



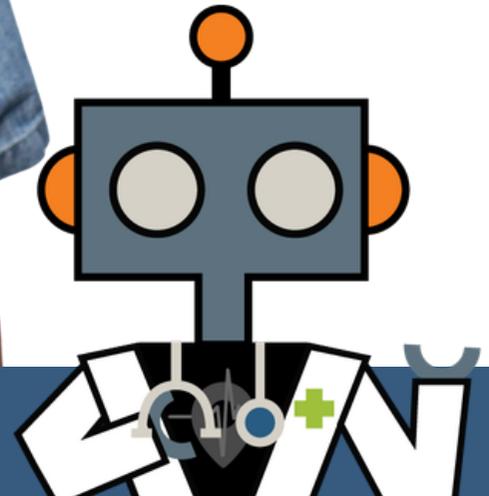
URGENT CARE START-UPS & EXPANSION:

WHAT IT REALLY
TAKES TO LAUNCH
AND SCALE IN 2026

NEW



Michael



URGENT CARE START-UPS & EXPANSION

Meet Nick & Alan



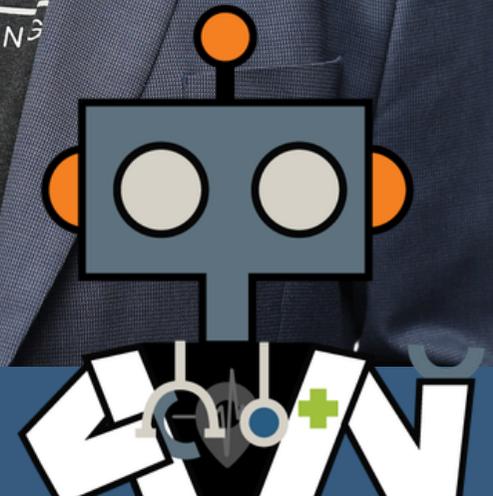
Alan



Nick



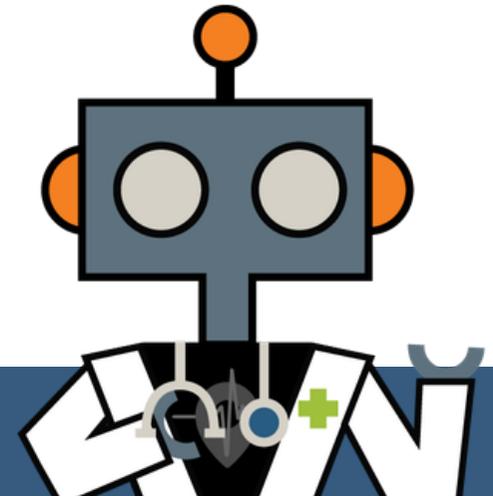
URGENT CARE START-UPS & EXPANSION





Housekeeping Items

-  Use the Chat for Questions - We'll have a dedicated Q&A at the end!
-  Have a Notepad or Device Ready to take Notes
-  Minimize Distractions
-  Plan to Stay for the Full 60 Minutes



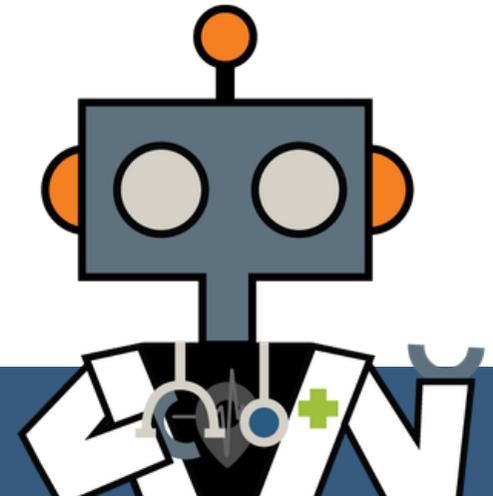


What You'll Learn

- What actually drives urgent care success in 2026
- How early volume and throughput determine profitability
- How to launch and scale patient demand in the first 90 days
- Which marketing levers support operations—and which don't
- The mistakes that quietly kill growth



Links to **resources** will be provided at the end!



