



BUSINESS PLAN · INDIA

Day-Care Surgery Centre

Same-day ambulatory surgeries - efficient OTs, lower cost, faster recovery, PMJAY-empanelled

HEALTHCARE

AISEVAK.IN · BY ABL DIGITAL TECHNOLOGIES

August 2026

This document is confidential and prepared for planning purposes. All financial figures are illustrative model assumptions for an Indian MSME context and must be validated against live quotes, local rates and professional advice before any investment or borrowing decision.

1. Executive Summary

This plan sets out a **Day-Care Surgery Centre** in India — an ambulatory surgical facility performing short-stay, same-day surgeries (cataract, ENT, general/laparoscopic, gynae, ortho-scopic, proctology, cosmetic & other day-care procedures) where patients are admitted, operated & discharged within hours, without overnight hospitalisation. It earns per-procedure/surgery-package fees, OT & anaesthesia charges, and diagnostics/pharmacy income — an efficient, high-throughput, lower-cost alternative to inpatient hospitals.

Day-care surgery is a fast-growing global & Indian model — advances in minimally-invasive surgery & anaesthesia let many procedures be done same-day, at lower cost, with faster recovery & better OT utilisation. Rising insurance/PMJAY coverage of day-care procedures, and demand for affordable, convenient surgery, drive volume. A well-run, efficient, empanelled centre with good surgeons & high OT utilisation earns strong, procedure-driven margins.

The promoter — a surgeon / healthcare entrepreneur — seeks total funding of **₹1 crore** for a 2-OT day-care centre (₹32 lakh promoter + ₹68 lakh term/equipment finance), targeting **₹1.4 crore** revenue in Year 1 and **₹3.2 crore** by Year 3. *(High-throughput, OT-utilisation- & empanelment-driven ambulatory-surgery model.)*

2. Business Description, Vision & Legal Structure

Concept: An efficient day-care surgery centre delivering safe, affordable, same-day surgeries with fast recovery & high OT utilisation.

Vision: To be a trusted, efficient ambulatory-surgery destination — quality surgery without hospital stay.

Mission: Provide safe, affordable, high-quality day-care surgery with skilled surgeons, good OTs & efficient throughput.

Legal structure options

- **LLP / Private Limited** — Pvt Ltd recommended for capex, empanelment & scale.
- **Surgeon partnership / SPV** with professional management.

Regulatory anchor: a day-care surgery centre requires **Clinical Establishments Act registration, OT & anaesthesia standards, council-registered surgeons & anaesthetists, fire NOC, biomedical-waste, AERB (imaging), and NABH (quality/empanelment)**; insurance & PMJAY increasingly cover day-care procedures. Healthcare services largely GST-exempt (pharmacy taxable). OT utilisation, surgery volume & mix, surgeon quality, empanelment & efficiency determine viability.

3. Promoter & Ownership

Led by a promoter (surgeon or entrepreneur). Delivery uses surgeons (own & visiting across specialities), anaesthetists, OT & recovery nurses, technicians, and admin/billing. Year-one ownership rests with the promoter/partners; ownership and profit-sharing (incl. surgeon revenue-shares) are editable inputs.

4. Market Analysis — India

Day-care surgery is growing rapidly in India as minimally-invasive techniques & anaesthesia enable same-day procedures, insurance/PMJAY cover them, and patients & payers prefer lower-cost, faster-recovery, convenient surgery. High-volume procedures (cataract, ENT, laparoscopic, proctology) suit the model. The market rewards efficiency, OT utilisation, surgery mix, quality & empanelment.

Demand drivers

- **Minimally-invasive surgery** growth.
- **Insurance/PMJAY day-care** coverage.
- **Lower cost & faster recovery.**
- **Convenience** (no overnight stay).
- **High-volume** day-care procedures.

Market sizing (illustrative framing)

Layer	Definition	Indicative scale
TAM	Day-care surgery demand in India	Very large & growing
SAM	Catchment & referral surgery volume	Substantial
SOM (Yr 1-3)	Surgeries/month (OT utilisation)	Ramping utilisation

Target segments

- Day-care surgical patients (multi-speciality).
- Insured & PMJAY patients.
- Referred (doctors/clinics).
- Cash & corporate patients.

5. Competition & Competitive Advantage

Landscape: hospitals' OTs, other day-care/ambulatory centres, and speciality clinics. The firm competes on efficiency, cost, OT utilisation, surgeon quality, empanelment & patient experience.

