Dental Practice Business Plan and Operations Starter Kit

A working kit for independent dental practices. It prices a visit from the fee down to the cash each payer and patient actually sends, sets the hygiene, restorative and crown lines on their own allowed amounts and collection timing, sells membership plans paid before the service, and scores the plan on six pass-or-fail tests.

DENTAL PRACTICES
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PAGE 2

Start here

In this example a cold-start dental practice fills two hygiene columns and a dentist's chair over a year: the plan pays weeks after the visit, the patient's share is taken at the desk or chased for months, and first-pass denials sit in receivables until someone reworks them. This kit writes those numbers down and tests them first.

WHAT IS INSIDE

3	Business plan, part one: visits and service lines, the office and treatment rooms, patients and fees
4	Business plan, part two, and the six-test pass or fail check
5	Startup budget: build-out and treatment rooms, equipment and inventory, pre-opening, working capital
6	Sales forecast builder for three visit lines, their recovered denials and membership plans, with a capacity check
7	Provider capacity, pay a month, cost a visit and the capacity check
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15	Your first 30 days, lease questions, sources and what the full kit adds
16-18	An AI prompt that turns this kit into your own plan
19	The worked example's twelve-month cash forecast, filled in

HOW TO USE IT

1. Build visits on page 6 from the roster on page 7, 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, plan terms, collection timing and the new-patient plan move before the first patient arrives, and every worksheet expects your own figures.
3. After opening, use the page 14 checklists at each day's close and review the numbers weekly. Post visits and collections to page 6 and page 9 at month end, and update page 9 when a payer's terms move.

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 dental 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 terms 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 will ask how a single dentist and two hygiene chairs carry the rent, the team and the loan while the appointment book is still filling and the plans pay weeks after the visit. Short answers here; the full sections go on separate sheets.

1. Executive summary (write it last)

One paragraph should cover the practice, the patients it serves and the capital required, from build-out through to the first payroll; then name the month the page 6 forecast clears cash break-even from page 8, and the page 4 result.

2. Visits, service lines and patients

Set out the visits on offer, the hygiene appointment, the restorative appointment and larger crown work, each with its own fee. Name the plans you will accept, and how many patients settle their share at the desk.

3. Positioning and the office

Say which patients the practice serves, whether families, older adults or the recall list you mean to build, and what work you will refer elsewhere. Work out the treatment rooms, the radiography and sterilization space, and the hours you can put patients in a chair.

4. Visits, fees and what each plan allows

For each visit type give the posted fee, what the plan allows, the balance left with the patient, and the chair minutes consumed. A fee copied from a competitor's card with no allowed amount underneath is a guess.

VISIT KIND	CARD FEE	PLANS ALLOW	CHAIR TIME

> *Owner question: Where do the first 400 patients come from, and whose name is already in the month-13 hygiene book?*
>
> In this example the hygiene column runs at 85 percent of capacity at full run, and no lever further down fills an empty chair. Name every source, from referrals and plan directories to local employers, with the new patients you expect from each, then use page 6 to see which ones return for a recall.

PAGE 4

Business plan, part two

5. Operations

Describe a day from the first visit to the last: who confirms tomorrow's patients, who seats and charts, how a patient moves from hygiene to the dentist's chair, and who follows up a claim that comes back unpaid.

6. Team

List each role, the hours a week and the pay, with a market wage for your own hours as the dentist. Name the person whose absence would stop the hygiene column or the claims follow-up.

7. Marketing and sales

Explain where new patients come from and what each one costs. Check each month that new patients and recall visits add up to the visits on page 6.

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, the build-out, treatment-room and equipment quotes, the lab and supplier accounts, each plan agreement and every registration requirement are in writing, reviewed by a qualified professional where needed.	
1. In the expected case, sales 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 settled full-run visits fit each provider's chair hours (page 7) on total visits; read the month 5 peak, at season 108 percent, separately, where the hygiene column with the plan visits added and the dentist's exam time on hygiene visits bind first (page 12).	
5. A list of referral sources, plan directories live and first visits booked back the opening months; a website forecasts visitors, 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, an equipment loan or a supplier account. **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 contractor, the equipment seller or the lab, or a documented calculation. In this example working capital, not equipment, decides whether the practice carries its first year, so leave no line blank without a reason. No published startup total is cited, so none is compared; the loan sits inside the band the startup guide gives for a small-business practice loan.

