Urgent Care Business Plan and Operations Starter Kit

A working kit for independent urgent care clinics. It builds visits month by month from a year-long climb, checks providers and rooms block by block, prices a visit from the charge down to the cash each payer sends, steps the roster up only when the morning block needs it, and scores the plan on six pass-or-fail tests.

URGENT CARE CLINICS
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PAGE 2

Start here

An urgent care clinic pays for every open hour from the first day, while visits climb for a year and more and payers settle a month or three after each visit. This kit writes those numbers down, checks the busiest block rather than the monthly average, and tests the plan before a lender asks.

WHAT IS INSIDE

3	Business plan, part one: services and patients, the clinic and rooms, where visits come from, charges
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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 climb 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. Charges, payer contracts, the roster and the visit climb move before the first patient walks in, 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 by block on page 7 at month end and check the page 10 roster rule before each schedule.

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 urgent care clinic 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, imaging, billing, payer contract and patient privacy requirements vary by location; the kit states no rule. Review them with qualified professionals before you commit money.

PAGE 3

Business plan, part one

A lender or a landlord asks how the clinic pays rent, a full roster and the loan while visits climb and payers pay late. Answer here in short sentences; draft the full sections on separate sheets.

1. Executive summary (write it last)

Summarize the clinic, the area and patients it serves, the money you need and what it buys, build-out to the first payroll; then give the month the page 6 forecast first clears cash break-even from page 8, and the page 4 result.

2. Services, charges and patients

Describe what the clinic treats and what it sends elsewhere, the imaging, tests and minor procedures it offers, and the charge for a visit. Say which payers you plan to contract with, and roughly how many patients will pay a posted self-pay price.

3. Positioning and the clinic

Name the area the clinic serves and the patients it is built for. Count the exam rooms, the x-ray room and lab space, the hours open, and the providers you can schedule in each 4-hour block.

4. Visits, charges and what each payer allows

For each kind of visit, put down your charge, what every payer allows, what the patient still owes, and how long the visit holds a room. A charge copied from another clinic's sign, with no allowed amount under it, is a guess.

VISIT TYPE	YOUR CHARGE	ALLOWED BY PAYER	MINUTES IN THE ROOM

> *Owner question: where will 38 visits a day come from, when the national average clinic sees about 34, and how long can I fund the climb?*
>
> Write each source of visits, from nearby employers and schools to insurers' directories and maps listings, with the visits a day you expect from it at month 6, 12 and 24, then hold the page 7 climb against them. In this example visits stand near 30 a day at month 12; the year-1 reserve and the second year's cash on page 12 show what a slower climb costs.

PAGE 4

Business plan, part two

5. Operations

Describe a day from opening to close: who checks patients in, how a patient moves from the room to x-ray or the lab, how the wait is posted, and who takes over when the evening provider is alone and the room fills.

6. Team

List each role and shift by 4-hour block, with the pay for each, and a market wage for your own hours. Name the provider whose absence would close a block.

7. Marketing and sales

Explain where visits come from and what each source costs. Check each month that visits a day are on the page 7 climb.

8. Financials and funding

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

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

TEST	PASS?
Gate 0. The lease, quotes for the build-out and equipment, each payer agreement, the billing service terms, the clinical oversight agreement and the requirements of every registration the clinic needs 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 peak month's busiest 4-hour block fits the providers and rooms on duty (page 7), and the clinic reaches break-even visits (page 8).	
5. Payer contracts live, employers and schools told, and maps and directory listings in place back the opening months; a grand opening forecasts interest, 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, an equipment loan or a provider agreement. **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 or the equipment seller, or a documented calculation. In this example working capital through the climb, not the x-ray, decides whether the clinic carries it, so leave no line blank without a reason. Against published figures: this example's total sits above the $0.8 to $1.5 million and $0.95 to $1.6 million two industry sources give, because its reserve carries the full roster, the owner's wage and the loan through a year of climbing visits.

LINE ITEM	INITIAL ESTIMATE	QUOTE OR SOURCE	APPROVED BUDGET	ACTUAL OR COMMITTED
BUILD-OUT				
Build-out of about 3,200 square feet, with x-ray shielding and HVAC				
EQUIPMENT				
Digital x-ray, point-of-care lab analyzers, exam and procedure tables, EKG, furniture and computers				
PRE-OPENING				
Payer contracting and enrollment, recruiting, training, legal setup and launch marketing				
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 climb on page 7, not from the rent you need to cover. Count visits a day first, month by month; recovered denials follow the visits two months later.

```
Monthly sales for a line = units times average collections per visit times days open in the month (or times 1 for units counted per month)
Days open in a month = days open per week x 365 / 12 / 7 (30.42 when open every day)
```

SALES LINE	UNIT	UNITS PER DAY OR MONTH	AVERAGE COLLECTIONS PER VISIT	DAYS OPEN PER MONTH (OR 1 FOR MONTHLY UNITS)	MONTHLY SALES
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 sales for each month = visits in the month on page 7 (visits a day x season x days open in the month) times the clean collectible per visit (page 9), plus recovered denials after each payer's recovery lag (two months in the example); leave the Ramp and Season rows at 100 percent, as the page 7 climb carries both. The climb is your assumption; write down the evidence, such as payer contracts live, employers signed up and visits at comparable clinics.

