MARKETING, MODULE 4

Paid ads and the funnel

Marketing is not a cost of doing business. It is money you spend to buy patients, and it either pays back or it does not. After this module you can read your funnel, say what a new patient should cost, spot the discount trap, and test your own numbers in the calculator.

The funnel, and where it leaks

Every new patient came through the same four steps: they saw you, they reached out (a lead), they booked a consult or a first visit, and they had a treatment. Each step has a rate, and the rates multiply. Two clinics with the same ad budget can end up with very different patient counts because one answers the phone in five minutes and the other in five hours.

Step	Measured as	What good looks like	The usual leak
Lead	Forms, calls, chats, DMs	Cost per lead under $40 to $60	Tired ads, a slow site, no booking link on the listing
Consult booked	Consults divided by leads	40 to 50%	Speed to lead. A lead answered after an hour is half as likely to book.
Treatment booked	Treatments divided by consults	60% and up	The consult script, and no same day treatment offer
Return	Back within 90 days	60% and up	Operations 7

What a new patient should cost

Add up everything you spend on marketing in a month: ads, the agency, content, tools, the discount on the first visit special. Divide by new patients. For most clinics the answer should be **under $150**, and ad spend alone under $90 to $100. The reason it can be that high and still work is Operations 7: a patient kept for a year is worth $1,500 and up. The reason it cannot be $400 is that most clinics do not keep enough patients long enough to earn that back.

The check is revenue per marketing dollar: total revenue divided by total marketing. Under 3x, the spend is not paying back and the fix is the funnel, not the budget. 4x and up is healthy; 6x and up is a mature clinic with referrals and returning patients doing most of the work.

Test your own funnel

Move the sliders. Start with your real numbers, then move one step at a time and watch what a five point change in a conversion rate is worth against a $1,000 change in ad spend.

Marketing spend a month **$8,000**

Cost per lead **$45**

Leads that book a consult **40%**

Consults that book a treatment **55%**

Average first visit **$350**

Visits in the first year, if kept **4**

Patients kept past the first visit **55%**

178 Leads	**39** New patients a month
$205 Cost per new patient	**$13,689** First visit revenue
$36,276 First year revenue from this month's patients	**4.5x** Revenue per marketing dollar, first year

At $205 a patient, fix the funnel before adding budget. Five more points on the consult rate is worth more than $1,000 of spend.

The discount trap

A $99 neurotoxin offer on a deep discount platform: the platform keeps a share, the product costs $180 to $250 at 30 units, the injector's time is an hour. The visit loses money before the lights are counted. It pays only if the patient returns at full price, and discount platform patients return at a fraction of the rate of patients who came through a referral or a search. Run the offer through the calculator with "patients kept" at 20 percent and see what happens to the year. If you want an introductory offer, make it a modest one on your own site, to your own price list, and measure who came back.

Where the money should go, in order

1. **Reviews and the Google listing** (Marketing 1). Free, and the highest converting source there is.
2. **Referrals.** A patient who refers a friend gets something real (a treatment credit, not a discount). One in four new patients from referrals is achievable and they cost almost nothing.
3. **Reactivation and recall** (Operations 7). Patients you already have.
4. **Paid search** for the five treatments people search by name. Intent is high; cost per lead is predictable.
5. **Paid social** once the funnel converts. Great for reach, expensive when the desk is slow to respond.

> **Where Benchmark comes in.** Every funnel number is on page 3 of your scorecard. In the plan, marketing is checked every month against what it brought back, by source, and the budget moves to what is working. Brand and marketing rebuilds are quoted separately when a clinic needs one.

Try it yourself

- [ ] Total marketing spend last month divided by new patients. Write the number next to $150.
- [ ] Send a test lead through your own website form at 8pm. Time the response.
- [ ] Put your real numbers into the calculator. Move the consult rate up five points. Note what it is worth.

Check yourself: Marketing 4

Marketing spend $9,000, new patients 45. Cost per new patient is

$45

$200

$90

9,000 divided by 45. Above the $150 working target; look at the funnel before the budget.

The step most often fixed by a process change, not more money, is

Leads

Leads that book a consult, through speed to lead

Ad reach

Answer within five minutes and the rate moves. No ad budget required.

Revenue per marketing dollar of 2.5x means

- Marketing is working well
- The spend is not paying back; fix the funnel before adding budget
- Nothing without more data

Under 3x the money is leaking somewhere between lead and return visit.

The highest converting, lowest cost source of new patients is usually

- Paid social
- Reviews, the Google listing, and referrals
- A discount platform

Trust already earned costs nothing to buy.

A $99 deep discount offer usually

- Pays for itself on the visit
- Loses money on the visit and rarely earns it back, because those patients return at a low rate
- Builds loyalty

Run it through the calculator with patients kept at 20%.

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.