# Outpatient Clinic Business Plan

Spree Care Berlin

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# Executive summary

Spree Care is a proposed physician-owned private outpatient practice in Berlin Mitte. Two treatment rooms support general internal-medicine consultations, clinically indicated diagnostics and follow-up reviews. The proposed GmbH must meet Berlin professional-ownership and clinical-independence rules. This plan supports a conditional launch decision rather than an investment commitment. No founder credentials, premises, patients, referral agreements, insurance or finance have been verified. Forecasts cover January 2027 to December 2029 in EUR; clinical safety and funded downside runway are launch gates.

Base forecast year one revenue EUR 475,381, EBITDA EUR 64,851 and net profit EUR 34,612. Minimum monthly cash is EUR 185,094. Downside minimum cash is EUR -314,881, with EUR 364,881 additional funding to preserve the EUR 50,000 floor. These are planning forecasts, not actual results.

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## Business details

The proposed operator is a qualifying physician-owned German GmbH. The owner must be an eligible working professional; corporate form and ownership require legal review under Berlin rules[S 3]. No statutory-insurance admission or MVZ status is assumed. Self-paying patients and privately insured patients remain the invoice debtors. The business excludes inpatient care, emergency treatment, cosmetic services, dispensing and ionising radiation.

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## Business concept and objectives

Offer planned consultations with a named clinician, clear clinically justified diagnostics, understandable results and prompt onward referral. First-year goals are safe launch, validated patient acquisition, reliable test-result follow-up and positive contribution after paid staff. Do not expand services or premises before sustained utilization, audited clinical outcomes and reserve cash are established.

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# Business model canvas

Partners are external laboratory, licensed waste provider, device service firms and legal/accounting advisers. Activities are assessment, diagnostics, follow-up and compliant billing. Resources are credentialed clinicians, rooms, clinical systems and working capital. Value is continuity and understandable care. Relationships use consent and follow-up. Channels are accurate search listings and unpaid professional referrals. Customers are eligible private/self-pay adults. Costs are paid staff, occupancy and clinical equipment. Revenue is collectible GOÄ-billed care.




**Figure source Spree Care planning framework 2027 Berlin launch assumptions. No observed patient data.**

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# SWOT and longer term goals

Strengths: compact clinical team, continuity and separate room capacity. Weaknesses: unproven brand, dependence on two physicians and private-pay access. Opportunities: multilingual consultations and continuity after external diagnostics. Threats: established practices, recruiting gaps, patient inability to pay and medical liability. No advantage in clinical quality is claimed without measurement.

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## TOWS strategy matrix

SO: build documented follow-up continuity after initial visits. ST: compete through consent, transparent bills and clinical independence rather than unsupported outcomes. WO: validate willingness to pay and establish credentialed staffing before a lease. WT: stage capex and retain contingency cash; close booking slots when safe staffing falls below requirements.

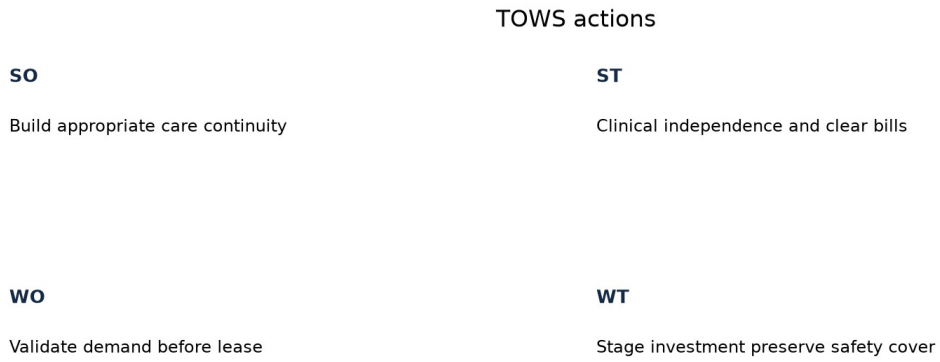



**Figure source Spree Care planning framework 2027 Berlin launch assumptions. No observed patient data.**

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## Owner and management

The proposed owner physician has independent clinical responsibility, company management, pricing oversight and cash review. The employed associate physician and medical assistant report operationally to the owner, with independent medical judgment protected. External laboratory, accountant, privacy adviser and legal counsel provide support on dashed lines in the chart. None is a contracted partner yet.

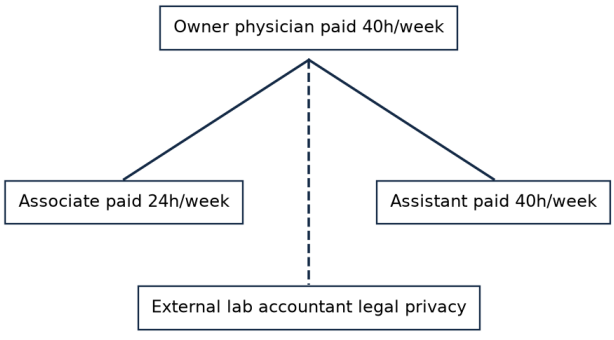



**Figure source Spree Care planning framework 2027 Berlin launch assumptions. No observed patient data.**

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## Owner and key personnel profiles

No actual biography or qualifications were supplied. Before launch verify Approbation, chamber membership, specialist claims, good standing, right to work and insurer acceptance for every physician. Verify assistant qualifications and delegated-task competence. The owner profile is a role requirement, not a statement that a named person meets it. Recruitment contracts and clinical indemnity remain open.

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## Target customers

Primary patients are Berlin adults seeking planned private internal-medicine appointments with clear communication and continuity. Secondary patients are international residents paying themselves or using private insurance, subject to explicit reimbursement uncertainty. Exclude unstable patients needing emergency pathways and services outside clinician competence. Marketing must not imply statutory-insurance coverage.

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## Segmentation targeting and positioning

Segment by clinical need, payment status, communication needs and continuity requirements. Target appropriate private/self-pay adults who accept itemized billing and follow-up obligations. Position as a small continuity-focused practice. Do not target vulnerable people with fear-based advertising or promise faster diagnosis, insurance reimbursement or guaranteed outcomes.

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## Value proposition canvas

Jobs: obtain a clinical assessment, understand results and coordinate further care. Pains: unclear invoices, fragmented results and uncertainty about next steps. Gains: named clinician, useful explanations and realistic follow-up. Services: consultations, indicated diagnostics and reviews. Pain relievers: written scope, consent, itemized GOÄ billing and result tracking. Gain creators: continuity, referral summaries and shared decisions.