LINE ITEM	INITIAL ESTIMATE	QUOTE OR SOURCE	APPROVED BUDGET	ACTUAL OR COMMITTED
BUILD-OUT AND TREATMENT ROOMS				
Build-out of about 2,200 square feet				
Four treatment rooms, radiography and sterilization				
EQUIPMENT, INVENTORY AND FURNISHINGS				
Opening inventory: clinical supplies and lab credit				
Furniture, computers and practice software				
PRE-OPENING				
Setup, hiring and training, launch marketing, deposits and professional fees				
WORKING CAPITAL AND CONTINGENCY				
Working capital reserve				
Contingency				
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 patients you can name and the recall you can hold, not from the rent you need to cover. Count visits first, month by month; the recovered denials follow the visits and the plans follow the front desk.

```
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
Hygiene visits	visits				
Restorative visits	visits				
Crown and major visits	visits				
Recovered denials, hygiene	visits				
Recovered denials, restorative	visits				
Recovered denials, crown	visits				
Membership plans	plans				

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 sales for each month = each visit line's visits times its clean collectible (page 9), plus recovered denials two months later (page 9), plus plans sold at $380.16 net of the 4 percent refund share, cash at the sale (page 10). Use 100 percent where a factor does not apply. The new-patient plan is your assumption; write down the evidence, such as referral sources and first visits booked.

CAPACITY CHECK

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

Take the full-run month and set its visits against each provider's chair hours. A hygiene column above about 90 percent is selling visits it cannot deliver, and the dentist's chair fills behind it.

PAGE 7

Visits a provider can carry

The two hygiene columns fill before the dentist's chair does. Work out how many visits each person can get through in the paid hours available and the chair time each visit takes, then set the planned volume against that ceiling before believing any sales forecast.

Start from weekly paid hours / days open x 60, less the share of paid time that never becomes a visit; divide by the minutes one visit takes with notes included, and that is the daily ceiling. Multiply it by providers and by days open, then by 52 and divide by 12, for the monthly ceiling. Pay is the hourly rate x weekly paid hours x 52 / 12, grossed up for employer taxes and benefits, or a salary divided by 12.

PROVIDER	COUNT	PAID HOURS A WEEK	VISIT / NOTES MINUTES	PAID TIME OFF VISITS	VISITS A DAY AT CAPACITY	VISITS A MONTH AT CAPACITY	VISITS MODELLED	USE	PAY A MONTH EACH
Dentist (owner)	1	36	35 / 10	40%	5.8	125	107.0	86%	$15,500.00
Dental hygienist	2	32	55 / 5	15%	5.4	236	200.0	85%	$7,324.26

The two hygiene columns and the dentist's chair hold 361 visits a month between them. At full run the plan sells 307.0 a month, which is 85 percent of that ceiling. Team pay comes to $30,149 a month, working out at $98.20 for every visit at full run. The count covers hygiene, restorative and crown or major visits; the dentist's periodic exams on hygiene patients take chair time the restorative count does not hold, so weigh those exam minutes against the dentist's column before relying on the capacity use. Test 4 passes: the 307.0 visits modelled each month fit within the 361 the providers can carry, at 85 percent of that ceiling.

What matters here is the team you actually hire, the minutes each visit really takes and the pay you really offer; the numbers printed on this page are invented. Take any pay level or employment requirement to 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, about 2,200 square feet	
2. Insurance package: liability, property, workers' compensation and cyber	
3. Staff, assistant, front desk, billing and the two hygienists, with payroll costs (the first hygienist and one assistant are the minimum staff)	
4. Owner-dentist's market wage	
5. Loan interest (startup loan)	
6. Practice software for records, scheduling and billing	
7. Marketing	
8. Utilities	
9. Equipment service and maintenance	
10. Professional fees, cleaning, accounting and claims follow-up	
11. Professional dues and continuing education (inside line 10 in this example)	
12. Bank fees (inside line 10 in this example)	
Total fixed costs	

VARIABLE COSTS AS A SHARE OF NET SALES	SHARE
13. Lab work and clinical supplies, blended across the three visit lines	
14. Hourly help above the minimum staff that moves with visits (none in this example)	
15. Card processing, an effective 1.30 percent of sales	
16. Unplanned costs (none held in this example)	
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 hygiene visits = (fixed costs with line 4 even if undrawn, plus principal and other recurring
cash out, minus the contribution of the restorative, crown and plan lines, each including its own
