# Medical Billing Business Plan

Spree Billing

DOCUMENT GUIDE

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A complete business plan and its supporting financial model.

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## Decision and scope

A proposed Berlin private invoice administration bureau. This plan supports a launch funding decision and clearly separates researched law from unvalidated commercial assumptions.

No founder credentials, contracts or funding commitments have been supplied. All financial outputs are planning estimates. Live health data requires the legal and security gates described in this plan.

01 / OVERVIEW

# Executive summary

Berlin private outpatient invoice administration

Spree Billing is a proposed Berlin bureau preparing physician-approved private outpatient invoices. Practices supply clinical coding and receive patient funds directly. We charge administration fees for accepted invoices and completed onboarding. The founder, clients, premises and finance are unconfirmed. Base annual revenue is €99,812, €209,231 and €292,551; Year 1 net loss is (€29,924). Proposed funding totals €140,000. Base minimum cash of €22,281 misses the €30,000 reserve target. Downside needs €280,655 additional cash simply to avoid a negative balance. Launch is conditional on paid-pilot evidence and lawful processing approval.

| Decision metric | Model output |
|---|---|
| Startup plus target reserve | €79,827 |
| Proposed owner equity | €110,000 |
| Proposed debt | €30,000 |
| Base minimum cash | €22,281 |
| Reserve target shortfall | €7,719 |
| Downside unfunded shortfall | €280,655 |

Model version 1.0 • EUR • Base unless stated • operating years Apr 2027–Mar 2030. All forecasts are planning estimates.

02 / BUSINESS

# Business details

Berlin private outpatient invoice administration

Spree Billing is a working name for a proposed German GmbH based in Berlin. Name clearance, incorporation, trade registration, tax registration, bank account and beneficial-owner filings remain to be completed. No real address, telephone, website, founder identity or registration number is asserted.

| Field | Planning status |
|---|---|
| Legal form | GmbH proposed; accountant and lawyer to confirm |
| Geography | Berlin practices; secure remote delivery |
| Revenue customer | Medical practice, never patient insurer |
| Currency | Euro; financial values net of VAT unless labelled gross |

Planning assumptions require validation before committing funds.

03 / STRATEGY

# Business concept and objectives

Berlin private outpatient invoice administration

We prepare draft invoices from physician-approved service data, check required fields, route exceptions to the practice and deliver an audit trail. The service does not choose medical necessity, invent treatment codes, provide legal debt advice or finance patient receivables. Start with low-complexity private outpatient consultations. Avoid hospitals, dentistry, statutory EBM billing and high-complexity procedures at launch.

| Objective | Gate and owner |
| --- | --- |
| Before opening | Founder: lawful workflow reviewed; 3 client targets not signed |
| First 90 days | Founder: approved sample quality and measured processing time |
| Expansion | Hire at modelled month; add clients only within measured capacity |

Planning assumptions require validation before committing funds.

04 / STRATEGY

# Business model canvas

Berlin private outpatient invoice administration

The model trades specialist administrative time and secure infrastructure for practice service fees. Clinical responsibility and patient credit exposure stay with the practice. Small recurring contracts reduce single-client exposure but create onboarding and account support work.

| Canvas block | Proposed design |
|---|---|
| Segments | Independent private outpatient medical practices |
| Value | Approved invoices with traceable exceptions and predictable unit price |
| Channels | Direct practice outreach and professional referrals |
| Relationships | Named account owner, weekly exception review |
| Revenue | Accepted-invoice fee and completed onboarding fee |
| Resources | Paid owner, trained administrators, secure approved software |
| Activities | Data validation, draft preparation, approval routing, audit records |
| Partners | Privacy counsel, EU hosting, accountant, insurer |
| Costs | Payroll, security, licence seats, onboarding, dispatch |

Planning assumptions require validation before committing funds.

05 / STRATEGY

# SWOT and longer term goals

Berlin private outpatient invoice administration

S1 is a narrow scope with visible invoice approval. S2 is an activity-based price and audit trail. W1 is an untested founder skill profile. W2 is limited initial capacity. O1 is administrative complexity in private billing. T1 is established full-service PVS competition. T2 is a health-data incident. These are strategic judgments, not measured customer preferences. Year 3 aims to stabilise roughly 17 practice equivalents within the paid staffing capacity. Years 4 and 5 expansion is conditional on proven quality, adequate cash, staff capacity and a separate lawful scope review.

| Finding | Response |
|---|---|
| S1 × O1 | Pilot only provider-approved outpatient cases |
| W1 | Recruit or verify skilled GOÄ operator before live data |
| W2 | Cap onboarding and invoice acceptance in the workbook |
| T1 and T2 | Sell controlled administration; maintain incident readiness |

Planning assumptions require validation before committing funds.

06 / STRATEGY

# TOWS strategy matrix

Berlin private outpatient invoice administration

The owner prioritises a compliant pilot over rapid signings. No wider statutory billing or collections service is planned until specialist legal approval and a separate economic case exist.

| Combination | Action and measure |
|---|---|
| SO S1 O1 | Paid sample pilot; practice validates each draft before release |
| WO W1 O1 | Assess GOÄ skills; no unsupported founder credentials |
| ST S2 T1 | Publish unit scope and exception handling; compare written quotes |
| WT W2 T2 | Onboard within hours cap; stop imports on security incident |

Planning assumptions require validation before committing funds.

07 / STRATEGY

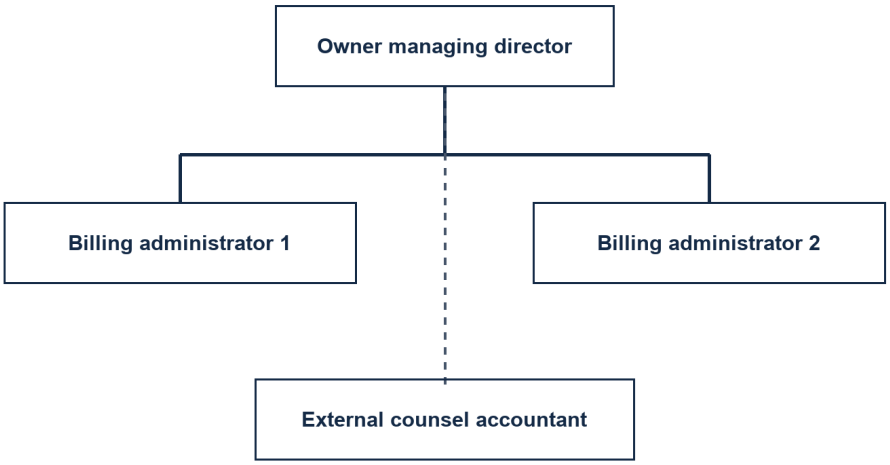
# Owner and management

Berlin private outpatient invoice administration

The owner is assumed to work 40 hours per week and receive €4,000 gross monthly pay before employer load throughout preparation and operation. The model reserves 80 productive billing hours per month. Remaining time covers sales, approvals, QA, finance and privacy responsibilities. The actual owner employment and social-insurance position requires professional determination.

| Accountability | Role |
|---|---|
| Owner managing director | Contracts, cash, QA, information security escalation |
| Billing administrators | Draft invoices, exception routing and audit records |
| External privacy counsel | Processor terms, lawful scope, incident and DPIA review |
| External accountant | Payroll, VAT, tax, annual financial statements |

## Reporting hierarchy




**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

Planning assumptions require validation before committing funds.

