Chiropractic Practice Business Plan and Operations Starter Kit

A working kit for small chiropractic practices. It prices a visit from the fee down to the cash each payer actually sends, builds the visit forecast month by month, holds the modelled visits against the minutes the providers can carry, sizes the cash that payer delays tie up, and scores the plan on six pass-or-fail tests.

CHIROPRACTIC PRACTICES
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PAGE 2

Start here

A chiropractic practice can fill every appointment and still run short of cash. In this example payers settle weeks after the visit, a share of claims is denied and only half of that comes back, and the visit build runs nine months before it reaches full run. This kit writes those numbers down and tests them before a lender asks.

WHAT IS INSIDE

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HOW TO USE IT

1. Build visits on page 6 and costs on pages 5 and 8. Run the cash forecast on page 11, then score the plan on page 4. Draft pages 3 and 4 last.
2. Use pencil. Fees, payer contracts and the provider roster move before the first patient arrives, and every worksheet expects your own figures.
3. After opening, use the page 13 checklists at each clinic close and review the numbers weekly. Fill page 6 at month end and post page 10 as visits are booked and claims are paid.

HOW THIS KIT WAS BUILT

- **AI tools helped create this kit.** Example figures are illustrative, not benchmarks.
- **The owner question** on page 3 is one of the chiropractic practice questions published at businessconsultant.services; the answer is general guidance, not a research finding.
- **The six questions** on page 14 were drafted by AI models from World Consulting Group desk research and challenged by a second AI model. None was measured in the field, so treat them as hypotheses to test, not findings.

SCOPE

This kit gives general operational information. It is not legal, tax, accounting, clinical, employment, billing and payer contract or financial advice. Clinical, billing, privacy, facility and licensing requirements vary by location and should be reviewed with a qualified professional. Review them with qualified professionals before you commit money.

PAGE 3

Business plan, part one

A lender or a landlord wants to know whether two adjusting rooms carry the rent, the front-desk wage and the loan while the appointment book is still filling and insurance payments arrive slowly. Answer each prompt here in plain sentences, and draft the longer sections on separate sheets.

1. Executive summary (leave it till last)

State what the practice offers, who it treats, how much money you need and what that money buys, from the room build-out through the first payroll. Then name the month the page 6 visit forecast first clears cash break-even from page 8, and give the page 4 result.

2. Services, fees and patients

List what a patient can book, starting with the new-patient examination and the return adjustment, plus any therapy you run beside them such as soft-tissue work or rehab exercise, with your cash fee for each. Name the payer panels you intend to join and the share of visits you expect to settle at the front desk.

3. Positioning and the treatment rooms

Name the patients this practice is built for, whether that is family care, sports injury or personal-injury work, and the cases you send elsewhere. Count the adjusting rooms, the tables in each and the appointments a week the rooms and the doctors can hold.

4. Per-visit fees and the allowed amount behind each payer

Against each service, write your usual fee, the allowed amount behind each contract, the patient's share and the minutes the visit ties up once the note is written. A fee lifted from a directory listing, with no allowed amount beneath it, is a guess.

SERVICE	USUAL FEE	CONTRACT ALLOWS	VISIT MINUTES WITH NOTES

> *Owner question: How many visits a week must each chiropractor carry, and how long after the visit does the money arrive, before this clinic pays for itself?*
>
> Break-even is about 332 visits a month, roughly 38 percent of full run, and the visit line collects $51.64 a visit once the allowed amount, the patient share, the first-pass denial and the write-off are applied. Check the timing next: with payers settling over about three months, the cash trough arrives before the build finishes, which is what the working-capital reserve on page 5 is sized for.

PAGE 4

Business plan, part two

5. Operations

Describe a week from the first appointment to the last: who confirms tomorrow's visits, how a missed visit is followed up, when notes and claims go out, and who reworks a denied claim.

6. Team

List each chiropractor, the visits a week each carries and the pay basis, with a market wage for your own hours. Name the provider whose departure would move the most patients.

7. Marketing and sales

Explain where new patients come from: referrals from current patients, directory listings, payer lists or your website. Check each month that new patients replace those whose care ends.

8. Financials and funding

Attach pages 5, 6, 8 and 11 and the result below, with the money needed, its sources and its runway.

DOES THE PLAN PASS? SCORE IT BEFORE ANYONE ELSE READS IT

TEST	PASS?
Gate 0. The lease, quotes for the build-out and the tables, the billing service terms, each payer agreement and the requirements of every registration the practice needs are in writing, reviewed by a qualified professional where needed.	
1. In the expected case, collections reach cash break-even at the month-12 run rate (page 8) and closing cash, payer timing included, holds your floor for 24 months (page 11).	
2. Slow start (tested share of sales, page 11): closing cash holds at or above your floor every month (if not, note the reserve that would hold it).	
3. Planning debt service coverage at full-run sales and at the month-12 run rate (page 8) meets your lender's ratio, on your lender's definition.	
4. The full-run visits fit the providers' capacity in visits a month (pages 6 and 7), and the plan reaches break-even once the visit build finishes (page 8).	
5. A referral list, payer enrollment in place and a reactivation list of past patients back the opening months; a directory profile forecasts inquiries, not patients.	
6. The full-run steady-state year (seasons in; not the forecast year) leaves net cash above zero after principal, before income tax set-aside, replacements and stock build-up; set aside its largest fall in running net cash, the year run twice.	

Not ready: Gate 0 fails. **Green:** Gate 0 and all six tests pass. **Amber:** Tests 1 and 3 pass, but Test 2, 4, 5 or 6 fails, so fix the plan before you sign a lease, a billing agreement or a provider offer. **Red:** Test 1 or 3 fails, so change the plan before you commit money. Tests 1 and 3 score the plan as written; Test 2 is the slow start, and the page 13 what-ifs stress-test Tests 1, 3 and 6. Count a test without evidence as a fail. Result: _____

PAGE 5

Startup budget worksheet

Fill the estimate column first, then record each source: a written quote from the landlord, the table supplier, the billing service or the payer, or a documented calculation. Payer delays and a slow visit ramp are what strain a new practice's cash, so leave no line blank without a reason.

