

# CONVERSION INTELLIGENCE REPORT

Sample Monthly Report for a Private Surgical Practice

PREPARED FOR

**Plastic Surgery Practice, Sydney**

REPORTING PERIOD

1 April 2026 – 30 April 2026

PREPARED BY

CareConcierge Health

## **The owner's view.**

A plain-English monthly report showing what came in, what qualified, what converted, what was recovered, and where value is still leaking.

## **DISCLAIMER**

This sample report uses fictionalised data for demonstration purposes. It does not represent the performance of any specific practice and should not be read as a guarantee of future results. Figures described as estimated, indicative, observed, or influenced are subject to practice validation.

## EXECUTIVE SUMMARY

## 1. The month at the front end of the practice

April presented strong demand and a clearer view of where commercial value continues to leak. The headline figures sit alongside one operational insight worth acting on this month.

The practice received 186 enquiries across all channels during the month. CareConcierge responded to 174 of them – a response coverage of 93.5% – with a median first-response time under 60 seconds. Sixty-eight enquiries were qualified, 41 warm handoffs were prepared for the patient coordinator, and 23 consultations were either booked through CareConcierge conversations or could be reasonably credited to CareConcierge influence. Six previously cooled conversations were brought back into active engagement.

Indicative front-end value protected during the month is estimated at A\$184,000 to A\$276,000. These are not revenue figures. They are an indicative view of the commercial value held inside the enquiry pipeline that may have been protected from delay or loss during the period, subject to practice validation.

The operational story is consistent with March, but now expressed more clearly. The highest-value leakage is no longer in unanswered enquiries during business hours. It is in two specific places: enquiry traffic that arrives outside business hours, particularly between 6pm Friday and 9am Monday; and the pool of cooled, previously qualified conversations sitting dormant in the practice's enquiry history. Both pools are now being addressed. Neither is yet fully recovered.

### **This month's recommended action**

Approve a controlled reactivation sequence for enquiries aged 30 to 120 days. The eligible pool currently contains 64 records. The Principal's Decision Page sets out the supporting actions; Section 7 develops the case in detail.

## PRINCIPAL'S DECISION PAGE

## The owner's view, in ninety seconds

### WHAT HAPPENED

#### **Demand was strong. The system held its ground.**

186 enquiries received this month, up from 162 in March. Response coverage held at 93.5% – an improvement of 8.3 points on the prior month, with a median first-response time under 60 seconds.

Forty-two per cent of qualified enquiries arrived outside business hours. The lapsed-enquiry reactivation programme produced its first warm handoffs from previously cooled conversations.

### WHAT MATTERS

#### **The leak has moved. So has the opportunity.**

Unanswered enquiries during business hours are no longer the leak. Two leaks remain, and both are commercially material: enquiries arriving after-hours, and previously qualified conversations sitting dormant in the enquiry history.

The most interesting commercial signal of the month is dormant demand already inside the system. The pool of recoverable value is larger than the current cadence is sized for.

### WHAT TO DO NEXT

#### **Approve the reactivation sequence. Everything else can wait a fortnight.**

##### PRIMARY ACTION

Approve the controlled reactivation sequence for enquiries aged 30 to 120 days. Eligible pool: 64 records. Recommended cadence: maximum 20 patients per week.

##### SUPPORTING ACTIONS

- Refine fee-related response language. Directional, non-binding, AHPRA-aware.
- Review coordinator follow-up speed for high-intent WhatsApp and website handoffs.
- Approve additional content boundaries for high-volume procedure questions.

## MONTHLY SNAPSHOT

## 2. The numbers, with last month for context

Top-line measures for the reporting period, set against March for direction. Each measure is defined in the appendix. All figures are estimated or indicative unless otherwise stated, and are subject to practice validation.

