Primary Care Practice Business Plan and Operations Starter Kit

A working kit for small primary care practices. It prices an office visit from the charge down to the cash each payer actually sends, counts the visits two clinicians can carry, sizes the cash that payer delays and denials tie up, and scores the plan on six pass-or-fail tests.

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PAGE 2

Start here

A primary care practice can fill its appointment book and still run short of cash. In this example payers hold claims for weeks, more than a tenth of them come back denied on first pass, and the nurse practitioner is paid from month one while collections catch up. This kit writes those numbers down and tests them before a lender asks.

WHAT IS INSIDE

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15	Your first 30 days, lease questions, sources and what the full kit adds
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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. Payer contracts, the provider roster and the allowed amounts move before the first patient arrives, and every worksheet expects your own figures.
3. After opening, use the page 14 checklists at each clinic close and review the numbers weekly. Fill page 6 at month end and post page 10 as each month's 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 primary care 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

Lenders ask whether this suite carries its rent, its front desk, a nurse practitioner and the loan while the schedule is thin and payers drag their feet. Short answers here; long sections elsewhere.

1. Executive summary (write it last)

In one paragraph, set down the practice, its patients, the capital you must raise and what it covers to the first payroll; name the month the page 6 forecast reaches cash break-even from page 8, and the page 4 score.

2. Services, fees and patients

List every appointment you will offer, new and established, in the office or by video, with its fee. Say which payers you will contract with and what fraction of visits you collect at the desk.

3. Positioning and the office

Say which patient groups the practice serves and which conditions you send out. Work out the exam rooms you need and the visit hours your clinicians can hold, then what month one looks like if appointments outrun the payer money.

4. Visits, charges and what each payer allows

For each visit type, record what you bill, the contracted figure each payer allows, the coinsurance or copay the patient carries, and the clock minutes the appointment takes with documentation. A fee schedule figure with no allowance under it tells you nothing.

APPOINTMENT TYPE	WHAT YOU BILL	PAYER'S ALLOWED AMOUNT	MINUTES INCLUDING DOCUMENTATION

> *Owner question: Opening near 38 visits a week and climbing toward 540 a month, the example reaches about 508 visits in month twelve, clear of 500. How much owner money goes in before the practice stands alone, and which lever shifts it, chasing denials or adding visits?*
>
> Page 11 starts it: the reserve, the nurse practitioner salary and the gap between a visit and its cash set the owner contribution; page 12 compares the levers. Visits move it further: a tenth of full-run visits is about $5,800 of billings in a month against roughly $3,400 from recovered denials. Break-even needs near 402 of the 540 modelled visits, so a tenth is about 39 percent of the 138-visit headroom.

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 no-show is followed up, when claims go out, and who reworks a denied claim.

6. Team

List each provider, the paid hours a week each holds, the visits a day that allows and the pay, with a market wage for your own hours. Name the role whose absence would stop the clinic.

7. Marketing and sales

Explain where new patients come from: referrals, a directory profile, payer lists or your website. Check each month that new patients replace the visits that do not return.

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 fit-out and equipment, 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, billings 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 modelled full-run 540 visits fit the providers' capacity (page 7), and the plan reaches cash break-even on the visit line (page 8).	
5. A referral list, payer enrollment in place and appointments booked back the opening months; a directory profile forecasts inquiries, not visits.	
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 contract or an employment 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 equipment supplier, the billing service or the payer, or a documented calculation. A practice budget breaks on working capital, not on furniture, so leave no line blank without a reason.