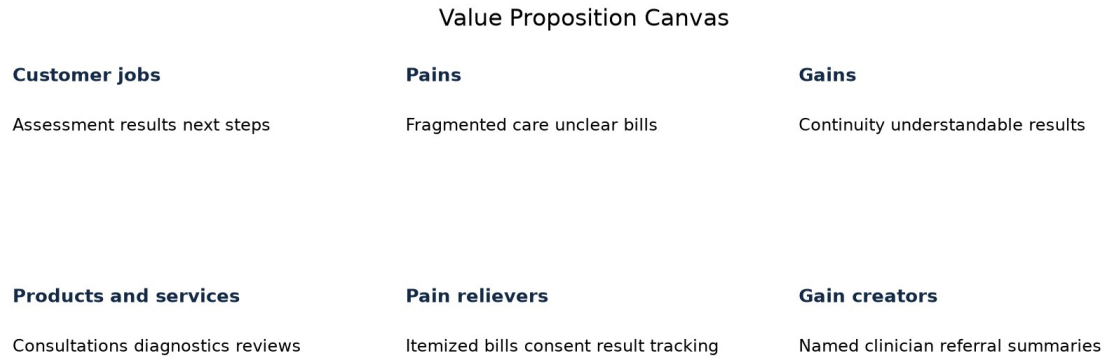



**Figure source Spree Care planning framework 2027 Berlin launch assumptions. No observed patient data.**

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# Market size and trends

TAM is 2027 private/self-pay outpatient internal-medicine spending in Germany; a reliable comparable value was not established. SAM is eligible Berlin patients able to attend Mitte and pay for these services; its monetary size remains unmeasured. SOM is this clinic’s capacity-constrained revenue forecast, not verified market share. Population is not converted into patients without utilization and payer evidence. Market size work must precede large expansion decisions.




**Figure source Spree Care planning framework 2027 Berlin launch assumptions. No observed patient data.**

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# PESTLE analysis

Political: outpatient delivery rules and payer reform affect access. Economic: paid clinician costs and unrecoverable input VAT raise the cash requirement. Social: language and continuity may influence preference but are unmeasured locally. Technological: secure clinical records and result interfaces support follow-up. Legal: professional independence, GOÄ, hygiene and privacy govern delivery. Environmental: infectious waste and device lifecycle require controls.




**Figure source Spree Care planning framework 2027 Berlin launch assumptions. No observed patient data.**

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# Local demand and evidence

Official practice guidance establishes the regulatory route, while two real competitors establish the presence of private care[S 7,S 10,S 11]. Neither is evidence of unserved demand. Before premises commitment conduct 30 structured prospective-patient interviews, ten consented test consultations through an existing compliant practice and five documented repeat-care expressions of interest. These are research targets, not completed bookings.

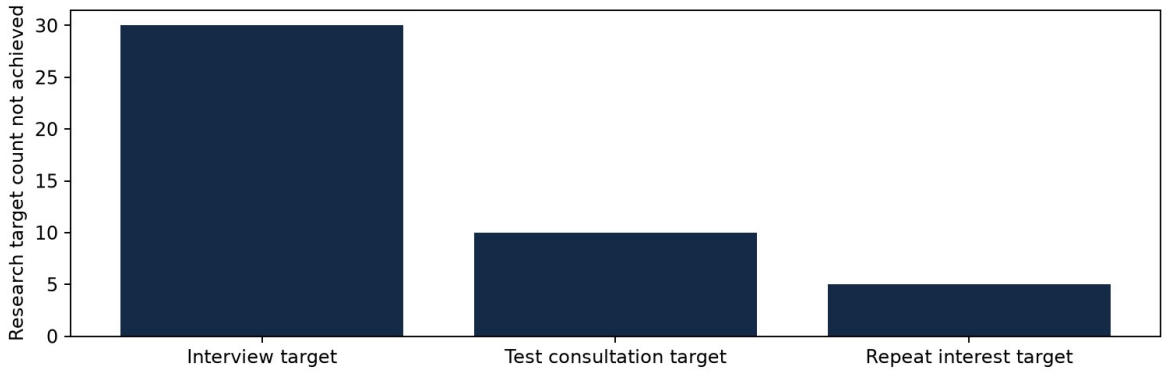



**Figure source Spree Care planning framework 2027 Berlin launch assumptions. No observed patient data.**

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# Competitors and positioning

THERA offers broad private services and publishes an intake charge of 140 EUR per 30 minutes[S 10]. Kantpraxis offers internal medicine, English consultations and checkup packages in a published 200–600 EUR range[S 11]. Neither is directly equivalent to the proposed average 110 EUR consultation charge. Compare clinical scope, physician time, investigations and billing basis rather than using a single advertised price.

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# Porter five forces

Rivalry is high from established private practices; respond through reliable continuity and precise service scope. Buyer power is meaningful because patients can choose another practice; explain bills before care. Supplier power is high for credentialed staff and essential systems; retain cover and service alternatives. Entry barriers are material because professional eligibility and premises are required. Substitutes include statutory practices and appropriate teleconsultations; refer when better suited.

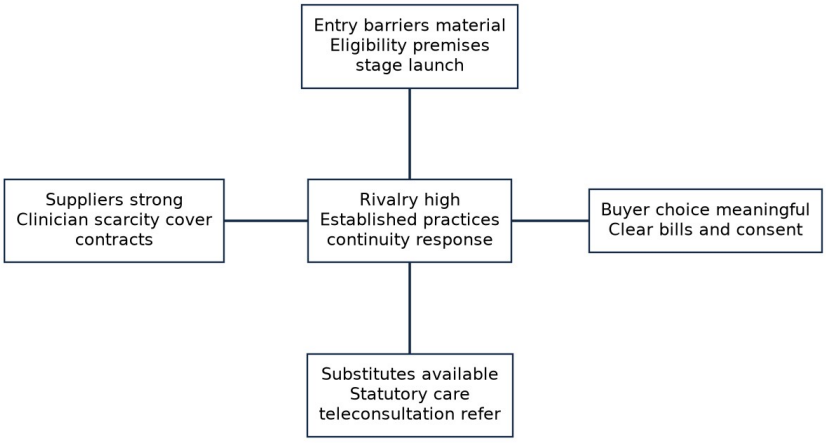



**Figure source Spree Care planning framework 2027 Berlin launch assumptions. No observed patient data.**

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# Strategy canvas

The strategy canvas displays proposed management priorities for continuity, billing clarity, result follow-up, communication and price accessibility on a 1–5 scale. These are desired priorities, not researched competitor scores. Actual competitive comparison requires matched service bundles and documented patient feedback. Safe clinical practice is a mandatory floor rather than a marketing differentiator.