LINE ITEM	INITIAL ESTIMATE	QUOTE OR SOURCE	APPROVED BUDGET	ACTUAL OR COMMITTED
TREATMENT ROOMS AND EQUIPMENT				
Lease deposit and build-out of the treatment rooms and reception				
Adjusting tables, therapy equipment and furnishings				
Computers, phones and office equipment				
SETUP AND PAYER ENROLLMENT				
Business entity, legal and accounting setup				
Payer enrollment and billing setup services				
Rent for the month before opening				
PRE-OPENING				
Website and branding				
Launch marketing and directory listings				
Opening clinical supplies				
WORKING CAPITAL				
Working capital reserve (cash you open with)				
Contingency for overruns on the lines above				
Total				

Size the reserve in two passes: run the page 11 expected case with opening cash of zero (no reserve, no other cash), set the reserve to your floor, plus one more month of fixed costs and principal as a buffer, plus how far its lowest closing cash falls below zero (zero if it never does), rounded up to the next $100, then rerun. If the Test 6 cushion (page 4) is larger than that buffer, add the difference. If the build-out runs over, the contingency pays first and the reserve second; then rerun page 11.

PAGE 6

Sales forecast builder

Every other number depends on visits, so build them from the appointments your providers can carry and the patients who come back, not from the rent you need to cover. Count visits first, month by month; recovered denials follow the visit line two months later.

```
Monthly sales for a line = units times average collections per visit times days open in the month (or times 1 for units counted per month)
Days open in a month = days open per week times 52, divided by 12
```

SALES LINE	UNIT	UNITS PER DAY OR MONTH	AVERAGE COLLECTIONS PER VISIT	DAYS OPEN PER MONTH (OR 1 FOR MONTHLY UNITS)	MONTHLY SALES
Patient visits	visits				
Recovered denials	visits				

Full-run month

RAMP AND SEASONS

MONTH	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Ramp, % of full run												
Season, % of full-run month (M1 = opening month)												
Expected sales												

Expected visits for each month = the full-run visit count times the visit build on page 6; recovered denials follow the visit pattern two months later on their own schedule. Use 100 percent where a factor does not apply. The visit count is your assumption; write down the evidence, such as a referral list and the new-patient calls booked.

CAPACITY CHECK

```
Visits a provider a day at capacity = paid hours a week / days open x 60 x (1 - share of paid time off visits) / (visit + documentation minutes); visits a month = providers x visits a day x days open x 52 / 12
```

Write each provider's paid hours a week and the minutes a visit takes with notes. Take the full-run month and hold the modelled visits against the visits the roster can carry on page 7. If the plan needs more visits than the providers can see, the plan is wrong, however full the schedule looks.

PAGE 7

Visits a chiropractor can carry

Two chiropractors can only adjust so many patients in a week, and the ceiling falls out of the hours they are paid for, the minutes each adjustment takes once the note is written, and the slice of paid time that never reaches a treatment table. Hold the modelled visits against that ceiling before the forecast means anything.

```
Visits a provider a day at capacity = paid hours a week / days open x 60 x (1 - share of paid time off visits) / (visit + documentation minutes); a month's visits = chiropractors x visits a day x days open x 52 / 12; a chiropractor's pay a month = hourly rate x paid hours a week x 52 / 12 x (1 + payroll taxes and benefits), or the salary / 12.
```

CHIROPRACTOR	HEADCOUNT	PAID HOURS A WEEK	ADJUSTMENT / NOTE MINUTES	HOURS NOT AT THE TABLE	ADJUSTMENTS A DAY AT CAPACITY	ADJUSTMENTS A MONTH AT CAPACITY	ADJUSTMENTS MODELLED	UTILISATION
Owner chiropractor	1	40	12 / 4	20%	24.0	520	440.0	85%
Associate chiropractor	1	40	12 / 4	20%	24.0	520	440.0	85%

The roster can carry 1,040 visits a month over 5 days open a week; at full run the plan books 880.0 a month, 85 percent of that ceiling. Provider pay comes to $15,821 a month, $17.98 a visit at full run. Test 4 passes: the modelled 880.0 visits a month sit inside the providers' 1,040 at capacity, 85 percent used.

Paid hours, visit lengths and pay are illustrative. The owner is modelled on a salary and the associate on an hourly rate with payroll taxes and benefits; enter your own roster, the minutes your visits actually take, and the pay you actually offer, and review pay levels and any employment requirements with a qualified professional.

PAGE 8

Break-even and coverage

Use this one numbered cost list everywhere in the kit. Loan interest is a fixed cost here. Loan principal is not an operating cost: it enters cash break-even below and the cash forecast on page 11, so interest and principal are each counted once. A line that starts or steps up during year 1 goes in at its amount once in place; page 11 uses each month's amount.

FIXED COSTS PER MONTH	PER MONTH
1. Rent, treatment rooms and reception, about 1,200 square feet	
2. Professional liability, general liability and workers compensation	
3. Chiropractic assistant and front office, full time (the minimum staff)	
4. Owner's market wage (the owner is paid in the provider line)	
5. Loan interest (startup loan)	
6. Phone and internet	
7. Marketing and directory listings	
8. Practice software, scheduling and payments	
9. Accounting and bookkeeping	
10. Clinical consultation and training	
11. Office supplies, cleaning and repairs	
12. Professional dues and bank fees	
Total fixed costs	

VARIABLE COSTS AS A SHARE OF NET SALES	SHARE
13. Billing service, 6.5 percent of sales	
14. Chiropractor and owner pay above the minimum staff	
15. Card processing fees, at a share of total sales	
16. Unplanned costs, held at 2 percent of sales	
Total variable cost share	

```
Contribution margin ratio = 1 minus variable cost share; contribution = sales times the line's ratio
Operating break-even sales = fixed costs divided by contribution margin ratio
Cash break-even sales = (fixed costs with line 4 even if undrawn, plus principal and other recurring
cash out) divided by contribution margin ratio; page 13 covers a result with no usable number
Break-even visits = (fixed costs with line 4 even if undrawn, plus principal and other recurring cash
out) divided by one visit's contribution, recovered denials included (pages 6 and 10); 0 if covered
Month-12 run rate = average monthly sales over a year at month 12's ramp and bookings, seasons applied
Planning debt service coverage (before income tax and replacements) = (full-run sales times contribution
margin ratio, minus fixed costs other than line 5) divided by (line 5 + principal)
```

RESULT	PER MONTH	PER WEEK	PER DAY OPEN
Operating break-even sales			
Cash break-even sales			
Break-even visits a month (use cash break-even)	one figure per month		
Rent share and debt service coverage at full-run sales		ratios, monthly only	

Weekly = monthly times 12, divided by 52; per day open = weekly divided by days open per week. Rent share = line 1 divided by net collections.

