

VCRSoft Consultation Transcript

Company: Harmony Integrative Physical Therapy

Industry: Healthcare

Engagement: 1

VCRSoft

Hi Dr. — I'm your AI growth consultant for Healthcare. Let's start: tell me what Harmony Integrative Physical Therapy sells and who its customers are.

YOU — Turn 1

We offer outpatient physical-therapy services—initial evaluations, 1-on-1 sessions, group rehab classes, a 4-session fast-track cash package, and short tele-rehab follow-ups. Our patients are adults 18-55, mostly athletes (high-school, college, recreational) and people coming in after orthopedic surgery. About 65 % are covered by commercial insurance, 20 % pay cash-pay, and 15 % are workers' comp.

VCRSoft

What is your primary business model (e.g., fee-for-service, insurance contracts, bundled packages), and can you share the scale of your practice—number of clinicians, locations, and approximate annual patient volume?

YOU — Turn 2

Our core model is fee-for-service with a mix of insurance contracts and a cash-pay premium for a “fast-track” 4-session package. We have one location in Eugene, Oregon, staffed by four clinicians (plus myself as owner-clinician) and two front-desk admins. We see roughly 600-650 patients a year, averaging about 12 visits each, which pulls in around \$820,000 in revenue.

VCRSoft

What specific growth objectives are you targeting for the next 12-18 months (e.g., revenue, patient volume, average visit value, new service lines), and what do you see as the main constraints limiting that growth?

YOU — Turn 3

I'm aiming to lift revenue above \$1 million and bump weekly capacity up by 20 %—so we'd need about 700-750 patients a year, with an average visit value of \$120-\$125 to keep the margin. I also want to push the fast-track 4-session package into the top-line revenue mix and start a modest tele-rehab line for post-op follow-ups. The biggest roadblocks are the lease that limits adding rooms, the heavy insurance-admin load that eats clinician time, and the fact that cash-pay patients want quick slots but our scheduling system isn't flexible enough yet.

VCRSoft

What are your main sources of new patient leads (e.g., physician referrals, online search, social media, community events, paid ads), and how do you currently capture and track those inquiries?

YOU — Turn 4

We get about 45 % of new patients from physician referrals, 30 % from online search and Google reviews, 15 % from local sports-team partnerships, and the remaining 10 % from walk-ins and word-of-mouth. Every inquiry comes in via phone or a web form on our site; the front-desk staff logs it into HubSpot, tags the source, and schedules an initial evaluation within 48 hrs. We then pull the source data into our monthly marketing report to see where the leads are coming from.

VCRSoft

From the initial inquiry to the first paid visit, what are your typical conversion rates at each step (e.g., inquiry → scheduled evaluation, evaluation → treatment start, treatment start → cash-pay fast-track uptake), and how do you manage follow-up with prospects who don't immediately book?

YOU — Turn 5

- Inquiry → scheduled evaluation: about 70 % of phone/web-form inquiries book an evaluation within 48 hrs.
- Evaluation → first paid session: roughly 68 % of those who come in for an evaluation end up paying for a 1-on-1 PT session on the same day.
- First paid session → fast-track uptake: only about 12 % of patients who start with a standard session sign up for the 4-session fast-track cash package, mainly because we don't highlight it until after the first visit.

For prospects who don't book right away, the front-desk staff sends a polite email with a brief summary of what we can help with and a link to schedule. If we don't hear back in 3 days, a quick follow-up call is made to see if they have questions or need a different time. This keeps the funnel moving without feeling pushy.

VCRSoft

Can you describe the sales and intake workflow after a patient arrives for their initial evaluation—who conducts the evaluation, how treatment plans are presented, what role clinicians play in promoting the fast-track package, and how appointments are booked into the scheduling system?

YOU — Turn 6

When a patient walks in for an initial evaluation, the first-time clinician—usually one of our four PTs or myself—does a 60-minute assessment. During that visit, the clinician explains the individualized rehab plan and outlines the expected number of sessions. We then discuss the fast-track 4-session cash package; the clinician highlights the faster progress and the cost advantage, but we only push it strongly if the patient is out-of-network or wants a quick turnaround.