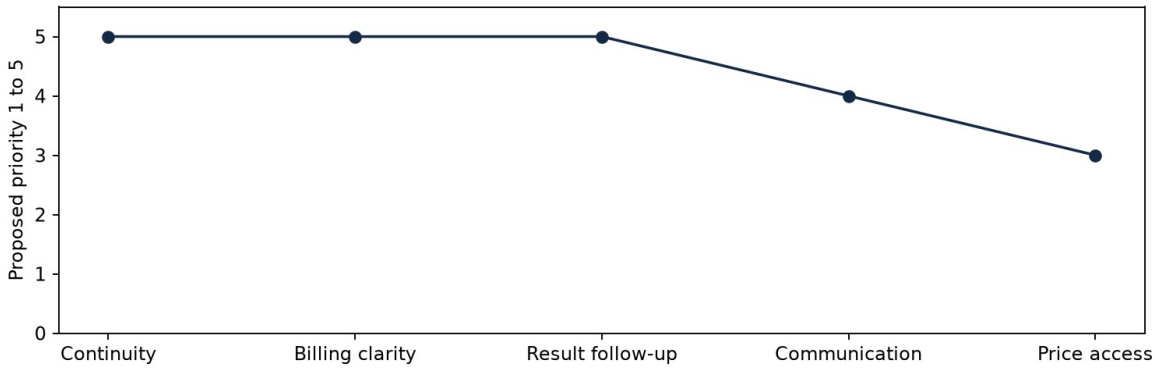



**Figure source Spree Care planning framework 2027 Berlin launch assumptions. No observed patient data.**

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# Location and premises

Seek approximately 150–180 square metres in Berlin Mitte with two treatment rooms, clean/dirty storage separation, reception, staff facilities, accessible circulation and private consultation space. Gross rent 4200 EUR monthly and three-month deposit 12600 EUR are unquoted allowances. Obtain address-specific health/building advice and landlord approval[S 7] before committing; no premises have been identified.

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# Equipment and resource plan

Budget 90000 EUR gross fitout and 70000 EUR gross equipment, both including irrecoverable input VAT. Equipment allowance covers examination/ECG devices 25000, diagnostic instruments 20000, clinical IT 15000 and furnishings 10000. No imaging using radiation is included. Fitout life 120 months and equipment 96 months are provisional book/tax assumptions; replace with item-specific AfA and lease advice[S 9]. Replacement 10000 EUR is forecast in month 25.

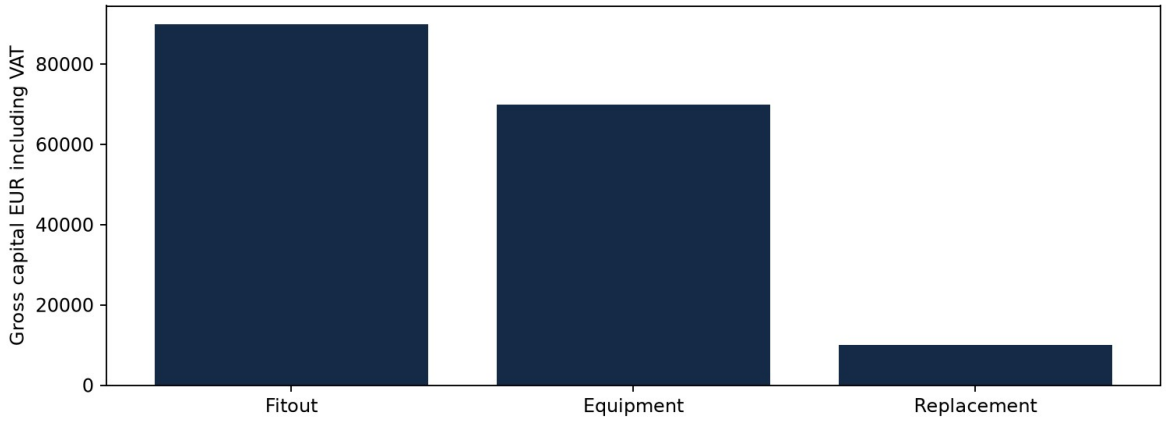



**Figure source model results v1.0 Base forecast January 2027 to December 2029 EUR or labelled activity units. Startup and break even use initial assumptions.**

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# Clinical services and care pathways

Service strategy comprises three clinically coherent pathways: consultation 70 percent of visits, diagnostics 20 percent and review 10 percent. Average physician time is 30,35 and 20 minutes respectively. Assistant time is 10,25 and 5 minutes; room turnover adds 5 minutes. These are net scheduling assumptions for appropriate cases, not clinical instructions or guarantees. Laboratory invoices are billed externally; no lab resale or double counting is forecast.

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# Pricing and appointment economics

Average billed charges are 110 EUR consultation,180 EUR diagnostics and 70 EUR review. They are planning estimates pending GOÄ coding and multiplier review[S 8]. The blended charge is 120 EUR per completed visit before collection allowance. Base 98 percent expected collection yields 117.60 EUR revenue;9 EUR gross supplies gives 108.60 EUR contribution before payroll/cover and fixed costs. No cancellation fee income is assumed.

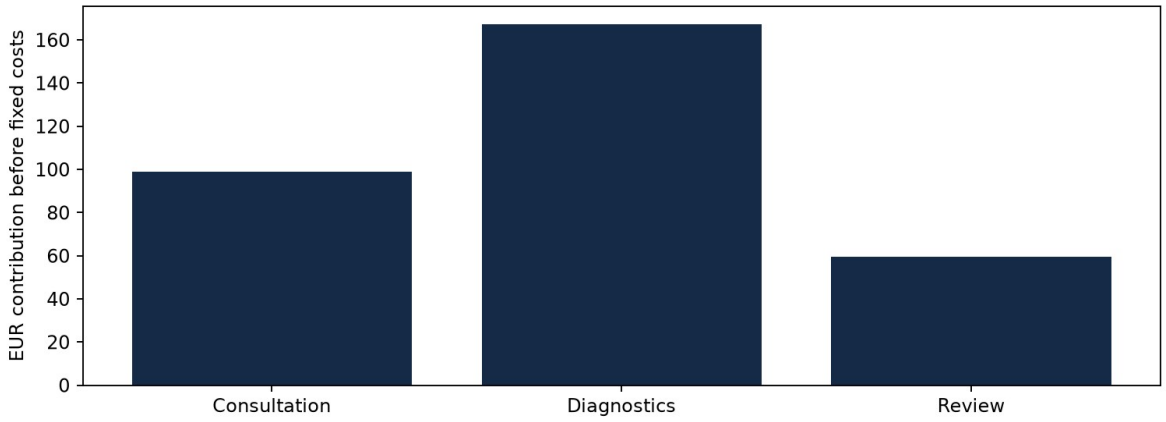



**Figure source model results v1.0 Base forecast January 2027 to December 2029 EUR or labelled activity units. Startup and break even use initial assumptions.**