08 / PEOPLE

# Owner and key personnel profiles

Berlin private outpatient invoice administration

No founder identity, medical credential, GOÄ experience, supplier relationship or client network has been evidenced. Recruitment must establish German fluency, outpatient billing knowledge, spreadsheet reconciliation, confidentiality and secure handling. A medical background alone is not proof of billing proficiency.

| Profile | Evidence still required |
|---|---|
| Owner | CV, references and anonymised billing skills assessment |
| Administrator | GOÄ test, error investigation exercise, confidentiality undertaking |
| External specialists | Written engagement and verified professional scope |

Planning assumptions require validation before committing funds.

09 / MARKET

# Target customers

Berlin private outpatient invoice administration

Target an independent private outpatient physician practice with roughly 250 invoices per month, limited internal billing time and a willingness to retain invoice approval. This volume is a modelling hypothesis. Practices needing factored collections, complex disputes, hospital tariffs or statutory billing are outside the offer.

| Segment | Need and priority |
| --- | --- |
| Independent private outpatient | Priority: repeat administrative work and named contact |
| Mixed payer outpatient | Secondary: clearly separated private invoice stream |
| Hospitals and dentistry | Deferred: different tariff and governance complexity |
| Collections and financing buyers | Refer elsewhere; outside authorised launch scope |

Planning assumptions require validation before committing funds.

10 / CUSTOMER STRATEGY

# Segmentation targeting and positioning

Berlin private outpatient invoice administration

Segmentation uses billing stream, case complexity, monthly volume and approval discipline. Prioritise practices that accept secure exports and approve draft batches. Position Spree Billing as a controlled invoice preparation bureau with per-invoice pricing. Ten interviews and three paid sample pilots must test this claim before the initial-client assumption is treated as credible.

| Selection factor | Entry threshold |
| --- | --- |
| Approval process | Named physician approver and escalation response |
| Data export | Approved secure export or supervised access |
| Volume | Enough recurring work to justify onboarding |
| Complexity | Outpatient GOÄ scope within verified staff skills |

Planning assumptions require validation before committing funds.

11 / CUSTOMER STRATEGY

# Value proposition canvas

Berlin private outpatient invoice administration

The assumed customer job is to produce correct invoices without interrupting clinical sessions. Pains include incomplete supporting detail and unresolved exceptions. Gains include traceability, predictable administration cost and a clear approval queue. These hypotheses have not been validated in customer interviews.

| Canvas element | Hypothesis and planned match |
|---|---|
| Customer jobs | Produce compliant private invoices without interrupting consultations |
| Customer pains | Incomplete particulars, unresolved exceptions and rework |
| Customer gains | Traceable approvals and predictable administration cost |
| Products and services | Draft invoices, validation and approval queue |
| Pain relievers | Required-field checks and named exception owner |
| Gain creators | Accepted-invoice fee and monthly count reconciliation |
| Pilot test | 3 paid practices; agree error and turnaround thresholds first |

Planning assumptions require validation before committing funds.

12 / MARKET

# Market size and trends

Berlin private outpatient invoice administration

The official Berlin practice-planning material shows a substantial medical ecosystem but counts providers and statutory planning capacity, not private-billing outsourcing buyers or spending. It cannot establish the market for this narrow service. GOÄ governs private medical billing; the BMG reports that a proposed revision remains under examination. A regulation change creates retraining risk, not a proven sales opportunity. [S1 S6]

| Scope | Definition and limitation |
|---|---|
| TAM | German outpatient private invoice administration spend; not estimated |
| SAM | Berlin practices meeting the scope and export criteria; not estimated |
| SOM | 36-month client and fee forecast, a capacity plan not verified share |
| Validation | Deduplicated practice list, interview consent, invoice volumes and quotes |

## TAM SAM SOM scope without invented market totals

**TAM Germany**
Outpatient private invoice administration spend; unavailable

**SAM Berlin**
Eligible practices and spending; unavailable

**SOM planned**
Modelled clients and accepted invoices; no validated market share

**Method**
Deduplicated practice universe × qualified need × annual fee spend

**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

Planning assumptions require validation before committing funds.

13 / MARKET CONTEXT

# PESTLE analysis

Berlin private outpatient invoice administration

Berlin is the operating jurisdiction. Private billing rules, data protection and labour costs dominate this plan. Reviewed facts are dated 3 October 2026; recheck before the planned 2027 launch. Later Berlin trade-tax assumptions are held constant, while enacted corporation-tax reductions are scheduled in the model. [S1 S3 S4 S5 S7 S8]

| Factor | Evidence or hypothesis and response |
|---|---|
| Political | GOÄ reform under examination → retain training reserve |
| Economic | Fees and salaries unquoted → paid pilot and hiring quotes |
| Social | Practices may value admin relief → interview before signings |
| Technology | Secure exports and access logs → test restoration and access revocation |
| Legal | GOÄ GDPR §203 RDG boundaries → legal launch gate |
| Environment | Digital workflow → minimise printing and device waste |

## External influences on Berlin invoice administration

**Political**
GOÄ reform under examination → retain training reserve

**Economic**
Fees and salaries unquoted → paid pilot and hiring quotes

**Social**
Practices may value admin relief → interview before signings

**Technology**
Secure exports and access logs → test restoration and access revocation

**Legal**
GOÄ GDPR §203 RDG boundaries → legal launch gate

**Environment**
Digital workflow → minimise printing and device waste

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Planning assumptions require validation before committing funds.

14 / MARKET

# Local demand and evidence

Berlin private outpatient invoice administration

No interviews, observed invoices, letters of intent or local customer counts were supplied. A target of three opening clients and one expected gross signing per month is an assumption. Create a list of 50 eligible Berlin practices using public business contact details, screen 20 and interview 10. Only practices signing the approved processor and service agreement may enter paid pilots.

| Evidence stage | Current status and next test |
|---|---|
| Eligible practice list | Not yet built; deduplicate against scope criteria |
| Interviews | 0 completed; founder responsible |
| Paid pilots | 0 signed; collect process-time and rework measurements |
| Contracts | 0 secured; client forecast is hypothetical |

## Demand evidence and validation sequence

**Current evidence**
No interviews pilots or signed contracts

**Practice screening**
List 50 eligible practices; scope and export review

**Interviews**
10 target interviews; price and workload hypotheses

**Paid pilot**
3 target practices; measure quality time and rework

**Capacity gate**
Validated minutes per invoice and onboarding hours

**Forecast**
Expected signings remain assumptions until validated

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Planning assumptions require validation before committing funds.

15 / MARKET

# Competitors and positioning

Berlin private outpatient invoice administration

PVS berlin-brandenburg-hamburg describes private and statutory fee billing services for office-based and chief physicians. The PVS association describes long-standing private billing support. These are established alternatives with a broader offer. No competitor prices, satisfaction ratings or comparative turnaround measurements were verified. Internal staff and practice software also compete for the work. [S9 S10]

| Alternative | Observed scope or assumption |
|---|---|
| PVS bbh | Provider website: broader billing services; quote required |
| Other PVS providers | Association describes private billing support |
| Internal practice staff | Operational alternative; cost depends on staffing |
| Spree Billing | Planned narrow draft preparation; no funds custody or factoring |

Planning assumptions require validation before committing funds.

