



BUSINESS PLAN · INDIA

Nursing Home / Small Hospital

20-30 bed secondary care — admissions, surgeries, maternity & 24x7 nursing, PMJAY-empanelled

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 **Nursing Home / Small Hospital** in India — a 20-30 bed inpatient facility offering admissions, minor & mid-level surgeries, maternity/general care, emergency, and 24×7 nursing, plus OPD, pharmacy, diagnostics & operating theatre. It earns bed & nursing charges, surgery & procedure fees, OPD, pharmacy & diagnostics revenue, providing accessible secondary care to a local community between clinics and large hospitals.

India has a large secondary-care gap, especially in Tier-2/3 towns & urban neighbourhoods, where affordable inpatient & surgical care is under-served relative to demand. Rising incomes, insurance, PMJAY empanelment & an ageing population drive admissions. A well-run nursing home with good doctors, quality care, empanelment & efficient occupancy earns solid, multi-stream revenue, though it is capital-, staff- & compliance-intensive.

The promoter — a doctor or healthcare entrepreneur — seeks total funding of **₹2 crore** for a ~25-bed facility (₹60 lakh promoter + ₹1.4 crore term/equipment finance, with medical-equipment finance & possible healthcare-infra support), targeting **₹2.2 crore** revenue in Year 1 and **₹4.5 crore** by Year 3. (*Capital-intensive, occupancy- & empanelment-driven secondary-care model.*)

2. Business Description, Vision & Legal Structure

Concept: An accessible, quality secondary-care nursing home — admissions, surgeries, maternity, emergency & 24×7 care for the local community.

Vision: To be the trusted secondary-care hospital for its catchment — quality care at affordable cost.

Mission: Deliver safe, quality inpatient, surgical & emergency care with good doctors, nursing & ethics — accessible & empanelled.

Legal structure options

- **LLP / Private Limited** — Pvt Ltd recommended for the capex, financing & scale.
- **Partnership of doctors** — common; with a professional management structure.

Regulatory anchor: a nursing home requires **Clinical Establishments Act registration, medical-council doctors & qualified nurses, OT & safety norms, fire NOC, biomedical-waste authorisation, AERB (imaging), blood-storage & drug licences as applicable, and NABH (for quality/empanelment)**; healthcare services largely GST-exempt (pharmacy taxable). Occupancy, surgery volume, doctor quality, empanelment (insurance/PMJAY) & efficient operations determine viability.

3. Promoter & Ownership

Led by a promoter (doctor/entrepreneur). Delivery uses resident & visiting doctors/surgeons, nurses (24×7), OT & support technicians, pharmacy/lab staff, and administration. Year-one ownership rests with the promoter/partners; ownership and profit-sharing are editable inputs.

4. Market Analysis — India

India's secondary-care demand is large & under-served, especially outside metros, where patients travel far or rely on costly large hospitals. Rising incomes, insurance & PMJAY, lifestyle disease, maternity & ageing drive admissions & surgeries. Affordable, quality, empanelled nursing homes fill the gap. Demand is steady & local; the market rewards

quality, empanelment, doctors & efficient occupancy.

Demand drivers

- **Secondary-care gap** (esp. Tier-2/3).
- **Insurance & PMJAY** coverage.
- **Lifestyle disease, maternity & ageing.**
- **Affordability vs. large** hospitals.
- **Emergency & surgical** demand.

Market sizing (illustrative framing)

Layer	Definition	Indicative scale
TAM	Secondary-care demand in India	Very large
SAM	Catchment population & referrals	Substantial
SOM (Yr 1-3)	Bed occupancy & surgeries	50% → 75% of 25 beds

Target segments

- Local inpatients & surgeries.
- Maternity & general care.
- Insured & PMJAY patients.
- Emergency & referrals.

5. Competition & Competitive Advantage

Landscape: other nursing homes, large/corporate hospitals, and government facilities. The firm competes on accessibility, affordability, quality, doctors, empanelment & service.

The firm's edge

- **Accessible, affordable** secondary care.
- **Good doctors & quality** care.
- **Empanelment (insurance/PMJAY).**
- **Efficient operations & occupancy.**
- **Local trust & emergency** response.