After the evaluation, the front-desk admin enters the appointment into Acuity (our scheduling tool that's integrated with WebPT). The admin schedules the next standard 45-minute PT slot, and if the patient opts for the fast-track, the admin books all four sessions in a block. The clinician's notes are uploaded to WebPT, and the billing system (Kareo) is updated automatically. The patient then receives a confirmation email with a link to the online portal where they can view the plan, pay any upfront cash-pay, and reschedule if needed.

VCRSoft

What proportion of your projected \$1 M+ revenue do you envision coming from the fast-track 4-session package and from the new tele-rehab service, and what timeline are you targeting for each to reach those levels?

YOU — Turn 7

I'm targeting the fast-track 4-session package to account for about 25 % of the \$1 M+ revenue—so roughly \$250 k—once we've rolled it out more aggressively. That should be achieved within 12 months, as we'll add a dedicated booking flow for it and train clinicians to pitch it at every evaluation.

The new tele-rehab service is still in the pilot phase; I'd like it to bring in about 10 % of the top-line—so \$100 k—by year-end. We'll start with a small cohort of post-op patients and use the data to refine the offering before scaling up.

VCRSoft

How do you measure the performance of each lead source (physician referrals, online search, sports-team partnerships, walk-ins)—e.g., cost per acquisition, conversion to paid patients, and average revenue per patient—and do you currently allocate budget or resources differently based on those metrics?

YOU — Turn 8

We track every new patient's source in HubSpot and pull that into our monthly report. For physician referrals the cost per acquisition is essentially zero—just the time the referrer spends sending the referral—so we look at conversion to paid: 90 % of referred patients book a paid session, and their average revenue is about \$2,200.

Online search and Google reviews cost us roughly \$1,200 a month in paid search; that gives us about 30 % of new patients, a 70 % conversion to paid, and an average revenue of \$2,000.

Sports-team partnerships bring in 15 % of patients; we don't pay for those, but the conversion is only 60 % and the average revenue is \$1,800.

Walk-ins/word-of-mouth are 10 % of new patients, 65 % conversion, \$1,750 average.

Because the referral channel is the most profitable and has the lowest CAC, we don't allocate extra ad spend there. We do, however, bump up our local sports partnership budget slightly to try to improve the conversion rate, and we're experimenting with a small retargeting campaign for people who search but don't book. The bulk of the \$3,200 marketing spend stays on paid search and a modest Google-My-Business optimization.

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What are your current pricing tiers for standard PT sessions, the fast-track package, and tele-rehab, and can you share the gross margin breakdown (clinician labor, facility overhead, insurance billing costs) for each service line?

YOU — Turn 9

- **Standard 1-on-1 PT session (45 min)**** - \$115 per visit (insurance-reimbursed at about \$110 after co-pay).

- **Fast-track 4-session cash package**** - \$360 total (so \$90 per session).

- **Tele-rehab follow-up (15 min)**** - \$55 per session (cash-pay; we don't bill insurance for these).

****Gross-margin breakdown (approximate, per service):****

Service	Clinician labor (cost)	Facility overhead	Insurance billing cost	Gross margin
Standard PT	\$45 (40 % of fee)	\$15 (10 %)	\$10 (9 %)	55 %
Fast-track	\$35 (39 %)	\$10 (11 %)	\$5 (6 %)	58 %
Tele-rehab	\$20 (36 %)	\$5 (9 %)	-	55 %

These numbers are rounded; we don't track exact admin time per claim, so the insurance billing cost is an estimate based on past collections.

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What is your current patient retention rate and average number of visits per patient after the initial evaluation, and how do you track and address churn or drop-off points in the treatment journey?

YOU — Turn 10

After the initial evaluation the average patient stays for about 12 visits, which is roughly 8 months of therapy. Our retention rate—defined as the percentage of patients who schedule a second episode of care (e.g., a new injury or a different body part)—is about 42 %.

We track churn through our EMR. Every time a patient cancels or misses an appointment, the front-desk admin logs it in Acuity and we flag the record in WebPT. At the end of each month we run a quick report that shows the number of patients who stopped after the first 4–6 visits, the reason they gave (insurance issue, scheduling conflict, etc.), and whether they completed the fast-track package.