recovered denials) divided by one hygiene visit's contribution, its recovered denials included; 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 hygiene 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 sales.

PAGE 9

From visit to cash

Your posted fee is not what a visit is worth. The plan pays a set allowance, the patient carries a share, part of the plan's half comes back denied at first and some patient balances are written off. What survives is the clean collectible, and it arrives over the following months, not at the visit.

Take the billed charge, subtract the contractual adjustment and the allowed amount is left; that amount splits into payer and patient portions; payer portion less first-pass denials gives the payer collectible; patient portion less write-off gives the patient collectible; add the two for the clean collectible; a recovered denial enters only in the month its cash arrives.

HYGIENE: PROPHYLAXIS AND PERIODIC EXAM (ILLUSTRATIVE)

BILLED CHARGE	ALLOWED AMOUNT	PATIENT SHARE	FIRST-PASS DENIAL	PATIENT WRITE-OFF	NET COLLECTIBLE	RECOVERED LATER
$254.00	$194.00	28%	$8.38	$1.63	$183.99	$5.03

Clean collectible per visit: $183.99, collected 45% in month 0, 37% in month 1, 10% in month 2, 8% in month 3 (month 0 is the month of service). Of one month's collectible, 55% is still open at 30 days, 18% at 60 and 8% at 90 (the last is the share still to come after day 90). Each rate is illustrative; use your own contract and collection history, and confirm billing requirements with a qualified professional.

RESTORATIVE: FILLINGS AND MINOR WORK (ILLUSTRATIVE)

BILLED CHARGE	ALLOWED AMOUNT	PATIENT SHARE	FIRST-PASS DENIAL	PATIENT WRITE-OFF	NET COLLECTIBLE	RECOVERED LATER
$428.00	$336.00	57%	$8.67	$7.66	$319.67	$5.20

Clean collectible per visit: $319.67, collected 40% in month 0, 38% in month 1, 12% in month 2, 10% in month 3 (month 0 is the month of service). Of one month's collectible, 60% is still open at 30 days, 22% at 60 and 10% at 90 (the last is the share still to come after day 90). Each rate is illustrative; use your own contract and collection history, and confirm billing requirements with a qualified professional.

CROWN AND MAJOR: CROWN, BRIDGE, ENDO, EXTRACTION (ILLUSTRATIVE)

BILLED CHARGE	ALLOWED AMOUNT	PATIENT SHARE	FIRST-PASS DENIAL	PATIENT WRITE-OFF	NET COLLECTIBLE	RECOVERED LATER
$2,100.00	$1,668.00	58%	$42.03	$58.05	$1,567.92	$25.22

Clean collectible per visit: $1,567.92, collected 35% in month 0, 38% in month 1, 15% in month 2, 12% in month 3 (month 0 is the month of service). Of one month's collectible, 65% is still open at 30 days, 27% at 60 and 12% at 90 (the last is the share still to come after day 90). Each rate is illustrative; use your own contract and collection history, and confirm billing requirements with a qualified professional.

The receivables table repeats one full-run month twelve times with nothing else moving, which is deliberate: it isolates the cost of the wait. It is not the ramp; page 19 tracks that month by month against cash.

($000)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Clean collectible billed, recoveries apart	86.0	86.0	86.0	86.0	86.0	86.0	86.0	86.0	86.0	86.0	86.0	86.0
Collected, recoveries apart	35.3	67.6	77.7	86.0	86.0	86.0	86.0	86.0	86.0	86.0	86.0	86.0
Receivables, month end	50.7	69.1	77.3	77.3	77.3	77.3	77.3	77.3	77.3	77.3	77.3	77.3

About $77,300 is still receivable at the end of month 12: clean collectible billed and not yet paid. Each piece lands later on that line's own split, and a recovered denial is never carried in receivables.

Cost the wait in cash: if every line settled in the month of the visit, the expected case would bottom at $58,608 in month 7 rather than minus $2,744 in month 9, putting about $61,400 more in the bank. Two models are being compared here, not a forecast of your payers.

Every rate below is invented. Put in your own contracted or published rates and your own collection record, and check the billing and collection rules for your jurisdiction with a qualified professional. Recovered-denial cash is charged the same variable shares as the visit that produced it, though a recovery costs no second visit and no card fee, so contribution is understated by that amount.

PAGE 10

Plans paid before the service

Sell a membership plan and the money arrives before the dentistry does, which a new practice badly needs and can easily misread. The cash is real; the revenue is earned a month at a time across the term, and the unearned balance is dentistry the practice still owes.

Plans sold in a month, times the plan price with the refund share taken out, give the cash taken that month; because each plan is earned evenly across its term, the revenue this month is the sum over open plans of the price divided by the term; the unearned balance at month end is cash received minus revenue earned.

MEMBERSHIP PLAN, ABOUT $33 A MONTH

