



B U S I N E S S P L A N · I N D I A

Home-Healthcare Service

Skilled nursing, physiotherapy & elder care at home - convenient, affordable, recurring care

HEALTHCARE

AISEVAK.IN · BY ABL DIGITAL TECHNOLOGIES

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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 **Home-Healthcare Service** in India — a business providing medical & care services at patients' homes: skilled nursing, physiotherapy, elder & palliative care, post-operative & ICU-at-home, attendants, medical equipment on rent, and doctor/nurse home visits. It earns service fees (per visit, per day, or monthly care packages) plus equipment-rental income, meeting the fast-growing demand for convenient, affordable care at home.

India's home-healthcare demand is surging with an ageing population, rising chronic & lifestyle disease, nuclear families, NRIs with parents in India, and a preference for recovery & elder care at home over hospitals. It is far more affordable than inpatient care and frees hospital beds. A well-run home-healthcare service with trained staff, reliable delivery & trust builds recurring, scalable, asset-light revenue.

The promoter — a healthcare/nursing entrepreneur — seeks total funding of **₹18 lakh** (₹6 lakh promoter + ₹12 lakh working-capital/term finance, eligible under Mudra/CGTMSE), targeting **₹45 lakh** revenue in Year 1 and **₹1.3 crore** by Year 3. (*Asset-light, staff- & trust-driven recurring-care model.*)

2. Business Description, Vision & Legal Structure

Concept: A trusted home-healthcare service bringing skilled nursing, physiotherapy, elder & recovery care to patients' homes — convenient, affordable & caring.

Vision: To be the trusted home-care partner for families & elders in the region.

Mission: Deliver safe, skilled, compassionate care at home — improving recovery, quality of life & family peace of mind.

Legal structure options

- **Proprietorship / LLP** — LLP recommended as the team & catchment grow.
- **Private Limited** — for scaling across cities & funding.

Regulatory anchor: home healthcare involves clinical-service & staffing compliance — qualified nurses/physios (council-registered), doctor supervision/protocols, drug-handling & biomedical-waste norms for clinical procedures, staff background verification, and GST (healthcare services largely exempt; equipment rental taxable). Staff quality & training, reliability, trust/safety, and care-package economics determine success; it is asset-light beyond equipment.

3. Promoter & Ownership

Led by a promoter with healthcare, nursing or care-management experience. Delivery uses skilled nurses, physiotherapists, trained attendants/caregivers, a doctor for supervision (retained/visiting), and a care-coordination & ops team. Year-one ownership rests with the promoter; ownership and profit-sharing are editable inputs.

4. Market Analysis — India

India's home-healthcare market is among the fastest-growing healthcare segments, driven by ageing, chronic disease, nuclear families, NRI families, hospital-cost avoidance & convenience. Elder care, post-operative recovery, chronic-disease management & palliative care at home are in strong demand. The market is under-served by organised, quality providers & rewards trust, reliability & skilled care.

Demand drivers

- **Ageing population** & elder care.
- **Chronic & lifestyle** disease.
- **Nuclear & NRI** families.
- **Hospital-cost avoidance** & convenience.
- **Recovery & palliative** care at home.

Market sizing (illustrative framing)

Layer	Definition	Indicative scale
TAM	Home-healthcare demand in India	Large & fast-growing
SAM	Reachable households in the catchment	Substantial
SOM (Yr 1-3)	Active care patients/month	Scaling

Target segments

- Elders needing care/attendants.
- Post-operative & recovery patients.
- Chronic-disease & palliative patients.
- NRI families (parents in India).

5. Competition & Competitive Advantage

Landscape: organised home-healthcare brands, local agencies, individual nurses/attendants, and hospital home-care arms. The firm competes on staff quality, reliability, trust, safety & service.