LINE ITEM	INITIAL ESTIMATE	QUOTE OR SOURCE	APPROVED BUDGET	ACTUAL OR COMMITTED
BUILD-OUT				
Leasehold improvements, second-generation medical suite				
EQUIPMENT AND FURNISHINGS				
Exam room equipment and furnishings, three rooms				
Office and waiting-room furniture, computers and phones				
SETUP AND PRE-OPENING				
Business entity, legal, accounting and practice insurance set-up				
IT setup, onboarding and payer enrollment				
Launch marketing and directory listings				
Lease deposit and pre-opening rent				
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 fit-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 hours the providers hold and the appointment book, not from the rent you need to cover. Count visits first, month by month; recovered denials follow the visits two months later.

```
Monthly sales for a line = units times average billings 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 BILLINGS PER VISIT	DAYS OPEN PER MONTH (OR 1 FOR MONTHLY UNITS)	MONTHLY SALES
Office 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 billings for each month = the visits the ramp allows times the clean collectible per visit (page 10), plus recovered denials two months later. Use 100 percent where a factor does not apply. The visit ramp is your assumption; write down the evidence, such as appointments booked, payer enrollment confirmed and a referral list. The example assumes 6 percent of booked appointments are lost to no-shows and late cancellations, and the visits shown are the attended ones; page 13 moves that 6 percent to 12. It is open 5 days a week, which is the days-open input the capacity table uses.

CAPACITY CHECK

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

Write each provider's paid hours a week, the visits a day that allows, the minutes a visit takes with notes and the share of paid time that is not visits; days open a week is set on page 6. Set the full-run visits against the capacity on page 7. At full run the seasonal peak is month 5, the January of a September opening, at season 108 percent of an average month: 583 visits against 673 of capacity. In the forecast year ramp, month 5 is about 397 visits and the busiest forecast month is month 12 at about 508. That full-run peak is a separate reading and is not the month Test 4 is read; the full-run 540 visits are. If the plan needs more visits than the providers can see, the plan is wrong, however full one January looks.

PAGE 7

Visits the providers can carry

Two clinicians, a physician-owner and a nurse practitioner, can only get through so many appointments in a week. That ceiling follows from the hours they are paid, how long an appointment runs once the note is written, and how much of the day never touches a patient. Pin the planned volume under that ceiling before trusting any forecast.

```
Daily visit ceiling per provider = weekly paid hours / days the practice is open x 60 x (1 - the non-visit share of paid time) / (minutes per visit + minutes of documentation); monthly ceiling = providers x daily ceiling x days open x 52 / 12; monthly provider pay = hourly rate x weekly paid hours x 52 / 12 x (1 + employer taxes and benefits), or a salary / 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
Physician-owner	1	48.6	20 / 8	20%	16.7	361	289.6	80%
Nurse practitioner	1	41	20 / 8	18%	14.4	312	250.4	80%

The two clinicians can see 673 visits in a month. At full run the plan sells 540.0 a month, which is 80 percent of that ceiling. Pay for both comes to $28,907 a month, or $53.53 a visit at full run. Test 4 passes: the modelled 540.0 visits a month sit inside the providers' 673 at capacity, 80 percent used.

Hours, appointment lengths and pay in this example are invented. The physician-owner draws on collections instead of taking a salary, so the row prices the work at market rather than showing cash in the owner's hand. Substitute your own clinicians, your own real appointment lengths and the pay you will actually offer, and take any employment requirement or pay question 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, 1,800 square feet of second-tier medical office suite	
2. Professional liability, general liability and property insurance	
3. Front desk, one full-time, salaried, with payroll costs (the minimum staff)	
4. Owner's market wage for management time (zero here; patient hours are paid as the line 14 draw)	
5. Loan interest (startup loan)	
6. Medical assistant, one full-time, with payroll costs	
7. EHR, practice management, clearinghouse and patient portal	
8. Phone, internet and portal add-ons	
9. Accounting, payroll and bookkeeping	
10. Clinical and office supplies, cleaning and minor repairs	
11. Professional dues, registrations and bank fees	
12. Nurse practitioner salary, with payroll burden	
Total fixed costs	

VARIABLE COSTS AS A SHARE OF NET SALES	SHARE
13. Billing service, 5.5 percent of collections (modelled here as a share of sales)	
14. Owner-physician draw on billings, 26 percent, in addition to the salaried 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 office visits = (fixed costs with line 4 even if undrawn, plus principal and any recurring
other cash out) divided by one visit's contribution, the recovered cash two months later included (page
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 office visits (use cash break-even)	one figure per month		
Rent share and debt service coverage at full-run sales and at the month-12 run rate		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 billings.