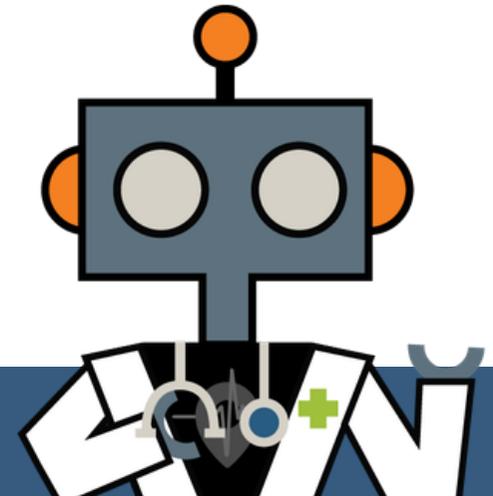


Connect with Urgent Care Consultants



Urgent Care
Consultants

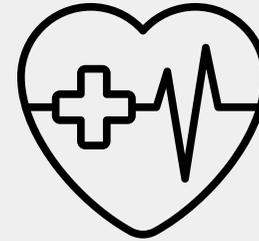
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MORE PATIENTS



BETTER CARE



 **SCALE**



REPEAT VISITS





The Urgent Care Reality in 2026



The 2026 Landscape: Saturation & Opportunity

- Over 14,500 urgent care centers in the US today. While net growth is flat, 725 de novo locations opened last year
- Up to 1/4 of first-generation centers are candidates for relocation due to shifting retail trade areas
- Growth Vector: Pediatric urgent care; rural markets (adding rooftops 40% faster than suburbs)
- Data-driven Site Selection: "Flank, intercept, and box in" competition using cell phone data



URGENT CARE START-UPS & EXPANSION



Building a Consumer-Centric Care Model

- **From "Patient" to "Consumer":** We must move from a provider-centric medical model relying on compliance to a retail mindset that respects consumer agency. The new driver of success is convenience, speed, and choice.
- **Redefining Value:** Value is no longer just clinical; it is the sum of outcomes and experience divided by the time, effort, and cost required. We must minimize this "denominator" to increase value.





Building a Consumer-Centric Care Model

- **Experience Over Transaction:** Replace "gatekeepers" who enforce rigid rules with "hosts" who solve problems. Avoid the "transactional indifference" of generic offices that alienates loyalty
- **New Competitive Benchmarks:** Consumers no longer compare us solely to other doctors. They expect the frictionless, transparent, and logistics-driven efficiency found in best-in-class digital experiences