PLAN PRICE	TERM IN MONTHS	PLANS SOLD EACH MONTH	DELIVERY COST PORTION	REFUND SHARE	VISITS INCLUDED	LIST PRICE PER VISIT, BEFORE THE REFUND SHARE
$396.00	12	12	50%	4%	2	$198.00

MONTH	PLANS SOLD	CASH IN, NET OF REFUNDS	EARNED THIS MONTH	UNEARNED AT MONTH END
M1	3.56	$1,355	$113	$1,242
M2	4.56	$1,734	$257	$2,718
M3	5.94	$2,258	$446	$4,531
M4	6.89	$2,619	$664	$6,486
M5	8.55	$3,252	$935	$8,803
M6	8.29	$3,153	$1,198	$10,759
M7	9.70	$3,688	$1,505	$12,942
M8	10.14	$3,853	$1,826	$14,969
M9	9.49	$3,609	$2,127	$16,452
M10	11.34	$4,311	$2,486	$18,277
M11	11.29	$4,290	$2,844	$19,724
M12	12.00	$4,562	$3,224	$21,062
Steady month	12.00	$4,562	$4,562	$25,091

Each plan is earned across its 12 months. Money comes in at the sale, so a month can take more than it earns; the unearned part is treatment the practice still owes and is not spare cash. At a steady 12 plans a month, about $25,091 sits unearned. The delivery cost share, 50%, is the slice of the price that the included care costs to deliver; that care is delivered in hygiene hours the visit lines already treat as salaried, and the 24 included visits sit outside the 307 on page 6, so add them when you check capacity (the hygiene columns leave roughly 36 visits of headroom at these figures). No cash is charged here for the delivery cost: the fixed payroll already pays for it, and charging it again would double count.

A month of 12 plans sold brings $4,562 at the sale; the same 24 visits paid one at a time bring $4,416 as they happen. The difference, $146, is the plan's net price against paying per visit; collecting at the sale changes when the money arrives, not the amount; it is not extra revenue, because the visits still have to be delivered.

This example assumes the full term is paid at the sale. A plan billed monthly gathers the same total across the term with far less up front, so say which form your own terms take. Plan prices, terms, take-up rates and refund shares are invented. Build yours from your own costs and your own patient records, and check any refund or consumer-protection rule with a qualified professional.

PAGE 11

Twelve-month cash forecast

Rent and payroll are fixed; claims pay weeks later. 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: payer, patient, recovered and plan cash, when each lands												
Memo, not cash: clean collectible billed this month (page 9)												
In: owner money and loans received												
Out: lab work, supplies, card fees, unplanned (lines 13, 15, 16)												
Out: staff, owner wage if drawn, hourly help (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: owed to you = last month's + billed minus paid												
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 opening day 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. Staff, the lab and the suppliers are paid in the month of the work or the sale. 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 the burn while the chairs fill

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Runway = consecutive future months, from the latest closed month (before opening, from opening day),
before the first month closing cash falls below your floor
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Worked example: a made-up dental practice opened cold

These dental figures are invented to show the arithmetic; no market benchmark. Cash floor $65,700. The patient's share is booked at the desk; both shares follow the page 9 splits, recoveries arrive two months on, and membership cash lands at sale (page 10).

Page 5, budget	Total startup budget $1,044,000: an $880,000 loan (8.5 percent over 10 years) and $164,000 of owner money. Inside that sits a $200,000 working capital reserve, unspent on the day the practice opens, provided jointly by loan and owner. Before the reserve: build-out and treatment rooms $634,000; equipment, inventory and furnishings $105,000; pre-opening $45,000; the $200,000 reserve; and contingency $60,000. Reserve and contingency together are the $260,000 working capital and contingency group.
Page 8, costs	Monthly fixed cost reaches $60,797, $4,500 the practice lease and $6,047 loan interest; principal another $4,864, both averaged across year 1; variable costs absorb 12.3 percent of sales, a contribution margin ratio of 0.877. Lines 13 to 16 take 11, 0, 1.3 and 0 percent of sales. Lines 1 to 12 run $4,500, $1,200, $26,800, $15,500, $6,047, $600, $2,400, $850, $700, $2,200, $0 and $0 a month.
Page 8, break-even	Operating break-even lands near $69,324 a month. Cash break-even divides fixed cost of $60,797 plus $4,864 principal by 0.877, about $74,870 a month; once other lines contribute that needs 107.5 hygiene visits, rounded to 108, against the 200 planned.