PAGE 9

What the physician and the nurse practitioner are paid

What the clinicians draw is fixed by who you hire, not by how full a given month turns out, so it has to be covered before a season or a slow start is worth a line in the model. The pay below prices the same two people the capacity page assumed.

```
Monthly pay = the hourly rate x paid hours a week x 52 / 12 x (1 + employer taxes and benefits), or annual salary / 12; cost of one visit for a provider type = that type's monthly pay / that type's modelled visits; the blended cost per visit = all provider pay a month / all modelled visits at full run.
```

PROVIDER	COUNT	PAY BASIS	PAY A MONTH EACH	PAY A MONTH	COST A VISIT
Physician-owner	1	salary	$15,897.42	$15,897	$54.90
Nurse practitioner	1	salary	$13,009.50	$13,010	$51.95

Pay for the two clinicians is $28,907 a month at full run, which is $53.53 a visit. Each clinician sits on its own line in the same table, so what the roster costs shows up without being averaged away.

Hours, appointment lengths and pay in this example are invented. The physician-owner draws on collections instead of taking a salary, so the row prices the work at market rather than showing cash in the owner's hand. Substitute your own clinicians, your own real appointment lengths and the pay you will actually offer, and take any employment requirement or pay question to a qualified professional.

PAGE 10

What one office visit actually collects

What you bill is not what you get. The payer knocks the charge down to a contracted allowance, hands part of that to the patient, withholds a slice of its own half on the first submission and dribbles the rest out over the following months. Only what actually arrives feeds the visit line; the withheld slice, once recovered, arrives as a separate stream two months behind.

```
Start from the billed charge; take away the contractual adjustment and the allowed amount remains; split the allowed amount into the payer half and the patient half; subtract first-pass denials from the payer half to reach the payer collectible; subtract write-offs from the patient half to reach the patient collectible; add the two for the clean collectible; recovered denials enter only when their cash lands.
```

OFFICE VISITS: ONE BLENDED PRIMARY CARE LINE

CHARGE BILLED	CONTRACTED ALLOWANCE	PATIENT SHARE	FIRST-PASS DENIAL	PATIENT WRITE-OFF	NET COLLECTIBLE	RECOVERED LATER
$273.50	$122.00	19%	$11.66	$2.32	$108.02	$6.33

Clean collectible per visit: $108.02, collected 25% in month 0, 55% in month 1, 15% in month 2, 5% in month 3 (month 0 is the month of service). Of one month's collectible, 75% is still open at 30 days, 20% at 60 and 5% at 90 (the last is the share still to come after day 90). Each rate is illustrative; enter your own contract and your own collection history, and confirm billing and collection requirements with a qualified professional.

The table freezes one full-run month and repeats it twelve times, which strips out everything except the effect of the wait. It is not the ramp; page 19 shows the ramp and the season month by month against cash.

($000)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Clean collectible billed, recoveries apart	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3
Collected, recoveries apart	14.6	46.7	55.4	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3
Receivables, month end	43.7	55.4	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3	58.3

By the end of month 12 about $58,300 is still receivable, meaning clean collectible already billed and still unpaid. A recovered denial is never carried there; it appears only in the month its cash turns up.

Put a cash figure on the wait: run the same case as if every payer and every patient settled in the month of the visit and the expected case would bottom at $103,965 in month 5, where it actually bottoms at $60,537 in month 6, leaving about $43,400 more in the account. Both are models; neither forecasts your payers.

The single row blends new and established office visits at the example's assumed mix, and every rate on it is invented. Put in your own contract terms, and check how each payer settles with a qualified billing professional. Recovery cash is charged the same variable shares as the visit line, although a recovery needs no second appointment and no second card transaction, so the contribution it shows is understated by that difference. Every variable line, the owner draw included, is charged as a percentage of sales while the nurse practitioner salary stays fixed, which flatters the early months compared with your own ledger.