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## Competitor service price comparison

THERA’s 140 EUR intake 30 minutes and Kantpraxis’s 200–600 EUR checkups show different service bundles[S 10,S 11]. Spree Care’s 110/180/70 EUR averages are neither competitor quotes nor approved tariffs. Obtain a sample compliant bill for each pathway, including exclusions and laboratory charges. Communicate reimbursement uncertainty to private-insurance patients and full payment responsibility to self-pay patients.

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## Brand and customer experience

Use the working name Spree Care subject to trademark and company checks. Reception confirms identity, appointment scope, access needs and payment expectations without collecting unnecessary health details. Clinicians obtain informed consent and provide understandable results. Complaints receive documented clinical review. No patient testimony, professional title or outcome claim may be invented.

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## Sales channels and process

Bookings come through secure phone and online intake with clinician-supervised triage. An appointment is confirmed only when staff and room capacity exist. The patient contract identifies the provider, GOÄ basis, payment responsibility, privacy information and escalation route. No referral commission, insurer contract or employer contract is assumed. Contact requests are not counted as completed visits.

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## Launch marketing

Monthly marketing allowance 500 EUR gross funds accurate directory listings, local search visibility and factual patient information. Advertising must follow Berlin professional standards[S 7]; avoid misleading comparative claims. Before launch verify credentials, accessibility, contact details and service limits. Track qualified inquiries, booked slots, completed visits and acquisition cost without publishing sensitive patient data.

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## Retention and ongoing sales

Retention means clinically appropriate continuity rather than maximizing unnecessary visits. Track overdue results, agreed reviews, cancelled slots and unresolved complaints. Send reminders through approved secure channels and document consent. The financial forecast assumes 5 percent annual demand growth; this is not measured retention. Discounts or prepaid care must receive billing/legal review before introduction.

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## Daily operations and suppliers

Daily process: safe opening checks, room/device readiness, confidential registration, clinician assessment, result tracking, billing and secure close. The assistant manages approved delegated tasks, sterilization/waste procedures and stock logs. Use qualified external labs and documented turnaround/escalation rules. Budget medical supplies by completed visit, with opening stock 4000 EUR and one-month cover. Expired stock disposal is not forecast and must be monitored.

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# Sustainability practices

Use clinically appropriate reusable items where safe, segregate infectious waste, maintain devices and reduce avoidable energy use. Licensed disposal and cleaning are paid budgets. Do not reduce infection-control practices to save costs. Record stock expiry and device service dates. No measured carbon baseline or sustainability certification is claimed.

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# Staffing and training

Paid staffing starts at launch: owner physician 40 hours/week, associate 24 hours/week and assistant 40 hours/week. Physician admin is 20 percent and assistant admin 30 percent. Leave, sickness and training deduct 16 percent. Base net physician time 186.37 hours/month and assistant 101.92 hours/month constrain slots alongside two rooms. Locum 1500 EUR/month covers planning risk but adds no forecast capacity. Obtain a lawful roster and cover contracts before opening.

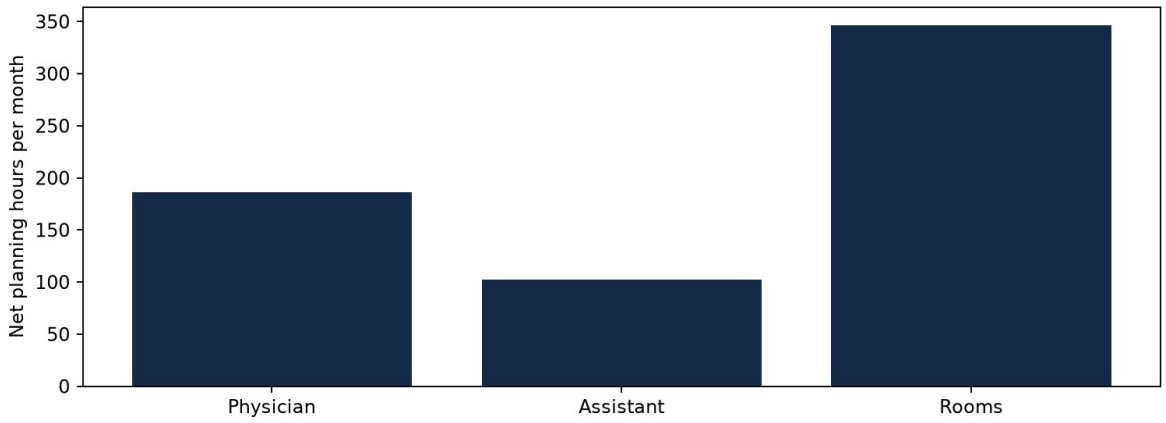



**Figure source model results v1.0 Base forecast January 2027 to December 2029 EUR or labelled activity units. Startup and break even use initial assumptions.**

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## Staff skills and fair work

Base gross monthly pay is 8500 EUR owner,5500 EUR associate and 3300 EUR assistant. Employer cost allowance 23 percent plus 1500 EUR locum yields 22779 EUR monthly payroll/cover before 3 percent annual wage growth. These are unquoted estimates including owner-related pension/employment uncertainty. Use specialist payroll advice to replace the flat loading. Train for delegated tasks, privacy, incident reporting, emergency escalation and respectful communication.

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## Legal and insurance requirements

Pure private practice requires chamber notification rather than statutory-care admission[S 7], but physician Approbation and valid professional status remain essential[S 3]. The GmbH must satisfy eligible working ownership and clinical-independence requirements. Confirm premises/hygiene, employment occupational-health duties, device safety, professional liability, cyber cover and patient contracts. No registration, permission, policy or credential is complete; statutory-care expansion requires a separate route.

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## Opening roadmap

Month minus four: credential/legal-form verification and patient research. Month minus three: premises/building/hygiene advice and gross quotations. Month minus two: committed finance, cover and vendor contracts. Month minus one: commissioning, privacy/clinical-system tests and supervised safety rehearsal. January 2027 is illustrative. Downside includes two additional preopening months of rent, cover and interest, not invented approval.