CAPACITY CHECK

```
Visits in a 4-hour block = visits a day x day index x season x block share; provider capacity = providers x 240 / provider minutes a visit; room capacity = rooms x 240 / room minutes a visit; check each block at the settled peak month
```

Take the busiest month on page 7 and set each block's visits against the providers and rooms on duty in it. If a block needs more provider minutes than are on duty, patients wait or walk out, however quiet the afternoon looks.

PAGE 7

Visits by block: when providers and rooms run out

Walk-ins arrive in bunches: about 40 percent of a weekday's visits come before noon. A new clinic also opens well below its full run and climbs for a year and more. Staff for the busiest block and the climb, not the monthly average.

```
Visits in a block = visits a day x day index x season x block share; provider capacity = providers x 240
/ provider minutes; room capacity = rooms x 240 / room minutes
```

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Visits a day (before season)	10.6	13.5	16.1	18.5	20.6	22.4	24.1	25.6	26.9	28.1	29.1	30.1
Visits in the month	374	461	515	539	575	593	630	731	810	863	939	970

BLOCK (4 HOURS)	SHARE OF THE DAY	PROVIDERS	ROOMS	VISITS	PROVIDER USE	ROOM USE
Weekday morning	40.2%	2	5	19.8	62%	59%
Weekday midday	35.1% (derived)	2	5	17.3	54%	52%
Weekday evening	24.7% (derived)	1	5	12.2	76%	36%
Saturday morning	45.7%	2	5	20.1	63%	60%
Sunday late morning	44.2%	2	5	18.1	57%	54%

The visit climb follows v(t) = 38 - 29 x e^(-(t - 0.5) / 8.857) visits a day before season (illustrative, between published cohort figures; it reaches about 90 percent of full run around month 18). Season index 116, 112, 105, 96, 92, 87, 86, 94, 99, 101, 106, 106 (winter respiratory peak; size illustrative). Block shares are sourced where given and the weekday midday and evening shares are derived. Saturday afternoon and evening are not in the table: split in the weekday proportions, they take about 32 and 22 percent of Saturday visits, both under the morning's 45.7, and the one-provider Saturday evening would carry about 9.9 visits (38 x 1.00 x 1.16 x 22.4 percent), under the weekday evening's 12.2. Day index (average 100): Monday 112, Tuesday 102, Wednesday 98, Thursday 97, Friday 98, Saturday 100, Sunday 93; weekday blocks are checked on Monday, the busiest day. Inputs: 15 provider minutes and 35.7 room minutes a visit (intake 8, provider 15, tests and imaging 7.7, turnover 5), 5 rooms, open 8 am to 8 pm every day, 365 / 12 = 30.42 days a month. The visit climb is before season; this page applies the season index once, and page 6 applies no other season list. The settled peak month is January (season index 116; 38 x 1.16 x 30.42 = about 1,341 visits). With one provider on all day, the Saturday morning block would be the most stretched, at 126 percent of that provider.

MY BLOCK	VISITS	PROVIDERS	ROOMS	USE

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, and one that steps down after year 1 at its later amount; page 11 uses each month's amount.

FIXED COSTS PER MONTH	PER MONTH
1. Rent, about 3,200 square feet	
2. Insurance package: professional and general liability, property, workers' compensation	
3. Fixed shifts: providers, technologist, assistant, front desk, payroll costs (the minimum staff)	
4. Owner's market wage	
5. Loan interest (startup loan)	
6. Records and practice management software, phones and IT	
7. Marketing	
8. Utilities	
9. Clinical oversight services (cost line only)	
10. Cleaning, repairs, x-ray service, medical waste and accounting	
11. Professional dues (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. Clinical supplies and test kits, about $16 a visit	
14. Hourly help above the minimum staff that moves with visits (none in this example)	
15. Card processing, an effective 0.84 percent of net sales (2.9 percent on patient card payments)	
16. Billing service, 6 percent of net sales (not of the $250 charge), charged on the sales of each month	
Total variable cost share	

```
Contribution margin ratio = 1 minus variable cost share; contribution = sales times the line's ratio
Operating break-even sales = fixed costs divided by contribution margin ratio
Cash break-even sales = (fixed costs with line 4 even if undrawn, plus principal and other recurring
cash out) divided by contribution margin ratio; page 13 covers a result with no usable number
Break-even visits = (fixed costs with line 4 even if undrawn, plus principal and other recurring cash
out) divided by one visit's contribution, recovered denials included (page 9); 0 if covered
Month-12 run rate = average monthly sales over a year at month 12's visit level, seasons applied
Planning debt service coverage (before income tax and replacements) = (full-run sales times contribution
margin ratio, minus fixed costs other than line 5) divided by (line 5 + principal)
```

