



BUSINESS PLAN · INDIA

Single-Speciality Clinic

Focused specialist outpatient care & procedures — dental, ENT, derma, ophthalmology & more

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 **Single-Speciality Clinic** in India — a focused outpatient practice in one speciality (e.g. dental, ENT, dermatology, ophthalmology, or similar), offering expert consultation, diagnosis, in-clinic procedures and follow-up in that field. It earns consultation fees, procedure & treatment charges, and related product/aftercare revenue, building a reputation-driven, expertise-led practice in a chosen speciality.

Demand for specialist care is rising in India with health awareness, disposable income, aesthetic & lifestyle needs, and insurance — and specialities like dental, derma, ophthalmology & ENT have strong, largely elective & recurring outpatient demand with attractive procedure economics. A well-located, well-run single-speciality clinic with a skilled specialist, good equipment & service earns steady, high-margin income anchored on procedures.

The promoter — a specialist doctor — seeks total funding of **₹25 lakh** (₹9 lakh promoter + ₹16 lakh term/equipment finance, eligible under Mudra/CGTMSE with medical-equipment finance), targeting **₹50 lakh** revenue in Year 1 and **₹1.1 crore** by Year 3. (*Procedure-anchored, specialist-led outpatient model. Figures illustrative; economics vary by speciality.*)

2. Business Description, Vision & Legal Structure

Concept: A focused specialist clinic delivering expert diagnosis, in-clinic procedures & care in one field — with quality equipment & patient experience.

Vision: To be the trusted specialist destination for its field in the local area.

Mission: Provide expert, ethical, high-quality specialist care & procedures — building patient trust & a strong reputation.

Legal structure options

- **Proprietorship / LLP** — LLP recommended (specialist-promoter or partnership).
- **Private Limited** — for scaling into multiple clinics/chain.

Regulatory anchor: a specialist clinic requires **Clinical Establishments Act registration, a medical-council-registered specialist, speciality-specific equipment & safety norms, biomedical-waste authorisation, and (for X-ray/imaging) AERB registration**; healthcare services are largely GST-exempt (products/aesthetics taxable). Specialist skill/reputation, procedure mix & economics, equipment, location & service, and ethical care determine success.

3. Promoter & Ownership

Led by a specialist-doctor promoter. Delivery uses assistant doctors/hygienists/technicians (speciality-dependent), nurses/assistants, and front-desk/admin staff. Year-one ownership rests with the promoter; ownership and profit-sharing are editable inputs.

4. Market Analysis — India

Specialist outpatient demand is large & growing in India — dental, derma/aesthetics, ophthalmology, ENT & others benefit from rising awareness, incomes, aesthetic/lifestyle needs, ageing & insurance. Much of this care is elective, recurring & procedure-driven with attractive economics. The market rewards specialist expertise, quality equipment, patient experience & reputation; it is local & referral-driven.

Demand drivers

- **Rising health & aesthetic** awareness.
- **Disposable income** & elective spend.
- **Ageing & lifestyle** conditions.
- **Insurance & procedure** coverage.
- **Under-served quality** specialist care.

Market sizing (illustrative framing)

Layer	Definition	Indicative scale
TAM	Speciality outpatient demand in India	Very large
SAM	Catchment demand for the speciality	Substantial
SOM (Yr 1-3)	Patients/procedures per month	Scaling

Target segments

- Local patients (speciality needs).
- Elective/aesthetic patients.
- Referred & insured patients.
- Corporate & preventive tie-ups.

5. Competition & Competitive Advantage

Landscape: other specialists/clinics, hospital OPDs, and speciality chains. The firm competes on specialist expertise, equipment, patient experience, reputation & pricing.