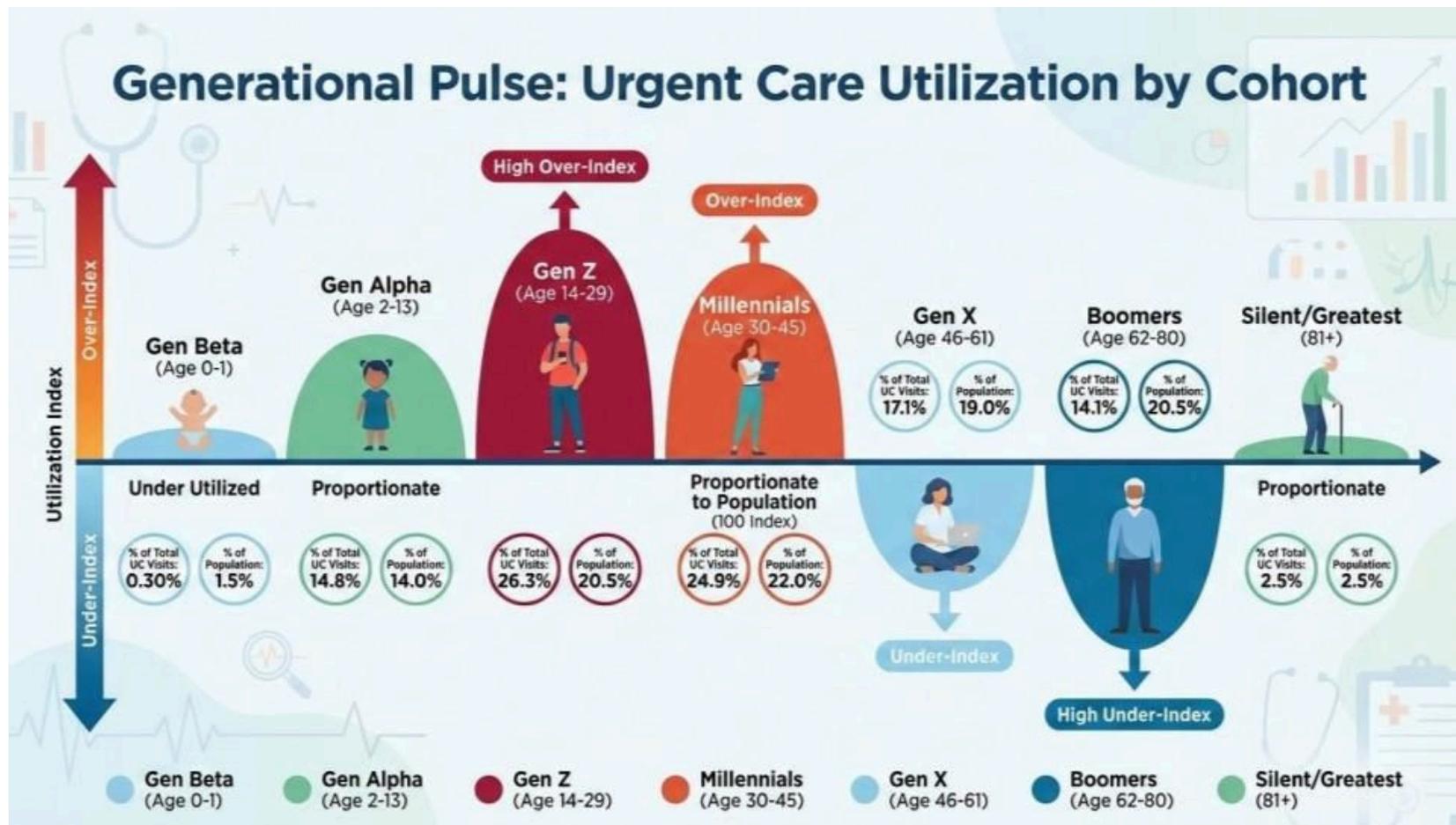




The Modern Urgent Care Consumer



Urgent Care Utilization by Generation



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Women Aged 24–55: “Power Users”

- **The Decision Maker:** Women book 67% of all appointments and manage care for 82% of men
- **Her Needs:** She is time-starved and booking for others (kids, spouse, parents)
- **Her Demands:** Mobile-first booking (often late at night), pediatric competence, and absolute speed
- **Strategic Insight:** If your website isn't mobile-optimized and your hours don't suit her schedule, you are invisible





Winning Formula: Consumer-Centric Healthcare

The most successful centers will not be the ones with the best clinicians, but the ones with the best understanding of the consumer.

- Respect the Healthkeeper: Build for her time and convenience.
- Eliminate Friction: No "soft closes," no paper forms.
- Invest in Hospitality: Hire for EQ, not just clinical skill.