Page 6, sales	Hygiene visits: 200 visits a month at $183.99. Restorative visits: 95 visits a month at $319.67. Crown and major visits: 12 visits a month at $1,567.92. Recovered denials, hygiene: 200 visits a month at $5.03 (paid two months later, and it recurs month by month). Recovered denials, restorative: 95 visits a month at $5.20 (paid two months later, and it recurs month by month). Recovered denials, crown: 12 visits a month at $25.22 (paid two months later, and it recurs month by month). Membership plans: 12 plans a month at $380.16. A full-run month brings about $92,346, every line full and averaged over the year; visits build 30, 40, 50, 58, 66, 72, 77, 82, 86, 90 and 95 percent through months 1 to 11 and then 100 percent; the season index runs 99, 95, 99, 99, 108, 96, 105, 103, 92, 105, 99 and 100 percent across the twelve months, touching every line, membership included.
Page 19, expected case	Month 1 records $26,891 of sales, closing at $142,868, with $20,009 left by month 12. The floor is breached in month 3 at $62,027, the balance goes negative in month 7 at minus $955, so runway is 2 months.
Page 19, slow start	At 70 percent of expected sales the opening month records $18,824 of sales, closing at $140,309; month 12 ends at minus $162,373. The floor goes in month 3 at $44,324, the account in month 5 at minus $25,862, leaving 2 months of runway.
Page 8, coverage	Planning coverage on $92,346 of full-run sales, before income tax and equipment replacement, is 2.40 against the 1.25 the lender requires, and 2.39 at the month-12 rate. Test 3 needs both. Rent takes about 4.9 percent.

THIS EXAMPLE SCORES RED ON PAGE 4

Gate 0 is taken as met for this dental example. Test 1 fails. Sales reach cash break-even in month 8, but cash is under the floor in month 3. Test 2 fails. On the slow start the floor goes in month 3; a reserve about $228,100 larger would see it through. Test 3 clears on the planning formula, though your lender applies its own. Test 4 passes (settled year) on all visits: 307 against 361, hygienists 200 against 236, dentist 107 against 125. The month 5 peak at season 108 percent still fits at about 332, yet two checks fail there: plans add 26 hygiene visits, pushing that column to 242 against 236, and the dentist's exams on hygiene patients take chair time outside the 125 restorative count, so schedule both before accepting the volume. Test 5 fails with no first visits booked before opening. Test 6 passes: twelve full-run months leave about $183,920 after principal, and no such month dips below zero, so nothing needs cushioning. That is a full-run year, not the forecast: page 19's opening year is about $179,991 down, because ramp, payer terms and the first months of trading arrive first. This example sets nothing aside for income tax, plans no equipment replacement and builds no stock (page 19); a real plan funds all three. Opening cold means years, not months, to fill the hygiene columns; month 1 brings only a fraction of a settled month.

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; FLOOR DEADLINES RERUN OVER THE 12-MONTH PLAN; SLOW-START LOSSES SCALE WITH SALES)

CHANGE	MONTHLY CASH	CASH BREAK-EVEN AND DEADLINE
Sales volume 10 percent lower (variable costs fall; fixed stay)	minus $8,099	Expected case deadline unchanged (month 3)
Hygiene visits: average collections per visit held (the fee is set by the payer, so no price rise is tested)	no change	Break-even visits hold at 107.5 a month, so at 108: with the fee held, no cost, ratio or break-even figure moves
Fixed costs $500 lower	plus $500	Cash break-even falls to about $74,300
All three visit lines 20 percent lower (lasting), from month 1 onward	minus $15,397	Expected case deadline unchanged (month 3); slow start deadline unchanged (month 3); full-run coverage falls to 0.99; would fail Tests 3 and 6
Allowed amounts 10 percent lower on all three lines, collected on the blended split, from month 1 onward	minus $7,699	Expected case deadline unchanged (month 3); slow start deadline unchanged (month 3)
Plan sales 12 to 6 a month (cash at the sale, net of the refund share; the delivery cost stays in fixed payroll and the visit-line lab and supplies share does not apply. This row shows the plan line's own cash effect; break-even and coverage are computed on the blended variable share of all lines, 12.3 percent, and are not re-run on this lever alone), from month 1 onward	minus $2,251	Expected case deadline unchanged (month 3); slow start deadline unchanged (month 3)
Hygienist pay 10 percent higher, a fixed $1,465 a month on the two salaried hygiene columns, cash every month from month 1	minus $1,465	Expected case deadline unchanged (month 3); slow start deadline unchanged (month 3)
Owner wage raised to $215,320 a year, a fixed $2,443 a month, cash every month from month 1	minus $2,443	Expected case deadline unchanged (month 3); slow start deadline unchanged (month 3)
First-pass denial 12 percent, not 6, on the visit lines only, net of the recoveries streams re-pricing up on the same change, from month 1 onward	minus $1,054	Expected case deadline unchanged (month 3); slow start deadline unchanged (month 3)