The firm's edge

- **Efficient, high-utilisation OTs.**
- **Lower cost vs. hospital.**
- **Skilled surgeons & safety.**
- **Empanelment (insurance/PMJAY).**
- **Fast throughput & experience.**

6. Services & Revenue Streams

Stream	Model	Basis
Day-care surgeries (multi-speciality)	Per procedure/package	Core (high value)
OT & anaesthesia charges	Per case	Included/package
Diagnostics & pre-op	Per test	Ancillary
Pharmacy & consumables	Margin	Ancillary
OT-sharing / visiting surgeons	OT-rental / fee-share	Utilisation

Surgery packages are the high-value core; OT-sharing (visiting surgeons), diagnostics & pharmacy add income & utilisation. OT utilisation (surgeries/OT/day) × surgery mix against fixed costs is the decisive economic lever; empanelment fills the OT.

7. Go-to-Market — Marketing & Patient Acquisition

- **Surgeon & doctor referrals** (own + visiting; OT-sharing).
- **Insurance/PMJAY empanelment.**
- **Speciality camps** (cataract/ENT etc.).
- **Local visibility & digital.**
- **Cost, quality & experience** reputation.

Approach

Attract surgeons (own/visiting/OT-share) & referrals → secure empanelment for volume → run OTs at high utilisation efficiently → build reputation & volume. Surgeons, empanelment & OT utilisation drive surgery volume & returns.

8. Operations Plan

- **Facility:** 2 OTs, pre-op & recovery/day-care beds, sterilisation, diagnostics, pharmacy, reception.
- **Process:** consult/referral → pre-op assessment → surgery (day-care) → recovery → same-day discharge → follow-up; empanelment claims.
- **OT & safety:** OT/anaesthesia standards, sterilisation, infection control, safety protocols, biomedical-waste.
- **Utilisation:** scheduling to maximise surgeries/OT/day across specialities & visiting surgeons.
- **Capacity:** OTs × cases/day; scale by utilisation, specialities & a third OT.

Surgery workflow

Stage	Activity	Metric
Schedule	Book cases	OT utilisation
Pre-op	Assess	Safety
Operate	Surgery	Cases/day
Recover	Day-care	Turnaround
Discharge	Same-day + f/u	Outcomes

9. Regulatory, Licences & Compliance (India)

- **Clinical Establishments Act** registration; OT & anaesthesia standards; council-registered surgeons & anaesthetists.
- **Fire NOC, building & safety; biomedical-waste** authorisation; AERB (imaging); drug & sterilisation norms.
- **Empanelment & quality:** insurance/PMJAY empanelment; NABH accreditation (quality & empanelment); surgical-safety protocols.
- **Business & tax:** Pvt Ltd/LLP; PAN/TAN; GST (services largely exempt, pharmacy taxable); DPDP patient-data & records.

10. Organisation & Manpower Plan

Role	Yr 1	Yr 2	Yr 3
Promoter / Medical Director	1	1	1
Surgeons (own + visiting)	4	7	10
Anaesthetists	2	3	4
OT & recovery nurses/technicians	8	12	16
Admin, billing & support	5	8	10
Total	20	31	41

11. Implementation Timeline & Milestones

Phase	Timeline	Milestone
Setup	Month 0-5	Premises, OT build, equipment, licences, empanelment, team
Launch	Month 5-7	Centre opens; first surgeries
Traction	Month 7-14	OT utilisation & empanelment build; break-even nears
Scale	Year 2	Higher utilisation; more specialities/surgeons
Growth	Year 3	High OT utilisation; strong surgery volume

12. Financial Plan (Illustrative — 2-OT)

All figures are illustrative model assumptions for an Indian context, shown so the promoter can replace them with live rates. They are not projections of guaranteed results. High-throughput; OT utilisation & surgery mix drive economics.

12.1 Project cost & means of finance

Capital requirement	₹
OT build & medical equipment (2 OTs)	55,00,000
Recovery/day-care, diagnostics & fit-out	25,00,000
Licences, NABH & IT	8,00,000
Working-capital buffer	12,00,000
Total project cost	1,00,00,000
Promoter contribution	32,00,000
Term/equipment loan	68,00,000

12.2 Projected Profit & Loss (3 years)

Particulars	Year 1	Year 2	Year 3
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Day-care surgeries (packages)	1,05,00,000	1,80,00,000	2,45,00,000
Diagnostics, pre-op & pharmacy	25,00,000	42,00,000	55,00,000
OT-sharing / visiting surgeons	10,00,000	18,00,000	20,00,000
Total revenue	1,40,00,000	2,40,00,000	3,20,00,000
Surgeon & anaesthetist fees/shares	45,00,000	78,00,000	1,02,00,000
Consumables, implants & pharmacy COGS	38,00,000	64,00,000	84,00,000
Staff, rent & overheads	30,00,000	44,00,000	56,00,000
Admin, marketing & upkeep	12,00,000	18,00,000	23,00,000
Interest on loan	6,80,000	5,50,000	3,80,000
Total expenses	1,31,80,000	2,09,50,000	2,68,80,000
Net profit (before tax)	8,20,000	30,50,000	51,20,000
Net margin	5.9%	12.7%	16.0%