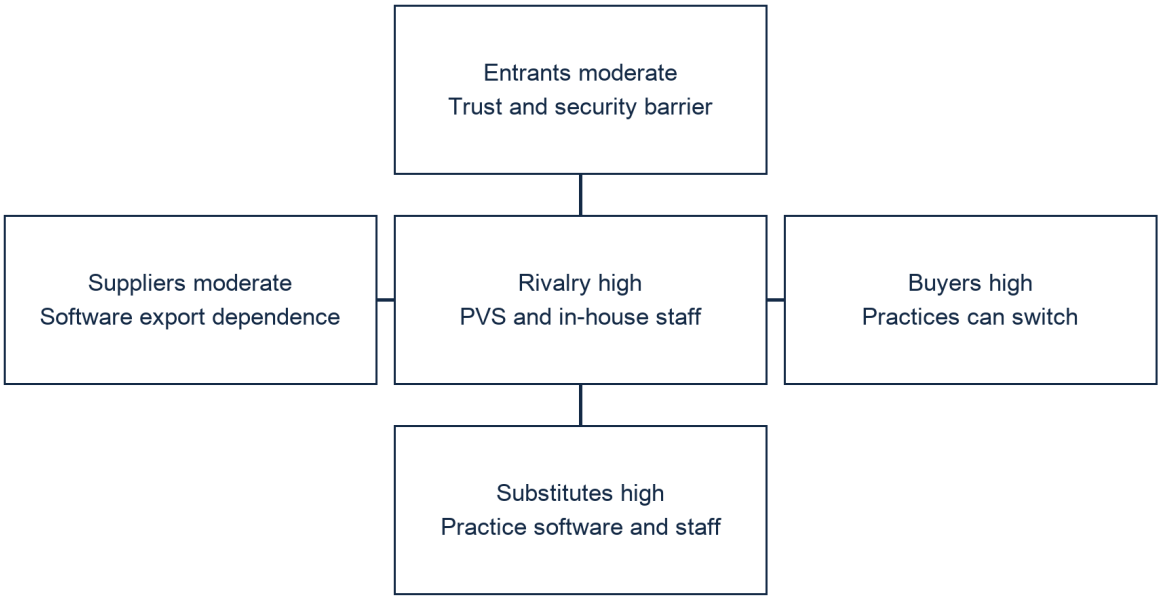
16 / COMPETITIVE STRATEGY

# Porter five forces

Berlin private outpatient invoice administration

The force assessment is judgment based on service scope and the existence of established PVS alternatives. Rivalry and buyer choice are high. Entry needs little physical capital but substantial trust, skill and security. Suppliers include software vendors with export switching costs.

| Force | Judgment and response |
|---|---|
| Rivalry high | PVS and in-house staff → narrow scope and paid pilot |
| Buyer power high | Practices can switch → documented export and approval process |
| Supplier power moderate | Software integration dependence → portable exports and exit terms |
| Entrants moderate | Low equipment cost, high trust cost → skills and audit controls |
| Substitutes high | In-house software workflows → measure saved administrative hours |




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17 / COMPETITIVE STRATEGY

# Strategy canvas

Berlin private outpatient invoice administration

Use categorical offer comparison because no defensible numeric competitor scores exist. The proposed position increases provider control and unit-price transparency while deliberately excluding receivable financing and independent debt enforcement. The absence of those services narrows the reachable segment.

| Factor | PVS reported / Spree planned / internal alternative |
|---|---|
| Private billing | Yes / narrow outpatient preparation / practice dependent |
| Statutory billing | PVS bbh reports yes / excluded / practice dependent |
| Patient money | Provider-specific quote / direct to practice / direct to practice |
| Unit price | Not verified / €5.50 net proposed / payroll-dependent |
| Control | Contract-dependent / physician approval each batch / internal |

## Offer scope comparison without unsupported ratings

**PVS alternatives**

Provider sites describe broader fee billing support

**Our planned offer**

Physician-approved private outpatient invoices

**In-house substitute**

Practice staff and software handle administration

**Deliberate boundary**

No patient funds factoring or legal enforcement

**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

Planning assumptions require validation before committing funds.

18 / OPERATIONS

# Location and premises

Berlin private outpatient invoice administration

Use a small controlled-access Berlin office rather than a walk-in facility. The model assumes €600 monthly rent, a refundable €1,800 deposit and no rent VAT. The landlord quote, secure network, visitor access and clean-desk arrangements require verification. Employees may not use uncontrolled shared workspaces for patient data.

| Requirement | Planning response |
| --- | --- |
| Access | Named keys, visitor log, locked screens |
| Connectivity | Managed network; secure export channels |
| Records | Minimum necessary data; no local unencrypted copies |
| Expansion | Second administrator fits planned space; review lease capacity first |

Planning assumptions require validation before committing funds.

19 / OPERATIONS

# Equipment and resource plan

Berlin private outpatient invoice administration

Budget €9,000 net for encrypted business laptops, screens, managed network and office equipment. Depreciate over 36 months from launch. Add €3,000 net in month 24 over its own 36-month life. All prices are assumptions. Security subscriptions are operating costs, not capitalised software development.

| Resource | Treatment and verification |
|---|---|
| Equipment | Capital asset; obtain itemised quotes |
| EU hosting and backup | Monthly security budget; contract and restore test |
| GOÄ billing tools | Approved product and interface validation |
| Privacy and training | Setup expense €11,000 net; written specialist scope |

Planning assumptions require validation before committing funds.

20 / OFFER

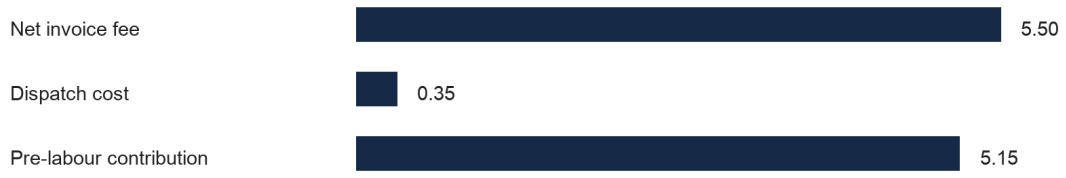
# Service catalogue and scope

Berlin private outpatient invoice administration

The service catalogue is intentionally limited. Included work is required-field validation, draft generation, exception logging and physician-approved dispatch. No clinical coding decisions, patient cash custody, factoring, legal disputes or hospital/statutory tariff work are included.

| Service | Acceptance and billing trigger |
|---|---|
| Accepted invoice | Physician approves draft; one fee per completed invoice |
| Completed onboarding | Approved secure connection, sample batch and training |
| Exceptions | Return to physician; no invented medical judgment |
| Out of scope | Debt enforcement, legal advice, funding and clinical treatment |

### Unit price and pre-labour contribution




EUR per invoice • bar length is absolute amount, labels retain sign • model version 1.0

**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

Planning assumptions require validation before committing funds.