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## Risks and management actions

Key risks: unavailable qualified clinicians, patient-safety failures, slow acquisition, collections and corporate-form noncompliance. Owner reviews result exceptions daily, roster/stock weekly and cash monthly. Close affected bookings during absences, activate paid cover and refer safely. Stop lease/capex commitments if credentials or premises fail. Downside losses or cash-floor gaps require a funded reserve or revised scope before launch.

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# Research and evidence

Primary official research and actual competitor pages were accessed 4 October 2026. Findings identify a regulatory/tax route and comparable service offers; no local survey or validated TAM is available. The supplied outpatient-clinic financial reference inspired provider-driven slots, no-shows, expected collections and explicit staff cost. Its US-style payer mix, seven-year platform expansion and DCF were not copied; this model was rebuilt for one Berlin practice.

S1 Medical VAT exemption. Accessed 4 October 2026. Section4(14) qualifying human healthcare exempt; cosmetic and nonmedical services excluded from this concept. https://www.gesetze-im-internet.de/ustg_1980/__4.html

S2 Input VAT restriction. Accessed 4 October 2026. Section15(2) input VAT linked to exempt output is not recoverable. Gross costs and assets used. https://www.gesetze-im-internet.de/ustg_1980/__15.html

S3 Private practice and legal form. Accessed 4 October 2026. Berlin permits qualifying practice GmbH with clinical independence and eligible professionally active shareholders; no outside profit participation. https://www.aekb.de/recht/fragen-antworten-zum-berufsrecht

S4 Corporation tax. Accessed 4 October 2026. 15 percent through2027,14 percent2028,13 percent2029. https://www.gesetze-im-internet.de/kstg_1977/__23.html

S5 Solidarity surcharge. Accessed 4 October 2026. 5.5 percent of corporation tax. https://www.gesetze-im-internet.de/solzg_1995/__4.html

S6 Berlin trade tax. Accessed 4 October 2026. Corporate entities subject to trade tax; Berlin multiplier410 percent. Forecast14.35 percent held flat for2028–29. https://service.berlin.de/dienstleistung/325333/

S7 Practice formation. Accessed 4 October 2026. Notify chamber of date and location; pure private practice does not require statutory-care admission. Premises hygiene employee occupational health liability and privacy obligations apply. https://www.aekb.de/recht/hinweise-zur-gruendung-einer-privatpraxis

S8 Private fee schedule. Accessed 4 October 2026. GOÄ fee framework applies. Service bundles and billing multipliers require clinician billing advice; forecast charges are averages rather than fixed lawful tariffs. https://www.gesetze-im-internet.de/go__1982/GO%C3%84.pdf

S9 Healthcare asset lives. Accessed 4 October 2026. Examples ECG eight years and analysis devices five years. Eight-year blended equipment life provisional pending asset-specific tax schedule. https://www.bundesfinanzministerium.de/Content/DE/Standardartikel/Themen/Steuern/Weitere_Steuerthemen/Betriebspruefung/AfA-Tabellen/AfA-Tabelle_Gesundheitswesen.pdf?__blob=publicationFile&v=3

S10 THERA private practice. Accessed 4 October 2026. Published intake140EUR for30minutes and GOÄ billing; wider specialist service mix differs from proposed practice. https://theraklinik.de/en/

S11 Kantpraxis Berlin. Accessed 4 October 2026. Internal medicine and English consultation; published checkup range200–600EUR. No competitor ratings or demand inferred. https://www.kantpraxis.de/

S12 Trade-tax addbacks. Accessed 4 October 2026. Financing addbacks include relevant rental fractions and allowance200000EUR annually; simplified interest plus half rent remains below allowance in all original cases. https://www.gesetze-im-internet.de/gewstg/__8.html

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# Quotes and assumptions

Obtain compliant GOÄ examples, gross premises/fitout/device quotes, exact payroll and owner insurance treatment, locum and laboratory contracts, professional-liability policy, finance term sheet and clinical privacy advice. A 1 marks all current numeric budgets, appointment demand, charges, leave ratios, staff loading and timing as assumptions. No unquoted allowance is a secured offer.

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# Startup costs and funding

Proposed sources are 300000 EUR physician-owner equity and 100000 EUR bank borrowing. Neither is secured. Gross startup uses cover fitout, equipment, refundable deposit, preopening expenses, opening supplies and loan fee. Input VAT creates no receivable. Opening cash must support paid staff through the ramp. Hold a 50000 EUR cash floor as a financing criterion; any gap remains visible rather than becoming a plug.

| Gross funding and uses | EUR |
|---|---|
| Fitout gross capital | 90,000 |
| Equipment gross capital | 70,000 |
| Recoverable deposit | 12,600 |
| Preopening expense | 18,000 |
| Loan fee expense | 2,000 |
| Delay expense | 0 |
| Opening supplies stock | 4,000 |
| **Total startup cash uses** | **196,600** |
| Proposed owner equity | 300,000 |
| Proposed bank debt | 100,000 |
| **Total proposed funding** | **400,000** |
| **Opening cash** | **203,400** |
| Opening retained loss | -20,000 |

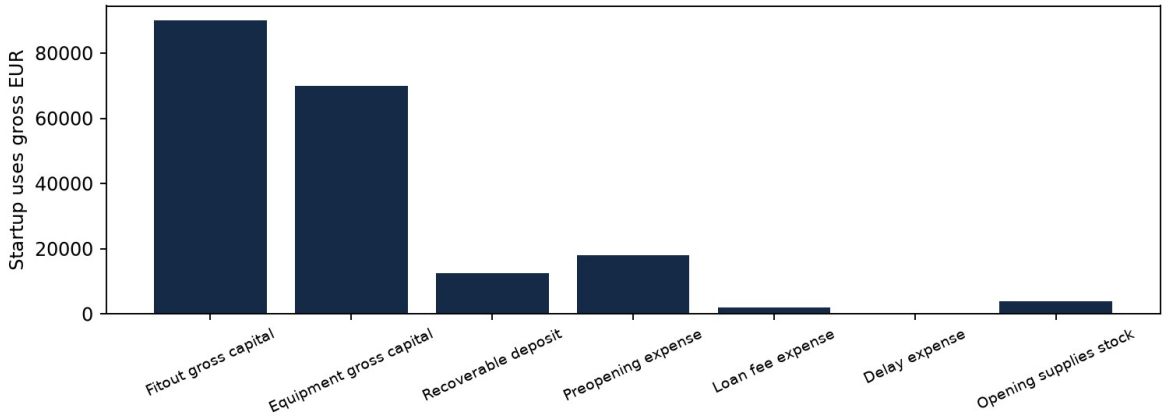



**Figure source model results v1.0 Base forecast January 2027 to December 2029 EUR or labelled activity units. Startup and break even use initial assumptions.**