MEASURE	MARCH	APRIL	DIRECTION
Total enquiries captured	162	<b>186</b>	Up
Response coverage	85.2%	<b>93.5%</b>	Improved
Median first-response time	≈ 3 minutes	<b>&lt; 60 seconds</b>	Improved
Qualified enquiries	54	<b>68</b>	Up
Warm handoffs prepared	31	<b>41</b>	Up
Consultations booked or influenced	17	<b>23</b>	Up
Lapsed enquiries re-engaged	9	<b>17</b>	Up
Reawakened conversations from history	2	<b>6</b>	Up
Conversations escalated for human review	24	<b>29</b>	Stable
Out-of-scope enquiries safely redirected	11	<b>14</b>	Stable
Estimated enquiry value protected	A\$132k – A\$198k	<b>A\$184k – A\$276k</b>	Up

*The single most useful figure on this page is response coverage. At 93.5%, the practice is now answering virtually every enquiry that arrives at the front door, regardless of channel or time. Twelve months ago, that figure would more typically have sat in the 50–60% range for a single-principal elective practice. The improvement from March (85.2%) reflects the closing of two channel-setup gaps. The shift is structural, not seasonal.*

## ENQUIRY SOURCES

### 3. Where the demand came from

Demand was distributed across six channels during April. Two patterns are worth attention.

Website forms and WhatsApp generated the strongest consultation-ready demand.

Website enquiries continue to qualify at the highest rate, reflecting the deliberate research stage these patients have already moved through before reaching out. WhatsApp showed the highest urgency, with patients consistently asking about availability and next steps within the first exchange.

Instagram DM produced volume but required more work to qualify. Many enquiries arrived as exploratory questions rather than considered requests, and a meaningful proportion did not progress beyond initial information.

Missed-call follow-up – where CareConcierge picks up after a call goes unanswered – recovered 22 enquiries that would otherwise have been lost. Of those, 8 qualified and 4 produced handoffs. A meaningful recovery from a small base, and a continued opportunity.

SOURCE	ENQUIRIES	QUALIFIED	HANDOFFS	OBSERVED PATTERN
Website form	52	21	14	Highest-quality source
Web chat	38	13	8	Strong after-hours activity
WhatsApp	31	16	10	Highest urgency, fastest pathway
Instagram DM	27	7	3	More exploratory, requires qualification
Phone missed-call follow-up	22	8	4	Strong recovery opportunity
Reactivation list	16	3	2	Lapsed enquiries (see Section 7)

The reactivation list is treated as a separate channel, not because the patients are unfamiliar with the practice – they are not – but because the engagement pattern is structurally different. Section 7 develops this.

## PROCEDURE INTEREST

## 4. What patients were asking about

The procedure mix during the month was consistent with the practice's historical pattern, with breast reduction continuing to lead in qualified intent. The figures below reflect enquiry behaviour only. They are not, and should not be read as, clinical commentary on procedure suitability.

PROCEDURE INTEREST	ENQUIRIES	QUALIFIED	HANDOFFS	OBSERVED PATTERN
Breast reduction	34	17	11	High intent, often medically motivated
Abdominoplasty	29	12	8	High value, more cost-sensitive
Facelift / neck lift	24	10	6	Longer consideration cycle
Blepharoplasty	21	9	5	Strong consultation potential
Breast augmentation	19	6	3	More price-led questioning
Post-weight-loss body contouring	16	7	5	Requires careful expectation handling
Other or unclear	43	7	3	Required qualification or redirection

### Observations on enquiry behaviour

- Breast reduction enquiries continue to express the strongest decision readiness. Many patients arrive having already considered the procedure for some time. Qualifying questions tend to focus on pathway, timing, and consultation expectations rather than procedure selection.
- Abdominoplasty enquiries qualified at a healthy rate but showed greater cost-sensitivity than other categories. Fee-related questions were more common and required care in handling.

- Facelift and neck lift enquiries tended to arrive earlier in the consideration cycle. Several qualified enquiries did not yet have a defined timeline.
- Blepharoplasty enquiries were efficient to qualify and tended to convert to consultations more quickly than the average.
- Post-weight-loss body contouring enquiries required additional care. Patient expectations varied widely, and the qualification conversation often surfaced multiple procedure interests within a single enquiry.
- The “other or unclear” category captures 43 enquiries that needed qualification or polite redirection before any procedure intent could be confirmed.