The firm's edge

- **Trained, verified staff.**
- **Reliability & responsiveness.**
- **Doctor supervision & protocols.**
- **Trust, safety & care quality.**
- **Care packages & equipment.**

6. Services & Pricing

Service	Model	Indicative price
Skilled nursing (home)	Per visit / per day	₹800-2,500/day
Elder care / attendants	Monthly / shift	₹15,000-35,000/mo
Physiotherapy (home)	Per session	₹500-1,200/session
Post-op / ICU-at-home	Per day (package)	Premium
Medical-equipment rental	Per month	Rental income

Monthly care packages (elder/attendant) give recurring revenue; nursing, physio & post-op visits add income; equipment rental supplements. The margin = service price – caregiver pay – coordination cost; utilisation & retention drive economics.

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

- **Hospital & doctor** referrals (discharge care).
- **Digital presence** & NRI outreach.
- **Elder-community & society** tie-ups.
- **Insurance & corporate** tie-ups.
- **Trust, reviews & referrals.**

Approach

Build hospital/doctor referral & digital channels → onboard care patients → deliver reliable, quality care → retain via trust & care packages → grow via referrals & NRI families. Trust, reliability & recurring packages drive scalable growth.

8. Operations Plan

- **Base:** a coordination office & equipment store; care delivered at patients' homes.
- **Process:** enquiry & assessment → care plan & staffing → home delivery of care → monitoring & doctor supervision → billing & family reporting.
- **Staff:** recruit, train, verify & roster nurses/physios/attendants; quality & safety protocols.
- **Technology:** care-management app, scheduling, monitoring & family updates.
- **Capacity:** care staff serve patient load; scale by adding staff, services & catchment.

Care workflow

Stage	Activity	Metric
Assess	Care plan	Onboarding
Staff	Assign & train	Coverage
Deliver	Home care	Quality
Monitor	Supervise	Safety
Retain	Report/renew	Retention

9. Regulatory, Licences & Compliance (India)

- **Clinical & staffing:** council-registered nurses/physios; doctor supervision & protocols; care standards; staff background verification.
- **Drug & waste:** safe drug-handling & biomedical-waste norms for clinical procedures; infection control.
- **Business & tax:** proprietorship/LLP or Pvt Ltd; PAN/TAN; GST (healthcare services largely exempt; equipment rental taxable); Udyam; labour compliance for staff.
- **Data & safety:** DPDP-aligned patient-data; safety, consent & liability; indemnity insurance.

10. Organisation & Manpower Plan

Role	Yr 1	Yr 2	Yr 3
Promoter / Head	1	1	1
Nurses & physiotherapists	6	14	24
Trained attendants / caregivers	8	18	32
Doctor (supervision, retained)	1	1	2
Care coordination & admin	2	4	6
Total	18	38	65

11. Implementation Timeline & Milestones

Phase	Timeline	Milestone
Setup	Month 0-2	Office, staff, training, equipment, referral tie-ups
Launch	Month 2-3	First patients & care packages
Traction	Month 3-8	Patient base & referrals grow; break-even nears
Scale	Year 2	More staff/services; NRI & insurance channels
Growth	Year 3	Strong recurring care base & reputation

12. Financial Plan (Illustrative)

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. Asset-light; caregiver pay is the main cost, packages the recurring base.

12.1 Project cost & means of finance

Capital requirement	₹
Office & coordination setup	3,00,000
Medical equipment (for rental & care)	6,00,000
Training, IT & care-app	3,00,000
Branding & marketing	2,00,000
Working-capital buffer (salary float)	4,00,000
Total project cost	18,00,000
Promoter contribution	6,00,000
Term/WC loan (Mudra / CGTMSE)	12,00,000

12.2 Projected Profit & Loss (3 years)

Particulars	Year 1	Year 2	Year 3
Elder care & attendant packages	22,00,000	45,00,000	66,00,000
Nursing & physiotherapy visits	16,00,000	32,00,000	48,00,000
Post-op & equipment rental	7,00,000	13,00,000	16,00,000
Total revenue	45,00,000	90,00,000	1,30,00,000
Caregiver & clinical staff pay	27,00,000	54,00,000	78,00,000
Coordination & admin salaries	6,00,000	11,00,000	16,00,000
Equipment, IT & consumables	3,50,000	6,00,000	8,00,000
Marketing & overheads	4,00,000	7,50,000	10,50,000
Interest on loan	1,20,000	90,000	55,000
Total expenses	41,70,000	79,40,000	1,13,05,000
Net profit (before tax)	3,30,000	10,60,000	16,95,000
Net margin	7.3%	11.8%	13.0%