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# Itemized startup costs

All startup budgets are unquoted gross allowances. Capitalized fitout and equipment depreciate; the refundable deposit remains an asset; supplies remain inventory until used. Preopening expense and loan arrangement fee reduce retained earnings. No grant, supplier subsidy or insurance reimbursement is forecast. Obtain independent supplier bills and ensure VAT treatment matches exempt service activity.

| Gross funding and uses | EUR |
|---|---|
| Fitout gross capital | 90,000 |
| Equipment gross capital | 70,000 |
| Recoverable deposit | 12,600 |
| Preopening expense | 18,000 |
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| **Opening cash** | **203,400** |
| Opening retained loss | -20,000 |

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## Owner personal survival budget

The owner receives 8500 EUR gross monthly salary in the operating model, not free clinical labour. An illustrative private survival budget is 3200 EUR household costs per month, with six months 19200 EUR personal reserve outside the proposed equity. Personal tax and disposable salary are not calculated. Confirm actual household needs, pension/social-insurance status and equity affordability before finance.

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## Financing terms and security

Proposed debt 100000 EUR has 6.5 percent annual interest,60 equal-principal repayment months after three operating months grace, and 2 percent upfront fee. Interest uses opening balance; principal is capped at remaining debt. Security, covenants and guarantees are unagreed. No refinancing, overdraft or rescue equity is assumed. The interest/rent trade-tax addback proxy remains below the annual 200000 EUR allowance in original cases[S 12].

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# Revenue forecast and capacity

Demand matures at 520 scheduled appointment requests/month, starting 55 percent and ramping over nine months. Demand is constrained by weighted physician, assistant and room minutes before 6 percent no-shows. Net paid physician capacity is the binding bottleneck: approximately 372.7 scheduled slots and 350.4 completed visits/month. Fractional visits represent expected values. Annual growth does not create extra clinical hours. Paid cover does not increase capacity.

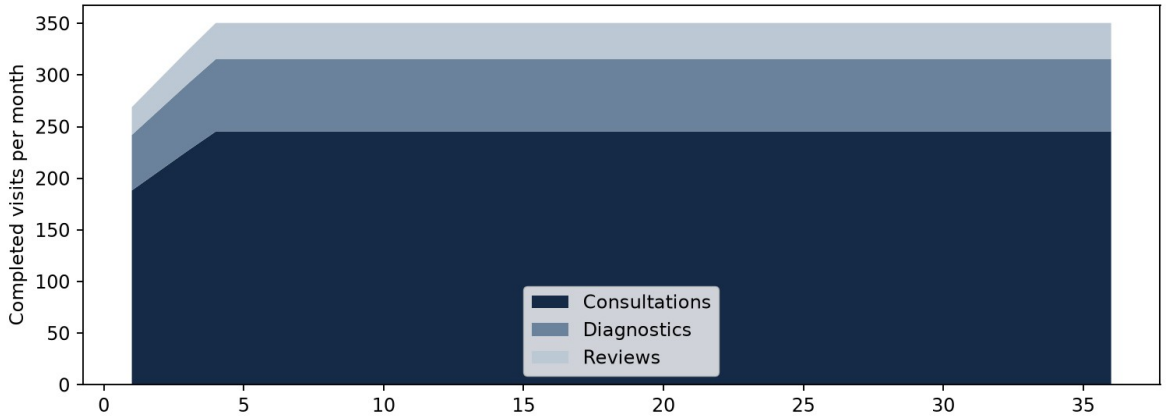



**Figure source model results v1.0 Base forecast January 2027 to December 2029 EUR or labelled activity units. Startup and break even use initial assumptions.**

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# Costs and projected profit

Costs include detailed owner/associate/assistant pay, employer loading, locum cover, consumables, occupancy, systems, insurance, marketing, professional administration and maintenance/waste. Gross operating budgets include irrecoverable input VAT. Revenue has no output VAT. Equipment and fitout depreciate only during useful lives. No dividend, free owner labour or uncontracted fee-sharing income improves profit.

| Year one cost detail gross | EUR |
|---|---|
| Owner gross pay | 102,000 |
| Associate gross pay | 66,000 |
| Assistant gross pay | 39,600 |
| Employer oncost | 47,748 |
| Locum cover | 18,000 |
| **Total payroll and cover** | **273,348** |
| Rent | 50,400 |
| Utilities cleaning | 13,200 |
| Clinical systems | 7,800 |
| Insurance | 7,800 |
| Marketing | 6,000 |
| Professional admin | 9,600 |
| Maintenance waste | 6,000 |

| | |
|---|---|
| **Total other operating costs** | **100,800** |

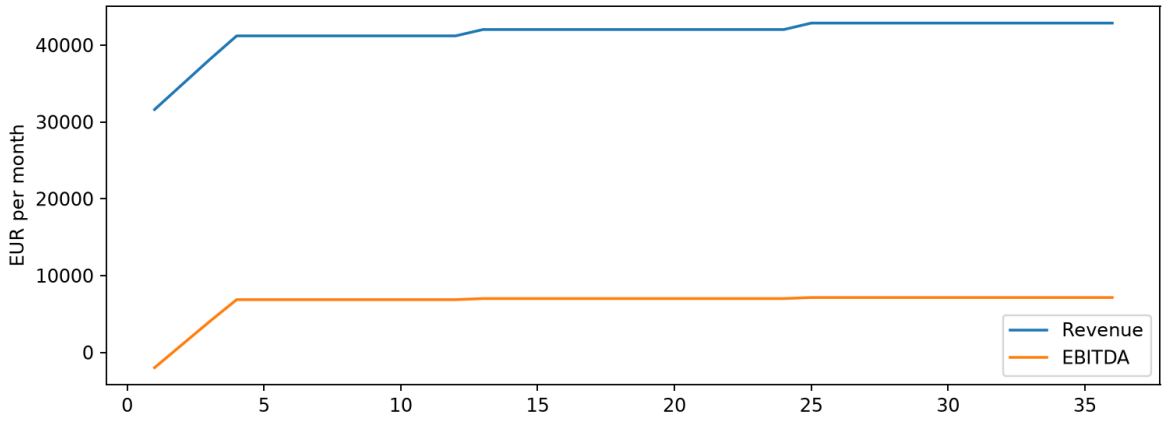



**Figure source model results v1.0 Base forecast January 2027 to December 2029 EUR or labelled activity units. Startup and break even use initial assumptions.**