## RESPONSE PERFORMANCE

## 5. How CareConcierge performed as the first-response layer

The practical question for any practice considering an automated first-response layer is whether the automation degrades the patient experience. The answer this month is no, with conditions worth understanding.

CareConcierge responded to 174 of 186 enquiries received. Median first-response time was under 60 seconds. The 12 unanswered enquiries fell into known gaps: voicemail messages without enough information to triage, enquiries arriving through channels still in setup, and four edge-case messages flagged for human review where automated response was not appropriate.

Forty-two per cent of qualified enquiries arrived outside normal business hours – 31 between 6pm and midnight on weeknights, and 9 on weekends. These figures confirm what most principals already suspect: a meaningful share of commercial demand is generated when the practice is closed.

Common questions handled by CareConcierge during the month included consultation process, expected pathway, recovery considerations at a general level, suitability for assessment, fee structure at a directional level, and timing. Twenty-nine conversations were escalated to human review at the appropriate point. Fourteen enquiries were redirected outside the practice's scope.

### Coordinator burden protected

Of the 174 conversations CareConcierge engaged with during the month, 145 reached resolution or were safely prepared for the coordinator without further escalation. Twenty-nine required direct practice attention.

The objective is not to absorb every conversation. It is to absorb the noise, so that human judgement is preserved for where it matters.

### What CareConcierge did not do

CareConcierge did not diagnose, did not recommend procedures, did not guarantee outcomes, did not provide definitive pricing, and did not replace clinical judgement.

Where enquiries moved beyond approved content, the conversation was safely handed to the practice team. The guardrails are clinical, not conversational.

## HANDOFF QUALITY

## 6. What lands on the coordinator's desk

The warm handoff is the operational point where automation gives way to the practice. Each handoff prepared during the month included a structured set of information designed to ensure the patient feels known by the time the coordinator picks up the conversation:

- Patient name and contact details
- Source channel and time of original enquiry
- Stated treatment interest
- Expressed motivation and any urgency
- Location and availability indicators
- Key questions raised by the patient during the enquiry conversation
- Concerns or hesitations expressed
- An indication of decision readiness
- Recommended next step for the coordinator
- A compliance flag where the conversation has touched a topic requiring care on first practice contact

### A representative example from April

*The handoff below is fictional, included for illustration. Real handoffs include the patient's actual contact details and channel-specific context.*

<b>PATIENT</b>	Fictional example, contact details on file
<b>SOURCE</b>	WhatsApp · Sunday evening, 9:42 pm
<b>INTEREST</b>	Abdominoplasty following second pregnancy
<b>STATED MOTIVATION</b>	Wants to understand suitability and consultation pathway. Has been considering the procedure for approximately 18 months.
<b>DECISION READINESS</b>	Medium-high. Asked specific questions about consultation availability and timing.
<b>KEY CONCERNS</b>	Recovery timing relative to work commitments and primary-school-aged children. Comfort with the assessment process.

<b>RECOMMENDED NEXT STEP</b>	Coordinator call within one business day. Patient indicated weekday mornings before 9am or after 5pm work best.
<b>COMPLIANCE NOTE</b>	Avoid definitive suitability or recovery claims before consultation. Specific recovery duration to be addressed only after surgical assessment.

The objective is straightforward. By the time a patient coordinator reads a handoff, the patient should feel known. The first call should not duplicate questions already answered by CareConcierge, nor should it require the coordinator to begin the qualification conversation again. This is the difference between handing off a lead and handing off a patient.

## LAPSED-ENQUIRY RECOVERY

## 7. The value already sitting in the practice's history

Most elective surgical practices carry a meaningful pool of commercial value sitting inside their enquiry history. The pattern is familiar: a patient enquired, expressed considered interest, asked thoughtful questions, then went quiet. The practice never received a clear signal that the enquiry had been lost. The conversation simply faded.