6. Services & Revenue Streams

Stream	Model	Basis
Bed & nursing charges (IPD)	Per bed-day	Occupancy-driven
Surgeries & procedures	Per procedure	High value
Maternity & general care	Package / per case	Package
OPD, pharmacy & diagnostics	Fee / margin	Ancillary
Emergency & ICU	Per case/day	Premium

Surgeries & IPD (bed-days) are the main revenue; OPD, pharmacy & diagnostics add ancillary income; emergency/ICU add value. Bed occupancy × surgery volume × ancillary capture drives economics; empanelment underpins volume.

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

- **Doctor & referral** networks.
- **Insurance & PMJAY** empanelment.
- **Local visibility, emergency** & community trust.
- **Camps & preventive** outreach.
- **Quality & word of mouth.**

Approach

Build doctor & referral relationships → secure empanelment for volume → deliver quality care & emergency response → grow occupancy, surgeries & reputation. Empanelment, referrals & quality drive admissions & surgery volume.

8. Operations Plan

- **Facility:** ~25-bed setup — wards/rooms, OT, ICU/HDU, labour room, OPD, pharmacy, lab, emergency.
- **Process:** OPD/emergency → admission → treatment/surgery → nursing care → discharge & follow-up; empanelment claims.
- **Staffing:** 24×7 doctors & nurses, OT & support teams; rosters & protocols.
- **Quality & compliance:** clinical protocols, infection control, OT/ICU standards, biomedical-waste, NABH-aligned quality.
- **Capacity:** beds & OT throughput; scale by occupancy, surgery volume & specialities.

Hospital workflow

Stage	Activity	Metric
Present	OPD/emergency	Footfall
Admit	IPD	Occupancy
Treat	Surgery/care	Volume
Discharge	Billing/claim	Realisation
Follow-up	Recovery	Outcomes

9. Regulatory, Licences & Compliance (India)

- **Clinical Establishments Act** registration; medical-council doctors & qualified nurses; OT/ICU & safety norms.
- **Fire NOC, building & safety; biomedical-waste** authorisation; AERB (imaging); blood-storage & drug licences as applicable.
- **Empanelment & quality:** insurance/PMJAY empanelment; NABH accreditation (quality & empanelment); clinical governance.
- **Business & tax:** Pvt Ltd/LLP; PAN/TAN; GST (services largely exempt, pharmacy taxable); DPDP patient-data & medical-records confidentiality.

10. Organisation & Manpower Plan

Role	Yr 1	Yr 2	Yr 3
Promoter / Medical Superintendent	1	1	1
Doctors & surgeons (resident/visiting)	6	9	12
Nurses (24x7)	18	24	30
OT, lab, pharmacy & technicians	8	12	15
Admin, billing & support	8	11	14
Total	41	57	72

11. Implementation Timeline & Milestones

Phase	Timeline	Milestone
Setup	Month 0-6	Premises, OT/ICU build, equipment, licences, staffing
Launch	Month 6-8	Hospital opens; OPD, IPD & surgeries begin
Traction	Month 8-15	Occupancy & empanelment build; break-even nears
Scale	Year 2	Higher occupancy; more specialities/surgeries
Growth	Year 3	~75% occupancy; strong surgery & ancillary

12. Financial Plan (Illustrative — 25-bed)

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. Capital-intensive; occupancy, surgery volume & empanelment drive viability.

12.1 Project cost & means of finance

Capital requirement	₹
Building/lease fit-out & civil	70,00,000
Medical equipment (OT/ICU/diagnostics)	85,00,000
Furniture, beds & IT	20,00,000
Licences, NABH & pre-operative	10,00,000
Working-capital buffer	15,00,000
Total project cost	2,00,00,000
Promoter contribution	60,00,000
Term/equipment loan	1,40,00,000

12.2 Projected Profit & Loss (3 years)

Particulars	Year 1	Year 2	Year 3
IPD (bed & nursing)	60,00,000	95,00,000	1,20,00,000
Surgeries & procedures	90,00,000	1,55,00,000	2,00,00,000
OPD, pharmacy & diagnostics	70,00,000	1,10,00,000	1,30,00,000
Total revenue	2,20,00,000	3,60,00,000	4,50,00,000
Doctor fees & salaries	90,00,000	1,44,00,000	1,75,00,000
Pharmacy/diagnostics COGS & consumables	55,00,000	88,00,000	1,05,00,000
Rent/utilities & overheads	28,00,000	38,00,000	46,00,000
Admin, marketing & upkeep	18,00,000	28,00,000	35,00,000
Interest on loan	14,00,000	11,50,000	8,50,000
Total expenses	2,05,00,000	3,09,50,000	3,69,50,000
Net profit (before tax)	15,00,000	50,50,000	80,50,000
Net margin	6.8%	14.0%	17.9%