The firm's edge

- **Specialist expertise & outcomes.**
- **Quality equipment & technology.**
- **Patient experience & service.**
- **Reputation & referrals.**
- **Location & accessibility.**

6. Services & Revenue Streams

Stream	Model	Basis
Consultations	Per consult	₹400-1,000
Procedures / treatments	Per procedure	Speciality-based (anchor)
Diagnostics / imaging	Per test	Margin
Products / aftercare	Retail margin	Add-on
Packages & recall	Bundled / recurring	Repeat

Procedures & treatments are the profit anchor (high value vs. consultation); diagnostics, products & packages add income; recall & follow-up drive repeat. Specialist reputation & procedure volume are the economic engine.

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

- **Reputation & referrals** (doctors & patients).
- **Local & digital presence** (Google/Practo, social).
- **Education & camps** for awareness.
- **Insurance/corporate** tie-ups (where relevant).
- **Patient experience** & recall.

Approach

Build specialist reputation → attract patients via referrals, digital & camps → convert to procedures with trust & quality → drive recall/follow-up & word of mouth. Reputation & procedure conversion drive high-margin growth.

8. Operations Plan

- **Location:** an accessible clinic (~600–1,200 sq ft, speciality-dependent) with the right setup.
- **Setup:** consultation & procedure rooms, speciality equipment, sterilisation, reception & waiting.
- **Process:** registration → consultation & diagnosis → procedure/treatment → aftercare & recall; appointment & records systems.
- **Quality & compliance:** specialist protocols, sterilisation & infection control, biomedical-waste, records & ethics.
- **Capacity:** consultation & procedure slots/day; scale by adding chairs/rooms, hours & associate specialists.

Clinic workflow

Stage	Activity	Metric
Register	Front desk	Footfall
Consult	Diagnose	Consults
Procedure	Treat	Conversion
Aftercare	Follow-up	Outcomes
Recall	Repeat	Retention

9. Regulatory, Licences & Compliance (India)

- **Clinical Establishments Act** registration; medical-council-registered specialist; qualified staff.
- **Speciality norms:** equipment & safety standards; sterilisation/infection control; **AERB** for X-ray/imaging; radiation safety where relevant.
- **Biomedical-waste** authorisation (CPCB/SPCB); drug licence for dispensing where applicable.
- **Business & tax:** proprietorship/LLP or Pvt Ltd; PAN/TAN; GST (services largely exempt; products/aesthetics taxable); Udyam; DPDP patient-data & records confidentiality.

10. Organisation & Manpower Plan

Role	Yr 1	Yr 2	Yr 3
Promoter / Specialist	1	1	1
Associate specialist / assistant	1	2	3
Nurses / technicians / hygienists	2	3	5
Front-desk & admin	2	2	3
Total	6	8	12

11. Implementation Timeline & Milestones

Phase	Timeline	Milestone
Setup	Month 0-2	Premises, licences, equipment, setup
Launch	Month 2-3	Clinic opens; first patients & procedures
Traction	Month 3-8	Reputation & procedures build; break-even nears
Scale	Year 2	Associate specialist; packages; second chair/room
Growth	Year 3	Strong procedure volume & reputation

12. Financial Plan (Illustrative)

All figures are illustrative model assumptions for an Indian context (economics vary by speciality), shown so the promoter can replace them with live rates. They are not projections of guaranteed results. Procedure-anchored economics.

12.1 Project cost & means of finance

Capital requirement	₹
Speciality equipment	12,00,000
Interior fit-out & setup	7,00,000
Licences, IT & branding	2,00,000
Consumables & working-capital buffer	4,00,000
Total project cost	25,00,000
Promoter contribution	9,00,000
Term/equipment loan (Mudra / CGTMSE)	16,00,000

12.2 Projected Profit & Loss (3 years)

Particulars	Year 1	Year 2	Year 3
Consultations	10,00,000	16,00,000	20,00,000

Procedures & treatments	32,00,000	58,00,000	76,00,000
Diagnostics, products & packages	8,00,000	14,00,000	14,00,000
Total revenue	50,00,000	88,00,000	1,10,00,000
Consumables & materials	12,00,000	21,00,000	26,00,000
Salaries & associate fees	14,00,000	24,00,000	32,00,000
Rent & utilities	4,80,000	5,60,000	6,40,000
Admin, marketing & upkeep	5,00,000	8,00,000	10,00,000
Interest on loan	1,60,000	1,25,000	80,000
Total expenses	37,40,000	59,85,000	75,20,000
Net profit (before tax)	12,60,000	28,15,000	34,80,000
Net margin	25.2%	32.0%	31.6%