### Sleeping beauties.

Valuable enquiries or cooled patient conversations that were never properly lost. They had expressed considered interest, then drifted because of timing, uncertainty, missed follow-up, or lack of decision readiness. These conversations should not be treated as dead records. They should be handled as delayed intent.

During April, CareConcierge reviewed 64 lapsed enquiries from the practice's enquiry history that met the eligibility criteria for re-engagement: between 30 and 120 days since last contact, prior expression of considered treatment interest, no clear loss signal recorded, and no opt-out from communication.

STAGE	APRIL 2026
Lapsed enquiries reviewed against eligibility criteria	64
Re-engagement messages sent	38
Patient responses received	17
Conversations reawakened to active engagement	6
Warm handoffs created from reawakened conversations	4
Consultations booked or scheduled (end of month)	2

The commercial signal here is worth pausing on. The practice's reactivation pool is, by definition, a list of patients who had previously chosen to enquire with this practice. The

barrier to re-engagement is structurally lower than the barrier to acquiring a new enquiry. Where the conversation can be picked up at the point it was left, it often resumes naturally.

April's results are early. The trend is clear, and we recommend continuing the cadence in May with a modest expansion of the eligibility window. The reactivation pool remains larger than the current cadence is sized for, and the work should be deliberate rather than aggressive.

## ESTIMATED VALUE PROTECTED

## 8. The commercial figure, with its methodology

Estimated value protected is the report's principal commercial figure. Methodology is deliberately conservative.

The figure is calculated using qualified enquiry volume, handoff quality, consultations booked or influenced during the period, and indicative procedure-value assumptions supplied or approved by the practice. It is not revenue. It is an indicative view of front-end commercial value that may have been protected from delay, leakage, or loss during the period.

Three categories contribute to the figure:

- Consultations booked or influenced – patient-pathway events that have either occurred or have been scheduled, with values estimated at conservative procedure averages.
- Warm handoffs not yet booked – qualified handoffs delivered to the coordinator during the month that have not yet converted to consultation. Weighted at indicative ranges to reflect that not all handoffs progress to booking.
- Lapsed enquiries reawakened – re-engaged conversations that have re-entered active pathway. Weighted conservatively to reflect early stage.

CATEGORY	CONSERVATIVE	UPPER
Consultations booked or influenced	<b>A\$92,000</b>	<b>A\$138,000</b>
Warm handoffs not yet booked	<b>A\$58,000</b>	<b>A\$89,000</b>
Lapsed enquiries reawakened	<b>A\$24,000</b>	<b>A\$39,000</b>
<b>Total indicative value protected</b>	<b>A\$184,000</b>	<b>A\$276,000</b>

### A note on these figures

Estimated value protected is not revenue. It is an indicative view of front-end commercial value that may have been protected from delay, leakage, or loss during

the period. Figures require practice validation and are designed to support management review, not financial reporting.

## LEAKAGE AND RISK SIGNALS

## 9. Where the practice continues to underperform

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The report would be incomplete without an honest view of where the front end of the practice continues to underperform. Five issues warrant attention this month.

### 1. Missed-call follow-up remains inconsistent.

The practice's existing process recovers some calls, but coverage is patchy. The structured follow-up triggered by CareConcierge captured 22 enquiries this month that would not otherwise have been recovered. Earlier-stage enquiries still went unanswered for longer than is commercially ideal.

### 2. Instagram enquiries arrive under-qualified.

More often than is necessary. The conversational pathway from initial DM to either handoff or polite redirection requires further refinement. The platform produces volume but, at present, demands more qualifying work per qualified enquiry than other channels.

### 3. Fee-related questions remain a frequent source of escalation.

Most can be addressed with refined response language at a directional level, without quoting definitive treatment cost out of context. We recommend approving an updated set of approved fee-discussion phrasings for May.

### 4. Post-handoff cadence is inconsistent.

Several high-intent WhatsApp and website enquiries waited longer than necessary for coordinator follow-up after handoff. The handoffs themselves were timely. The internal cadence post-handoff is the variable. A simple weekly review rhythm would address this without adding workload.