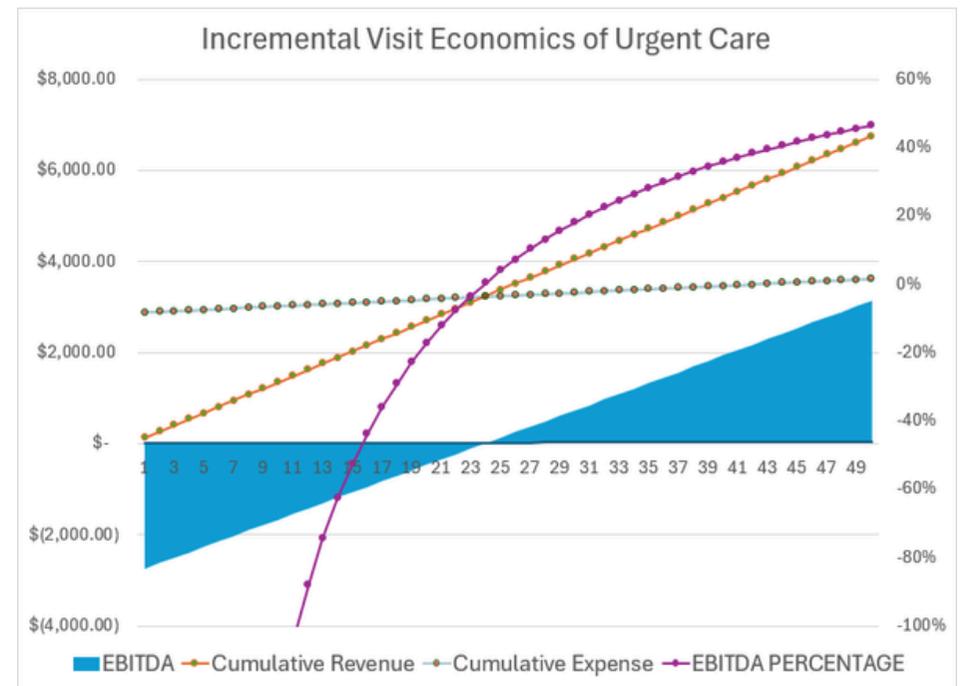


The Economics Behind the Curtain

Basic Economics: The "Break-Even" Baseline



- Margin Compression: Industry baseline is "break-even" as costs outpace revenue
- #1 Expense: Surplus (unutilized) provider capacity
- Profit Driver: Manage throughput scientifically to remain viable





Contracting & Credentialing: The "Valley of Death"

- Timeline Reality: Credentialing is an 8-12 month process
- The "Cash-Only" Myth: Opening without contracts drives patients to competitors and kills volume
- Strategic Goal: Secure 75-85% of local "covered lives" (BUCA + Medicaid) before Day 1
- Retro-Date Trap: Payers enforce "timely filing" and won't reimburse visits prior to contract effective dates





Capital Requirements & Financing

- **Capital Needs:** Total start-up capital often \$1.4M+
 - Buildout: ~\$600K
 - FF&E: ~\$250K
 - Working Capital: ~\$325K
- **SBA Lending:** Requires 10-20% equity injection and asset collateralization
- **Working Capital:** Crucial for surviving the receivables lag (cash outflows preceding inflows)





Avoiding Failure & What Actually Works

Common "DIY" Pitfalls to Avoid



- **AI Cannot Replace Your Consultant:**

- AI provides data, not judgment. It lacks the battle-proven experience needed to navigate the "Valley of Death."
- The top 10% of the iceberg looks easy, but the bottom 90% is what causes failure.



- **Ancillary Distractions:** Avoid chasing "fads: (weight loss, Botox) with thin margins that dilute your core operational focus.

Common "DIY" Pitfalls to Avoid



- **Staffing Bloat:** In a break-even industry, the carrying cost of an extra MA wipes out the entire day's profit margin.
- **Level of Care Mismatch:** Attempting to offer ER-level capabilities (high acuity) while accepting fixed urgent care reimbursement is mathematically unsustainable.