PAGE 9

What the two chiropractors are paid

Provider pay is set by the roster, not by the month, so it has to be covered before any season or slow start is worth modelling. These are the pay levels the capacity check on page 7 assumes.

Pay a month by type = hourly pay x paid hours a week x 52 / 12 x (1 + payroll taxes and benefits), or salary / 12; cost a visit by type = that type's pay a month / that type's modelled visits a month at full run; cost a visit across the roster = all provider pay a month / all modelled visits a month, a weighted average of the per-type costs, so it sits between them rather than matching either; line 14 = provider pay over total net sales at full run.

PROVIDER	COUNT	PAY BASIS	PAY A MONTH EACH	PAY A MONTH	COST A VISIT
Owner chiropractor	1	salary	$7,916.67	$7,917	$17.99
Associate chiropractor	1	$38.00 an hour plus 20%	$7,904.00	$7,904	$17.96

Provider pay is $15,821 a month at full run, $17.98 a visit. Each provider type carries its own rate, so a mix of a salaried owner and an hourly associate shows the real cost of the roster rather than an average.

Provider pay is 34.1 percent of sales at full run, which is what line 14 carries; the owner's own return sits in profit rather than in this line, so the share is the pay the clinic must find for two chiropractors, not the pay one of them takes home.

Paid hours, visit lengths and pay are illustrative. The owner is modelled on a salary and the associate on an hourly rate with payroll taxes and benefits; enter your own roster, the minutes your visits actually take, and the pay you actually offer, and review pay levels and any employment requirements with a qualified professional.

PAGE 10

What a visit actually collects, from the fee to the cash

An insured patient does not hand over your posted fee. The panel contract writes part of it down, the plan and the patient each owe a slice of what is left, the plan refuses a share of its own slice on the first submission, and the balance reaches you over roughly a quarter. Put the terms of your own contracts into these boxes.

```
Usual adjustment fee - contract write-down = allowed amount; allowed amount = plan share + patient share; plan share - first-pass denials = plan collectible; patient share - front-desk write-off = patient collectible; clean collectible = plan collectible + patient collectible; a recovered denial counts only in the month the money lands.
```

VISITS: ONE PATIENT VISIT, NEW EXAMINATION AND RETURN BLENDED (ILLUSTRATIVE)

CHARGE	ALLOWED (ILLUSTRATIVE)	PATIENT SHARE	DENIED FIRST PASS	PATIENT WRITE-OFF	CLEAN COLLECTIBLE	RECOVERED LATER
$85.00	$55.00	45%	$2.12	$1.24	$51.64	$1.10

Every adjustment ends up worth $51.64 clean: 40% of that is banked in month 0, 45% lands in month 1, 11% in month 2 and 4% in month 3, with month 0 the month the patient was seen. Turn it around and 60% of a month's clean collectible is still owed at 30 days, 15% at 60 and 4% at 90, the last figure being what remains unpaid past day 90. Substitute the fee schedule behind each of your own contracts and your own posting history for these rates, and take billing and collections rules to a qualified professional.

The receivables below hold a single full-run month flat across twelve months so the collection lag stands on its own; the climb to full run is deliberately absent. Page 19 sets the month-by-month visit build and its season against cash instead.

($000)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Clean collectible billed, recoveries apart	45.4	45.4	45.4	45.4	45.4	45.4	45.4	45.4	45.4	45.4	45.4	45.4
Collected, recoveries apart	18.2	38.6	43.6	45.4	45.4	45.4	45.4	45.4	45.4	45.4	45.4	45.4
Receivables, month end	27.3	34.1	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9	35.9

Month 12 closes owing about $35,900. Every dollar of it is clean collectible already billed and not yet banked; each is posted later on the same split, and a denial once recovered never sits in receivables. One conservative convention applies: recovered-denial cash still carries the kit's variable shares although a won appeal brings no second adjustment and no card fee, so the model understates what recoveries contribute.

The waiting itself has a price: pay every contract in the month of service and the expected case dips only to $33,159 in month 1 rather than $19,690 in month 3, a gap of about $13,500. Treat that as arithmetic, not a prediction about your panels.

A new examination and a return visit are blended into one line: the example prices the average visit at an $85 fee with $55 allowed, a 45 percent patient share of the allowed amount, a 7 percent first-pass denial of the payer portion and a 5 percent write-off of the patient portion. None of these rates belong to your practice: replace them with your own panel terms and confirm how each plan pays with a qualified billing professional.

Twelve-month cash forecast

Rent, payroll and the loan leave on fixed dates; payers settle one to three months after the visit. Enter $000 (51.25 means $51,250).

EXPECTED CASE ($000)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Opening cash												
In: patient and payer payments, in the month each one lands												
Memo, not cash: clean collectible billed this month (page 10)												
In: owner money and loans received												
Out: billing, card fees and allowance (lines 13, 15, 16)												
Out: payroll, line 4 if drawn in cash (lines 3, 4, 14)												
Out: rent (line 1)												
Out: other costs, with loan interest (lines 2, 5 to 12)												
Out: income tax set-aside, equipment replacement, stock build-up												
Out: loan principal												
Out: startup bills still to pay												
Net cash flow (in minus out)												
Closing cash, expected (your floor: _____)												
Actual closing cash, once open												
Memo: sales tax collected (not in closing cash)												
Memo: sales tax remitted												
Memo: tax owed = last month's + collected minus remitted												
Memo: claims owed = last month's + billed minus paid, clean collectible only												
SLOW-START CASE												
Sales receipts, slow start												
Out: variable costs, slow start (lines 13 to 16)												
Out: fixed, principal, bills, less funding												
Net cash flow, slow start												
Closing cash, slow start												

Month 1 opening cash is cash on the first day the clinic opens after startup spending is paid; each closing balance opens the next month, and the slow start opens with the same cash. Your floor is at least one full-run month of fixed costs plus principal. Chiropractors, the front office and suppliers are paid in the month of the work. For the slow start, test 70 percent of expected sales in every month (a stress assumption, not a benchmark; a higher share only with evidence); fixed costs, other cash out, principal, startup bills and funding stay as expected, and all variable lines fall with sales; line 14 holds only hours you would cut. The first month either case falls below your floor is your planning deadline: act before it. Then run a second year at the month-12 run rate (page 8), month by month with the seasons continuing, and check the floor holds.

