ILLUSTRATIVE BUSINESS CASE / NOT A FIXED QUESTION LIST

Insight Focus

Cedar Hearing Clinic (fictional) | One practice | January-June 2026 | Aggregate business reports

SCHEDULED VISITS	ATTENDED VISITS	RECORDED GROSS REVENUE
+33.8%	**+18.5%**	**+4.6%**
Jan to Jun	Jan to Jun	Jan to Jun

BUSINESS SITUATION

This example starts with **existing clinic reports**, not raw data needing a new KPI dashboard. HearOps examines three illustrative management questions, reconciles the relevant figures and identifies evidence-based next steps. It does **not** rebuild the clinic's analytics system.

SELECTED EXAMPLE QUESTIONS

01 What accounts for the widening gap between scheduled and completed visits?

02 Which tracked inquiry sources have higher appointment-booking rates?

03 How did recorded revenue mix change while completed visits grew?

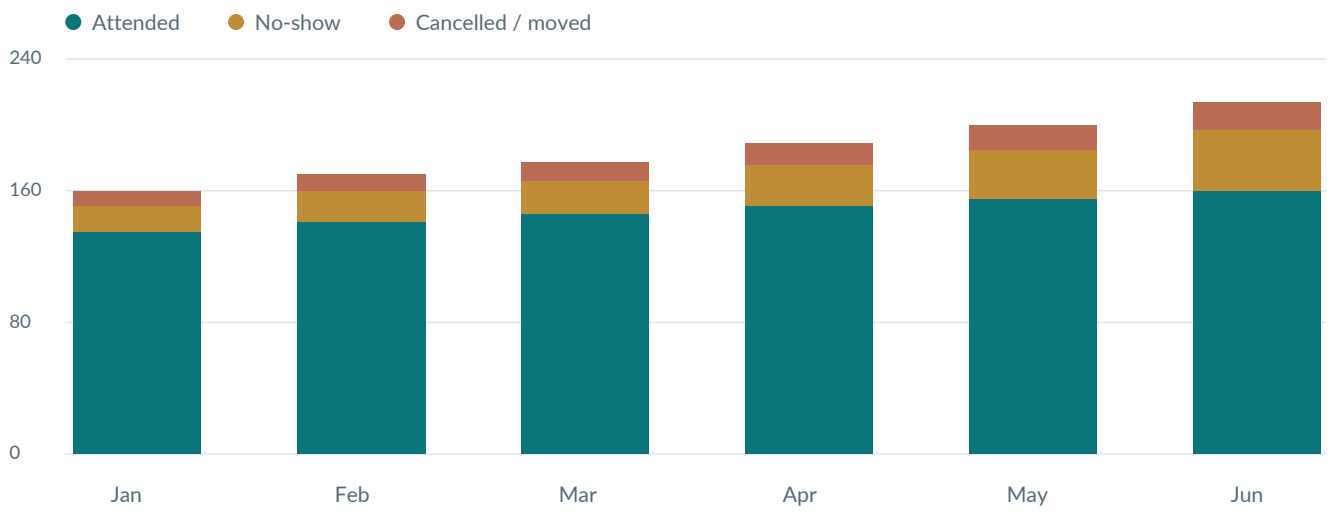
ILLUSTRATION, NOT A PRODUCT LIMIT

These three questions demonstrate a possible engagement, not a fixed list of deliverables. Real clients bring their own questions; feasibility and scope depend on suitable data. No real practice, patient or client result is shown.

What explains the widening visit gap?

Example question 01 | Account for the widening difference between scheduled and completed visits.

MONTHLY APPOINTMENT STATUS: EACH BAR ADDS UP TO SCHEDULED VISITS



SCHEDULED	COMPLETED	ATTENDANCE RATE
+33.8%	**+18.5%**	**-9.6 pp**
160 to 214	135 to 160	84.4% to 74.8%

EVIDENCE-BASED INTERPRETATION

The number of non-attended scheduled slots increased from **25 to 54** (+29). Of these additional slots, **21 were no-shows** and **8 were cancellations/rescheduled**. Thus, most of the numerical gap increase comes from recorded no-shows; this does **not** identify their underlying cause. No-show rate increased from 10.0% to 17.3%.

DECISION SCENARIO, NOT A PREDICTION

If June had retained January's 84.4% attendance rate, about **181** of its 214 scheduled visits would have been completed instead of 160: roughly **21 additional visits**. This is an arithmetic what-if, not recoverable revenue or a proven intervention effect.

RECOMMENDED NEXT STEP

First validate status rules and compare missed visits by appointment type and lead time. Then trial one appropriate scheduling or reminder change, tracking attendance, no-show and cancellation rates against a comparable baseline.