Build-out overrun of $3,000 beyond the contingency, taken from the reserve	no change	Expected case deadline unchanged (month 3); slow start deadline unchanged (month 3)
Opening 3 months late (the practice lease, insurance, loan interest and principal, $16,611 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, below zero in month 7; slow start below the floor in month 5 from the planned opening (month 3 on time); about $49,300 more opening cash than the expected case already needs (that case's low sits about $68,400 below the floor, so about $117,700 in all) holds the delayed case at the floor

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

Close-of-day and month-end checklists, weekly review, six questions

Day-to-day operating checklists, not a compliance program; add each clinical, record-keeping, billing and privacy step that your jurisdiction and your advisers require.

BEFORE THE VISIT DAY ENDS

- ☐ Ring tomorrow's patients and offer any open hygiene time to the recall list.
- ☐ Log every booked visit as seen, missed or rescheduled.
- ☐ Fix the next hygiene appointment while the patient is still in the chair.
- ☐ Collect the patient's known share at the desk and write down what the plan still owes.
- ☐ Get the day's claims out before locking up.
- ☐ Enter every new patient with the source that sent them.

MONTH END, RECEIVABLES AND THE HYGIENE CHAIR

- ☐ Carry the visits onto page 6, and each line's clean collectible, collections and recoveries onto page 9.
- ☐ Count the patients due a recall this month who never booked, and ring them.
- ☐ Pull out the claims older than 30 days and give each one a named owner.
- ☐ Tot up the denials, the reason recorded on each, and how many came back paid after rework.
- ☐ Line the plan sales and the visits they include up against the hygiene column.
- ☐ Check for lab cases still open beyond their promised date.

THE WEEKLY SCORECARD

WHAT TO COUNT	GOAL	WEEK JUST GONE	WEEK BEFORE THAT	GAP TO GOAL
Visits seen set against the chair time held				
New patients by source, and recalls that converted				
Use of the hygiene column measured against capacity				
Claims out, paid and denied				
Plan cash taken against the visits still owed				
Bank balance measured against the floor				

SIX QUESTIONS WORTH TESTING

1. **Dentist dependency.** Does every hygiene question, plan wrangle and lab case still queue up for you, in the gaps between patients?
2. **Reactive practice.** Take a single week and count the patients overrunning their slot, and the lab cases that came back wrong?
3. **Growth outrunning structure.** Which recalls due this month turned into an appointment, and what did each source deliver in new patients?
4. **Team depth.** Which single resignation would cost the hygiene column most, and who else on the team can seat and chart?
5. **Flattening receipts.** Against last year, is a typical visit collecting more cash, and is that your fee schedule or simply more visits?
6. **Visibility gap.** Today, can you name every claim unpaid beyond 45 days and every lab case overdue against its promised return?

The six below emerged from World Consulting Group's AI-assisted desk research, explained on page 2. Put each answer alongside a record: the scheduling system's visit report, the page 6 visit table, the claims report, or the plan register.

PAGE 15

Your first 30 days

WHEN	DO THIS
Week 1	Start the weekly numbers review and log visits seen, booked and kept every day.
Week 2	Fill the page 9 revenue-cycle table with your own fees, allowed amounts and payment timing, and mark the payer that pays slowest.
Week 3	Fill the page 6 visit table with every new patient and set the hygiene column against capacity on page 7.
Week 4	Enter actual closing cash on page 11 and recalculate runway. List claims unpaid past 30 days.
After month 1	Compare new patients by source with the plan and the cost of each source.

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 build-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 Dental 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 revenue-cycle calculator from fee to collected cash, a hygiene recall and capacity tracker, a membership-plan register, and day-close and hiring checklists. Release status is on the kit page.

SOURCES

Public sources. PKF O'Connor Davies, Dental Practices by the Numbers, 2025 Edition, 2025, pkfod.com (procedure fees, expense ratios and cost of services). ADA Health Policy Institute, Survey of Dental Practice 2025, ada.org (gross billings and net income per dentist). Dental Practice Insider startup and loan guides, 2026, dentalpracticeinsider.com (build-out per square foot, operatory equipment, working capital and loan pricing). Hygienist pay: BLS OEWS May 2025 via onetonline.org. All accessed 2026-11-05.
World Consulting Group material. Origin of the questions: AI-assisted World Consulting Group desk research on independent dental 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. Dental practices owner questions, businessconsultant.services, 2026.