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

Weekly = monthly times 12, divided by 52; per day open = monthly divided by days open in a month (30.42 when open every day). Rent share = line 1 divided by net sales.

PAGE 9

What a visit actually collects, payer by payer

A walk-in visit carries one charge, but each payer allows its own amount, splits it with the patient, denies part of its share first and pays over one to three months. Enter how each of yours pays; the patient's share is best collected at the desk.

```
Charge per visit minus the contractual write-down = the payer's allowed amount; the insurer's part minus first-pass denials = payer collectible; the patient's part minus write-off = patient collectible; clean collectible = both together; denials won on appeal count only on the day the money comes in, never in receivables
```

VISITS: ONE WALK-IN VISIT (ILLUSTRATIVE)

PAYER	SHARE	ALLOWED (ILLUSTRATIVE)	CHARGE	CONTRACTUAL	PAYER SHARE	DENIED	WRITE-OFF	CLEAN COLLECTIBLE	RECOVERED LATER	% BY MONTH: PAYER; PATIENT
Commercial insurance	54%	$175.00	$250.00	$75.00	72%	$12.60	$7.35	$155.05	$7.56	20/60/15/5; 50/25/15/10
A government program	14%	$118.00	$250.00	$132.00	80%	$5.66	$3.54	$108.80	$3.96	25/60/15; 10/40/30/20
Managed or contracted plans	22%	$85.00	$250.00	$165.00	100%	$10.20	$0.00	$74.80	$5.10	15/55/20/10
Private pay	10%	$145.00	$250.00	$105.00	0%	$0.00	$7.25	$137.75	$0.00	-; 95/5

Clean collectible per visit: $129.19; weighted, the line collects 32.8% in month 0, 47.0% in month 1, 14.4% in month 2, 5.8% in month 3 (month 0 is the month of service; any wait to bill sits inside each split); recoveries of $5.76 per visit count when collected.

($000)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Clean collectible billed, recoveries apart	48.3	59.5	66.6	69.7	74.3	76.6	81.4	94.4	104.6	111.4	121.4	125.3
Collected, recoveries apart	15.9	42.2	56.7	65.5	70.1	73.9	77.4	84.6	94.9	104.0	112.7	120.3
Receivables, month end	32.4	49.7	59.5	63.7	67.8	70.5	74.4	84.3	94.1	101.4	110.1	115.1

Owed to the clinic at the end of month 12: about $115,100 of clean collectible billed and not yet paid. Denials won on appeal never sit in this figure.

What the wait costs: if every payer and every patient balance paid in the month of the visit, the expected case would bottom out at $109,482 rather than at its actual low of minus $6,910 (month 24), about $116,400 better. A modeled comparison only; each payer's contract sets the real timing.

One row per payer for a single visit at this clinic's charge and allowed amounts, imaging, tests and minor procedures folded in; all rates are illustrative. Put in your own, and check each payer's terms with a qualified healthcare billing professional.

PAGE 10

The roster: who is paid for every open hour

An urgent care clinic pays for every open hour whether anyone walks in or not. The second provider, a paired assistant and extra front-desk hours come on once the busiest block passes 85 percent of one provider, and stay on. Write your own shifts and the rule you will use.

The added roster comes on in the first month the busiest checked block, at that month's visits and season, passes the threshold share of one provider's block capacity, and stays on from then

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Added roster											on	on

Roster, every day 8 am to 8 pm (30.42 days a month): one provider 12 hours at $64 an hour, a cross-trained technologist 12 hours at $36 and front desk 12 hours at $18.50, plus 10 percent payroll cost: $47,582 a month. The added roster: a second provider 8 am to 4 pm at $64, a paired assistant 8 hours at $22 and 4 more front-desk hours, plus 10 percent: $25,490 more, $73,072 in all; $25,490 x 12 = $305,880 a year. The shifts, pay and the 85 percent threshold are illustrative; pay from national wage data for employees (BLS OEWS May 2025 medians). Threshold 85 percent of one provider; fixed line 3 runs $47,582 a month without the added roster and $73,072 with it.