12.3 Unit economics & break-even

- **Per surgery:** package price – (surgeon/anaesthesia + consumables/implants + OT-time + allocated fixed); mix & efficiency drive margin.
- **OT utilisation:** surgeries/OT/day is the biggest lever against high fixed OT costs; empanelment fills the schedule.
- **Break-even:** reached around month 10-14 as OT utilisation & empanelment build.

12.4 Projected Cash Flow — Year 1 (quarterly, illustrative)

Particulars (₹)	Q1	Q2	Q3	Q4
Opening balance	12,00,000	8,60,000	8,20,000	8,80,000
Collections	24,00,000	32,00,000	40,00,000	44,00,000
Operating outflows	25,70,000	30,70,000	37,70,000	41,00,000
Loan EMI	1,70,000	1,70,000	1,70,000	1,70,000
Closing balance	8,60,000	8,20,000	8,80,000	10,10,000

High fixed OT & staff costs run from opening while utilisation ramps; insurance/PMJAY claims lag, so claim-management matters. The buffer covers the ramp; OT utilisation & empanelment turn cash strongly positive.

12.5 Key Performance Indicators to Monitor

- **Utilisation:** surgeries/OT/day; OT utilisation %; case mix.
- **Economics:** revenue & margin per surgery; consumable/implant ratio.
- **Quality:** surgical outcomes; complications (low); safety.
- **Finance:** empanelment mix; claim-collection days.

13. Funding Requirement & Bankability

Total ask: **₹68 lakh term/equipment finance** against ₹32 lakh promoter contribution — medical-equipment & healthcare-infra finance suit the OT/equipment capex; healthcare is priority-sector & bankable. Year-2 net profit ~₹30.5 lakh gives a comfortable DSCR; OT utilisation, surgery volume & empanelment underpin bankability. A WC limit helps with claim lags.

13.1 Funding utilisation

Use of funds	₹	% of total
OT build & medical equipment (2 OTs)	55,00,000	55%
Recovery/day-care, diagnostics & fit-out	25,00,000	25%
Working-capital buffer	12,00,000	12%
Licences, NABH & IT	8,00,000	8%
Total	1,00,00,000	100%

14. Risk Analysis & Mitigation

Risk	Mitigation
Low OT utilisation	Surgeon/OT-sharing; empanelment; referrals; camps; scheduling
Surgeon dependence	Multiple/visiting surgeons; OT-share model; brand
Surgical/safety/complication	Protocols, NABH, infection control, safety, indemnity
Claim-collection delays	Claims process; WC limit; payer mix; TPA management
Consumable/implant cost	Efficient procurement; package design; utilisation

15. SWOT Analysis

Strengths Growing model; lower-cost & efficient; empanelment volume; strong Year 2-3 margins; OT-share upside.	Weaknesses Capital & fixed-cost heavy; utilisation-sensitive; surgeon-dependent; claim lags.
Opportunities Minimally-invasive growth; PMJAY/insurance day-care; specialties; OT-sharing; multi-centre.	Threats Hospitals & chains; price caps; reimbursement delays; consumable inflation.

16. Recommended AiSevak Tools for This Business

This day-care surgery centre would use AiSevak's Healthcare vertical tools in delivery:

- **Centre ops:** OT-scheduling/utilisation, surgery-EMR, billing/claims and pharmacy/inventory tools.
- **Compliance & empanelment:** Clinical-Establishments, NABH, surgical-safety, PMJAY/insurance-empanelment and biomedical-waste tools (with Legal & Finance verticals).

- **Practice:** Business Plan, per-surgery & OT-utilisation economics and Break-even tools to model the centre.

17. Key Assumptions & Notes

- 2-OT day-care centre; OT utilisation & surgery mix drive revenue; same-day discharge (no overnight).
- Insurance/PMJAY increasingly cover day-care procedures; consumables/implants are a major variable cost.
- Term/equipment finance ~10-11% p.a., 7-8 yr; healthcare priority-sector; services largely GST-exempt.
- OT utilisation, surgery volume/mix, empanelment, quality & efficiency are decisive; figures exclude applicable GST.

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