PAGE 11

Twelve-month cash forecast

Payers pay late; rent and payroll leave on fixed dates. 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, the owner draw and line 4 if drawn (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 practice 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, principal and any recurring non-discretionary cash set-aside you enter on page 11. Providers, the front desk 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 falls with billings, and only line 4 may be left undrawn. 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 cash drain of a first year spent filling the schedule

```
Runway = months of cash ahead, from the last closed month (or opening day) to the month closing cash sits under your floor
```

Worked example: a made-up primary care clinic staffed by one physician-owner and one nurse practitioner

These numbers are invented to show the arithmetic, not to benchmark your market. Both clinicians keep office hours every day the practice opens; the nurse practitioner takes a salary, while the physician-owner's time is priced at a market wage and paid through the line 14 draw. Cash floor $30,256. Patients settle at the desk; payers release money on the page 10 split; a denial surfaces two months on; payroll leaves when earned. The month-12 run rate freezes month 12's ramp and bookings, with each month's own season applied; where a line trails the visits (recovered denials, two months), it borrows the feeding visit month's ramp.

Page 5, budget	Total startup budget $249,238: a $112,000 loan (12.5 percent over 10 years) and $137,238 of owner money. Of that, $151,600 is working capital reserve, unspent on opening day, paid by loan and owner money. Page 5 reaches it twice: $30,256 for the floor, a second $30,256 as a month of buffer, then $91,063 to bridge the dip from nothing, rounded to $151,600. Before the reserve: build-out $24,000; equipment and furnishings $34,000; setup and pre-opening $32,638; contingency $7,000.
Page 8, costs	Fixed cost is $29,755 a month, $3,000 the suite and $1,139 loan interest; principal another $501, both year 1 averages; variable costs take 34.2 percent of sales, leaving a contribution margin ratio of 0.658. Lines 13 to 16 take 5.5, 26, 0.7 and 2 percent of sales. Lines 1 to 12 run $3,000, $1,875, $3,738, $0, $1,139, $4,493, $600, $300, $600, $700, $300 and $13,010 a month.
Page 8, break-even	Operating break-even lands near $45,220 a month. Cash break-even works back from $29,755 of fixed cost plus $501 principal over 0.658, about $45,982 a month; that is 402.1 office visits once other lines contribute, so 403 against 540 planned.
Page 6, sales	Office visits: 540 a month at $108.02. Denials recovered later: 540 a month at $6.33 (the visit pattern two months earlier; counted when the money arrives). Full-run month about $61,749, every line full, averaged over the year (recovered denials 540.00 visits a month). Visits rise 30, 42, 52, 61, 68, 74, 79, 84, 88, 92 and 96 percent over months 1 to 11, then 100; the season index runs 102, 105, 106, 97, 108, 106, 102, 100, 98, 92, 90 and 94 percent across the twelve months, applied to visits and their recoveries.
Page 19, expected case	Month 1 bills $17,849, closing at $119,702; month 12 closes at $78,896. The trough is month 6, $60,537, $30,281 over the floor.
Page 19, slow start	At 70 percent of plan month 1 bills $12,494 and closes at $120,195; month 12 ends at minus $8,215. The floor goes first, breached in month 7 at $24,590, the account in month 11 at minus $2,108; runway from opening is 6 months.
Page 8, coverage	Planning coverage on $61,749 of full-run sales, before income tax and equipment replacement, is 7.33 against the 1.25 the example lender requires, and 7.22 at the month-12 rate; Test 3 wants both. Rent is about 4.9 percent.

THIS EXAMPLE SCORES AMBER ON PAGE 4

Gate 0 is met for this physician example. Test 1 passes. At the month-12 run rate it bills about $61,476 a month, clear of the $45,982 break-even, holding cash above the floor through year two (lowest close $85,214, month 1 of year 2). (Information only, not scored: billings first cover cash break-even in month 6.) Test 2 fails: the slow start breaches the floor in month 7, and a reserve about $38,500 larger would carry it. Fund it, rerun pages 11 and 4, and add interest and principal if borrowed. Test 3 is met on the planning formula; your lender's definition governs. Test 4 passes at full run: the plan's 540 visits fit the providers' 673, 80 percent of capacity (page 7). Month 5's peak reaches 583 visits at an index of 108 percent; that is a separate reading, and Test 4 scores the full-run month. Test 5 fails unless a referral list and payer enrollment are in place before opening. Test 6 passes: a full-run year leaves about $124,498 once principal is out, and no full-run month turns negative, so nothing needs cushioning. That is a full-run year, not a forecast: page 19's opening year costs about $72,704 of cash, because ramp, payer terms and first months of trading come before the money. Nothing is set aside for income tax here and no equipment is replaced; a real practice funds both.