MY ROLE	HOURS A DAY	PAY AN HOUR	FROM MONTH

PAGE 11

Twelve-month cash forecast

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

EXPECTED CASE ($000)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Opening cash												
In: payer and patient payments, when each lands												
Memo, not cash: clean collectible billed this month (page 9)												
In: owner money and loans received												
Out: supplies, card fees and billing (lines 13, 15, 16)												
Out: payroll, line 4 if drawn in cash (lines 3, 4, 14)												
Out: rent (line 1)												
Out: other costs, with loan interest (lines 2, 5 to 12)												
Out: income tax set-aside, equipment replacement, stock build-up												
Out: loan principal												
Out: startup bills still to pay												
Net cash flow (in minus out)												
Closing cash, expected (your floor: _____)												
Actual closing cash, once open												
Memo: sales tax collected (not in closing cash)												
Memo: sales tax remitted												
Memo: tax owed = last month's + collected minus remitted												
Memo: claims owed = last month's + billed minus paid												
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 and suppliers are paid in the month of the work. For the slow start, test 70 percent of expected sales in every month (a stress assumption, not a benchmark; a higher share only with evidence); fixed costs, other cash out, principal, startup bills and funding stay as expected, and all variable lines fall with sales; line 14 holds only hours you would cut. The first month either case falls below your floor is your planning deadline: act before it. Then run a second year at the month-12 run rate (page 8), month by month with the seasons continuing, and check the floor holds.