SCOPE AND DISCLAIMER

General information only. Not legal, tax, accounting, clinical, employment, billing and payer terms 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 paste patient records, claims or billing exports, screenshots, dates of service, names, member or account numbers, free-text notes, small groups that could identify a person, or login details. From a report with patient-level detail, enter only the totals you need.

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 claims. 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 run, or am opening, a small independent dental practice. Attached is the Dental Practice Business Plan and Operations Starter Kit from businessconsultant.services; help me make it my own plan with 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 sales = each visit line's visits x its clean collectible (page 9) + recovered denials after the lag + plans sold x plan price net of the refund share at the sale (page 10). Year 2 holds the ramp at month 12's level, with the season applied to every visit line.
- 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 chair hours as the dentist are inside the line 4 wage, never also in line 3 or 14. 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 hygiene visits = (fixed costs with line 4 even if undrawn, plus principal and other recurring cash out, minus the contribution of the restorative, crown and plan lines, each including its own recovered denials) divided by one hygiene visit's contribution, its recovered denials included; 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 month at capacity = providers x paid hours a week / days open x 60 x (1 - the share of paid time spent off visits) / (visit + notes minutes) x days open x 52 / 12.
- Rent share = line 1 divided by net sales. 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, with recovered denials following the ramp and season of the visit month that feeds them, 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 recovered-denial lines at their full-run counts 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 opening day 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 and equipment replacement 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 service line on its own split (page 9); recovered denials arrive in full in the month they land, and plan cash arrives at the sale (page 10). 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 hours I would cut). Runway = how many months of cash remain, counted from the last closed month (before opening, from opening day), up to the first month whose closing cash sits under 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, government programs or fee schedules, 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. 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, claims or billing 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, 7 and 9 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. Visits and fees, the plans I accept, the office and treatment rooms, chair hours, new patients and where they come from, the hygiene recall, the staff with hours and pay, membership plans, and days open per week.
b. Sales build: the new-patient plan and the hygiene recall in the next item, the plan inputs in round B, 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 visit table sets each line's count. For each service line (hygiene, restorative, crown and major), give its full-run monthly count once fully booked, and, for each month 1 to 12, the share of full run you expect and the season percentage for that calendar month (100 where flat); the recovered-denial lines are derived from the visit counts and the recovery rates in round B, so never ask me for their bookings. Month 1 is my opening month. Give the evidence behind each count (site counts, comparables, signed orders or my history).
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, meetings, 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, contractor quote, equipment quote, lab or supplier 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 assistant, front desk, billing and the two hygienists, software, insurance, loan interest and my market wage as the dentist; 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 chair hours as the dentist are inside the line 4 wage, never also in line 3 or 14.
f. Variable cost shares of net sales for lines 13 to 16: line 13, lab work and clinical supplies, each visit line at its own share; line 14, hourly help above the minimum staff that moves with visits; line 15, card processing, as an effective share of all sales; line 16, unplanned costs; 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. For each pre-paid plan: its price, its term in months, the plans I expect to sell a month at full run (and month by month if I have a view), the share of the price that is the cost of delivering the included visits, any refund share, and the visits the plan includes.