12.3 Unit economics & break-even

- **Per bed-day & surgery:** revenue vs. staff/consumables/allocated fixed cost; surgeries & ancillary drive margin.
- **Occupancy & surgery volume** are the biggest levers against high fixed costs; empanelment fills beds.
- **Break-even occupancy:** ~45-55%; reached around month 12-15 as occupancy & empanelment build.

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

Particulars (₹)	Q1	Q2	Q3	Q4
Opening balance	15,00,000	9,50,000	8,80,000	9,60,000
Collections	38,00,000	50,00,000	62,00,000	70,00,000
Operating outflows	40,00,000	47,20,000	57,70,000	64,60,000
Loan EMI	3,50,000	3,50,000	3,50,000	3,50,000
Closing balance	9,50,000	8,80,000	9,60,000	11,50,000

High fixed costs (staff, EMI) run from opening while occupancy ramps; insurance/PMJAY claims have collection lags. The buffer & disciplined claim-management bridge the ramp; occupancy & empanelment turn cash strongly positive.

12.5 Key Performance Indicators to Monitor

- **Occupancy:** bed-occupancy %; ALOS; surgeries/month.
- **Revenue:** revenue per bed-day; ancillary capture; empanelment mix.
- **Quality:** outcomes; infection rate; satisfaction; NABH.
- **Finance:** claim-collection days; cost per bed; margin.

13. Funding Requirement & Bankability

Total ask: **₹1.4 crore term/equipment finance** against ₹60 lakh promoter contribution — medical-equipment & healthcare-infrastructure finance suit the capex; healthcare is a priority-sector, bankable segment. Year-2 net profit ~₹50.5 lakh gives a comfortable DSCR; occupancy growth, surgery volume & empanelment underpin bankability. A working-capital limit helps with claim-collection lags.

13.1 Funding utilisation

Use of funds	₹	% of total
Medical equipment (OT/ICU/diagnostics)	85,00,000	42.5%
Building/lease fit-out & civil	70,00,000	35%
Furniture, beds & IT	20,00,000	10%
Working-capital buffer	15,00,000	7.5%
Licences, NABH & pre-operative	10,00,000	5%
Total	2,00,00,000	100%

14. Risk Analysis & Mitigation

Risk	Mitigation
Low occupancy ramp	Empanelment; doctor/referral network; emergency; camps
High fixed costs	Efficient staffing/rosters; occupancy focus; ancillary revenue
Claim-collection delays	Claims process; WC limit; payer mix; TPA management
Clinical/quality/liability	Protocols, NABH, infection control, indemnity insurance
Doctor dependence/attrition	Multiple doctors; fair terms; brand over individual

15. SWOT Analysis

Strengths Secondary-care gap; multi-stream revenue; empanelment volume; strong Year 2–3 margins.	Weaknesses Capital & staff intensive; high fixed costs; occupancy-sensitive; compliance-heavy.
Opportunities Tier-2/3 gap; PMJAY/insurance; specialities & surgeries; NABH quality.	Threats Corporate hospitals; regulation & price caps; claim delays; staff shortage.

16. Recommended AiSevak Tools for This Business

This nursing home would use AiSevak's Healthcare vertical tools in delivery:

- **Hospital ops:** HIS/EMR, bed/OT-management, billing & claims, and pharmacy/diagnostics tools.

- **Compliance & empanelment:** Clinical-Establishments, NABH, biomedical-waste, PMJAY/insurance-empanelment and GST tools (with Legal & Finance verticals).
- **Practice:** Business Plan, per-bed/occupancy economics and Break-even tools to model the hospital.

17. Key Assumptions & Notes

- ~25-bed facility; occupancy ramps ~50%→75%; surgeries & ancillary drive revenue.
- Term/equipment finance ~10–11% p.a., 7–8 year tenure; healthcare priority-sector; services largely GST-exempt.
- Empanelment (insurance/PMJAY) fills beds; claim-collection lags need management.
- Occupancy, surgery volume, empanelment, quality & efficient staffing are decisive; figures exclude applicable GST.

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