21 / OFFER

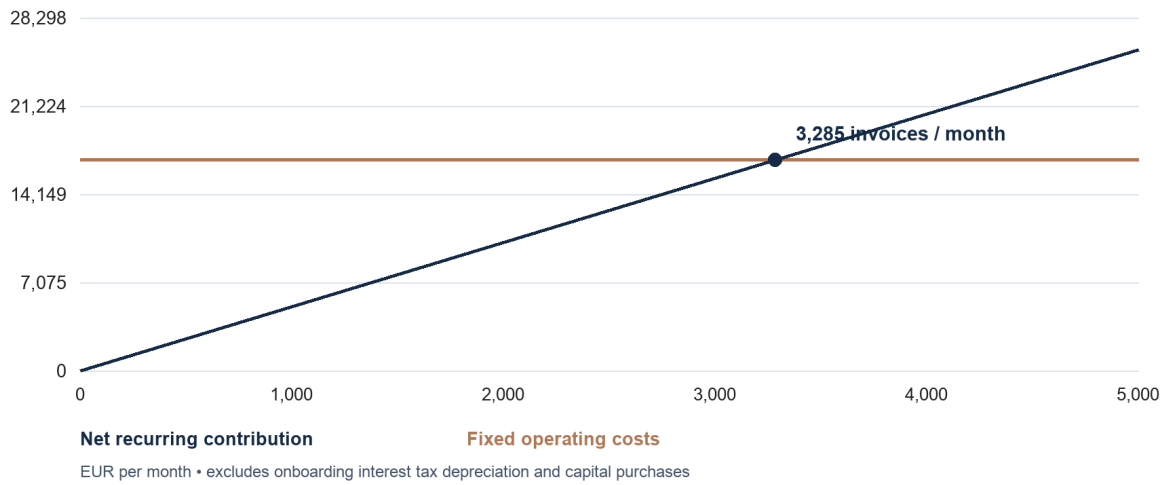
# Pricing and order economics

Berlin private outpatient invoice administration

Base pricing is €5.50 net per accepted invoice and €750 net per completed onboarding. Dispatch and per-invoice software cost €0.35 net before annual inflation. The pre-labour contribution is therefore €5.15 per accepted invoice, before client licence, payroll, bad debt and overhead. VAT adds 19% to bureau fees and may be an unrecoverable expense for exempt medical practices. [S3]

| Pricing input | Amount |
|---|---|
| Accepted invoice net | €5.50 |
| VAT on unit fee | €1.045 |
| Unit fee gross | €6.545 |
| Dispatch cost net | €0.35 |
| Pre-labour unit contribution | €5.15 |

**Recurring operating break even at month 36 costs**




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Planning assumptions require validation before committing funds.

22 / OFFER

# Competitor price comparison

Berlin private outpatient invoice administration

No reliable like-for-like public quotation was obtained. Request written quotations covering invoice preparation, dispatch, exceptions, minimum charges, privacy terms and any collections or financing service. Do not compare a full-service collection percentage with our administrative unit fee as if scopes were identical.

| Offer | Price and status |
|---|---|
| Spree invoice fee | €5.50 net proposed; untested willingness to pay |
| Spree onboarding | €750 net proposed; scope and effort to validate |
| PVS bbh | Written scope and price quote outstanding |
| Internal employee | Local hiring quote and productive-time measurement outstanding |

Planning assumptions require validation before committing funds.

23 / OFFER

# Brand and customer experience

Berlin private outpatient invoice administration

Use clear service descriptions and neutral communications. A practice sees an approval queue, exception reasons and a monthly service statement. Patient-facing invoices identify the physician as issuer and the practice bank details. The bureau communicates no promise of insurer reimbursement or guaranteed collections.

| Standard | Accountability |
|---|---|
| Quality | Required particulars and approval audit recorded |
| Turnaround | Pilot-defined SLA before contracts; not yet promised |
| Exceptions | Named practice approver; administrative follow-up only |
| Incident | Suspend affected import and escalate immediately |

Planning assumptions require validation before committing funds.

24 / GROWTH

# Sales channels and process

Berlin private outpatient invoice administration

The owner conducts targeted professional outreach and requests a paid pilot. Sales stages are eligible lead, discussion, lawful workflow review, agreed service/processor contract and completed onboarding. The model recognises no fee on signing alone. Base signings become eligible after one month, and productive capacity can reject admission. Eligible prospects not admitted that month are lost from this forecast, with no contracted backlog or future onboarding revenue assumed.

| Stage | Evidence needed |
|---|---|
| Lead | Public practice contact; scope match |
| Pilot | Written terms and lawful data workflow |
| Onboarding | Approved connection and sample acceptance |
| Production | Practice approval; completed invoices |
| Bureau fee collection | Practice pays gross service invoice after modelled lag |

### Year 1 administration fee mix




EUR • bar length is absolute amount, labels retain sign • model version 1.0

**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

Planning assumptions require validation before committing funds.

25 / GROWTH

# Launch marketing

Berlin private outpatient invoice administration

Preparation includes service materials and training within the €11,000 setup expense. Recurring marketing is €500 net per month from preparation onward. Focus on direct practice conversations, a plain service sheet and specialist referrals. No paid access to patient lists or clinical data is planned.

| Action | Budget and test |
|---|---|
| Service sheet | Included setup expense; scope reviewed before release |
| Outreach | €500 monthly budget; track eligible discussions |
| Referral network | No commission assumed; verify any agreement |
| Decision gate | 3 paid pilots and measured contribution before scale |

Planning assumptions require validation before committing funds.

26 / GROWTH

# Retention and ongoing sales

Berlin private outpatient invoice administration

Weekly exceptions and monthly reconciliation build retention through reliable operation. The model applies 1% monthly churn to opening clients, with 2.5% in Downside and 0.5% in Upside. These are sensitivity assumptions, not observed retention rates. Track cancellations by cause and review workflow friction before buying more leads.

| Measure | Management response |
|---|---|
| Churn | Monitor monthly practice loss and reason |
| Rework | Audit sample errors; retrain before wider intake |
| Capacity | Stop admissions before backlog exceeds contract SLA |
| Own fee ageing | Discuss overdue service fees; suspend future work per contract |

Planning assumptions require validation before committing funds.

27 / OPERATIONS

# Daily operations and suppliers

Berlin private outpatient invoice administration

Import only necessary approved data. Validate required fields, prepare drafts, route exceptions and obtain physician approval before dispatch. Reconcile accepted invoice counts to the bureau fee ledger. Patient settlements are never posted as bureau revenue or cash. Supplier terms are assumed same-month payment; no supplier credit is used.

| Supplier purchase | Terms and backup |
|---|---|
| Billing software | Unquoted recurring licences; export exit test |
| EU hosting and security | Same-month fees; restore and subprocessors review |
| Privacy counsel | Setup and recurring retainer; written response scope |
| Insurance | Professional and cyber quotes; cover gaps reviewed |
| Dispatch | Per accepted invoice cost; controlled alternative process |

Planning assumptions require validation before committing funds.

28 / OPERATIONS

# Sustainability practices

Berlin private outpatient invoice administration

A digital approval workflow reduces printing but does not justify unsupported environmental savings. Use repairable managed devices, controlled disposal and appropriate backup retention. Minimise health data retained outside the practice system. Security and evidential retention requirements take precedence over speculative paper savings.

| Practice | Measurement |
|---|---|
| Paper | Count physical dispatches only if introduced |
| Devices | Asset register, repair and secure wipe evidence |
| Retention | Contractual deletion schedule with legal review |
| Energy | Monitor office use without invented carbon claims |

Planning assumptions require validation before committing funds.

