CHECKLIST FOR PHYSICIANS

THE PRICING CHECKLIST

Set your fee in 20 steps. Work through them in order: each step uses the answer from the one before.

Built for a membership model, an annual, quarterly or monthly fee that covers a defined scope of care. **If you charge per consultation,** use steps 1 to 5, then set your hourly rate: (compensation + overhead) ÷ clinical hours a year. Price each visit at that rate x its physician hours, prep included, plus the cost of any tests in it.

YOUR NUMBERS — 1 TO 4

- ☐ 01 Set your target annual compensation.
- ☐ 02 Choose your delivery model: virtual, primary care with a longevity layer, concierge, brick and mortar or franchise.
- ☐ 03 List fixed overhead line by line: rent, staff, payroll taxes and benefits, technology, malpractice, marketing, legal and accounting, equipment. Add royalties if you franchise.
- ☐ 04 Itemize variable cost per member: every lab draw, scan, CGM sensor and supplement included in the fee.

YOUR CAPACITY — 5 TO 7

- ☐ 05 Count clinical hours a year: weeks worked x hours per week, minus about a third for paperwork and admin.
- ☐ 06 Estimate physician hours per member, counting the prep time behind each visit. Year one is about 1.5 times a renewal year.
- ☐ 07 Divide clinical hours by hours per member. That is your maximum panel.

YOUR FEE — 8 TO 12

- ☐ 08 Calculate members needed: (compensation + overhead) ÷ (fee − variable cost).
- ☐ 09 Check that members needed is at or below 70% of your maximum panel. If not, raise the fee or cut what it includes.
- ☐ 10 Keep only the tests that each change a decision. Price everything else à la carte at a member rate.
- ☐ 11 Name the outcomes you will measure at intake and at 12 months.
- ☐ 12 Check three local competitors and one national digital program to see which tier patients will compare you to.

YOUR OFFER — 13 TO 16

- ☐ 13 Set four prices: list price, founding cohort rate (15 to 20% below list, locked 12 months), family rate (50 to 75% for a second adult), member rate for add-ons.
- ☐ 14 Choose a billing cadence: monthly, quarterly, 6 months or annual. If monthly, automate collection.
- ☐ 15 Write the scope into the member agreement: physician and panel size, physician hours, included tests and frequency, outcomes measured, response times, what goes to insurance, cancellation, refund and data export terms.
- ☐ 16 Decide how you screen new patients: application, short call, paid consultation or a 90-day program.

YOUR NEXT INCREASE — 17 TO 20

- ☐ 17 Write down the signals that trigger it: panel above 80% full, renewal above 90%, or a waitlist.
- ☐ 18 Plan 5 to 8% a year for existing members and a 15 to 25% step for new members when a signal fires.
- ☐ 19 If you are converting from insurance, book a healthcare attorney before you announce.
- ☐ 20 Book each member's 12-month review and report the change in their numbers before the renewal invoice goes out.