12.3 Unit economics & break-even

- **Per patient:** package/visit price – caregiver pay – coordination; utilisation & retention drive margin.
- **Recurring packages:** elder/attendant care gives predictable monthly revenue; equipment rental supplements.
- **Break-even:** reached around month 5-8 as the care base builds; caregiver-utilisation is the key lever.

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

Particulars (₹)	Q1	Q2	Q3	Q4
Opening balance	4,00,000	3,40,000	3,60,000	4,30,000
Collections	8,00,000	11,00,000	13,00,000	13,00,000
Operating outflows	8,40,000	10,60,000	12,10,000	12,40,000
Loan EMI	20,000	20,000	20,000	20,000
Closing balance	3,40,000	3,60,000	4,30,000	4,70,000

Care staff are paid regularly while some patient billing (esp. insurance/NRI) may lag; the salary-float buffer manages this. Recurring monthly packages give steady cash; utilisation drives margin.

12.5 Key Performance Indicators to Monitor

- **Base:** active patients; care packages; retention.
- **Utilisation:** caregiver utilisation %; visits/staff.
- **Quality:** patient/family satisfaction; safety incidents (low).
- **Growth:** referrals; NRI & insurance share; equipment rental.

13. Funding Requirement & Bankability

Total ask: **₹12 lakh term/WC finance** against ₹6 lakh promoter contribution — asset-light, so the main needs are equipment & a salary float; eligible under **PMMY (Mudra)/CGTMSE**. Year-1 net profit ~₹3.3 lakh against modest debt service gives a sound DSCR, strengthening with the recurring care base — bankable, aided by the growing home-care market.

13.1 Funding utilisation

Use of funds	₹	% of total
Medical equipment (rental & care)	6,00,000	33%
Working-capital buffer (salary float)	4,00,000	22%
Training, IT & care-app	3,00,000	17%
Office & coordination setup	3,00,000	17%
Branding & marketing	2,00,000	11%
Total	18,00,000	100%

14. Risk Analysis & Mitigation

Risk	Mitigation
Staff quality/attrition	Training, verification, fair pay & welfare; bench depth
Trust/safety incidents	Protocols, supervision, verification, insurance
Low caregiver utilisation	Package focus; scheduling; catchment density
Payment/insurance delays	Salary-float buffer; advance packages; claim management
Clinical/liability risk	Doctor supervision; protocols; indemnity insurance

15. SWOT Analysis

Strengths Fast-growing demand; recurring packages; asset-light; affordable vs. hospital; referral-rich.	Weaknesses Staff-quality & trust dependent; utilisation-sensitive; thin early margins; coordination-heavy.
Opportunities Ageing & NRI families; chronic & palliative care; insurance; multi-city scale.	Threats Brands & agencies; staff poaching; safety/liability; price competition.

16. Recommended AiSevak Tools for This Business

This home-healthcare service would use AiSevak's Healthcare vertical tools in delivery:

- **Care ops:** care-management/scheduling, caregiver-roster, family-reporting and billing tools.

- **Compliance & staffing:** staff-verification, clinical-protocol, biomedical-waste and GST tools (with HRtech, Legal & Finance verticals).
- **Practice:** Business Plan, per-patient economics and Break-even tools to model the service.

17. Key Assumptions & Notes

- Asset-light; recurring elder/attendant packages + nursing/physio visits + post-op & equipment rental.
- Care base & utilisation grow over Years 1-3; caregiver pay is the main cost.
- Term/WC finance ~11% p.a.; healthcare services largely GST-exempt, equipment rental taxable; staff verified & trained.
- Staff quality, reliability, trust/safety & utilisation are decisive; figures exclude applicable GST.

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