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 BILLINGS)

CHANGE	MONTHLY CASH	CASH BREAK-EVEN AND DEADLINE
Visit volume 10 percent lower (variable costs fall with it)	minus $4,063	Expected case holds the floor
Office visits: average clean collectible per visit 5 percent higher, same volume, recovered-denial dollars held at their current share	plus $1,919	Break-even visits fall from 402.1 to 384.0 a month, so from 403 to 384: collections per visit rise 5 percent and the variable costs that move with sales rise with them, so the contribution ratio holds at 0.658 and break-even falls because each visit contributes more
Fixed costs $500 lower	plus $500	Cash break-even falls to about $45,222
Visits 10 percent below plan, lasting (the recovered-denial stream falls with it), from month 1 onward	minus $4,063	Expected case still clears the floor; slow start below the floor in month 6 (closing $27,062)
First-pass denial 16 percent, not 11.8 (visit line only, net of the recoveries stream re-pricing up on the same change), from month 1 onward	minus $674	Expected case still clears the floor; slow start deadline unchanged (month 7)
Allowed amounts 10 percent lower, from month 1 onward	minus $4,062	Expected case still clears the floor; slow start below the floor in month 6 (closing $27,062)
No denied claim recovered, from month 1 onward	minus $2,249	Expected case still clears the floor; slow start below the floor in month 7 (closing $20,458)
Owner draw 34 percent of billings, not 26 (line 14 up 8 points)	minus $4,940	Cash break-even rises to about $52,346; expected case still clears the floor; slow start below the floor in month 6 (closing $21,899)
No-shows and late cancellations 12 percent of booked, not 6, from month 1 onward	minus $2,593	Expected case still clears the floor; slow start below the floor in month 6 (closing $29,353)
Build-out overrun of $3,000 beyond the contingency, taken from the reserve	no change	Expected case still clears the floor; slow start deadline unchanged (month 7)
Opening 3 months late (the office suite, insurance, loan interest and principal, $6,515 a month, paid while closed; no sales; the ramp starts at the new opening, and seasons stay on the calendar)	no change	Expected case holds the floor; its low falls to $37,944 in month 12 from the planned opening, $22,593 lower than on time; slow start below the floor in month 8 from the planned opening (month 7 on time)

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, and, if there is a loan, Test 3 as failed (with no loan, Test 3 passes)
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

These are running checklists for the practice day and the month end, not a compliance program. Add every clinical, record-keeping, billing and privacy step that your jurisdiction and your own advisers require.

BEFORE THE PRACTICE LOCKS UP

- ☐ Ring round tomorrow's list and hand any gap the cancellations left to whoever is waiting.
- ☐ Log every booked appointment as kept, missed or cancelled inside the notice window.
- ☐ Fix the next appointment while the patient is still in the room.
- ☐ Collect the copay or coinsurance as they leave, or charge a card the patient has already authorized.
- ☐ Close every note and push the day's claims out before the lights go off.
- ☐ Enter each new patient with who referred them and the date the first appointment was made.

MONTH END, AND VISITS TIED BACK TO CLAIMS

- ☐ Carry every visit and every recovered denial onto the page 10 table.
- ☐ Lay the visits the practice actually held beside the page 7 capacity, clinician by clinician.
- ☐ Pull out every claim older than 30 days, group by payer, and name the person chasing each group.
- ☐ Tot up the denials, the reason recorded on each, and how many came back paid after rework.
- ☐ Break the no-shows and inside-notice cancellations down by clinician and by day of the week.
- ☐ Tie the card settlements and the bank credits to the receipts page 11 expects.