PAGE 12

Runway, and what the visit climb costs

```
Runway: months counted from the last closed month (before opening, from opening day) to the first month
that ends under your floor
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Worked example: an imagined single-site urgent care clinic

Made-up, illustrative clinic figures, only there to show the arithmetic. Cash floor $120,656. Some patient balances are paid at the desk; the rest, and payers, follow the page 9 splits.

Page 5, budget	Total startup budget $1,643,900, funded by a $1,189,000 loan (10 percent over 10 years) and $454,900 of owner money, including a $697,900 working capital reserve still whole when the doors open. The clinic's two passes: floor $120,656, plus a further month of $120,656, plus $456,517 (how far under zero the first pass dips with no opening cash), rounded up to $697,900. Before the reserve: build-out $508,000; equipment $250,000; pre-opening $150,000; contingency $38,000.
Page 8, costs	Fixed costs $114,578 a month, including $8,000 for the clinic's rent and $9,635 of loan interest; principal $6,078 a month (both year 1 averages); variable share 18.7 percent, and the contribution margin ratio comes out at 0.813. Lines 13 to 16 take 11.86, 0, 0.84 and 6 percent of sales (line 13 blended). Lines 1 to 12 run $8,000, $1,500, $51,830, $7,892, $9,635, $2,000, $6,000, $1,800, $3,000, $3,000, $0 and $0 a month (year-1 averages: line 7 $6,000 in year 1; the $114,578 total and year 2 use line 3 $73,072 and line 7 $4,679).
Page 8, break-even	The clinic's operating break-even is about $140,932 a month. Cash break-even (fixed $114,578 plus principal $6,078, divided by 0.813) is about $148,408 a month: 1,099.7 visits a month, recovered denials counted (line 13 runs 12.4 percent on walk-in visits, 0 on recovered denials; lines 14 to 16 take one share off both lines, for contribution ratios of 0.808 on walk-in visits, 0.932 on recovered denials), so 1,100, against a settled-year average of 1,155.9 (1,340.8 in the January peak).
Page 6, sales	Walk-in visits: 1,341 visits a month at $129.19 (January peak, page 7). Recovered denials: 1,341 visits a month at $5.76 (paid two months later). Full-run month about $155,984, lines at the January peak of 1,341 (about $180,900); full run uses the settled average of 1,155.9; the page 7 climb carries the season.
Page 19, expected case	Opening-month billings $48,281; month 1 closes at $607,988, month 12 at $241,383. Low: month 12, closing $241,383, $120,727 over the floor.
Page 19, slow start	At 70 percent, the opening month bills $33,797; month 1 closes at $606,015, month 12 at $15,691. Cash slips under the floor in month 11 (closing $67,110), which gives a runway from opening of 10 months.
Page 8, coverage	At 38 visits a day, collections of $155,984, coverage on the planning formula, before income tax and replacement equipment, is 1.39 against the 1.25 the imagined lender sets; at month 12's visit level it reads below zero, with Test 3 asking for both. Rent share is about 5.1 percent.

PAGE 4 RESULT FOR THIS EXAMPLE: RED

Gate 0 is taken as met for the clinic. Test 1 fails: with visits held at month 12's level, the clinic bills about $123,138 a month, below cash break-even at that year-2 mix, $148,470 (page 8 gives the full-run mix). Test 2 fails: at 70 percent of planned visits for 12 months, cash crosses the floor in month 11, and some $105,000 more opening cash would carry the clinic through. Test 3 fails: at month 12's visit level the loan coverage reads below zero against the 1.25 the imagined lender sets, though 38 visits a day give 1.39. Test 4 passes (settled year): at the January peak, Saturday morning uses 63 percent of two providers and 60 percent of five rooms, and the one-provider weekday evening 76 percent (page 7). Nothing is lined up before opening, so Test 5 fails. Test 6 passes: a settled year at 38 visits a day leaves about $73,904 after principal, with a summer dip (months 5 to 8) of $26,057 that the page 5 buffer covers. The steady-state year comes later; page 19's first year loses about $456,517 in cash while visits climb and payers pay late. The example sets aside nothing for tax or for replacing the x-ray and lab equipment (page 19). Its curve reaches about 90 percent of full run near month 18, but the forecast holds year 2 at month 12's level (about 79 percent), so year-2 cash is lower than a continuing climb would give. At the month-12 run rate the clinic sees about 30.0 visits a day against cash break-even of about 36.2. Cash goes below the floor in month 19 and below zero in month 24 (lowest minus $6,910, month 24). Red scores the plan as written: if visits stay at month 12's level the reserve does not carry year 2, and about $127,600 more opening cash would hold the floor through month 24; that cash is for a clinic whose climb stops at month 12 (a continuing climb needs less) and would not pass Test 1.

PAGE 13

What moves the result

A row changes one input of the page 12 clinic and reruns the forecast. Tests 1, 3 and 6 appear when a row newly fails or passes them, and the slow start (Test 2) is noted wherever it moves.

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
Visits 10 percent lower (supplies and billing fall with them)	minus $12,681	Expected case holds the floor; slow start below the floor in month 10 (closing $84,425); would fail Test 6
Walk-in visits: average collections per visit 5 percent higher, same volume (only sales-linked fees rise)	plus $6,956	Break-even visits fall from 1,099.7 to 1,042.5 a month, so from 1,100 to 1,043: per-unit costs stay the same, so the ratio rises from 0.813 to 0.818 on the new sales
Fixed costs $500 lower	plus $500	Cash break-even falls to about $147,793
34 visits a day at full run, the 2025 national average (lasting)	minus $13,355	Expected case holds above the floor; slow start below the floor in month 10 (closing $94,778); would fail Test 6
