at the ROF; next visit pre-booked every appointment
- Milestone re-exams scheduled to show progress and re-earn commitment
- Prepaid cancellation and refund policy written and given to patients
- Same-day text recovery process for missed appointments in place

Running the Business: KPIs, Team, and Systems

Install the dashboard, compensation, and SOPs that let the clinic run without the owner in every room.

Worksheet: Weekly KPI Dashboard Setup

Record this week's value and your target for each of the seven core KPIs, and note the same week last month.

New patients this week / target

Office Visit Average (total visits) / target

Patient Visit Average (PVA) / target

Case acceptance rate / target (65 percent plus)

Collections ratio / target

No-show and cancellation rate / target (under 10 percent)

Collected per visit / target

Single worst-trending KPI this week and the action assigned

Worksheet: Team Compensation Model

Model your CA and associate pay against expected collections to confirm each hire clears its cost plus margin.

CA hourly rate and hours per week

CA team bonus tied to which KPI

Associate structure (base+bonus / percent of collections)

Associate base salary (if applicable)

Associate percent-of-collections rate

Associate expected monthly collections at ramp

Associate monthly pay at that production

Clinic net on associate after their overhead share

Exercise: SOPs and Operating Rhythm

Decide which processes to document first and lock in your review cadence.

- Which one process breaks most often when you are out of the building, and will be your first SOP?
- List the six core SOPs you will document first and who owns writing each one.
- Define your daily huddle and weekly KPI review: when they happen and who runs them.
- What will you review monthly (P&L, CPNP by channel) and quarterly (fees, payer mix, reactivation, SOP updates)?

Checklist: Operating System Readiness

- Seven-KPI dashboard built with targets and four weeks of history
- Monday KPI review scheduled and owned
- CA and associate compensation modeled against collections
- Each planned hire confirmed to clear its cost plus margin
- Six core SOPs identified and assigned owners
- Daily, weekly, monthly, and quarterly operating rhythm scheduled

Your Action Plan

1. Total your fixed monthly overhead and calculate your weekly break-even and owner-pay visit numbers
2. Choose your primary revenue model and make a go / no-go decision on each insurance panel
3. Set a one-page fee schedule for every core CPT code and your cash specials
4. Populate the new-patient funnel tracker with last month's real numbers and find your weakest stage
5. Allocate your marketing budget across channels, assigning an owner and a weekly metric to each
6. Write and rehearse your front-desk call script and turn on confirmation and reminder texts
7. Write your Report-of-Findings talk track around the patient's goal and rehearse it out loud
8. Price your acute, corrective, and maintenance plans and confirm your effective collected-per-visit
9. Build the seven-KPI dashboard and start a Monday weekly review with one action per week
10. Document your six core SOPs and lock in your daily, weekly, monthly, and quarterly operating rhythm