THE FRIDAY SCORECARD

INDICATOR	BENCHMARK	SEVEN DAYS TO TODAY	SEVEN DAYS BEFORE	OFF BY
Visits held set against clinician capacity, clinician by clinician				
Missed appointments and inside-notice cancellations, per clinician				
Claims out, claims paid and claims denied, split by payer				
New patients broken out by who referred them				
Patient balances taken at the front desk				
Bank balance measured against the floor				

SIX QUESTIONS TO ANSWER WITH EVIDENCE

1. **Owner dependence.** Does every referral call, payer query and diary change still land on the physician-owner, even in the gaps between her own appointments?
2. **Reactive working.** In the past week, how many slots stood empty, how many claims left late, and on how many days did the last patient leave after closing time?
3. **Growth beyond structure.** Of the inquiries that reached you, how many turned into a first appointment, and of those how many returned for a second?
4. **Bench strength.** If one person resigned tomorrow, would the practice stop, and how many patients have ever been seen by anyone else there?
5. **Revenue stuck.** Has the cash collected on an average visit shifted over the past year, and did payer mix account for more of that shift than your fees?
6. **Unseen gaps.** Could you list, right now, each claim still unpaid after 45 days and say which payer is holding it?

Six lines of inquiry came out of World Consulting Group's AI-assisted desk research, explained on page 2. Set each answer against a record: the scheduling system's attendance report, the claims report split by payer, the denial log, or the page 10 revenue-cycle table.

PAGE 15

Your first 30 days

WHEN	DO THIS
Week 1	Start the weekly numbers review and log appointments held, booked and attended every day, by provider.
Week 2	Fill the page 10 table with your own charge, allowed amount and payment timing, and mark the payer that pays slowest.
Week 3	Enter actual visits against the capacity on page 7, provider by provider, and note the first week the book is full.
Week 4	Enter actual closing cash on page 11 and recalculate runway. List claims unpaid past 30 days.
After month 1	Compare collected cash per visit with the page 10 figure and check line 14 against the draw actually taken.

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 Primary Care 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 charge to collected cash, a visit-volume and capacity tracker, a revenue-cycle and denial log, 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 primary care and physician-owned 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. Primary care and physician 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, claim exports or billing statements. 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 primary care practice. I have attached the Primary Care 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 charge, 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 billings = visits (page 6 ramp) x clean collectible per visit (page 10), plus recovered-denial visits x the recovered amount per visit (page 10); the recovered-denial line follows the visit pattern two months later. Full run, break-even and coverage use the full-run visit count; the month-12 run rate holds the ramp at month 12 with the season still applied, and the recovered-denial line in it uses the ramp of the visit month that feeds month 12, two months earlier.
- 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 patient hours sit in the draw on line 14; staff hours go in line 3 or the nurse practitioner salary line. 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 office visits = (fixed costs with line 4 even if undrawn, plus principal and any recurring other cash out) divided by one visit's contribution, the recovered cash two months later included (page 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 - the share of paid time off visits) / (visit plus notes minutes); visits a month = providers x visits a day x days open x 52 / 12.
- Rent share = line 1 divided by net billings. 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 the recovered-denial line carrying the season of the visit month it copies two months later and not a season of its own, 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 practice 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 on the visit line's own split and each recovery in the month it arrives (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 the draw on billings). Runway = the number of consecutive future months, counted from the latest closed month (before opening, from the first day the practice 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, clinical, billing, privacy and facility requirements, 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; if there is a loan and the contribution margin is zero or below, score Test 3 as failed. 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 pages 7, 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 charges, the payers I accept, the office and clinic hours, the providers on the roster with paid hours a week and visit minutes, patients and where they come from, and days open per week.
b. Sales build: the visits a month each provider can carry at my paid hours, visit minutes and share of time off visits, my planned visit ramp for each month from 1 to 12, the seasonal percentage for each month if I give one, the share of booked visits lost to no-shows and late cancellations, 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 visits 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). The recovered-denial line is derived from the visit line's ramp two months earlier, so give no separate bookings or monthly count for it.
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, in-basket work, supervision), 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, equipment quote, billing service quote, payer or contract figure, 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 front desk, the medical assistant, the nurse practitioner salary, 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 patient hours sit in the draw on line 14; staff hours go in line 3 or the nurse practitioner salary line.
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, owner-physician draw on billings above the salaried staff; line 15, card processing fees, as an effective 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 visit 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 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, and when providers, the front desk 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 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).
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 (office visits and recovered denials), with annual billings 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 office visits (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, for the page 11 form in thousands of dollars to two decimals (51.25 means $51,250), and in whole dollars rounded so each column adds if filling page 19, 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 and the closing cash in each of its 12 months (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 owed + billed minus paid, where billed is the month's clean collectible billed on page 10 before any collection and paid is the clean collectible collected), 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 billings that line 14 carries.
8. Clean collectible per visit, the month-by-month clean collectible billed, collected and receivables, and what the collection wait costs in cash: the same forecast rerun with every payer and patient paying in the month of the visit, and how much higher the lowest closing balance sits, with the second year's 12 closing balances printed.
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 ramp, the payer terms and the no-show 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 $30,256.