PAGE 12

Runway, and what it costs to fill an empty appointment book in year one

Runway = how many future months pass before one ends with closing cash under your floor. Start counting at the month after the last one you closed, or at the opening month if the clinic has not traded yet.

Worked example: an imagined two-chiropractor practice

Invented numbers that show the arithmetic; they are not chiropractic benchmarks. Provider pay is carried in line 14 as a share of net sales, set to recover the roster cost at full run; the assistant and front office are fixed in line 3. That share is a planning convention; a salaried owner carried this way makes the early months and the slow start read better than a fixed salary would, so if the owner draws a fixed salary, put it in line 3 and rerun. The example carries owner management time inside that provider pay and sets line 4 to zero; if you would pay a management wage separately, add it to line 4 and rerun. Cash floor $9,804. Collections arrive over four months, 40 percent in the month of service and the rest over the next three; staff are paid in the month worked.

Page 5, budget	The startup budget comes to $104,646, funded by a $78,437 loan at 12 percent over 10 years and $26,209 of the owner's own money; $36,600 of that sits as a reserve for working capital and is still whole on the day the clinic opens. Page 5 sizes the reserve in two passes, at $9,804, then a buffer of one more month at $9,804, then $16,910 (the amount by which the first pass ends below zero when the practice opens holding no cash), raised to $36,600. Ahead of the reserve: treatment rooms and equipment $52,000; setup and payer enrollment $6,046; pre-opening $6,000; contingency $4,000.
Page 8, costs	Fixed costs run $9,444 a month. The treatment rooms account for $2,546 of that, loan interest takes $765 and principal adds another $360 a month, with the last two averaged over year 1. Sales-linked costs take 43.99 percent, leaving a contribution margin ratio of 0.5601. Of sales, 6.5, 34.09, 1.4 and 2 percent go to lines 13 to 16. Lines 1 to 12 run $2,546, $351, $3,433, $0, $765, $250, $1,000, $99, $400, $200, $300 and $100 a month.
Page 8, break-even	Operating break-even sits near $16,861 a month. Cash break-even, which is fixed $9,444 plus principal $360, divided by 0.5601, works out at about $17,504 a month, or 331.9 visits from patient visits once the other lines have contributed, so 332, against the 880 the plan assumes.
Page 6, sales	Patient visits run at 880 a month, each collecting $51.64. Denials recovered later follow at 880 visits a month and $1.10 (the visit pattern two months later; paid two months after the visit). A full-run month bills about $46,411; the visit build climbs 25, 40, 55, 68, 78, 86, 92, 97, 100, 95, 105 percent through months 1 to 11, then reaches 100 percent; the season factor holds 100, 100, 100, 100, 100, 100, 100, 100, 100, 100, 100, 100 percent across months 1 to 12, applied to regular sales only.
Page 19, expected case	Month 1 sales $11,361; month 1 closes at $26,343, and month 12 at $126,303. The low point is month 3, closing at $19,690, $9,886 over the floor.
Page 19, slow start	Held to 70 percent of expected sales, month 1 sales $7,953; month 1 closes at $26,479, and month 12 at $64,097. The low point moves to month 4, closing at $15,015, $5,211 over the floor.
Page 8, coverage	At full-run sales of $46,411, planning coverage, taken before income tax and before any equipment replacement, reaches 15.39 against the 1.25 the example lender wants. It stands at 15.37 on the month-12 run rate, and Test 3 scores on both. Rent takes about 5.5 percent.

PAGE 4 VERDICT FOR THIS PRACTICE: AMBER

Gate 0 is treated as met here. Test 1 passes: the month-12 run rate bills about $46,363 a month against a $17,504 break-even, and closing cash keeps the floor through a second year at that rate (lowest close $142,625, month 1 of year 2). (Context, not scored: expected sales first cover cash break-even in month 2.) Test 2 passes: the slow start never touches the floor either. Test 3 passes using the planning formula; your lender will score it on its own definition. Test 4 passes: the 880 modelled visits a month sit inside the 1,040 the providers can carry, 85 percent used. The roster is two chiropractors at 40 paid hours a week, 12 minutes with a patient and 4 minutes of notes, which gives 24 visits a provider a day and 1,040 a month for the pair. Test 5 fails for want of evidence until new-patient calls are booked before opening. Test 6 passes: a full year at full run leaves about $194,291 after principal and never closes a full-run month below zero, so no cushion is needed. That year is the steady state, not the forecast: page 19's first year still leaves about $89,703 of cash, because visits are still building and the payers pay late through the opening months. The example sets nothing aside for income tax, equipment replacement or a supplies build-up (page 19); score your own plan with its own amounts. A visit build that takes nine months means a year of filling the appointment book while payer cash lags, and a thin settled margin leaves little room for the missed visits a new practice actually sees.

PAGE 13

What moves the result

Each row changes one input of the page 12 example and reruns the forecast. A row names Test 1, 3 or 6 when the change would newly fail or pass it; a test the example already fails stays failed. The last column also gives the slow start, which is Test 2.

WHAT MOVES THE RESULT (FULL-RUN MONTHLY CHANGES; DEADLINES RERUN; SLOW-START LOSSES SCALE WITH COLLECTIONS)

CHANGE	MONTHLY CASH	CASH BREAK-EVEN AND DEADLINE
Sales volume 10 percent lower (variable costs fall; fixed stay)	minus $2,599	Expected case holds the floor
Patient visits: average collections per visit 5 percent higher, same volume (only sales-linked fees rise)	plus $1,273	Break-even visits fall from 331.9 to 316.4 a month, so from 332 to 317: collections per visit and the sales-linked cost per visit both rise 5 percent, so the contribution ratio stays at 0.560 and break-even falls because each visit contributes more
Fixed costs $500 lower	plus $500	Cash break-even falls to about $16,611
Visits 20 percent below plan, lasting, from month 1 onward	minus $5,198	Expected case still clears the floor; slow start still clears the floor (its lowest close is $10,793, in month 5)
Associate paid $48 an hour, not $38 (line 14 up 4.5 points)	minus $2,080	Cash break-even rises to about $19,026; expected case still clears the floor; slow start still clears the floor
Missed visits and late cancellations 15 percent of booked (the visit line and the recovered-denials stream together), from month 1 onward	minus $3,899	Expected case still clears the floor; slow start still clears the floor (its lowest close is $12,244, in month 5)
First-pass denial 12 percent, not 7 (the extra denials are recovered at 52 percent two months later), from month 1 onward	minus $358	Expected case still clears the floor; slow start still clears the floor
Allowed amounts 10 percent lower (the visit line and the recovered-denials stream together), from month 1 onward	minus $2,600	Expected case still clears the floor; slow start still clears the floor
Half of the denials never recovered, 52 to 26 percent, from month 1 onward	minus $271	Expected case still clears the floor; slow start still clears the floor
Setup overrun of $3,000 beyond the contingency, taken from the reserve	no change	Expected case still clears the floor; slow start still clears the floor
Opening 3 months late (the treatment rooms, insurance, loan interest and principal, $4,022 a month, paid while closed; no sales; the ramp starts at the new opening, and seasons stay on the calendar)	no change	Expected case below the floor in month 5 from the planned opening; slow start below the floor in month 5 from the planned opening; about $2,200 more opening cash holds the expected case at the floor; would fail Test 1