One provider all day: about $305,900 a year less in added-roster shifts at full run; almost no visits turned away at month 12 and about 0.6 a day, averaged over the week, at full run; the run rate meets cash break-even and the floor holds through month 24, so Test 1 passes on staffing cost; at full run the Saturday morning block needs 126 percent of one provider, so Test 4 fails	plus $23,398	Expected case holds above the floor; slow-start deadline the same (month 11); would pass Tests 1 and 3
Commercial allowed 10 percent lower ($157.50 a visit)	minus $9,454	Expected case holds above the floor; slow start below the floor in month 10 (closing $93,965); would fail Test 6
Ten points of visits from commercial to managed plans	minus $8,916	Expected case holds above the floor; slow start below the floor in month 10 (closing $94,480); would fail Test 6
Commercial denials 15 percent, 40 percent recovered	minus $3,661	Expected case holds above the floor; slow start below the floor in month 10 (closing $112,080)
Payer contracts live late (commercial and the government program from month 4, managed plans from month 7; timing only): about $95,000 less cash by month 4, back by month 10; the floor and low months do not move. Unpaid contracts cost more.	no change	Expected case holds above the floor; slow-start deadline the same (month 11)
Build-out overrun of $3,000 beyond the contingency, taken from the reserve	no change	Expected case holds above the floor; slow start below the floor in month 10 (closing $120,468)
Opening 3 months late (the clinic's rent, insurance, loan interest and principal, $25,213 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 $164,325 in month 15 from the planned opening, $77,058 lower than on time; slow start below the floor in month 11 from the planned opening, as 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
One unit's contribution, or the count it is multiplied by, zero or below: break-even units are N/A;
score Test 4 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

Day-close and month-end checklists, weekly review, six questions

These lists run the clinic day to day; they are not a compliance program. Your location and your own advisers decide the clinical, imaging, records, billing and privacy steps to add.

AT THE CLOSE OF EACH CLINIC DAY

- ☐ Count visits by 4-hour block and note any block where patients waited past your posted time.
- ☐ Record patients who left before being seen, by block.
- ☐ Collect each patient's share at the desk before they leave.
- ☐ Get every visit's claim out the same day, before the doors lock.
- ☐ Check test kits and supplies against tomorrow's expected visits.
- ☐ Confirm tomorrow's providers for every block.

MONTH END AND THE VISIT CLIMB

- ☐ Post visits a day for the month to page 7 and compare them with the climb.
- ☐ Check the busiest block against the page 10 roster rule.
- ☐ Pull every claim still open after 30 days, payer by payer, and give each a named person to chase it.
- ☐ Tally the month's denials by reason, and how many were appealed and won.
- ☐ Compare supplies used per visit with the plan.
- ☐ Review patient balances left after the visit.

WEEKLY NUMBERS REVIEW

MEASURE	TARGET	THIS WEEK	LAST WEEK	VARIANCE TO TARGET
Visits a day, against the page 7 climb				
Visits by block and walk-outs				
Insurer claims out, paid and refused, payer by payer				
Patient balances collected at the desk				
Supplies used per visit				
Bank balance set against the floor				

SIX QUESTIONS TO INVESTIGATE

1. **Founder dependency.** When a shift goes uncovered, a payer rejects a batch or test kits run low, who fixes it if the owner is away?
2. **Reactive operations.** In the last seven days, which blocks lost patients who gave up before being seen, and how many?
3. **Growth without structure.** Which sources sent new patients this month, and how many came back for a second reason?
4. **Talent and retention.** Which provider's departure would leave a block uncovered, and who would cover it next week?
5. **Revenue plateau.** Compared with a year ago, what does a visit now bring in, and how much of the change is the payer mix rather than your charge?
6. **Systems gap.** Could you print right now a list of every claim older than 45 days, with the payer sitting on each?

Hypotheses from AI-assisted World Consulting Group desk research, described on page 2. Check each one against a record: the visit log by block, the page 7 climb table, the claims report by payer, or the denial log.

PAGE 15

Your first 30 days

WHEN	DO THIS
Week 1	Start the weekly numbers review and log visits by 4-hour block every day, with walk-outs.
Week 2	Fill the page 9 payer table with your own charges, allowed amounts and payment timing, and mark the payer that pays slowest.
Week 3	Set each block's visits against the providers and rooms on duty (page 7) and adjust next month's roster.
Week 4	Enter actual closing cash on page 11 and recalculate runway. List claims unpaid past 30 days.
After month 1	Compare visits a day with the page 7 climb and the cost of each source of visits.

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 Urgent Care 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 block-by-block staffing planner, a supply cost tracker, and day-close and hiring checklists. Release status is on the kit page.

SOURCES

Public sources. Urgent Care Association, urgent care data, 2025, urgentcareassociation.org (33.96 patients a day a center). Experity, Cost to open an urgent care, 2026-02-14, and Startup ramp, experityhealth.com ($0.8 to $1.5 million; under 10 visits a day at opening, about 30 at two years). MMCG Invest, Urgent care feasibility study, mmcginvest.com ($0.95 to $1.6 million; 5 to 10 visits a day at opening, 20 to 25 by month 6, steady by months 12 to 18). Journal of Urgent Care Medicine, Developing data, July-August 2024, jucm.com (arrivals by hour: 40 percent of weekday visits 8 am to noon, 46 percent of Saturday visits 8 am to noon, 44 percent of Sunday visits 10 am to 2 pm). Wages: BLS OEWS May 2025 via onetonline.org. All accessed 2026-10-31.