Conclusion & Take Home Points

- **Respect the Economics:** Lean operations are non-negotiable
- **Volume is King:** Under-utilized labor is the greatest cost
- **Operational Rigor:** Standardize processes before automating with AI
- **Final Rule:** Accept patients until the doors lock. The last 2-3 patients often determine profitability





90-Day Marketing Game Plan



Why Marketing Must Start Before Opening

- Marketing must start **90 days before opening**, not after
- The first 30–60 days determine utilization, cash burn, and morale
- Payors, Google, and patients all need proof you exist before Day 1
- Websites often gate payor verification and delays cost real volume

Marketing's job: Ensure patients are there when the doors open





The 90-Day Benchmarks

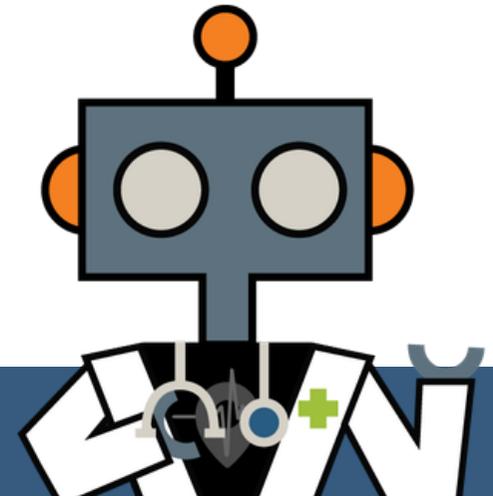
- **Patient targets:**

- Day 30: ~6-10 patients/day
- Day 60: ~12-18 patients/day
- Day 90: ~18-25+ patients/day



Marketing does not create profit...

Marketing creates **enough demand for operations to work**



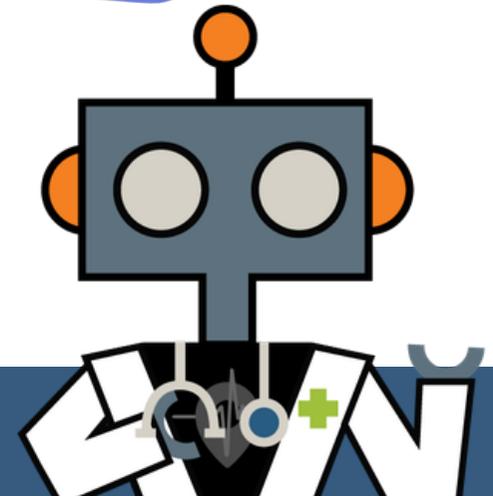


The 90-Day Structure

- Pre-Opening (Days 1–45)
 - Build trust, visibility, and infrastructure
- Opening Week (Days 46–50)
 - Create a demand spike and early proof
- Post-Opening (Days 51–90)
 - Stabilize volume and compound growth