WHEN A PAGE 8 FORMULA GIVES NO USABLE NUMBER

```
Contribution margin ratio zero or below: break-even is N/A; score Tests 1 and 6 as failed
One unit's contribution, or the count it is multiplied by, zero or below: break-even units are N/A;
score Test 1 as failed
Other lines already cover fixed costs and principal: break-even units are 0, never a negative number
No loan: coverage is N/A; score Test 3 as passed
```

PAGE 14

End-of-day and month-end checklists, weekly visit review, six chiropractic questions

These are front-office and clinic operations checklists, not a compliance program. Add every clinical, patient-record, billing and privacy step your state board, your payers and your own advisers require of a chiropractic office.

BEFORE YOU LOCK UP THE CLINIC EACH DAY

- ☐ Confirm tomorrow's adjustment appointments and call the first name on the waiting list about any gap in the book.
- ☐ Mark every booked visit as kept, a no-show, or cancelled inside the notice window.
- ☐ Set the patient's next adjustment before they get off the table.
- ☐ Collect the copay, deductible or cash fee at the front desk, on the card the patient signed for.
- ☐ Finish the visit notes and transmit today's claims before anyone goes home.
- ☐ Log every new patient with how they found the practice and the date of their first examination.

MONTH END AND THE VISIT LEDGER

- ☐ Tally visits kept, no-shows and late cancellations against each doctor's book.
- ☐ Hold the visits your doctors actually delivered against the capacity the roster carries on page 7.
- ☐ Pull every claim sitting past 30 days at each payer and put a named person on each one.
- ☐ Count the denials by reason code, then count the ones resubmitted and paid.
- ☐ Match the denials recovered this month to the service dates two months back.
- ☐ Tie the card batch and each payer remittance to the collections on page 10.

THE WEEKLY VISIT AND COLLECTION REVIEW

WHAT TO COUNT	GOAL	THIS WEEK	LAST WEEK	GAP TO GOAL
Visits kept against appointments booked, by doctor				
No-shows and late cancellations, by doctor				
Claims submitted, paid and denied, by payer				
New patients by referral source and first visit				
Patient balances and copays collected at the front desk				
Bank balance against the cash floor				

SIX QUESTIONS TO TAKE INTO THE CLINIC

1. **Founder dependency.** Do new-patient calls, payer questions and schedule changes wait until the owner is free between her own adjustments?
2. **Reactive operations.** For one week, count the open slots you could not fill, the claims that left late, and the evenings the last patient ran past closing.
3. **Growth without structure.** Of the people who called, how many came in for an examination, and how many returned for a second adjustment?
4. **Talent and retention.** Whose patients would follow them out of the door, and how many of those have adjusted with another doctor here?
5. **Revenue plateau.** Has your collected cash per visit moved over the year, and how much of that came from a different payer mix rather than a fee change?
6. **Systems gap.** Right now, can you list every claim sitting unpaid past 45 days and which payer is holding it?

Hypotheses drawn from AI-assisted World Consulting Group desk research, set out on page 2. Test each one against a record: the practice scheduler's attendance report, the aging report by payer, or the denial log.

PAGE 15

Your first 30 days

WHEN	DO THIS
Week 1	Start the weekly numbers review and log visits booked, attended and missed every day, by provider.
Week 2	Fill the page 10 revenue-cycle line with your own fee, allowed amount and payment timing, and mark the payer that pays slowest.
Week 3	Fill the page 6 visit build with the patients you expect and the visits each returns for, and work out the monthly visit count.
Week 4	Enter actual closing cash on page 11 and recalculate runway. List claims unpaid past 30 days.
After month 1	Compare each provider's attended visits with the capacity on page 7 and the pay on line 14.

BEFORE YOU SIGN A LEASE, GET WRITTEN ANSWERS TO THESE

- [ ] Will you have to sign a personal guarantee, how much does it cover, and when does it end?
- [ ] Which charges sit on top of base rent, such as common area, property tax and insurance, and how are they settled each year?
- [ ] What does the space need before you can open, and who pays to add or upgrade it?
- [ ] Does the landlord contribute to the build-out, when is that money paid, and must any of it be repaid if you leave early?
- [ ] When does rent start, at signing, at fit-out or at opening?
- [ ] Are there limits on operating hours, signage, parking, deliveries or the uses allowed in the space?
- [ ] What happens to the lease and the fixtures if you sell the business?

Have a qualified professional review the lease before you sign. These questions prepare you for that conversation; they do not replace it.

WHAT THE FULL KIT ADDS

The full Chiropractic Practice Business Plan and Operations Kit adds an editable business plan, a three-year financial model with profit and loss, cash flow and a debt schedule, a payer calculator from fee to collected cash, a visit and patient tracker, a provider pay comparison, and clinic-close and hiring checklists. Release status is on the kit page.

SOURCES

World Consulting Group material. Origin of the questions: AI-assisted World Consulting Group desk research on chiropractic private practices, 2026, an internal working file that is not published, described on page 2; the questions are hypotheses and no figure in this kit comes from it. Chiropractic practices owner questions, businessconsultant.services, 2026.

SCOPE AND DISCLAIMER

General information only. Not legal, tax, accounting, clinical, employment, billing and payer contract or financial advice. Provided as is, without warranty. © 2026 World Consulting Group. Free diagnostic tool at businessconsultant.services. The site's privacy page explains what the diagnostic tool sends to an AI provider for analysis and the third-party analytics on the site.

About the author. Kamyar Shah is the founder of World Consulting Group and works as a fractional COO and CMO. He advises small-business owners across a range of industries. Contact and the latest version: businessconsultant.services.