World Consulting Group material. Origin of the questions: AI-assisted World Consulting Group desk research on independent urgent care clinics, 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. Urgent care clinics 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 has more than 25 years of experience and more than 650 engagements across more than a dozen 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, billing or claim 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 am opening (or running) a small independent urgent care clinic. I have attached the Urgent Care Business Plan and Operations Starter Kit from businessconsultant.services. Help me make it my own plan, using my numbers only.

Follow these rules for the whole conversation:
1. Use only numbers I give you, or numbers you calculate from mine with the formulas below. Never invent a fee, allowed amount, rate, wage, percentage or benchmark.
2. The numbers printed in the kit are worked examples. Never use them as my numbers, not even as a placeholder.
3. If a number you need is missing, ask me for it. If I ask you to estimate or use typical figures, write [NEED: ...] instead and tell me which quote, record or calculation will give me the real number. If I give you my own estimate, label it MY ESTIMATE.
4. Use these formulas exactly, and show your arithmetic for every number you calculate:
- Monthly sales = visits (page 7 climb x season x days open in the month) x clean collectible per visit (page 9) + recovered denials after each payer's recovery lag. Full run, break-even and coverage take the settled year (full-run visits a day x season); year 2 holds visits at month 12's level.
- 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 hours go in line 14 only if they move with visits, else in line 3. Shift hours count as cash even if I skip my own pay, so the plan still holds when I step back from the work; only line 4 may go undrawn, and Tests 1 and 6 count it anyway.
- Contribution margin ratio = 1 minus variable cost share; a line's contribution = its sales times its own ratio. Operating break-even sales = fixed costs divided by contribution margin ratio. Cash break-even sales = (fixed costs with line 4 even if I do not draw it, plus monthly loan principal and any recurring other cash out) divided by contribution margin ratio; only the cash forecast drops an undrawn wage. A blended ratio holds only at its own sales mix: name that mix beside each break-even, and recompute from each line's own contribution when a what-if changes one line. Loan interest is fixed; principal is not an operating cost, so it never enters operating break-even or operating profit.
- Weekly = monthly times 12, divided by 52. Daily = monthly divided by days open in a month (days open per week x 365 / 12 / 7; 30.42 when open every day).
- Break-even visits = (fixed costs with line 4 even if undrawn, plus principal and other recurring cash out) divided by one visit's contribution, recovered denials included (page 9); 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 in a 4-hour block = visits a day x day index x season x block share; provider capacity = providers x 240 / provider minutes a visit; room capacity = rooms x 240 / room minutes a visit; check each block at the settled peak month.
- 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 visit level, seasons applied (not month 12's own sales). Test 1 needs that rate at or above cash break-even and my floor held 24 months; Test 3, coverage at full run and at that rate.
- Test 6 = 12 months of (full-run sales minus their variable costs, minus full-run fixed costs, line 4 included, minus principal), seasons applied to every sales line but booked lines, which run in their own months, and seasonal fixed lines at each month's amount. The cushion to set aside = the largest fall in running net cash from a high to any later low, the year run twice so a dip can cross into month 1 (zero if it never falls).
- Full-run figures (break-even, coverage, floor) take booked lines at full bookings averaged over 12 months, a late-starting fixed line at its full amount, a fixed line that steps down after year 1 at its later 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, 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 its own split (page 9). 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 = the number of consecutive future months, counted from the latest closed month (before opening, from opening day), 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, imaging, billing, payer contract and patient privacy 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 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, billing or claim exports, screenshots, dates of service, names, member or account numbers, free-text notes or small groups that could identify a person. If a report you received holds patient-level detail, do not paste it; enter only the totals you need. Never paste login details.
10. Mark every output: Draft for my own planning. Not for a lender or investor until a qualified accountant has reviewed it.
11. If your full answer would be very long, deliver outputs 1 to 4 first, then stop and ask me to type "continue" for the rest.
12. Build the cash forecast month by month from the sales build, the cost lines, my payment terms and my opening cash; it needs only the page 7, 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 clinic, rooms and hours, visits a day and where they come from, providers and staff by 4-hour block with pay, and days open per week.
b. Sales build: the page 7 inputs (visits a day for each month 1 to 12 from my opening level toward full run, full-run visits a day, the season and day indexes, each block's share of the day), 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). The page 7 climb sets the visit line's count. Give counts at full run, with month 1 as my opening month. Give the evidence behind each count (site counts, comparables, signed orders or my history), and visits and recovered denials follow the page 7 climb, so give no other monthly counts for them.
c. Providers and rooms by block, and provider and room minutes a visit (the climb, the indexes and the block shares are in item b).
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 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 one-provider roster with front desk and the cross-trained technologist, the added roster and the month it starts, 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 hours go in line 14 only if they move with visits, else in line 3.