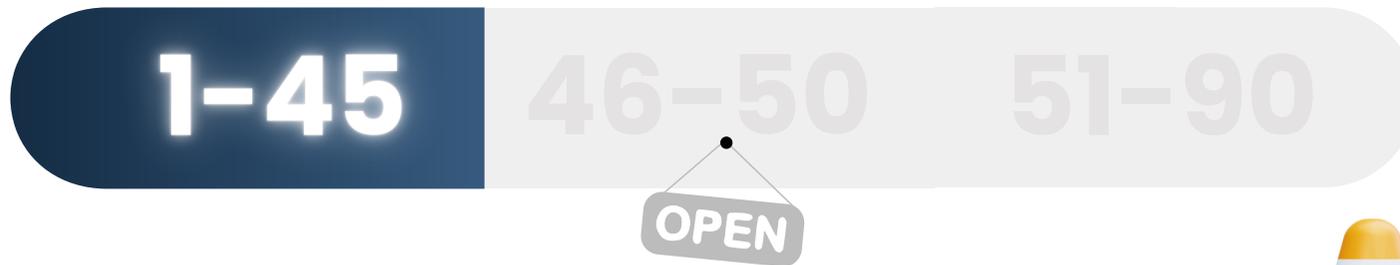


Sequencing matters more than tactics





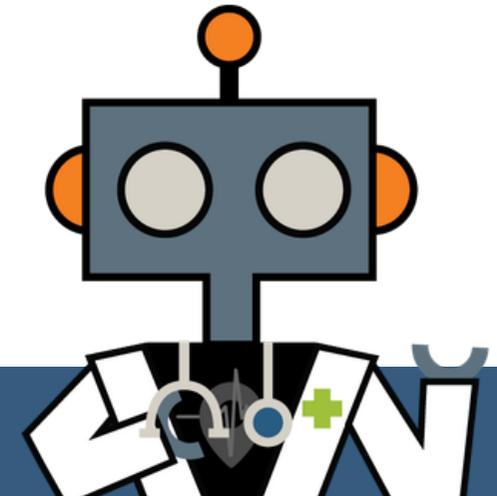
Pre-Opening (Days 1-45)



- Verify Google Business Profile
- Start website early (payor + conversions)
- Clean local listings and services
- Build Google Ads in advance (week before open)
- Prep reviews + front-desk workflow



Goal: Be trusted before Day 1



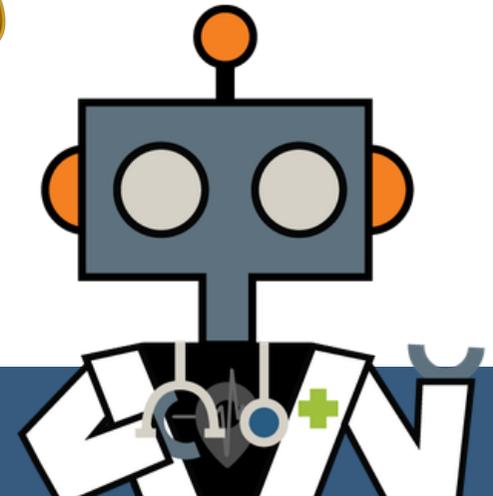
Opening Week (Days 46–50)



- Increase Google Ads spend
- Promote “Open Now” + walk-ins
- Execute soft launch / ribbon cutting
- Collect first patient reviews
- Share real activity and momentum



Goal: Immediate visibility and credibility



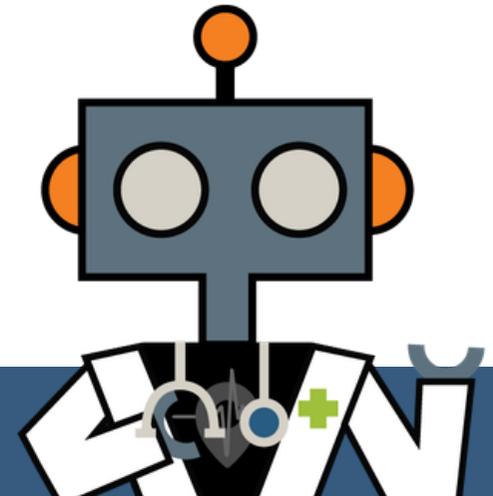
Post-Opening (Days 51-90)



- Optimize and normalize Google Ads
- Launch remarketing
- Update Google Business Profile weekly
- Systemize review collection
- Continue local partnerships



Goal: Predictable demand that supports staffing



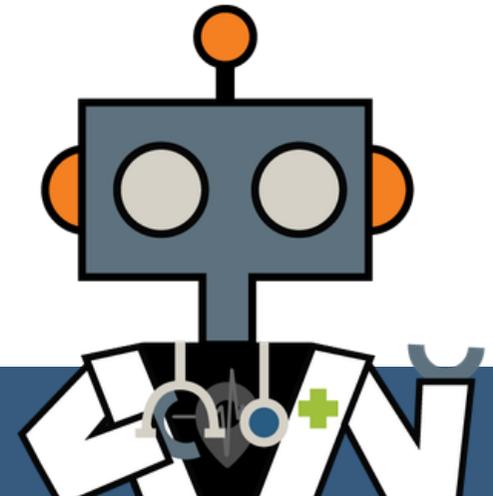
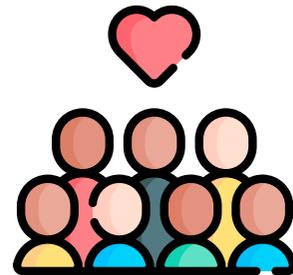


