Practice Pricing & Capacity Worksheet

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Use this worksheet to connect the way you want to practice with the financial requirements of the business. The numbers should work together. Your pricing, patient volume, schedule, overhead, and income goals all affect one another.

The purpose of this worksheet is to see whether the practice you are planning can support your financial goals without requiring you to practice in a way you do not want.

1. Start With the Practice You Want

How many days per week do you want to see patients? _____ days
How many weeks per year do you want to work? _____ weeks
How many clinical days does that give you each year? _____ days
How many patients would you ideally see on a normal clinical day? _____ patients
How many patients per day would you consider the maximum before the practice no longer feels the way you intended? _____ patients
How long would you like a typical patient visit to be? _____ minutes
How many hours per week do you want to spend on administrative or business work? _____ hours
Does this schedule match the Practice Vision Worksheet you completed earlier? Yes / Mostly / No
If not, what has changed?
_____

2. Your Income Goal

What annual income do you want the practice to provide you once established? $_____
Are there additional owner benefits or expenses the practice will pay on your behalf?
Examples may include retirement contributions, health insurance, professional expenses, or other benefits.
$_____
Total Annual Owner Compensation Goal $_____

3. Practice Expenses

Use your Startup Budget Worksheet and financial projections for these numbers.
Estimated annual operating expenses, excluding owner compensation: $_____
Annual debt payments, if not already included: $_____
Other annual practice expenses not included above: $_____
Estimated Annual Practice Expenses $_____

4. Revenue the Practice Needs

Estimated annual practice expenses: $_____
Desired annual owner compensation: $_____
Additional amount you want the practice to retain for reserves, reinvestment, or future growth: $_____
Approximate Annual Revenue Needed $_____
This is a planning target. Taxes, collection rates, variable expenses, payer adjustments, and other factors may require a more detailed financial model.

5. Your Revenue Model

How will the practice primarily generate revenue?
□ Monthly membership
□ Annual membership
□ Cash payment per visit
□ Cash payment for procedures or services
□ Insurance reimbursement
□ Combination of these
□ Other: _____
What do you expect to receive, on average, for a patient, membership, visit, procedure, or other primary unit of revenue? $_____
What is that number based on?
□ Current market pricing
□ Insurance fee schedules or expected reimbursement
□ Comparable practices
□ Conversations with prospective patients
□ Current practice experience
□ Financial modeling
□ Estimate only
□ Other: _____

6. If You Are Building a Membership Practice

Complete this section for DPC, concierge, or another membership-based model.
Average monthly membership revenue per patient: $_____
Approximate annual revenue per patient: $_____
Annual revenue needed: $_____
Approximate number of active members needed to generate that revenue: _____ members
What panel size do you want? _____ members
What is the maximum panel size you would be comfortable managing? _____ members
At your desired panel size, estimated annual membership revenue would be: $_____
Does your desired panel size generate enough revenue to support the practice? Yes / No / Unsure
If not, which assumption would need to change?
□ Membership price
□ Panel size
□ Practice expenses
□ Owner income goal
□ Additional revenue sources
□ Practice design
□ Other: _____
If the practice will have additional revenue beyond membership fees, estimate it here: $_____ annually
Examples may include services outside the membership, procedures, employer contracts, dispensing, or other permitted revenue sources.
Estimated Total Annual Revenue at Desired Panel Size $_____

7. If You Are Building a Visit- or Procedure-Based Practice

Complete this section if revenue primarily depends on visits, procedures, or services.
Average expected collection per visit, procedure, or service: $_____
Annual revenue needed: $_____
Approximate number of visits, procedures, or services needed annually: _____
Number of clinical days per year: _____
Approximate number required per clinical day: _____
Compare that with the number of patients you said you want to see each day.
Desired patients per day: _____
Patients per day required financially: _____
Maximum patients per day you are comfortable seeing: _____
Do those numbers work together? Yes / Mostly / No
If not, which assumption would need to change?
□ Pricing or reimbursement
□ Patient volume
□ Practice expenses
□ Owner income goal
□ Number of clinical days
□ Services offered
□ Practice model
□ Other: _____

8. If You Bill Insurance

Expected average collection per patient visit: $_____
How confident are you in that estimate?
□ Based on actual fee schedules or payer information
□ Based on experience with similar patients or services
□ Based on industry estimates
□ Mostly a guess at this point
Expected collection rate: _____ %
Expected payer mix:
Commercial insurance: _____ %
Medicare: _____ %
Medicaid: _____ %
Cash / self-pay: _____ %
Other: _____ %
Will reimbursement vary significantly by payer or service? Yes / No / Unsure
If yes, have you accounted for that in your projections? Yes / Somewhat / Not Yet
Have you included billing and collection costs in your operating expenses? Yes / No / Unsure

9. Capacity

How many patients could the practice realistically see each day with the staff, space, and visit length you are planning? _____ patients
How many patients do you actually want to see? _____ patients
What percentage of your practical capacity would you expect to use once the practice is established? _____ %
Would the practice still meet its financial goals at that level? Yes / No / Unsure
What would become the first constraint if patient volume increased?
□ My clinical time
□ Staff
□ Exam rooms / space
□ Scheduling
□ Administrative workload
□ After-hours communication
□ Technology
□ Other: _____

10. Test the Pricing

For a direct-pay practice, ask:
Would the patients I want to serve reasonably pay this amount? Yes / Probably / Unsure / Probably Not
What evidence supports that answer?
_____
Have you discussed the proposed price with potential patients? Yes / Somewhat / Not Yet
Have you looked at comparable practices in your market? Yes / Somewhat / Not Yet
For an insurance-based practice, ask:
Do expected reimbursement rates support the patient volume and schedule I want? Yes / Probably / Unsure / Probably Not
What evidence supports that answer?
_____

11. Test a Slower-Growth Scenario

Do not build the plan assuming the practice fills immediately.
At 50% of your desired patient volume or panel size, estimated annual revenue would be:
$_____
At 75%: $_____
At 100%: $_____
Approximately what patient volume or panel size is required to cover practice operating expenses?

_____
Approximately what patient volume or panel size is required to cover operating expenses and your desired owner compensation?

_____
How long do you think it could realistically take to reach that point? _____ months
Does your working capital plan give you enough time? Yes / Probably / Unsure / No

12. Does the Model Work?

After working through the numbers:
Can the practice support the income you want? Yes / Probably / Unsure / No
Can it do that at a patient volume you are comfortable with? Yes / Probably / Unsure / No
Does the pricing or reimbursement appear realistic for the market? Yes / Probably / Unsure / No
Does the schedule still resemble the practice you described in your Practice Vision Worksheet? Yes / Mostly / No
Which assumption has the greatest effect on whether the model works?

_____
Which assumption are you least confident about?

_____
What needs to be confirmed before you rely on these numbers?

_____

Using This Worksheet

This worksheet is a general planning resource and does not constitute individualized consulting, legal, tax, accounting, or financial advice from Practice Freedom Advisor.

Use it to test whether your pricing, patient volume, practice expenses, schedule, and income goals work together. More detailed financial projections should be developed before making major financial commitments.

If you want help evaluating the financial assumptions behind the practice you are planning, you can schedule a Practice Freedom Strategy Session.

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