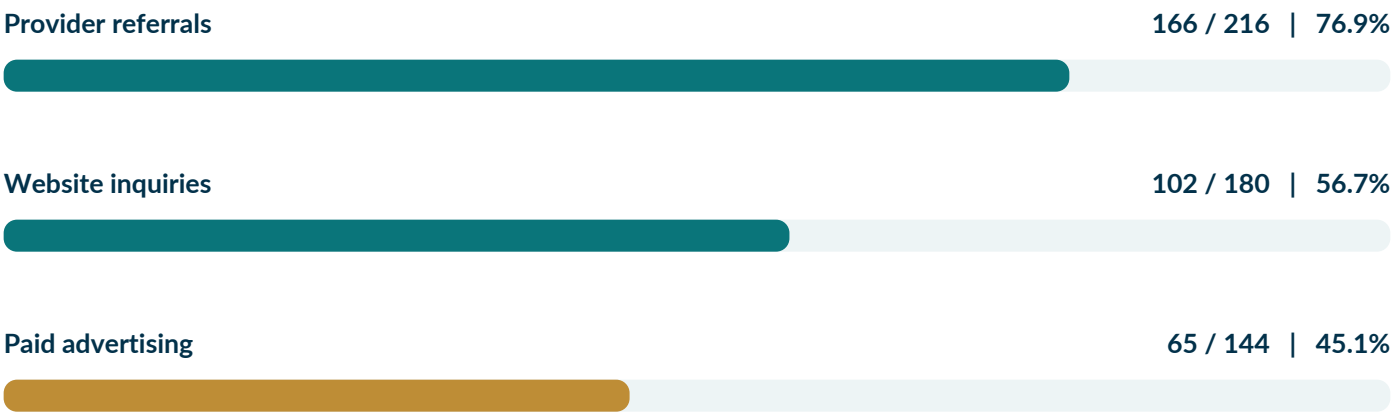
Limit: This report identifies where the gap appears, not why patients were absent. Real booking systems may count rescheduled appointments differently.

Which inquiry sources book more often?

Example question 02 | Compare inquiry-to-appointment booking rates, not profitability.

DISTINCT SYNTHETIC INQUIRY COHORTS / JAN-MAY 2026

Each synthetic inquiry has one recorded source and counts as **booked** only if at least one appointment was booked within 30 days. Inquiries originated Jan-May 2026; outcomes were observed through June. This separate cohort is **not** the full appointment population.



WHAT THE EVIDENCE SUPPORTS

Provider referrals show the highest observed inquiry-to-booking rate: **76.9%**, compared with website inquiries (**56.7%**) and paid advertising (**45.1%**). These are descriptive rates, not causal effects.

WHAT REMAINS UNKNOWN

Higher booking rate does **not** establish better gross profit, return on advertising spend, completed visits or hearing-aid purchases. Inquiry intent, tracking quality and channel mix may differ.