PAGE 16

Customize this kit with AI

Attach this PDF to an AI assistant and paste the prompt below (copy-ready on the kit page). Use business figures only. Never include or paste patient records, claim exports, screenshots, dates of service, names, member or account numbers, free-text notes or small groups that could identify a person. If a report you received holds patient-level detail, do not paste it; enter only the totals you need. Never paste login details.

BEFORE YOU RELY ON THE ANSWER

Check every total with a calculator. An AI assistant can misread a file or slip on arithmetic, even when it runs code, so rerun every figure you will act on with the page formulas. Check your AI provider's data settings first, and never paste personal data, account numbers, passwords, customer-level records or anything an agreement restricts, such as patient records or claim exports. Totals and rounded figures serve the arithmetic, though rounding does not make a record anonymous, and you can run the arithmetic on your own computer.

I am opening (or running) a small chiropractic practice. I have attached the Chiropractic Practice Business Plan and Operations Starter Kit from businessconsultant.services. Help me make it my own plan, using my numbers only.

Follow these rules for the whole conversation:
1. Use only numbers I give you, or numbers you calculate from mine with the formulas below. Never invent a fee, allowed amount, rate, wage, percentage or benchmark.
2. The numbers printed in the kit are worked examples. Never use them as my numbers, not even as a placeholder.
3. If a number you need is missing, ask me for it. If I ask you to estimate or use typical figures, write [NEED: ...] instead and tell me which quote, record or calculation will give me the real number. If I give you my own estimate, label it MY ESTIMATE.
4. Use these formulas exactly, and show your arithmetic for every number you calculate:
- Monthly collections = visits a month times the clean collectible a visit (page 10); recovered denials follow two months later on their own schedule. Full run, break-even and coverage take the full-run month; the month-12 run rate repeats month 12's level, scaled to the calendar.
- Net sales exclude sales tax. Labor = wages, payroll taxes and benefits, plus a market wage for the owner's management time (line 4); the owner's provider hours go in line 14 only if they move with visits, else in line 3. Shift hours count as cash even if I skip my own pay, so the plan still holds when I step back from the work; only line 4 may go undrawn, and Tests 1 and 6 count it anyway.
- Contribution margin ratio = 1 minus variable cost share; a line's contribution = its sales times its own ratio. Operating break-even sales = fixed costs divided by contribution margin ratio. Cash break-even sales = (fixed costs with line 4 even if I do not draw it, plus monthly loan principal and any recurring other cash out) divided by contribution margin ratio; only the cash forecast drops an undrawn wage. A blended ratio holds only at its own sales mix: name that mix beside each break-even, and recompute from each line's own contribution when a what-if changes one line. Loan interest is fixed; principal is not an operating cost, so it never enters operating break-even or operating profit.
- Weekly = monthly times 12, divided by 52. Daily = weekly divided by days open per week.
- Break-even visits = (fixed costs with line 4 even if undrawn, plus principal and other recurring cash out) divided by one visit's contribution, recovered denials included (pages 6 and 10); 0 if covered. If the other lines already cover fixed costs and principal, report 0 and say so; never report a negative break-even count. Visits a provider a day at capacity = paid hours a week / days open x 60 x (1 - share of paid time off visits) / (visit + documentation minutes); visits a month = providers x visits a day x days open x 52 / 12.
- Rent share = line 1 divided by net collections. Planning debt service coverage, before income tax and equipment replacement = (full-run sales times contribution margin ratio, minus fixed costs other than loan interest) divided by (loan interest + loan principal).
- Month-12 run rate = average monthly sales over a year at month 12's ramp and bookings, seasons applied (not month 12's own sales). Test 1 needs that rate at or above cash break-even and my floor held 24 months; Test 3, coverage at full run and at that rate.
- Test 6 = 12 months of (full-run sales minus their variable costs, minus full-run fixed costs, line 4 included, minus principal), seasons applied to every sales line but booked lines, which run in their own months, and seasonal fixed lines at each month's amount. The cushion to set aside = the largest fall in running net cash from a high to any later low, the year run twice so a dip can cross into month 1 (zero if it never falls).
- Full-run figures (break-even, coverage, floor) take booked lines at full bookings averaged over 12 months, a late-starting fixed line at its full amount, and a seasonal fixed line at its year average.
- For pages 7, 9 and 10, use the formulas printed on those pages of the attached kit, exactly as written, with my own figures.
- Cash forecast: closing cash = opening cash + cash in minus cash out. Month 1 opening cash = cash on hand on the first day the clinic opens after startup spending is paid. Place every receipt and payment (deposits, supplier invoices, startup bills, funding) in the month the cash moves. Income tax set-aside, equipment replacement and stock build-up go in their own row. Open month 1 with the cash I give; report the page 5 two-pass size beside it, never as a substitute. Place each receipt in the month my payment terms say, or mark [NEED: payment timing]. Collect each payer and patient on the page 10 split; recovered denials arrive in full in their month. In the slow-start case, every month's sales on every line are the tested share of expected sales; fixed costs, other cash out, principal, bills and funding stay as planned; all variable lines fall with sales, each figured from the slow-start sales of the same month, on the same payment timing as the expected case (fair because line 14 holds only pay I would cut). Runway = the number of consecutive future months, counted from the latest closed month (before opening, from the first day the clinic opens), before the first month in which closing cash falls below my cash floor.
(Continued on page 17.)

PAGE 17

The prompt, continued

Paste this part directly after the rules on page 16, as one message.