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# Profit and loss forecast

The income statement links billed charges less expected noncollection to collectible treatment revenue. Apply enacted corporation-tax rates 15/14/13 percent in 2027–29,5.5 percent surcharge and 14.35 percent trade tax[S 4–S 6]. Monthly profit/loss carryforwards are a planning proxy; the model uses a shared loss base and provisional equal book/tax depreciation. Annual statutory taxable-profit adjustments, separate trade-tax losses and deferred tax require accountant replacement before filing. No startup tax relief is assumed.

| EUR forecast | 2027 | 2028 | 2029 |
|---|---|---|---|
| **Revenue net collectible** | **475,381** | **504,334** | **514,420** |
| Consumables expense | 36,381 | 37,840 | 37,840 |
| Payroll and cover | 273,348 | 281,548 | 289,995 |
| Other operating costs | 100,800 | 100,800 | 100,800 |
| **EBITDA** | **64,851** | **84,145** | **85,785** |
| Depreciation | 17,750 | 17,750 | 19,000 |
| **Operating profit** | **47,101** | **66,395** | **66,785** |
| Debt interest | 6,175 | 4,929 | 3,629 |
| **Profit before tax** | **40,926** | **61,466** | **63,156** |
| Income tax provision | 6,315 | 17,899 | 17,725 |
| **Net profit** | **34,612** | **43,567** | **45,431** |

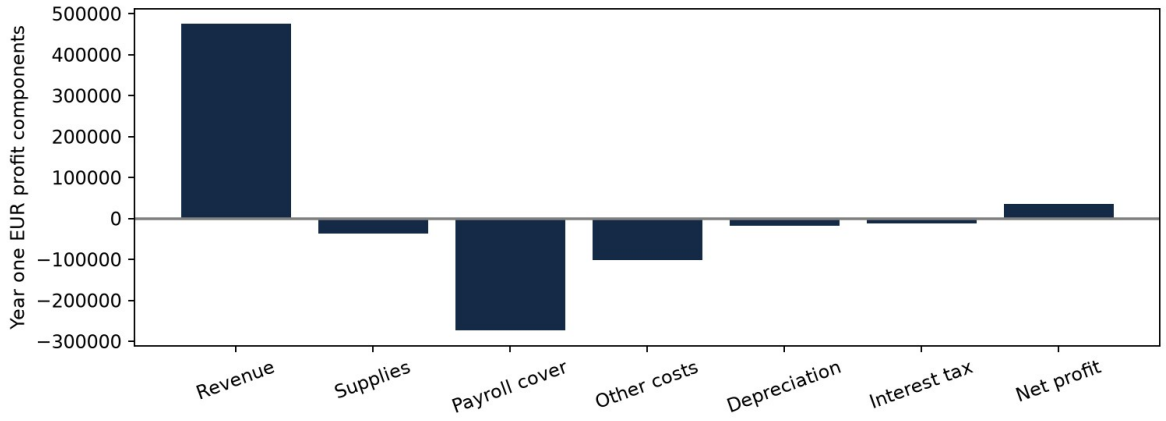



**Figure source model results v1.0 Base forecast January 2027 to December 2029 EUR or labelled activity units. Startup and break even use initial assumptions.**

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# Cash flow and financial position

Cash uses collectible invoices, capped 0–30 day collection and supplier-payment proxies, purchases preserving existing stock, payroll, interest, quarterly prior accrued income-tax payments, replacement capex and principal. Timing proxies reject lags above 30 days; they cannot model multi-month arrears. Quarterly tax settlement is not a statutory filing calendar. Negative cash denotes unfinanced obligations, not approved overdraft. All 36 month balance sheets reconcile.

| Cash flow EUR | 2027 | 2028 | 2029 |
|---|---|---|---|
| Opening cash | 203,400 | 221,401 | 262,190 |
| Customer receipts | 447,911 | 503,784 | 513,860 |
| Supplier payments | 130,558 | 138,640 | 138,640 |
| Payroll and cover paid | 273,348 | 281,548 | 289,995 |
| Debt interest paid | 6,175 | 4,929 | 3,629 |
| Income tax paid | 4,829 | 17,878 | 17,740 |
| Replacement capex paid | 0 | 0 | 10,000 |
| Principal repaid | 15,000 | 20,000 | 20,000 |
| **Total cash payments** | **429,910** | **462,996** | **480,004** |
| **Net cash movement** | **18,001** | **40,788** | **33,856** |
| **Closing cash** | **221,401** | **262,190** | **296,046** |

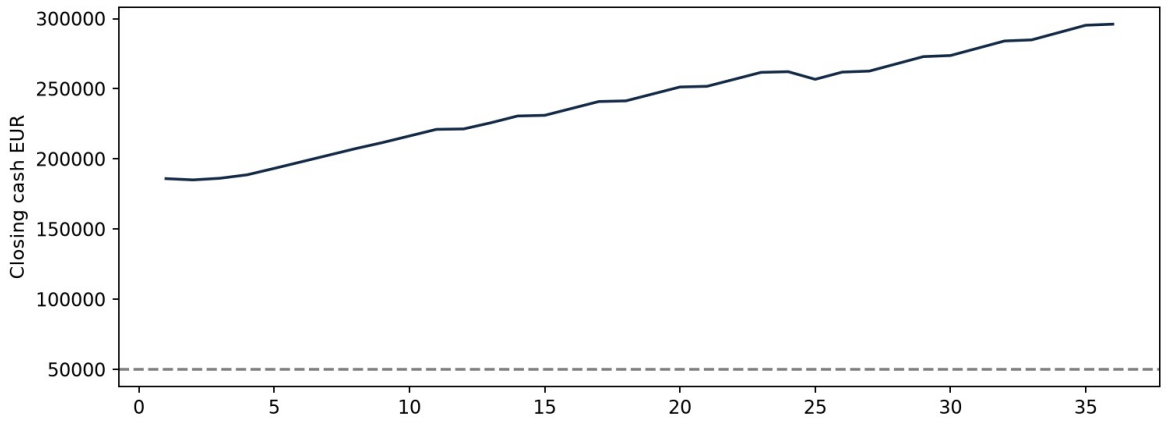



**Figure source model results v1.0 Base forecast January 2027 to December 2029 EUR or labelled activity units. Startup and break even use initial assumptions.**

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# Cash flow forecast months one to six