29 / OPERATIONS

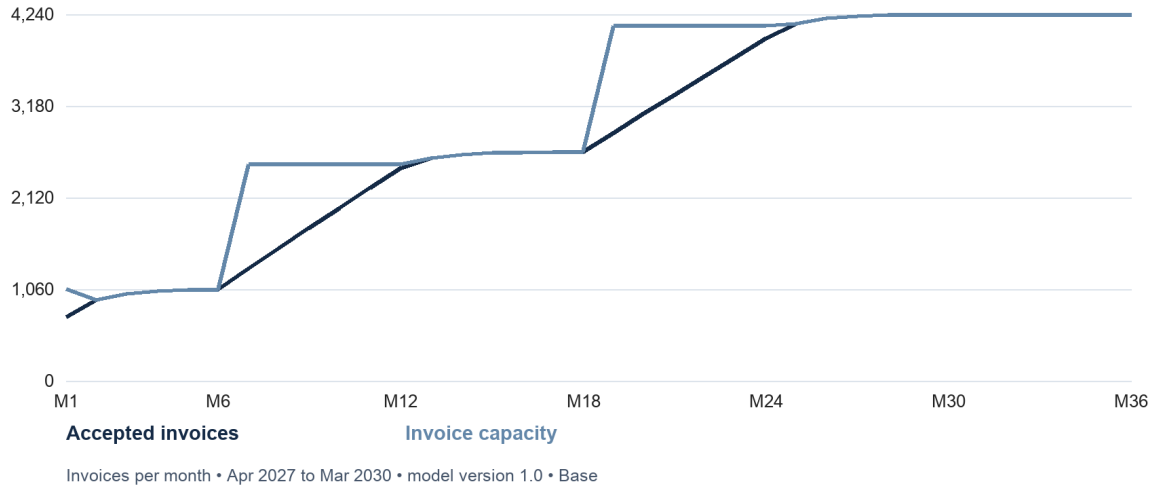
# Staffing and training

Berlin private outpatient invoice administration

Base staffing includes the paid owner from preparation, one administrator from operating month 7 and a second from month 19. Each employee is 1 FTE at €3,500 gross monthly pay before the 20% employer allowance. Productive time is 120 hours per employee per month and 80 hours for the owner. At 4.5 minutes per invoice, onboarding consumes the same productive pool. These are assumptions to measure in pilots.

| Role | Base coverage |
|---|---|
| Owner | 40 weekly working hours; 80 monthly invoice/onboarding hours |
| Administrator 1 | 1 FTE from month 7; 120 productive hours monthly |
| Administrator 2 | 1 FTE from month 19; 120 productive hours monthly |
| Training | GOÄ scope, error routing, confidentiality, access and restoration |

**Accepted invoices and productive capacity**




**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

Planning assumptions require validation before committing funds.

30 / PEOPLE

# Staff skills and fair work

Berlin private outpatient invoice administration

Verify GOÄ knowledge through realistic anonymised invoice examples. Employees receive written duties, paid training, appropriate rest and leave, secure equipment and an escalation route. Forecast productive hours are below full paid hours to allow non-billing work and absence. Obtain actual payroll classification and local salary quotes before hiring.

| Capability | Verification |
|---|---|
| Billing competence | Required-field and exception assessment |
| Confidentiality | §203 undertaking before access |
| Security | MFA, device controls and incident exercise |
| Fair work | Written employment terms, leave and workload monitoring |

Planning assumptions require validation before committing funds.

31 / OPERATIONS

# Legal and insurance requirements

Berlin private outpatient invoice administration

GOÄ §12 makes a compliant invoice central to fee due dates and specifies particulars. Physician approval and responsibility remain contractual launch requirements. GDPR requires a lawful Article 6 basis and applicable Article 9 condition for health data, documented Article 28 processor terms and Article 32 safeguards. §203 permits necessary professional assistance subject to confidentiality duties. A processor contract alone does not resolve every billing disclosure or consent question. Counsel must classify the exact workflow before live records and assess DPIA and DPO duties. The bureau is separately responsible for its own customer contacts and accounting records. Notify the practice without undue delay after a personal-data breach; the controller assesses its applicable 72-hour regulator notification duty. [S1 S2 S4 S5]

| Requirement | Prelaunch gate |
|---|---|
| Health data | Art 6/9 mapping; minimisation and documented physician instructions |
| Processor terms | Art 28 contract, authorised subprocessors and EU transfer review |
| Security | MFA encryption access logs tested restore incident process |
| Confidentiality | §203 commitments for all staff and suppliers |
| Collections boundary | RDG review; no independent debt enforcement or money custody |
| Insurance | Cyber and professional quotes; limits and exclusions reviewed |

Planning assumptions require validation before committing funds.

32 / OPERATIONS

# Opening roadmap

Berlin private outpatient invoice administration

Plan three preparation months before April 2027 operations. Delay extends paid preparation and loan interest in the model. No live patient data is processed before legal, technical and insurance gates are closed. Funding is proposed, and access to cash must be evidenced before equipment or hiring commitments.

| Timing | Dependency and owner |
|---|---|
| Jan 2027 | Owner: legal structure, funds evidence and specialist engagement |
| Feb 2027 | Counsel: approved scope, processor and confidentiality agreements |
| Mar 2027 | Owner: secure environment, restore test, pilot and training |
| Apr 2027 | Practice approval and measured pilot gate before production |
| Months 7 and 19 | Employees hired at assumed fixed schedule; review affordability |

Planning assumptions require validation before committing funds.

33 / MANAGEMENT

# Risks and management actions

Berlin private outpatient invoice administration

An inaccurate private invoice harms the client relationship and delays practice payment. A data incident can halt the bureau. Weak signings, slow bureau fee collection and paid staff ahead of capacity utilisation can consume funding. Review weekly operational exceptions and monthly cash. Funding gaps shown by scenarios are unresolved, not automatically financed.

| Risk | Trigger and response |
|---|---|
| Data incident | Access anomaly → isolate, inform controller, preserve evidence |
| Invoice error | Pilot threshold failure → stop batch and retrain |
| Capacity | Sustained workload overload → reject new admissions |
| Fee collection | Past agreed terms → credit control on own fees |
| Liquidity | Forecast below reserve → reduce commitments or seek explicit funding |
| Reform | GOÄ changes → legal review and tariff training |

Planning assumptions require validation before committing funds.

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# Research and evidence

Berlin private outpatient invoice administration

Primary sources establish the billing, privacy and tax context, not commercial demand or this founder’s capability. The source register contains URLs, access dates, supported claims and limits. Local competitor websites confirm service scope only. Method frameworks follow Strategyzer, TOWS, STP, PESTLE and Porter terminology; their application here is author analysis.

| ID | Primary evidence |
|---|---|
| S1 | GOÄ §12 and BMG private billing context |
| S2 | GDPR Articles 6 9 28 32 33 35 |
| S3 | UStG §12 standard VAT and §17 irrecoverable fee adjustment |
| S4 | StGB §203 confidentiality |
| S5 | Berlin regulator processor guidance and RDG §2 |
| S6 | KV Berlin 2025 provider planning presentation |
| S7 | KStG §23 corporation-tax schedule and SolzG §4 |
| S8 | Berlin trade-tax 410% and GewStG §11 |
| S9 S10 | PVS bbh and PVS provider service descriptions |

Planning assumptions require validation before committing funds.

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# Quotes and assumptions

Berlin private outpatient invoice administration

Every client, volume, price, salary, productive-time, equipment, rent, insurance and loan input is a planning estimate. No supplier quote, founder credential, client contract, interview finding or secured financing is invented. Commercial validation is a launch dependency. The model accepts fractional practice equivalents to represent expected signings and churn; real contracts are discrete.

| Input | Evidence required |
|---|---|
| Client and fee forecast | Paid pilot agreement, invoice volume and willingness to pay |
| Time and capacity | Sample processing, exceptions, rework and absence measurements |
| Costs | Rent equipment software insurance and payroll quotes |
| Funding | Owner funds evidence and lender term sheet |
| Lawful workflow | Specialist written review before live patient data |

Planning assumptions require validation before committing funds.