PRACTICAL NEXT STEP

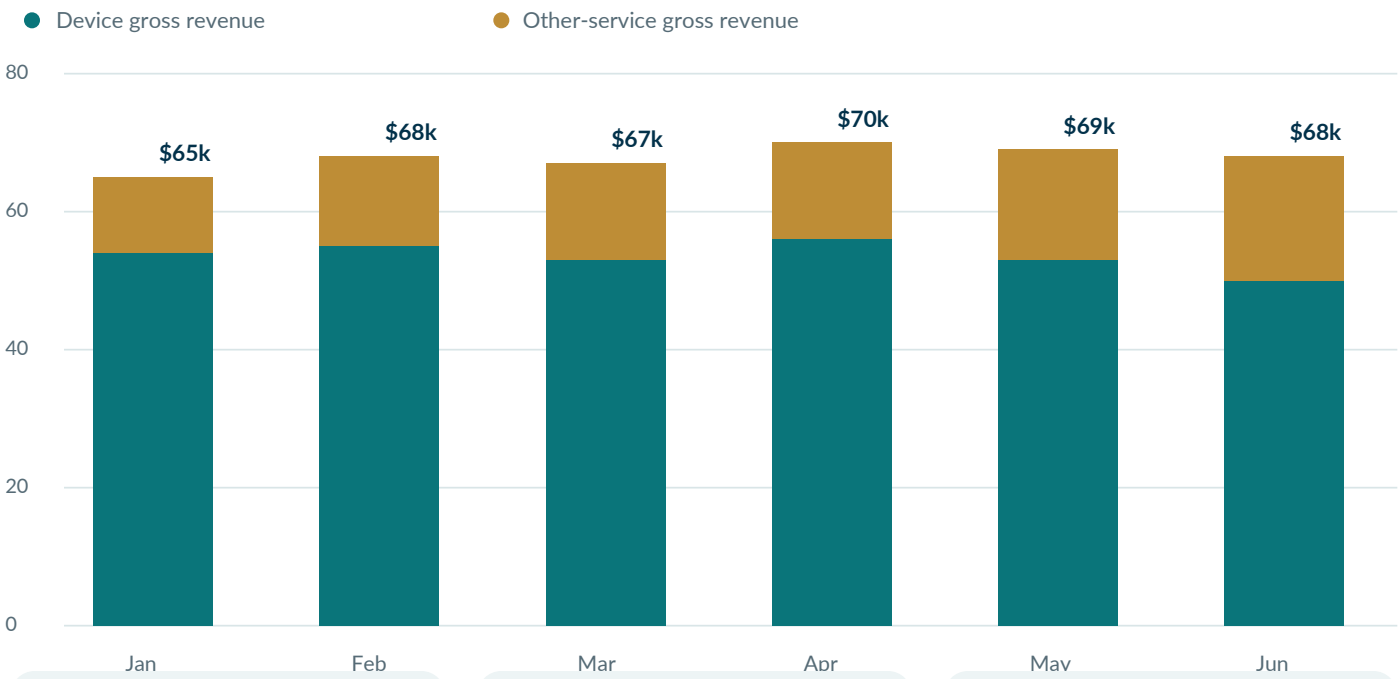
Verify single-source attribution, one inquiry per count, and 30-day follow-up completeness. Then compare bookings with **attended** visits and aggregate sales where suitable data exist; assess acquisition cost only with validated channel spend and matching outcome rules.

Metric: booked inquiries / unique inquiries by source within 30 days. The 333 bookings across these three cohorts are a subset of tracked inquiry outcomes and should not be added to the monthly appointment totals.

How did the revenue mix change?

Example question 03 | Explain the observed revenue split, without assuming a cause.

SYNTHETIC REVENUE COMPOSITION / USD THOUSANDS



DEVICE REVENUE

-$4k

Jan $54k to Jun $50k

OTHER REVENUE

+$7k

Jan $11k to Jun $18k

TOTAL GROSS

+$3k

Jan $65k to Jun $68k

THE EVIDENCE, AND ITS LIMITS

From Jan to Jun, gross revenue increased **$3k**: **+$7k** in other-service revenue offset by **-$4k** in device revenue. Devices declined from **83.1% to 73.5%** of recorded gross. Device units fell from **30 to 27**, while completed visits rose from 135 to 160. This describes the mix, **not** the cause of sales changes.

DECISION USE

Validate how device and other-service gross revenue are categorized; compare device units, prices and returns over consistent periods. Check evaluation and sale timing before forming a hypothesis. Track device share of gross, units and both revenue categories monthly.

Limit: Gross recorded revenue is not net revenue, cash flow, margin or profit. Sales are not matched to individual visits; no causal explanation or forecast is claimed.

What should management do next?

A decision-oriented summary of this illustrative review, not an implementation guarantee.

01 Attendance reliability

Evidence: non-attended slots rose from 25 to 54; no-show share rose 10.0% to 17.3%.

Action: audit statuses; compare missed visits by appointment type; then test a workflow adjustment.

Track: no-show %, cancellation %, attendance %.

02 Revenue composition

Evidence: devices fell $4k, other services rose $7k; device share fell 83.1% to 73.5%.

Action: check device units/prices, category mapping, returns and posting periods.

Track: device units, device gross, other gross.

03 Inquiry-source outcomes

Evidence: provider 76.9%, web 56.7%, paid ads 45.1% booked within 30 days.

Action: confirm channel tagging and analyze attended outcomes before spend decisions.

Track: booked/inquiry, attended/booked, qualified spend when available.

SOURCE & CALCULATION NOTES

Operations: Jan-Jun 2026 monthly aggregate statuses (scheduled = attended + no-show + cancelled/rescheduled). **Revenue:** device gross + other-service gross = monthly posted gross. **Referrals:** distinct Jan-May inquiries followed for 30 days; provider 166/216, web 102/180, ads 65/144. Percentages are rounded for display.

SCOPE OF THIS ILLUSTRATIVE DELIVERABLE

This is a **fictional, synthetic demonstration** using no actual practice or patient records. The questions are examples, not fixed services. Results show descriptive relationships, **not proven causes**, client outcomes or guaranteed gains. No patient-level/PHI work, clinical advice, bookkeeping, profit/ROI calculation or forecasts are included. Real work requires agreed scope and suitable, safely shared data.