Months one to six fund the demand ramp with full salaries from month one, ongoing safety/cover budgets and principal repayments starting month four. Receipts follow the 0–30 day lag proxy, not guaranteed insurer reimbursement. The six-month table below links to the same monthly workbook. Forecast cash remains conditional on actual funding and collectible bills.

| EUR forecast | M1 | M2 | M3 | M4 | M5 | M6 |
|---|---|---|---|---|---|---|
| Opening cash | 203,400 | 185,998 | 185,094 | 186,262 | 188,721 | 193,273 |
| Customer receipts | 10,539 | 32,693 | 35,927 | 39,123 | 41,204 | 41,204 |
| **Total cash payments** | **27,940** | **33,597** | **34,759** | **36,664** | **36,651** | **36,523** |
| **Net cash movement** | **-17,402** | **-904** | **1,168** | **2,458** | **4,553** | **4,681** |
| **Closing cash** | **185,998** | **185,094** | **186,262** | **188,721** | **193,273** | **197,954** |

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# Cash flow forecast months seven to twelve

Months seven to twelve approach paid clinical capacity; full demand above capacity is turned away or referred. Do not shorten clinically necessary appointments to meet the forecast. Cash closing equals opening plus movement. Year-end figures use December balance-sheet stocks and twelve-month flows, while annual opening cash uses January opening cash.

| EUR forecast | M7 | M8 | M9 | M10 | M11 | M12 |
|---|---|---|---|---|---|---|
| Opening cash | 197,954 | 202,644 | 207,344 | 211,663 | 216,380 | 221,106 |
| Customer receipts | 41,204 | 41,204 | 41,204 | 41,204 | 41,204 | 41,204 |
| **Total cash payments** | **36,514** | **36,505** | **36,885** | **36,487** | **36,477** | **40,908** |
| **Net cash movement** | **4,690** | **4,699** | **4,319** | **4,717** | **4,726** | **295** |
| **Closing cash** | **202,644** | **207,344** | **211,663** | **216,380** | **221,106** | **221,401** |

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# Financial position summary

Assets consist of cash, collectible receivables, supplies stock, refundable premises deposit and gross PPE less accumulated depreciation. Liabilities are supplier invoices, accrued income tax and bank debt. Equity is paid capital/share premium and accumulated profits after startup expense. Input VAT is not recoverable and no balancing asset or funding plug is introduced. Negative cash, if present, means the scenario needs additional finance.

| Financial position EUR | 2027 | 2028 | 2029 |
|---|---|---|---|
| Closing cash | 221,401 | 262,190 | 296,046 |
| Trade receivables collectible | 27,469 | 28,019 | 28,579 |
| Supplies stock | 3,153 | 3,153 | 3,153 |
| Recoverable deposit | 12,600 | 12,600 | 12,600 |
| Gross PPE | 160,000 | 160,000 | 170,000 |
| Less accumulated depreciation | 17,750 | 35,500 | 54,500 |
| **Net PPE** | **142,250** | **124,500** | **115,500** |
| **Total assets** | **406,874** | **430,462** | **455,878** |
| Supplier payables | 5,777 | 5,777 | 5,777 |
| Income tax payable | 1,485 | 1,506 | 1,491 |
| Bank debt outstanding | 85,000 | 65,000 | 45,000 |
| **Total liabilities** | **92,262** | **72,283** | **52,268** |
| Paid capital and share premium | 300,000 | 300,000 | 300,000 |
| Retained earnings | 14,612 | 58,179 | 103,610 |
| **Total equity** | **314,612** | **358,179** | **403,610** |
| **Total liabilities and equity** | **406,874** | **430,462** | **455,878** |

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# Break even and scenarios

At base initial prices and mix, contribution 108.60 EUR per completed visit covers monthly payroll/cover 22779 EUR and other fixed costs 8400 EUR at about 287.1 completed visits/month before depreciation, interest and tax. EBITDA break-even is feasible inside 350.4 completed-visit capacity, but a demand ramp can still lose money. Cases are dated frozen captures. Every editable numeric input, including inactive zeros, participates in the stale check; the selector is excluded.

| Captured case v1.0 | Y1 revenue EUR | Y1 profit EUR | Minimum cash EUR |
|---|---|---|---|
| Base | 475,381 | 34,612 | 185,094 |
| Downside | 290,589 | -188,040 | -314,881 |
| Upside | 562,086 | 91,402 | 204,656 |

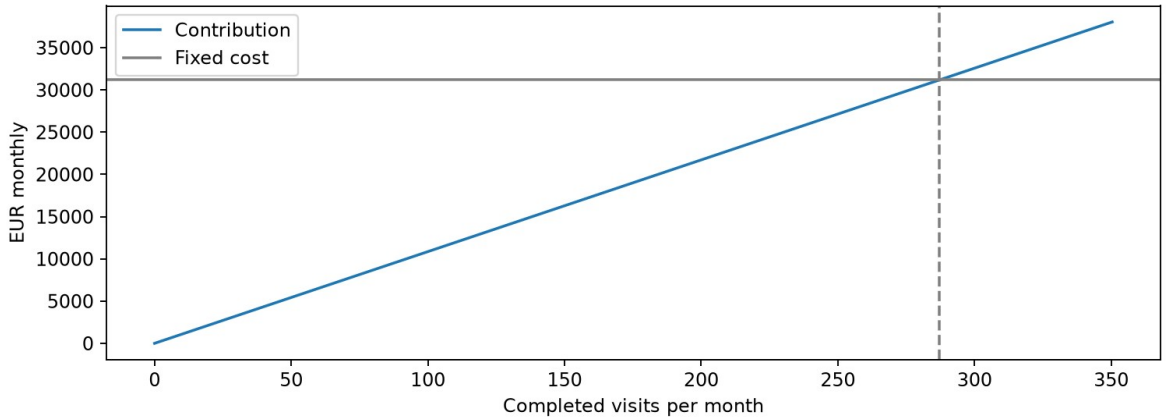



**Figure source model results v1.0 Base forecast January 2027 to December 2029 EUR or labelled activity units. Startup and break even use initial assumptions.**

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# Model guide and completion

Use Inputs selector 1 Base 2 Downside 3 Upside; blue numeric cells are editable. Active blanks/invalid drivers produce errors, inactive blanks leave Base usable but mark snapshots STALE. Each service mix must total 100 percent. Lags must be 0–30 days. Review Startup, Operations, Statements and Annual; native charts follow live ranges. Workbook edits must be transferred into retained build_model.mjs before recapturing cases and rebuilding Word. Launch requires funded downside, eligible credentials, safe premises and documented clinical governance.