To address drop-off, we reach out within 48 hours of a missed session with a short text asking if they're still on track and offering a same-day reschedule. For patients who cancel after 6 visits, we schedule a brief check-in call to see if the plan is still working or if they need a different therapist—this helps us keep the 42 % repeat-visit rate.

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Which software platforms, automation tools, or AI-powered solutions do you currently use for scheduling, billing, patient communication, clinical documentation, and performance analytics, and where do you see gaps or manual bottlenecks in those processes?

YOU — Turn 11

****Current tech stack****

Area	Tool	How we use it	Bottleneck / gap
****Scheduling****	Acuity (integrated with WebPT)	Front-desk books evaluations and follow-ups; patients can book 48 hrs in advance.	Front-desk still spends a lot of time verifying insurance pre-authorization on the phone before they can lock a slot. No real-time approval, so we lose same-day bookings.
****Billing & collections****	Kareo	Generates claims, tracks denial, and sends patient statements.	We don't have a real-time denial-tracking dashboard; the clinician must manually check claim status each visit, which eats into their time.
****Patient communication****	TextNow (SMS) + email via HubSpot	Automated reminders, post-visit follow-ups, and quick questions.	No automated "no-show" reminder that triggers a voicemail or a quick call. Front-desk still has to call each missed patient manually.
****Clinical documentation****	WebPT	Clinicians enter SOAP notes, progress, and billing codes.	We only use a simple AI transcription for notes; no analytics on treatment efficacy or automated progress summaries.
****Performance analytics****	HubSpot (basic) + manual Excel reports	Tracks lead source, conversion, and revenue per patient.	No real-time dashboard; the owner pulls a monthly PDF. We lack granular data on clinician utilization or the true cost of insurance paperwork.

****Where the manual bottlenecks are****

- * Insurance verification is still a phone-based task that takes 10–15 min per patient.
- * Claim status checks are done after the visit, so clinicians lose time that could be used for treatment.
- * No automated workflow to flag patients who miss 2–3 consecutive appointments; we catch it only when the front-desk notices a pattern.
- * We don't have an integrated analytics layer that shows, for example, how many fast-track packages are being offered versus how many are booked. This makes it hard to adjust marketing spend or staff training in real time.

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Do you have any formal referral incentive or partnership programs (e.g., for physicians, sports teams, or existing patients), and how are those incentives tracked and measured?

YOU — Turn 12

We don't have a formal "cash-in-hand" incentive program for anyone. For physicians, we simply provide them with a quick referral form that they can drop in a clinic bag or email; we track that in HubSpot and pull a monthly report that shows how many of those referrals convert to a paid session and what the average revenue per referred patient is.

For local sports teams we have a partnership agreement that gives us a flat fee per athlete who signs up, but

we don't offer extra perks to the athlete. That fee is recorded in our accounting system and we track it against the number of new patients that come through the team's referral.

Existing patients are encouraged to refer friends through a "bring-a-friend" discount: they get 10 % off their next session if the new patient books a fast-track package. We log that discount code in the billing system and see how many new patients used it each month.

In short, we track everything in HubSpot or our billing platform, then pull a quick spreadsheet each month to see conversion rates and revenue per channel. There's no automated dashboard, but the data is there.

VCRSoft

What percentage of your total annual revenue currently comes from each service line—standard 1-on-1 PT, the fast-track 4-session cash package, and tele-rehab—and how many patients (or visits) does each generate per year?

YOU — Turn 13

****Revenue mix (approximate)****

Service line	% of annual revenue	Estimated annual revenue	# of patients (or visits) per year
Standard 1-on-1 PT (45 min, insurance-reimbursed)	**≈ 55 %**	(≈ \$450 k)	~ \$450 k / \$2,100 per patient ≈ **215 patients** 215 patients × 12 visits ≈ **2,580 visits**
Fast-track 4-session cash package	**≈ 25 %**	(≈ \$205 k)	\$205 k / \$360 per package ≈ **570 patients** 570 patients × 4 sessions ≈ **2,280 visits**
Tele-rehab follow-up (15 min, cash-pay)			

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What is the average weekly patient-visit load per clinician (including the owner) today, and what is the maximum number of visits each could handle if scheduling and insurance-admin time were fully optimized?

YOU — Turn 14

Today we're filling about 435 of our 560 weekly slots, so each of the five clinicians—including me—handles roughly 87 visits a week on average.