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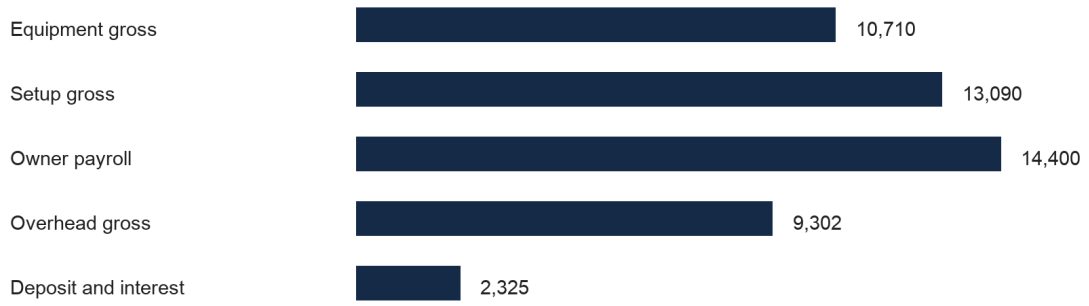
# Startup costs and funding

Berlin private outpatient invoice administration

Three paid preparation months consume €49,827 in cash, including equipment, VAT, setup, deposit, owner payroll, secure overhead and interest. Adding a €30,000 target opening reserve gives €79,827. Proposed €110,000 owner equity and €30,000 debt create opening cash of €90,174. No funds are committed. The €30,000 reserve is cash, never an expense. Base later cash falls below that reserve despite remaining positive.

| Sources and uses | Amount |
|---|---|
| Owner equity proposed | €110,000 |
| Loan proposed | €30,000 |
| **Total funding sources** | **€140,000** |
| Preopening cash uses | €49,827 |
| Target opening cash reserve | €30,000 |
| **Total funding uses** | **€79,827** |
| Funding surplus over initial target | €60,174 |
| **Actual opening cash** | **€90,174** |

### Preparation and startup cash uses




EUR • bar length is absolute amount, labels retain sign • model version 1.0

**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

Model version 1.0 • EUR • Base unless stated • operating years Apr 2027–Mar 2030. All forecasts are planning estimates.

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# Itemized startup costs

Berlin private outpatient invoice administration

These are unquoted planning costs. Equipment and the refundable deposit are assets. Setup, training, paid preparation owner work, overhead and interest are expenses. Input VAT is a recoverable credit carried forward with no cash refund assumed. Equipment starts depreciation at operating launch.

| Item | Amount |
|---|---|
| Equipment net | €9,000 |
| Equipment input VAT | €1,710 |
| Setup privacy training net | €11,000 |
| Setup input VAT | €2,090 |
| Refundable deposit | €1,800 |
| Preparation owner payroll loaded | €14,400 |
| Preparation overhead net | €8,190 |
| Preparation overhead VAT | €1,112 |
| Preparation debt interest | €525 |
| **Total funding uses** | **€49,827** |

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# Owner personal survival budget

Berlin private outpatient invoice administration

The illustrative owner household budget is €2,800 net per month: housing/utilities €1,350, food/household €450, transport €180, insurance/health €220 and personal/contingency €600. Other reliable income is assumed zero. €4,000 gross pay with a 70% retention assumption meets this net need exactly. This is not a real owner budget or a payslip computation. Owner pay and the 20% employer allowance are charged during preparation and operation.

| Personal budget | Amount |
|---|---|
| Housing and utilities | €1,350 |
| Food household | €450 |
| Transport | €180 |
| Insurance health | €220 |
| Personal contingency | €600 |
| **Total personal expenditure** | **€2,800** |
| Reliable other income | – |
| **Required net income from business** | **€2,800** |
| Owner gross monthly pay | €4,000 |
| Indicative net pay | €2,800 |
| Indicative surplus | – |

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# Financing terms and security

Berlin private outpatient invoice administration

The €30,000 proposed loan is drawn before preparation, bears 7% assumed annual interest, and repays €500 principal monthly after six operating months of grace over a 60-month principal term. Interest is paid during preparation and every trading month. Closing debt is €27,000, €21,000, €15,000. No arrangement fees are assumed; an actual quote must add any fees before approval. Equipment may be offered subject to lender valuation; security and personal guarantee terms are unknown. No additional borrowing or cash balancing plug closes scenario gaps.

| Funding condition | Planning status |
|---|---|
| Owner €110,000 equity | Evidence of available funds required |
| Loan €30,000 | No approval or quoted terms |
| Base €30,000 reserve gap | €7,719 |
| Downside zero-cash funding gap | €280,655 |
| Downside gap plus reserve | €310,655 |

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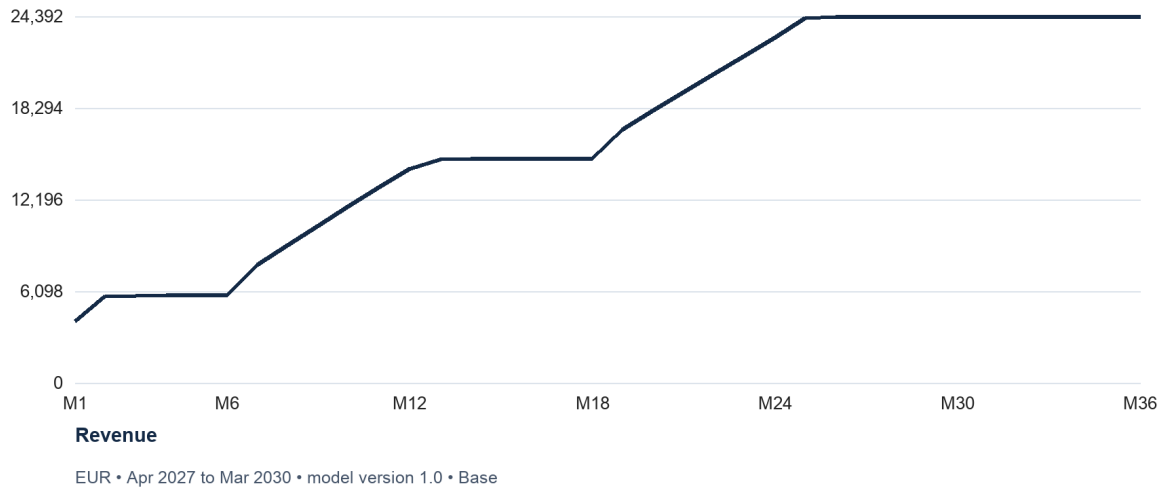
# Revenue forecast and capacity

Berlin private outpatient invoice administration

Revenue equals accepted invoices × price plus completed onboardings × onboarding fee. Client rolls apply churn and eligible signings. Onboarding consumes the same productive hours as billing. New-client admission is restricted to residual hours after existing clients, and invoice output is capped separately. Eligible target prospects not admitted are lost from this forecast; there is no committed client backlog or recognised signing revenue. Fractional clients represent expected practice equivalents. The forecast is not validated market share; no patient reimbursement assumptions drive bureau income.

| Metric | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Accepted invoices | 17,132 | 36,289 | 50,697 |
| Closing clients | 9.8 | 15.8 | 17.0 |
| Closing employee FTE | 1.0 | 2.0 | 2.0 |
| **Net sales** | **€99,812** | **€209,231** | **€292,551** |

**Monthly bureau service revenue**




EUR • Apr 2027 to Mar 2030 • model version 1.0 • Base

**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

Model version 1.0 • EUR • Base unless stated • operating years Apr 2027–Mar 2030. All forecasts are planning estimates.

