OPERATIONS, MODULE 9

Using AI in the clinic

An AI assistant like Claude is a fast first draft and a patient explainer. It is not a bookkeeper, a lawyer, or someone who knows your clinic. After this module you know six things it is genuinely good at in a medspa, the exact way to ask, the rules that keep you safe, and what to do with the output.

> **Two rules before anything else.** First, **never paste patient names, charts, photos or anything that identifies a patient** into a general AI tool. Exports with patient columns get the columns deleted first; schedule data is fine as counts by hour. Second, AI drafts and a person decides. It does not know your state's rules, your contracts or your numbers in context, and it will state a wrong thing confidently. Treat every answer as a draft from a smart new hire.

How to ask

Give it the role, the data, and the question, in that order. "You are helping a medspa owner. Here is [the data]. [The question]. Show your work in a table." Then push back: "What did you assume?" and "What would change your answer?" The second and third questions are where the value is.

Six things it is good at

1. Where are we overstaffed?

Export appointments by weekday and hour for eight weeks (no patient names) and the provider schedule. Paste both.

Ask: "Here are bookings by weekday and hour, and the hours each provider is scheduled. Show me a table of the blocks where scheduled hours exceed bookings by the most, and the blocks where bookings exceed capacity. Suggest two moves that keep total hours the same."

What you get: the heat map from Operations 2 in a minute, and two moves to discuss. What you do with it: check it against what you know (Tuesday is slow because the lead injector trains that day), then bring it to the monthly call.

2. What changed on this supplier's invoices?

Paste the line items from the last three invoices from one supplier.

Ask: "Compare the unit prices across these invoices. Flag any item whose price per unit changed, and calculate the monthly cost of each change at the quantities shown."

What you get: the price creep Finance 6 warns about, itemized. What you do with it: reprice (Finance 7) or call the supplier.

3. Write our checkout scripts in our voice

Ask: "We are a two injector medspa. Our tone is warm and direct. Write three sentences the desk says at checkout: one to book the next visit with two specific times offered, one to add the product the provider recommended, one to offer a membership that banks units monthly. Give me three versions of each."

What you get: a draft of Operations 1. What you do with it: read them aloud with the desk and keep the ones that sound like you.

4. Reply to reviews

Ask: "Here are five Google reviews (names removed). Draft a two sentence reply to each, warm, specific to what they said, no medical detail, and for the negative one, an apology and an invitation to call the owner directly."

What you get: replies in two minutes. What you do with it: a person reads and posts them; the negative one gets a call first (Operations 4).

5. The job post and the interview questions

Ask: "Write a job post for a nurse injector at a single location medspa. Lead with what the role produces: $25,000 a month of service revenue by month six, a 55% rebook rate. Then write eight interview questions that test production, charting habits and whether they ask for the rebook."

What you get: Operations 8, drafted. What you do with it: your attorney checks the post for your state before it goes up.

6. Explain this line on my P&L

Ask: "My P&L shows 'Deferred revenue, memberships' on the balance sheet going up while membership revenue on the P&L is flat. Explain what that means for a medspa in plain language, and what I should ask my bookkeeper."

What you get: Finance 2 in your own situation. What you do with it: ask us the question it suggests. That question is included.

What it is not for

- **Closing the books.** Reconciling, coding, the deferred revenue roll, the intercompany tie out. It cannot see your bank and it does not carry responsibility.
- **Telling you whether a number is good.** It has no benchmark for your market, your mix or your stage. The scorecard's targets come from data and from a person who has read your books.

- **Your state's rules, contracts or tax.** It will answer. It will sometimes be wrong. Your attorney and CPA are the answer (Operations 5, Finance 10).
- **Negotiating with a vendor or a buyer.** A draft email, yes. The call, no.
- **Anything a patient sees without a person reading it first.**

Tools at the front desk

Beyond the chat window, AI is now inside most booking and phone systems: answering after hours, transcribing calls, drafting the recall message, summarizing the day's inquiries. The same rules apply: a business associate agreement with the vendor, clinical detail kept out of messages, and a person reviewing before anything reaches a patient. Set up right, these tools give the desk back an hour a day. Set up wrong, they text a patient about her treatment from a system nobody checked.

> **Where Benchmark comes in.** AI tools for the front desk and the team are a service we set up: the tools, the agreements, the prompts your team actually uses, and the quarterly audit (Operations 4). In the plan, the outputs above come to the monthly call and we turn them into decisions. The books, the scorecard, the targets and the read stay with a person who has read your numbers.

Try it yourself

- [ ] Run example 1 with your own schedule export (patient columns deleted). Bring the two suggested moves to your next call.
- [ ] Run example 4 on your last five reviews. Post the ones you like.
- [ ] Write the two rules on a card at the desk: no patient information, a person decides.

Check yourself: Operations 9

Before pasting a schedule export into an AI tool, you

Add the patient names so it can be specific

Delete every column that identifies a patient

Nothing, it is private

Counts by hour are fine. Names, charts and photos never are.

AI's answer about your state's supervision rules should be treated as

The answer

A draft to check with your attorney, because it can be confidently wrong

Irrelevant

It will answer. It will sometimes be wrong.

The best prompt structure is

- One short question
- Role, data, question, then push back on assumptions
- A long paragraph about your clinic

"What did you assume?" is where the value is.

Which of these is AI good at?

- Reconciling the bank account
- Drafting review replies for a person to post
- Deciding whether your rebook rate is good

Drafts and explanations, yes. Books and judgment, no.

An AI front desk tool that texts patients needs

- Nothing special
- A business associate agreement, clinical detail kept out, and a person reviewing
- Only a good script

Set up wrong, it texts a patient about her treatment from a system nobody checked.

Pick an answer for each question.

Want this done, not just explained?

The 10-Day Sprint finds the leaks for $1,000, one time. After that, on the plan, the scorecard keeps coming and at least one growth initiative is executed with you every month. Plans from $2,299 a month. Everything in this module is part of that work.

See the sprint and pricing | Text Nate

Educational material from Benchmark Advisors, not tax, legal, medical or investment advice, and not a promise of any result. The sample clinic and its figures are invented. Rules differ by state and change; confirm anything that matters with your

CPA, your attorney and your state board. Full disclaimers.