If we could cut the insurance-admin drag and let front-desk lock in same-day bookings, we'd hit our 85 % utilization target (about 476 slots). That would give each clinician a ceiling of around ****95 visits per week****.

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What proportion of each clinician's weekly hours is consumed by insurance-verification and claim-follow-up tasks, and how does that translate into an estimated cost (e.g., salary-hour cost) per patient visit?

YOU — Turn 15

I'm not sure we have a precise number for how many minutes a clinician spends on insurance verification and claim follow-up each week. Roughly, I estimate it's about ****10 %** of their weekly clinical hours—so for an 8-hour day (40 h) that's around ****4 h per week****.

If we value that time at the clinician's hourly rate (I'm paid about ****\$80 / h****), that's ****\$320**** per week in admin time. Dividing by the 87 visits we see each clinician does that week gives an admin cost of about ****\$3.7 per visit****. In reality the admin time probably spikes during peak insurance-denial periods, so the true cost per visit could be closer to ****\$5-\$6****.

VCRSoft

What overall gross-margin target (as a percentage of revenue) are you aiming for, and how does your current blended margin across all service lines compare to that target?

YOU — Turn 16

Our goal is to lift the clinic's gross margin to **around 60 %** of revenue.

Right now, with the mix of insurance-reimbursed PT, the fast-track cash package, and tele-rehab, we're pulling in an overall blended margin of **about 58 %**. So we're just a couple of percentage points shy of the target.

VCRSoft

What is the maximum number of patient slots you could schedule per week if the lease-limit rooms and insurance-admin tasks were eliminated—i.e., the theoretical weekly capacity for each clinician and for the practice overall?

YOU — Turn 17

If we could take the lease-room limit out of the equation and also eliminate the front-desk/insurance bottleneck, each of our five clinicians (including me) could run a full 8-hour day, 5 days a week, with the average appointment length still around 45 minutes (our standard 1-on-1 PT). That works out to about **10–11 visits a day** per clinician, or roughly **50 visits per week**.

So the practice's theoretical weekly capacity would be **about 250 patient-visit slots** (5 clinicians × 50 visits).

VCRSoft

What mechanisms do you currently use to encourage existing patients to refer friends or write online reviews, and how effective have those efforts been in generating new appointments or improving retention?

YOU — Turn 18

We don't have a formal referral program—just a friendly “if you're happy with us, tell a teammate or leave a Google review.” After an evaluation, the front-desk asks if the patient would mind posting a quick review, and we send a follow-up email with a link. For referrals, we give a small discount on the next visit if the new patient mentions the referrer's name.

In practice, that's generated about **12–15 new appointments per month** that we attribute to word-of-mouth, and roughly a **2-point bump** in the 4.6 patient-satisfaction score. We haven't tracked a direct retention lift, but the repeat-visit rate stays steady at 42 %.

VCRSoft

Beyond the scheduling, billing, and communication tools you listed, are there any AI-enabled or automation features (e.g., predictive no-show alerts, automated claim denial handling, patient-outcome analytics, chatbot triage) that you currently use or wish you had?

YOU — Turn 19

Right now we only use a simple AI transcription service for therapist notes. I'd love to have a few more automated tools: a predictive no-show alert to flag patients who are likely to miss appointments, an automated claim-denial handler that flags denied claims for quick follow-up, and some basic patient-outcome analytics that could show us which exercises or rehab protocols are actually shortening recovery time. Anything that could surface insights without us having to dig through spreadsheets would be a big win.

VCRSoft

Beyond the transcription service, do you have any centralized data repository, API access, or integration layer that consolidates scheduling, billing, clinical notes, and outcome metrics to enable AI-driven tools (e.g.,

predictive no-show models, automated denial handling, outcome analytics), or is that data currently siloed across Acuity, Kareo, WebPT, and HubSpot?

YOU — Turn 20

We don't have a central data hub at all. Scheduling lives in Acuity, billing in Kareo, clinical notes in WebPT, and we use HubSpot only for a few marketing emails. There's no shared API layer or warehouse that pulls everything together, so any AI-driven tool would have to scrape or manually export from each system.

VCRSoft

Thanks — I have enough to prepare your growth strategy report.