### 5. The lapsed-enquiry pool is larger than current cadence is sized for.

This is the inverse of a problem. The pool represents commercial value, but it should be re-engaged carefully and at a sustainable cadence, not aggressively. The reactivation table in Section 10 sets out the recommended approach for May.

RECOMMENDED ACTIONS

### 10. What to do next month, who owns it, when

Six actions, with ownership and timing. None require additional headcount. All are designed to be reviewed at the next monthly practice meeting.

ACTION	OWNER	PRIORITY	TIMING	EXPECTED EFFECT
<b>Run controlled reactivation sequence for lapsed enquiries (30–120 days)</b>	Principal & CareConcierge	<b>High</b>	This week	Recover dormant enquiry value; first conversions expected within 21 days
<b>Approve refined response language for fee-related enquiries</b>	Principal	<b>High</b>	This week	Clearer patient expectation; fewer fee-driven escalations
<b>Establish weekly review rhythm for warm handoffs not yet booked</b>	Practice Manager	<b>High</b>	This week	Faster high-intent follow-up; reduced post-handoff lag
<b>Add recovery-pathway content for abdominoplasty and post-weight-loss body contouring</b>	CareConcierge	<b>Medium</b>	Next 14 days	Fewer recovery-related escalations on highest-question categories
<b>Review coordinator follow-up speed for high-intent WhatsApp / website enquiries</b>	Patient Coordinator	<b>Medium</b>	Next reporting cycle	Tighter cadence on highest-value enquiries; target: contact within 4 business hours of handoff
<b>Add three further FAQ boundaries to reduce unnecessary escalation</b>	CareConcierge	<b>Watch</b>	Next reporting cycle	Lower-burden handling of consultation logistics and directional fee questions

**If only one action is taken this month**

Approve the controlled reactivation sequence. The lapsed-enquiry pool is the highest-yield, lowest-cost commercial action available to the practice in May.

## APPENDIX

## 11. Definitions

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Plain-English definitions for each term used in this report.

- **Enquiry captured.**  
A patient-initiated message received through any of the practice's connected channels during the reporting period, including website forms, web chat, WhatsApp, Instagram DM, missed-call follow-up, and reactivation responses.
- **Response coverage.**  
The proportion of captured enquiries that received a first response from CareConcierge during the period.
- **Qualified enquiry.**  
An enquiry where the patient has expressed a treatment interest, provided sufficient context to indicate genuine intent, and met the practice-approved qualification thresholds. Qualification is a conversational outcome, not a form-fill.
- **Warm handoff.**  
A structured handoff from CareConcierge to the practice team containing the information set out in Section 6. Distinguished from a cold lead by the depth of context provided to the coordinator before first contact.
- **Consultation booked or influenced.**  
A consultation that has been either booked directly through a CareConcierge conversation, or where CareConcierge involvement materially supported the booking. Consultations attributed in this category require practice validation before being treated as final.
- **Coordinator burden protected.**  
An indicative measure of conversations handled to resolution or safe handoff before requiring direct practice attention. Designed to make team-burden visible, not to quantify hours saved.
- **Lapsed enquiry.**  
A previously captured enquiry where 30 days or more have elapsed since last contact, where no clear loss signal has been recorded, and where the patient has not opted out of communication.
- **Sleeping beauty.**

A lapsed enquiry that previously expressed considered treatment interest, is structurally eligible for re-engagement, and remains within an appropriate practice-approved re-engagement window.

- **Estimated value protected.**

An indicative figure representing the front-end commercial value associated with qualified enquiries, prepared handoffs, and reawakened conversations during the period. Indicative only. Not revenue. Subject to practice validation.

- **Compliance flag.**

A marker placed on a handoff where the conversation has touched a topic requiring careful handling on first practice contact, including suitability claims, recovery duration, definitive cost, or other content outside the approved response set.

- **Human review required.**

A conversation flagged for direct practice attention before any further automated response. Triggered by content outside scope, sensitive or distress signals, or repeated requests for information CareConcierge is not permitted to provide.

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