5. Do not give legal, tax, employment, wage or lease advice. Do not name laws, programs, agencies, government fees or wage rates, even as examples. When my question touches these, write only "Review this with a qualified professional" and continue with the rest. You may record and use figures I give from my own records, such as my sales tax rate and when I remit it, without checking, interpreting or advising on them.
6. Do not quote statistics, studies or sources that are not in the kit. For the market and marketing sections, use only what I tell you, and list the local facts I should gather.
7. Work every total step by step and recheck it a second way. In the cash forecast, show the arithmetic for month 1, one later month and the year total; give plain numbers for the other months.
8. If a formula would divide by zero or a contribution margin is zero or below, write N/A, say why, and do not continue that calculation. Then apply the page 13 no-usable-number rules: a contribution margin zero or below fails Tests 1 and 6; one unit's contribution zero or below fails Test 1; no loan means Test 3 passes. Still complete the page 4 result. If my lender defines coverage differently, show both results and label each. If cash never falls below my floor in the forecast, write the runway as more than 24 months; otherwise give the runway in months and, separately, the first month below it, counting year 2. With no loan, Test 3 passes.
9. Use business figures only. Never include or paste patient records, claim exports, screenshots, dates of service, names, member or account numbers, free-text notes or small groups that could identify a person. If a report you received holds patient-level detail, do not paste it; enter only the totals you need. Never paste login details.
10. Mark every output: Draft for my own planning. Not for a lender or investor until a qualified accountant has reviewed it.
11. If your full answer would be very long, deliver outputs 1 to 4 first, then stop and ask me to type "continue" for the rest.
12. Build the cash forecast month by month from the sales build, the cost lines, my payment terms and my opening cash; it needs only the page 6, 8, 9 and 10 results I gave, not the tables. Each month: cash in = sales receipts plus money arriving; cash out = each variable cost, calculated from the sales that created it and placed in the month it is paid under my terms, plus fixed costs (lines 1 to 12, with line 4 only if I draw it in cash), plus loan principal, startup bills and other cash out. Loan interest is already in line 5; never add it again. Supplier payments follow the cost of what I sold plus any stock build-up I give; if I buy ahead or carry supplier balances, ask me for purchases and payments by month instead. If you can run code, do every calculation in code.

Step 1. Before you write anything else, ask me for the inputs below in three rounds, one message per round. Ask round A as one numbered list, then wait for my answers. When I answer, ask round B and wait; then round C and wait. Start Step 2 only after I answer round C.
Round A, sales, capacity and evidence:
a. Services and fees, the payers I accept, the treatment rooms and provider hours, visits and where new patients come from, the providers on the roster with paid hours a week, and days open per week.
b. Sales build: the visits a month each provider can carry (paid hours a week, the minutes a visit takes with notes, and the share of paid time off visits), my full-run visit count, the visits a patient returns for, the monthly visit build from months 1 to 12, the share of booked visits that are missed or cancelled late, my recovery share and the months a denied claim takes to pay, and the slow-start percentage I want to test (this kit sets a 70 percent stress test, a kit rule rather than my estimate; use it unless I give evidence for a higher share). Give monthly counts, never daily ones; the page 6 build sets the visit line's count. Give counts at full run, with month 1 as my opening month. Give the evidence behind each count (site counts, comparables, signed orders or my history), and for each booked line (recovered denials) its bookings, and its count once fully booked, for each month 1 to 12.
c. For each provider type: how many, paid hours a week, the minutes a visit takes including notes, the share of paid time spent off visits (administration, calls, marketing), which visit lines that provider type serves, and pay (an hourly rate with payroll taxes and benefits, or a salary). Give days open a week if they differ from the kit.
Then wait for my answers.
Round B, costs, the startup budget and my lender:
d. Startup budget: an amount and its source (landlord quote, table quote, billing service quote, payer quote or calculation) for each line on page 5, from the build-out to the working capital reserve and contingency.
e. Monthly fixed costs for lines 1 to 12 on page 8, including rent, the salaried front office, software, insurance, loan interest and my market wage; whether I draw that wage in cash; and my monthly loan principal. Give interest and principal as year 1 monthly averages for break-even and coverage, and, for the cash forecast, any payment, fixed line or other cash line that changes in months 1 to 24 (a payment holiday, a balloon payment, a rent step) with its month. My market wage covers management time (line 4); my provider hours go in line 14 only if they move with visits, else in line 3.
f. Variable cost shares of net sales for lines 13 to 16: line 13, billing service, at the rate and on the basis my agreement sets; line 14, chiropractor and owner pay above the minimum staff; line 15, card processing fees, at the rate and on the basis my agreement sets, as a share of total sales; line 16, unplanned costs, held at 2 percent of sales; and any sales line whose own shares differ, given for that line.
g. For each service line: my charge, the allowed amount I am actually paid, the share of the allowed amount the patient owes, the share of the payer portion denied on first pass, the share of denials I recover and how many months later, the share of patient balances I write off, and the share of each month's clean collectible collected in that month and each later month, counted from the month of service so any wait to bill sits inside the split. Blend my own splits weighted by each line's clean collectible; never reuse the kit's printed split.
h. The debt service coverage ratio my lender requires and how the lender calculates it, if I know them.
Then wait for my answers.
(Continued on page 18.)

PAGE 18

The prompt, last part

Paste this part directly after the text on page 17, still as one message.

Round C, cash timing, sales tax, deposits and Gate 0:
i. Payment terms: when each payer and patient pays (the share of a month's claims paid that month and in each later month), when denied claims are paid after rework, and when the chiropractors, the front office and suppliers are paid.
j. For every other cash line (payroll, card settlements, insurance, loan payments, rent and fixed bills), when it is paid, or confirm it is paid in the month it is incurred.
k. Monthly cash out beyond operating costs: income tax set-aside and equipment replacement.
l. Cash on hand on the first day the clinic opens after all startup spending, startup bills still to pay by month, owner money or loans still to arrive by month, and my minimum cash floor (at least one full-run month of fixed costs plus principal).
m. If I am already open: what customers owe me and what I owe suppliers and staff, each by the month it will be paid, deposits I already hold, and sales tax already owed with its payment month.
n. Sales tax: the rate I collect on taxable sales, from my own registration, which sales lines (or what share of each) are taxable, and when I remit what I collect (each month, each quarter or another schedule), so the forecast holds collected tax apart until it is paid.
o. Gate 0: which agreements, quotes and approval requirements I already have in writing.
Then wait for my answers.