12.3 Unit economics & break-even

- **Per procedure:** charge – (consumables + chair/room-time + staff); procedures carry strong margins vs. consultations.
- **Conversion & volume:** consultation-to-procedure conversion & specialist throughput drive economics.
- **Break-even:** reached around month 6–9 as reputation & procedure volume build.

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

Particulars (₹)	Q1	Q2	Q3	Q4
Opening balance	4,00,000	3,50,000	4,10,000	5,20,000
Collections	9,00,000	12,00,000	14,00,000	15,00,000
Operating outflows	9,10,000	11,00,000	12,50,000	13,20,000
Loan EMI	40,000	40,000	40,000	40,000
Closing balance	3,50,000	4,10,000	5,20,000	6,60,000

Specialist clinics reach healthy margins relatively quickly on procedure economics once reputation builds. The buffer covers the reputation-building ramp; recall & referrals sustain volume.

12.5 Key Performance Indicators to Monitor

- **Volume:** patients/day; procedures/month; conversion %.
- **Economics:** revenue per patient; procedure margin.
- **Quality:** outcomes; satisfaction; complications (low).
- **Growth:** referrals; recall/repeat; packages.

13. Funding Requirement & Bankability

Total ask: **₹16 lakh term/equipment finance** against ₹9 lakh promoter contribution — eligible under **PMMY (Mudra)** /CGTMSE, with medical-equipment finance for the equipment capex. Year-1 net profit ~₹12.6 lakh against annual debt

service of ~₹4 lakh gives a **DSCR above 3.0** — comfortably bankable on strong procedure economics.

13.1 Funding utilisation

Use of funds	₹	% of total
Speciality equipment	12,00,000	48%
Interior fit-out & setup	7,00,000	28%
Consumables & WC buffer	4,00,000	16%
Licences, IT & branding	2,00,000	8%
Total	25,00,000	100%

14. Risk Analysis & Mitigation

Risk	Mitigation
Specialist dependence	Associate specialist; brand-building; SOPs
Slow reputation ramp	Referrals; digital; camps; patient experience
Equipment cost/obsolescence	Equipment finance; phased upgrades; utilisation
Clinical/complication risk	Protocols; indemnity insurance; quality & ethics
Competition	Expertise, technology & experience differentiation

15. SWOT Analysis

Strengths Strong procedure margins; growing elective demand; reputation-driven; repeat/recall.	Weaknesses Specialist-dependent; equipment capex; reputation-build time; single-line focus.
Opportunities Aesthetic/elective growth; packages; chain expansion; insurance.	Threats Specialist attrition; chains; regulation; price competition.

16. Recommended AiSevak Tools for This Business

This specialist clinic would use AiSevak's Healthcare vertical tools in delivery:

- **Clinic ops:** appointment/EMR, procedure-billing, recall & patient-CRM tools.
- **Compliance:** Clinical-Establishments, AERB (imaging), biomedical-waste and GST tools (with Legal & Finance verticals).
- **Practice:** Business Plan, per-procedure economics and Break-even tools to model the clinic.

17. Key Assumptions & Notes

- Procedure-anchored economics (illustrative; varies by speciality — dental/derma/opthal/ENT etc.).

- Reputation & conversion drive procedure volume; strong margins from Year 1–2.
- Term/equipment finance ~11% p.a.; clinical services largely GST-exempt, products/aesthetics taxable; AERB for imaging.
- Specialist expertise, procedure economics, equipment & reputation are decisive; figures exclude applicable GST.

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