The Core Channels



The 4 Channels That Drive Early Volume:

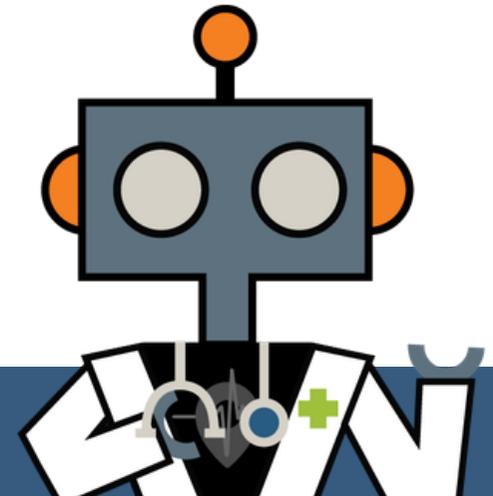
- Google Ads
- Local SEO (Google Business Profile)
- Reputation (reviews + trust)
- Community presence





Common Early Marketing Mistakes

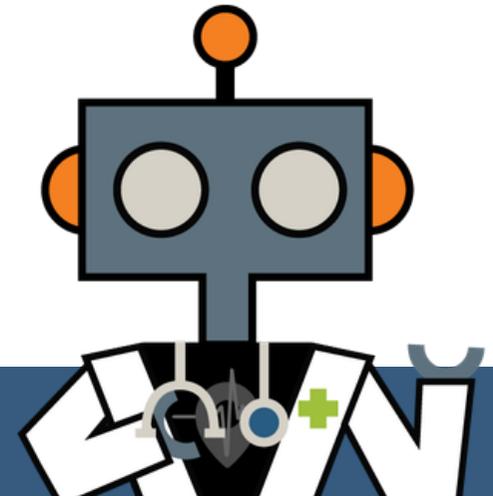
- Turning marketing on after opening
- Trying to buy volume with ads alone
- Waiting on reviews
- Overbuilding instead of converting
- Treating marketing as a one-time launch task





Key Takeaways

- **Start Early:** Demand must exist before Day 1
- **Timing Wins:** Early volume beats bigger spend later
- **Focus Works:** A few channels drive most results
- **Trust Converts:** Reviews outperform branding
- **Final Rule:** You can't outspend bad sequencing

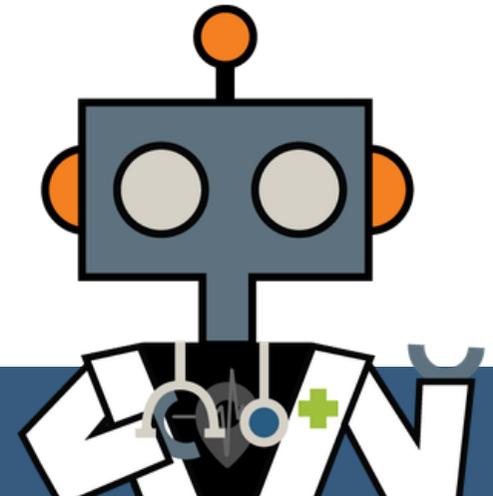




Need Help?

Schedule your **FREE** audit from PCMP!

- ✓ We'll review your existing campaigns, website, and funnel
- ✓ Identify where leads are being lost (and how to fix it)
- ✓ Check if your spend is aligned with actual performance
- ✓ Highlight quick wins to increase booked patients



URGENT CARE START-UPS & EXPANSION



2026 Urgent Care Start-Up Experience

A bootcamp for urgent care start-ups!