i. 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:
j. Payment terms: when each payer pays (the share of a month's claims paid that month and in each later month), when patients pay their share, when denied claims are paid after rework, when plan cash arrives at the sale, and when staff, the lab and the suppliers are paid.
k. 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.
l. Monthly cash out beyond operating costs: income tax set-aside and equipment replacement.
m. Cash on hand on the first day the practice 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).
n. 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.
o. 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.
p. 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 (the three visit lines, their recovered denials and the membership plans), with annual sales 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 hygiene visits a month (use cash break-even); rent share and planning debt service coverage at full-run sales, 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), 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, and whether Test 4 passes.
7. Clean collectible per visit, the month-by-month clean collectible billed, collected and receivables, and what the collection lag costs in cash.
8. Cash collected before the service, revenue earned and unearned revenue at each month end, and the cash a plan brings in against paying per visit.
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, collection split or new-patient 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 new-patient plan, the plan terms and the collection splits, before anyone sees the plan, and recheck the page 4 result with a calculator.

PAGE 19

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 $65,700.

LINE ($)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
EXPECTED CASE												
Opening cash	**200,000**	**142,868**	**97,714**	**62,027**	**35,749**	**18,043**	**6,070**	**(955)**	**(2,265)**	**(2,744)**	**858**	**8,970**
In: sales receipts	11,837	24,739	35,552	45,862	56,003	61,513	67,799	73,911	74,172	79,974	84,423	88,047
In: owner money and loans received	0	0	0	0	0	0	0	0	0	0	0	0
Out: lab work, supplies, card fees, unplanned (lines 13, 15, 16)	3,308	4,232	5,579	6,479	8,048	7,825	9,162	9,559	8,991	10,712	10,650	11,346
Out: staff, owner wage if drawn, hourly help (lines 3, 4, 14)	42,300	42,300	42,299	42,300	42,300	42,300	42,301	42,301	42,299	42,299	42,300	42,301
Out: rent (line 1)	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500
Out: other costs, with loan interest (lines 2, 5 to 12)	13,997	13,997	13,997	13,997	13,997	13,997	13,997	13,997	13,997	13,997	13,997	13,997
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	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864	4,864
Out: startup bills still to pay	0	0	0	0	0	0	0	0	0	0	0	0
Net cash flow (in minus out)	**(57,132)**	**(45,154)**	**(35,687)**	**(26,278)**	**(17,706)**	**(11,973)**	**(7,025)**	**(1,310)**	**(479)**	**3,602**	**8,112**	**11,039**
Closing cash, expected	**142,868**	**97,714**	**62,027**	**35,749**	**18,043**	**6,070**	**(955)**	**(2,265)**	**(2,744)**	**858**	**8,970**	**20,009**
SLOW-START CASE (70 PERCENT OF EXPECTED SALES IN EVERY MONTH)												
Opening cash, slow start	**200,000**	**140,309**	**89,003**	**44,324**	**6,231**	**(25,862)**	**(53,941)**	**(78,556)**	**(99,172)**	**(119,206)**	**(136,383)**	**(150,402)**
Sales receipts, slow start	8,286	17,317	24,887	32,104	39,202	43,059	47,459	51,737	51,921	55,982	59,096	61,633
Out: variable costs, slow start (lines 13 to 16)	2,316	2,962	3,905	4,536	5,634	5,477	6,413	6,692	6,294	7,498	7,454	7,943
Out: fixed costs (lines 1 to 12), principal, bills, less funding	65,661	65,661	65,661	65,661	65,661	65,661	65,661	65,661	65,661	65,661	65,661	65,661
Net cash flow, slow start	**(59,691)**	**(51,306)**	**(44,679)**	**(38,093)**	**(32,093)**	**(28,079)**	**(24,615)**	**(20,616)**	**(20,034)**	**(17,177)**	**(14,019)**	**(11,971)**
Closing cash, slow start	**140,309**	**89,003**	**44,324**	**6,231**	**(25,862)**	**(53,941)**	**(78,556)**	**(99,172)**	**(119,206)**	**(136,383)**	**(150,402)**	**(162,373)**
STEADY-STATE YEAR FOR TEST 6 (RAMP DONE, SEASONS IN; NOT THE FORECAST YEAR)												
Net cash flow, steady-state year	**14,517**	**11,356**	**14,517**	**14,454**	**21,663**	**12,135**	**19,423**	**17,646**	**9,053**	**19,344**	**14,406**	**15,406**

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 is the planned figure, not the page 5 two-pass size. 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 $92,166 a month, against month 12's own $92,247): closing cash runs $33,820 in month 1 and $200,257 in month 12, lowest $33,820 in month 1, below 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.