LINE ($)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
EXPECTED CASE												
Opening cash	**151,600**	**119,702**	**96,896**	**81,196**	**71,191**	**63,326**	**60,537**	**60,925**	**62,782**	**65,998**	**70,456**	**74,653**
In: sales receipts	4,462	16,248	25,909	32,571	37,686	43,807	47,578	49,787	51,618	52,581	52,697	54,241
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)	1,464	2,109	2,722	2,954	3,667	3,918	4,060	4,238	4,351	4,284	4,374	4,733
Out: payroll, the owner draw and line 4 if drawn (lines 3, 4, 14)	8,379	10,426	12,369	13,104	15,366	16,160	16,611	17,175	17,533	17,321	17,608	18,746
Out: rent (line 1)	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000
Out: other costs, with loan interest (lines 2, 5 to 12)	23,016	23,018	23,017	23,017	23,017	23,017	23,018	23,016	23,017	23,017	23,017	23,018
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	501	501	501	501	501	501	501	501	501	501	501	501
Out: startup bills still to pay	0	0	0	0	0	0	0	0	0	0	0	0
Net cash flow (in minus out)	**(31,898)**	**(22,806)**	**(15,700)**	**(10,005)**	**(7,865)**	**(2,789)**	**388**	**1,857**	**3,216**	**4,458**	**4,197**	**4,243**
Closing cash, expected	**119,702**	**96,896**	**81,196**	**71,191**	**63,326**	**60,537**	**60,925**	**62,782**	**65,998**	**70,456**	**74,653**	**78,896**
SLOW-START CASE (70 PERCENT OF EXPECTED SALES IN EVERY MONTH)												
Opening cash, slow start	**151,600**	**120,195**	**95,154**	**75,087**	**59,007**	**44,424**	**33,395**	**24,590**	**16,813**	**9,987**	**4,031**	**(2,108)**
Sales receipts, slow start	3,124	11,374	18,137	22,799	26,380	30,665	33,304	34,851	36,132	36,807	36,888	37,968
Out: variable costs, slow start (lines 13 to 16)	4,273	6,159	7,948	8,623	10,707	11,438	11,853	12,372	12,702	12,507	12,771	13,819
Out: fixed costs (lines 1 to 12), principal, bills, less funding	30,256	30,256	30,256	30,256	30,256	30,256	30,256	30,256	30,256	30,256	30,256	30,256
Net cash flow, slow start	**(31,405)**	**(25,041)**	**(20,067)**	**(16,080)**	**(14,583)**	**(11,029)**	**(8,805)**	**(7,777)**	**(6,826)**	**(5,956)**	**(6,139)**	**(6,107)**
Closing cash, slow start	**120,195**	**95,154**	**75,087**	**59,007**	**44,424**	**33,395**	**24,590**	**16,813**	**9,987**	**4,031**	**(2,108)**	**(8,215)**
STEADY-STATE YEAR FOR TEST 6 (RAMP DONE, SEASONS IN; NOT THE FORECAST YEAR)												
Net cash flow, steady-state year	**10,918**	**12,159**	**12,723**	**9,336**	**13,580**	**12,610**	**11,322**	**10,510**	**9,652**	**7,304**	**6,492**	**7,892**

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 $61,476 a month, against month 12's own $57,724): closing cash runs $85,214 in month 1 and $200,600 in month 12, lowest $85,214 in month 1, above the floor. Receipts in that second year still arrive on the first year's collection schedule (25 percent in the month of service, 55 the next, 15 in the third, 5 in the fourth), so each closing balance follows receipts, not billings. 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.