New service feasibility report

Custom go/no-go assessment for one service line you're considering adding.

Prepared for	Report ID	Reviewed by
Westfield Family Medicine 4 providers - Family medicine	CIQ-2024-1184 March 14, 2024	Anthonette Sparman, MD Founder, ClinicIQ

SAMPLE REPORT. Names, numbers, and findings are illustrative. Your delivered report is built from your own intake responses and benchmarked against your specialty + region.

EXECUTIVE SUMMARY

Go. Projected year-2 contribution margin: $214K. Top risk: credentialing timeline — start now.

The analysis below benchmarks your practice against peers in your specialty and region and quantifies the dollar impact of each opportunity. Findings are ranked by net contribution, then by time-to-launch. Every dollar figure carries a methodology citation in the appendix.

KEY FINDINGS

Dimension	Finding	Verdict
Market demand (5-mi radius)	**~140 visits/mo unmet**	Strong
Competitor density	**2 within radius, both at capacity**	Favorable
Year-2 contribution margin	**$214,000**	Strong
Top risk: credentialing	**4-6 month timeline**	Mitigable - start now
Recommendation	**GO**	Confidence: 78/100

IN YOUR DELIVERED REPORT

- Go / no-go recommendation with a 0–100 confidence score and the 3 deciding factors

  Assumes: *Confidence score weights market demand (40%), unit economics (40%), and execution risk (20%); below 60 = no-go.*

- Market sizing in your geography: addressable patients, competitor density, drive-time map

  Assumes: *Census + payer-mix data within a 15-mile radius (or county for rural); competitor density from NPI registry — does not include hospital-employed providers.*

- Capital + staffing + space + credentialing list with $ ranges and a Gantt-style timeline

  Assumes: *Credentialing timelines use national payer averages (90–180 days); your local plans may move faster or slower.*

- 18-month P&L (downside / base / upside) built bottom-up from your reported costs

  Assumes: *Base = 70% of national volume benchmark by month 18; downside = 40%; upside = 100%. No hockey-stick scenarios.*

- Top 3 launch risks with concrete mitigation steps and a kill-switch metric for each

  Assumes: *Kill-switch = a leading indicator (e.g. < X bookings/month by month 6) that signals it's time to stop or pivot.*

- Partner/lender decision packet (PDF, ~12 pages) with executive summary on page 1

  Assumes: *Designed to support a board or capital-partner conversation; not a substitute for full due diligence.*

METHODOLOGY & SOURCES

1. Market sizing uses census, payer-mix, and competitor density data for your zip-code radius.

2. P&L projection uses bottom-up cost build (staff, space, equipment, supplies) — not industry averages.

3. Go/no-go reflects both expected return AND execution risk; we'll say 'no' when the math doesn't justify it.

Benchmarks: MGMA DataDive 2023, CMS Physician Fee Schedule (current year), regional peer panel (n=42). All recovery estimates are directional and intentionally conservative.

Physician-reviewed - Anthonette Sparman, MD. This report is advisory and does not constitute legal, billing-compliance, or investment advice. Recovery estimates assume your reported volume and payer mix; actual results vary by execution.