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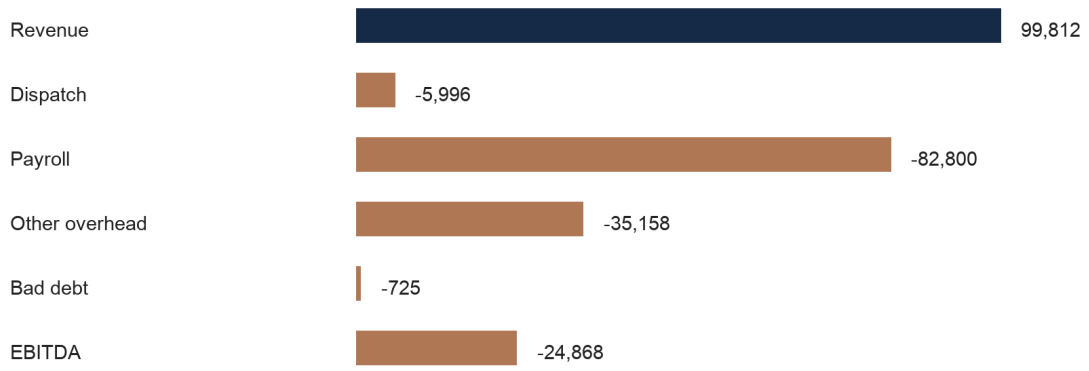
# Costs and projected profit

Berlin private outpatient invoice administration

Direct dispatch cost is per accepted invoice. Client licences vary with active clients. Owner and employees are paid on the planned schedule even when weaker demand leaves productive capacity idle. Security, rent, insurance, specialist privacy advice, admin and marketing are explicit monthly costs. Annual cost escalation is 3% versus 2% fee escalation in Base. Bureau fee bad debt is charged when the modelled due month is reached.

| Cost or result | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Dispatch costs | €5,996 | €13,082 | €18,824 |
| Owner payroll loaded | €57,600 | €59,328 | €61,108 |
| Employee payroll loaded | €25,200 | €77,868 | €106,939 |
| Other overhead and licences | €35,158 | €38,976 | €42,285 |
| Bad debt expense | €725 | €1,918 | €2,885 |
| **EBITDA** | **(€24,868)** | **€18,059** | **€60,510** |

### Year 1 revenue to EBITDA




EUR • bar length is absolute amount, labels retain sign • model version 1.0

**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

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# Profit and loss forecast

Berlin private outpatient invoice administration

Accrual revenue is bureau administration work, excluding VAT. Depreciation is separate from equipment cash purchases. The German corporation-tax schedule falls from 15% in 2027 to 14% in 2028, 13% in 2029 and 12% in 2030, 11% in 2031 and 10% from 2032, with 5.5% surcharge and 14.35% assumed trade tax. Forecast tax follows a small-scale loss-carry proxy including preparation losses; adviser review must establish separate tax bases and payment dates. No deferred tax assets are booked.

| Profit and loss | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Net sales | €99,812 | €209,231 | €292,551 |
| Dispatch costs | €5,996 | €13,082 | €18,824 |
| Owner payroll | €57,600 | €59,328 | €61,108 |
| Employee payroll | €25,200 | €77,868 | €106,939 |
| Other overhead | €35,158 | €38,976 | €42,285 |
| licences | | | |
| Bad debt | €725 | €1,918 | €2,885 |
| **EBITDA** | **(€24,868)** | **€18,059** | **€60,510** |
| Depreciation | €3,000 | €3,083 | €4,000 |
| **Operating profit** | **(€27,868)** | **€14,976** | **€56,510** |
| Interest | €2,056 | €1,698 | €1,278 |
| Income tax | – | – | €1,208 |
| **Net profit** | **(€29,924)** | **€13,279** | **€54,025** |

Model version 1.0 • EUR • Base unless stated • operating years Apr 2027–Mar 2030. All forecasts are planning estimates.

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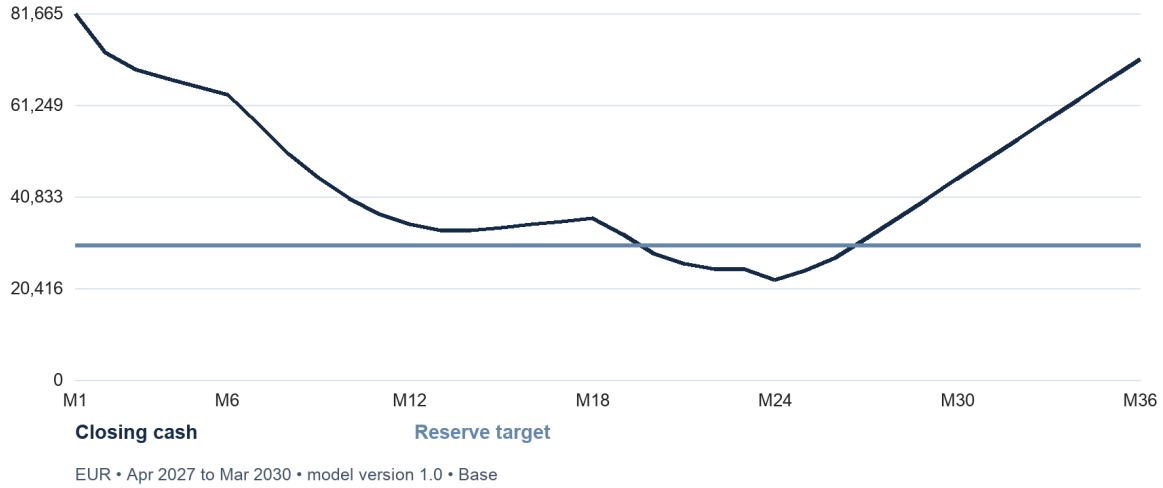
# Cash flow and financial position

Berlin private outpatient invoice administration

Practice customers pay bureau gross fees after a two-month Base lag. One percent of matured own service fees is assumed demonstrably irrecoverable and written off with a §17(2) VAT adjustment. This is a planning timing simplification, not automatic relief for late payment. An actual irrecoverability record and adviser signoff are required; credits offset liabilities with no cash refund assumed. Patient funds stay with practices and never enter this cash flow. Supplier costs and payroll are paid in the month incurred. VAT credits carry forward, positive opening VAT balances are paid next month and forecast tax expenses are paid three months later. Base minimum cash is €22,281 at operating month 24; this is €7,719 below reserve. Negative scenario cash means unfunded obligations and requires a revised plan, not implicit overdraft.

| Cash result | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Closing cash | €34,777 | €22,281 | €71,480 |
| Minimum cash | €34,777 | €22,281 | €24,466 |
| Own fee receivables gross | €32,474 | €53,235 | €58,052 |
| Closing debt | €27,000 | €21,000 | €15,000 |

**Closing cash without further funding**




**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

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# Cash flow forecast months one to six

Berlin private outpatient invoice administration

Gross cash payments include VAT where applicable. Interest and principal are separate. All columns are operating months starting April 2027. Preparation cash is reflected in opening month 1 cash; no startup payment is charged twice.

| Cash flow | M1 | M2 | M3 | M4 | M5 | M6 |
|---|---|---|---|---|---|---|
| **Opening cash** | **€90,174** | **€81,665** | **€73,043** | **€69,188** | **€67,293** | **€65,463** |
| Own fee receipts | – | – | €4,811 | €6,788 | €6,860 | €6,888 |
| Operating payments | €8,333 | €8,447 | €8,491 | €8,508 | €8,514 | €8,517 |
| Interest | €175 | €175 | €175 | €175 | €175 | €175 |
| VAT paid | – | – | – | – | – | – |
| Income tax paid | – | – | – | – | – | – |
| Capital payments | – | – | – | – | – | – |
| Principal | – | – | – | – | – | – |
| **Net cash change** | **(€8,508)** | **(€8,622)** | **(€3,855)** | **(€1,895)** | **(€1,830)** | **(€1,804)** |
| **Closing cash** | **€81,665** | **€73,043** | **€69,188** | **€67,293** | **€65,463** | **€63,659** |