Event Details:

 Feb 23-24, 2026

 Grand Hyatt, Nashville

www.urgentcaremeeting.com

Use Code:

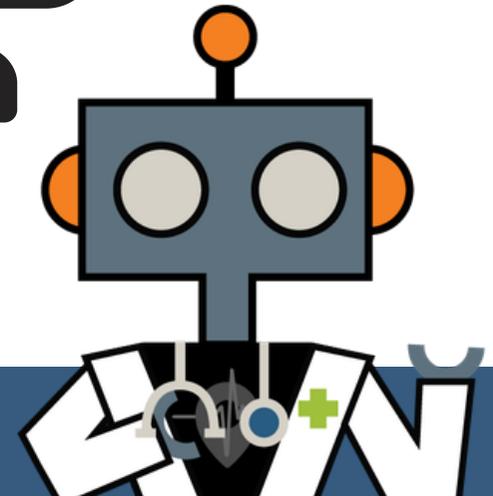
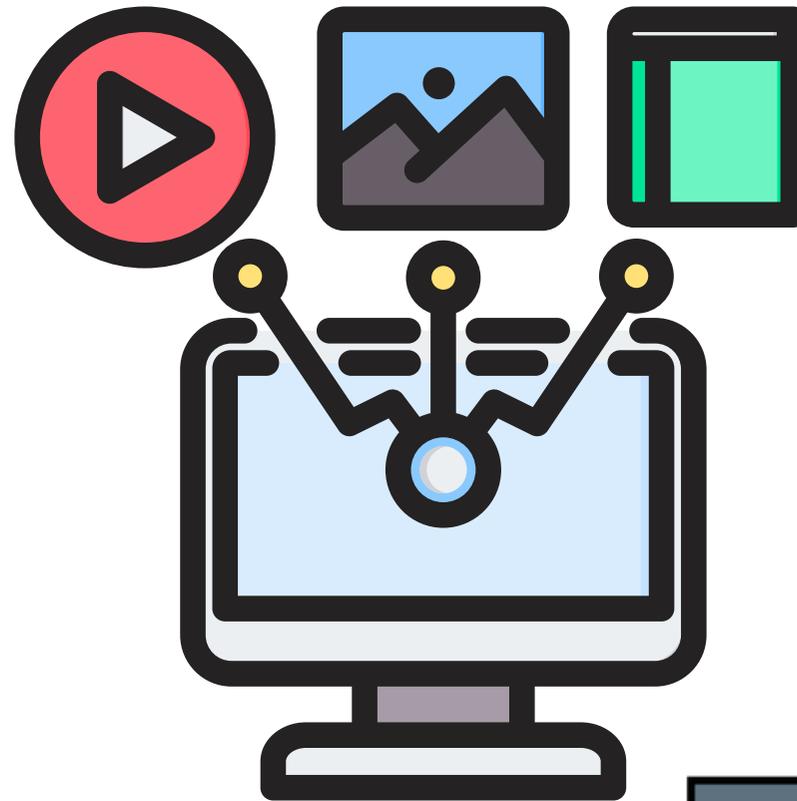
\$200 OFF - TODAY IS THE LAST DAY!

UCC_PatientCareMarketingPros26



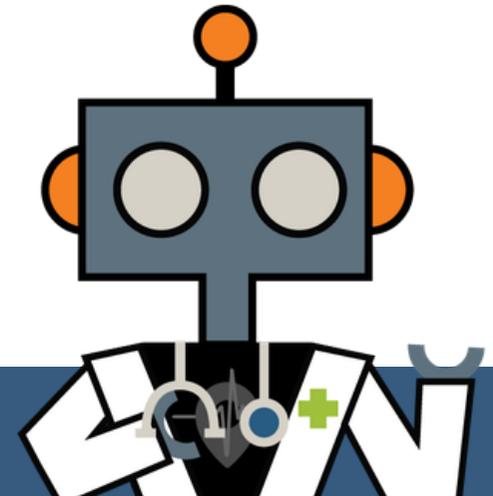
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Resources





Q&A



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