f. Variable cost shares of net sales for lines 13 to 16: line 13, clinical supplies and test kits; line 14, hourly help above the minimum staff that moves with visits; line 15, card processing, as an effective share of net sales; line 16, billing service, at the rate and on the basis my agreement sets; and any sales line whose own shares differ, given for that line.
g. For each payer: my charge and its allowed amount for a visit, its share of my visits, the share the payer pays and the share the patient owes, its first-pass denial share, 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 claims it pays in that month and in each later month. For the cash forecast, blend my payers' own splits, weighted by each payer's clean collectible; never reuse the kit's printed blend.
h. Roles, hours a day and pay for the one-provider roster; the roles and hours the added roster brings; the threshold share.
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 appeal, and when staff and 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, equipment replacement and supply stock build-up.
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 (visits and recovered denials), with annual sales and the block capacity check from page 7.
3. The completed startup budget, line by line as on page 5, with the total. Size the reserve by the page 5 rule; if I gave another, show both and the result for each.
4. Operating and cash break-even per month, per week and per day open; break-even visits a month (use cash break-even); rent share and planning debt service coverage at full-run sales, 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 visit level 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 by payers (last month's + billed minus paid), money not yet in the bank.
6. Visits by month, and provider and room use in every block at the busiest month, including the single-provider evening block.
7. The payer table with clean collectible per visit, the claims owed month by month, and what the wait costs in cash: the lowest, over 24 months, of closing cash plus that month's claims owed, minus the lowest closing cash, with the second year's 12 closing balances printed (receipts keep arriving on their splits across the year end; each line's year-2 billing follows its settled-year months scaled so its December equals its own month 12, so recovered denials stay at month 10's visit level).
8. The roster cost by month and the first month of the added roster, which stays on from then. Then, over 24 months: the lowest closing cash and its month, the first month below my floor and the first below zero, and the extra opening cash that would hold the floor through month 24 (my floor minus that lowest close, rounded up to $100; 0 if none).
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 climb, the payer terms and the roster, 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 $120,656.

LINE ($)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
EXPECTED CASE												
Opening cash	**697,900**	**607,988**	**542,280**	**491,743**	**449,833**	**411,974**	**377,595**	**345,996**	**319,104**	**300,747**	**290,799**	**262,563**
In: sales receipts	15,859	42,220	58,896	68,154	73,117	77,056	80,762	87,987	98,496	108,256	117,398	125,233
In: owner money and loans received	0	0	0	0	0	0	0	0	0	0	0	0
Out: supplies, card fees and billing (lines 13, 15, 16)	9,284	11,440	12,946	13,577	14,490	14,948	15,874	18,392	20,366	21,717	23,657	24,436
Out: payroll, line 4 if drawn in cash (lines 3, 4, 14)	55,474	55,475	55,474	55,474	55,473	55,474	55,474	55,474	55,474	55,474	80,964	80,964
Out: rent (line 1)	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000
Out: other costs, with loan interest (lines 2, 5 to 12)	26,935	26,935	26,935	26,935	26,935	26,935	26,935	26,935	26,935	26,935	26,935	26,935
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	6,078	6,078	6,078	6,078	6,078	6,078	6,078	6,078	6,078	6,078	6,078	6,078
Out: startup bills still to pay	0	0	0	0	0	0	0	0	0	0	0	0
Net cash flow (in minus out)	**(89,912)**	**(65,708)**	**(50,537)**	**(41,910)**	**(37,859)**	**(34,379)**	**(31,599)**	**(26,892)**	**(18,357)**	**(9,948)**	**(28,236)**	**(21,180)**
Closing cash, expected	**607,988**	**542,280**	**491,743**	**449,833**	**411,974**	**377,595**	**345,996**	**319,104**	**300,747**	**290,799**	**262,563**	**241,383**
SLOW-START CASE (70 PERCENT OF EXPECTED SALES IN EVERY MONTH)												
Opening cash, slow start	**697,900**	**606,015**	**531,074**	**466,752**	**408,469**	**353,021**	**300,010**	**248,944**	**201,174**	**159,378**	**123,468**	**67,110**
Sales receipts, slow start	11,101	29,554	41,227	47,708	51,182	53,939	56,533	61,591	68,947	75,779	82,179	87,663
Out: variable costs, slow start (lines 13 to 16)	6,499	8,008	9,062	9,504	10,143	10,463	11,112	12,874	14,256	15,202	16,560	17,105
Out: fixed costs (lines 1 to 12), principal, bills, less funding	96,487	96,487	96,487	96,487	96,487	96,487	96,487	96,487	96,487	96,487	121,977	121,977
Net cash flow, slow start	**(91,885)**	**(74,941)**	**(64,322)**	**(58,283)**	**(55,448)**	**(53,011)**	**(51,066)**	**(47,770)**	**(41,796)**	**(35,910)**	**(56,358)**	**(51,419)**
Closing cash, slow start	**606,015**	**531,074**	**466,752**	**408,469**	**353,021**	**300,010**	**248,944**	**201,174**	**159,378**	**123,468**	**67,110**	**15,691**
STEADY-STATE YEAR FOR TEST 6 (RAMP DONE, SEASONS IN; NOT THE FORECAST YEAR)												
Net cash flow, steady-state year	**25,829**	**21,004**	**13,182**	**2,078**	**(3,180)**	**(9,769)**	**(11,223)**	**(1,884)**	**4,084**	**6,993**	**13,333**	**13,457**

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. Variable costs use each sales line's own shares, so a month can differ by a few dollars from the blended share. 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 $123,138 a month, against month 12's own $130,281): closing cash runs $227,038 in month 1 and minus $6,910 in month 12, lowest minus $6,910 in month 12, 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.