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# Cash flow forecast months seven to twelve

Berlin private outpatient invoice administration

Gross cash payments include VAT where applicable. Interest and principal are separate. All columns are operating months starting April 2027. Preparation cash is reflected in opening month 1 cash; no startup payment is charged twice.

| Cash flow | M7 | M8 | M9 | M10 | M11 | M12 |
|---|---|---|---|---|---|---|
| **Opening cash** | **€63,659** | **€57,026** | **€50,261** | **€44,935** | **€40,383** | **€37,000** |
| Own fee receipts | €6,898 | €6,902 | €9,285 | €10,821 | €12,341 | €13,847 |
| Operating payments | €12,857 | €12,995 | €13,132 | €13,267 | €13,401 | €13,534 |
| Interest | €175 | €172 | €169 | €166 | €163 | €160 |
| VAT paid | – | – | €810 | €1,440 | €1,659 | €1,875 |
| Income tax paid | – | – | – | – | – | – |
| Capital payments | – | – | – | – | – | – |
| Principal | €500 | €500 | €500 | €500 | €500 | €500 |
| **Net cash change** | **(€6,633)** | **(€6,764)** | **(€5,326)** | **(€4,553)** | **(€3,382)** | **(€2,223)** |
| **Closing cash** | **€57,026** | **€50,261** | **€44,935** | **€40,383** | **€37,000** | **€34,777** |

Model version 1.0 • EUR • Base unless stated • operating years Apr 2027–Mar 2030. All forecasts are planning estimates.

# Financial position summary

Berlin private outpatient invoice administration

The balance sheet contains the bureau’s own service receivables, its recoverable VAT, refundable rent deposit and equipment net book value. It contains no patient receivables or patient funds. Equity is fixed paid-in owner funds plus retained preparation and operating earnings. Debt, VAT and income tax liabilities follow their explicit schedules. The balance difference reconciles across all 36 monthly periods in each case.

| Financial position | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Refundable rent deposit | €1,800 | €1,800 | €1,800 |
| Cash | €34,777 | €22,281 | €71,480 |
| Own fee receivables gross | €32,474 | €53,235 | €58,052 |
| Recoverable VAT credit | – | – | – |
| Net equipment | €6,000 | €5,917 | €1,917 |
| **Total assets** | **€75,051** | **€83,233** | **€133,249** |
| Debt | €27,000 | €21,000 | €15,000 |
| VAT payable | €2,090 | €2,993 | €3,776 |
| Tax payable | – | – | €1,208 |
| **Total liabilities** | **€29,090** | **€23,993** | **€19,984** |
| **Total equity** | **€45,961** | **€59,240** | **€113,264** |
| **Liabilities plus equity** | **€75,051** | **€83,233** | **€133,249** |
| Balance difference | €0.00 | €0.00 | €0.00 |

Model version 1.0 • EUR • Base unless stated • operating years Apr 2027–Mar 2030. All forecasts are planning estimates.

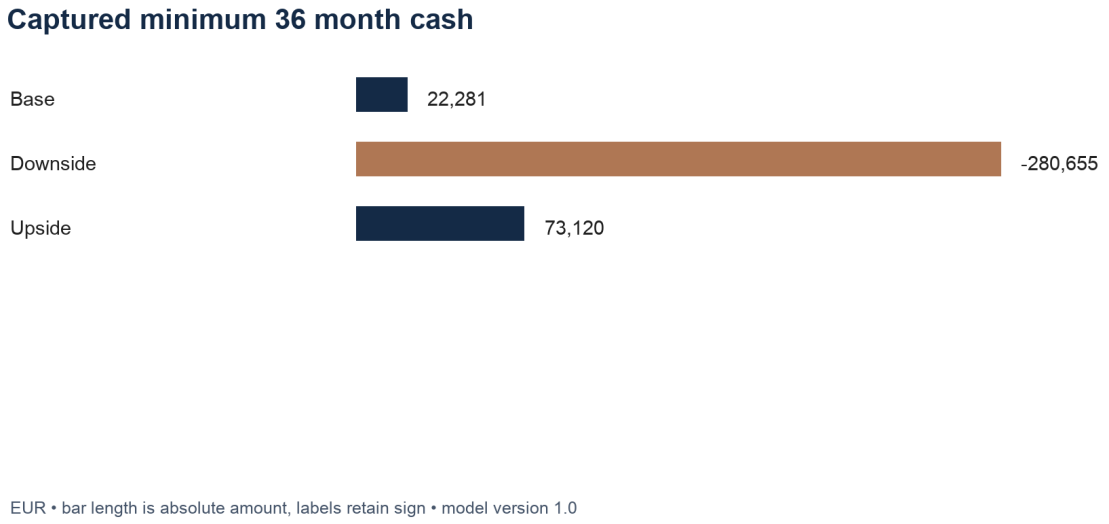
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# Break even and scenarios

Berlin private outpatient invoice administration

At month 36 prices, staffing and fixed costs, recurring cash operating break-even is approximately 3,285 accepted invoices per month excluding onboarding income, interest, tax, depreciation and capital purchases. The calculation includes dispatch, client licence per invoice and 1% expected fee defaults. It is an operational indicator, not full accounting break-even or validated demand. Scenario results below are captured snapshots from model version 1.0. Each case spans 36 operating months: Base and Upside April 2027–March 2030, Downside June 2027–May 2030 plus five paid preparation months. Comparisons therefore cover different actual dates. The editable selector recalculates the live workbook; any case input change marks the comparison stale.

| Captured case | Year 1 revenue | Year 1 EBITDA | Minimum cash |
|---|---|---|---|
| Base | €99,812 | (€24,868) | €22,281 |
| Downside | €39,005 | (€86,047) | (€280,655) |
| Upside | €160,477 | €21,609 | €73,120 |




**Author analysis. Facts and planning hypotheses are separated in the section narrative.**

Model version 1.0 • EUR • Base unless stated • operating years Apr 2027–Mar 2030. All forecasts are planning estimates.

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# Model guide and completion

Berlin private outpatient invoice administration

Edit blue case inputs on Assumptions and choose 1 Base, 2 Downside or 3 Upside. Active inputs recalculate Operations, Startup, monthly Statements, Annual and Dashboard. The Scenarios table is a snapshot and exact input comparisons mark it stale after any case assumption changes. Rebuild retained build_model.mjs to refresh the comparison and model-results.json, then regenerate this plan. Do not change numbers directly in Word. Review lawful processing, founder competence, paid pilot, payroll/tax classification, supplier quotes and funding evidence before launch.

| Control | Requirement |
|---|---|
| Forecast horizon | 36 operating months; 3 rolling 12-month summaries |
| Preparation | 3 months Base; delay extends pay overhead interest |
| Cases | Base Downside Upside; fixed funding and explicit shortfalls |
| Native Excel charts | Linked to active monthly ranges; update with selector |
| Snapshot comparisons | All case inputs compared exactly; rebuild when stale |
| Cash and balance checks | All monthly periods; independent and saved-file stresses |
| Commercial status | No signed contracts or secured funding claimed |

Model version 1.0 • EUR • Base unless stated • operating years Apr 2027–Mar 2030. All forecasts are planning estimates.