Step 2. When I answer, produce these as plain tables I can copy back into the kit:
1. Business plan sections 1 to 8 for my practice, drafted from my answers, with gaps marked [NEED: ...].
2. The sales build by line and month (visits and recovered denials), with annual collections and the capacity check from page 6.
3. The completed startup budget, line by line as on page 5, with the total. Size the reserve by the page 5 rule; if I gave another, show both and the result for each.
4. Operating and cash break-even per month, per week and per day open; break-even visits a month (use cash break-even); rent share and planning debt service coverage at full-run sales and at the month-12 run rate, labeled before income tax and equipment replacement, and on my lender's definition too if I gave it.
5. The 12-month cash forecast for the expected and slow-start cases, in thousands of dollars to two decimals (51.25 means $51,250) to match the kit, with, for each case, the first month below my cash floor and the first month below zero, and the runway; the second year's lowest closing cash (month 12's ramp and bookings held, each month with its own season, not a flat average); any extra reserve the slow start needs; and the Test 6 cushion, with whether the page 5 buffer covers it (add any excess to the reserve). Add memo rows for each month; they track amounts owed and do not change closing cash: sales tax collected, remitted and owed at month end (last month's owed + collected minus remitted), and claims owed (last month's + billed minus paid, where billed and paid are the clean collectible only, since recovered denials never sit in receivables), money not yet in the bank.
6. Visits a day and a month at capacity by provider type, provider pay a month and cost a visit, the capacity use at my modelled volume, whether Test 4 passes, and line 14.
7. Provider pay a month by type, the total, the cost a visit, and the share of net sales that line 14 carries.
8. Clean collectible per visit, the month-by-month clean collectible billed, collected and receivables, and what the collection lag costs in cash.
9. The kit's page 4 check: Gate 0 and pass or fail for each of the six tests with the reason (if Gate 0 fails, the result is not ready), and the overall result: not ready if Gate 0 fails, with no color; otherwise green, amber or red under the page 4 rules.
10. A final checklist: every MY ESTIMATE figure, every [NEED: ...] gap, every payer term or visit count I should verify, and every question that needs a qualified professional.

WHEN THE ANSWER COMES BACK

Copy each table into the matching kit page in pencil. Check every [NEED: ...] gap and MY ESTIMATE figure, starting with the visit count, the payer terms and the missed-visit share, before anyone sees the plan, and recheck the page 4 result with a calculator.

The worked example's twelve-month forecast, filled in

The page 12 example entered on the page 11 form, month by month, in dollars. Parentheses mean minus. Each column adds up as printed, so a row can move by a dollar between months with the same sales; each closing balance becomes the next month's opening cash. Cash floor $9,804.

LINE ($)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
EXPECTED CASE												
Opening cash	**36,600**	**26,343**	**20,926**	**19,690**	**22,571**	**29,033**	**38,387**	**50,060**	**63,493**	**78,373**	**94,343**	**109,366**
In: sales receipts	4,544	12,383	19,669	26,449	32,093	36,640	40,200	42,995	45,066	45,178	46,243	47,135
In: owner money and loans received	0	0	0	0	0	0	0	0	0	0	0	0
Out: billing, card fees and allowance (lines 13, 15, 16)	1,125	1,800	2,498	3,098	3,562	3,934	4,214	4,446	4,587	4,367	4,820	4,590
Out: payroll, line 4 if drawn in cash (lines 3, 4, 14)	7,305	9,629	12,036	14,099	15,698	16,981	17,942	18,745	19,228	18,470	20,029	19,237
Out: rent (line 1)	2,546	2,546	2,546	2,546	2,546	2,546	2,546	2,546	2,546	2,546	2,546	2,546
Out: other costs, with loan interest (lines 2, 5 to 12)	3,465	3,465	3,465	3,465	3,465	3,465	3,465	3,465	3,465	3,465	3,465	3,465
Out: income tax set-aside, equipment replacement, stock build-up (none in the example; see below)	0	0	0	0	0	0	0	0	0	0	0	0
Out: loan principal	360	360	360	360	360	360	360	360	360	360	360	360
Out: startup bills still to pay	0	0	0	0	0	0	0	0	0	0	0	0
Net cash flow (in minus out)	**(10,257)**	**(5,417)**	**(1,236)**	**2,881**	**6,462**	**9,354**	**11,673**	**13,433**	**14,880**	**15,970**	**15,023**	**16,937**
Closing cash, expected	**26,343**	**20,926**	**19,690**	**22,571**	**29,033**	**38,387**	**50,060**	**63,493**	**78,373**	**94,343**	**109,366**	**126,303**
SLOW-START CASE (70 PERCENT OF EXPECTED SALES IN EVERY MONTH)												
Opening cash, slow start	**36,600**	**26,479**	**19,746**	**15,939**	**15,015**	**16,597**	**20,204**	**25,433**	**31,896**	**39,370**	**47,608**	**55,183**
Sales receipts, slow start	3,181	8,668	13,768	18,514	22,465	25,648	28,140	30,096	31,546	31,625	32,370	32,995
Out: variable costs, slow start (lines 13 to 16)	3,498	5,597	7,771	9,634	11,079	12,237	13,107	13,829	14,268	13,583	14,991	14,277
Out: fixed costs (lines 1 to 12), principal, bills, less funding	9,804	9,804	9,804	9,804	9,804	9,804	9,804	9,804	9,804	9,804	9,804	9,804
Net cash flow, slow start	**(10,121)**	**(6,733)**	**(3,807)**	**(924)**	**1,582**	**3,607**	**5,229**	**6,463**	**7,474**	**8,238**	**7,575**	**8,914**
Closing cash, slow start	**26,479**	**19,746**	**15,939**	**15,015**	**16,597**	**20,204**	**25,433**	**31,896**	**39,370**	**47,608**	**55,183**	**64,097**
STEADY-STATE YEAR FOR TEST 6 (RAMP DONE, SEASONS IN; NOT THE FORECAST YEAR)												
Net cash flow, steady-state year	**16,191**	**16,191**	**16,191**	**16,191**	**16,191**	**16,191**	**16,191**	**16,191**	**16,191**	**16,191**	**16,191**	**16,191**

Reading this forecast. It is in whole dollars, rounded so each column adds up, so a row can differ by $1 between like months; the page 11 form uses thousands. The floor is cash you never plan to spend. The page 5 buffer holds one more month of fixed costs and principal above it, so a small miss spends the buffer, not the floor. The opening cash was sized by the two passes on page 5, buffer included. The example sets aside no income tax (it depends on the owner's whole return, so take the figure from your accountant), replaces no equipment in its first two years and builds no stock beyond the opening stock in the startup budget; enter your own amounts. Second year at the month-12 run rate (about $46,363 a month, against month 12's own $46,363): closing cash runs $142,625 in month 1 and $320,518 in month 12, lowest $142,625 in month 1, above the floor. Sales are net of sales tax, and the example pays each month's tax in the month it is collected, so it owes none at any month end; enter your own rate and payment timing in the page 11 memo rows. If you borrow the reserve, add its interest and principal to the forecast and run both passes again. The slow start lets variable costs fall with sales, which is fair only because hours you cannot cut sit in line 3; waste or purchases you cannot cut make a real slow start worse.