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Before you spend: the CEO's launch readiness checklist

The checks to run before paid media goes live on a new clinic or service line, drawn from real launches.

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Multiplier Insights · multiplierinsights.com

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Before You Spend: The CEO's Launch Readiness Checklist

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For CEOs and business development leaders. Use this before paid media goes live on a new clinic or service line. Every item below comes from real launches: things that, when missed, cost patients who had already decided to call.

1. The front door works

- ☐ A dedicated intake phone line is live, tracked and tested from a mobile phone.
- ☐ The number is identical everywhere: website, Google Business Profile, ads, directories, printed materials.
- ☐ An intake email inbox exists, and someone owns it.
- ☐ A fax number and a direct referral line are on the website, for physicians who still refer that way.
- ☐ Every phone number, address and contact detail is proofread by two people before anything prints or goes live.

2. Someone answers

- ☐ Phones are covered during every hour your ads run, and ads are scheduled to match.
- ☐ The after-hours voicemail includes crisis guidance, a callback promise and a time frame.
- ☐ There's a callback standard for voicemails and web forms (we use one hour), with a named owner.
- ☐ There's an agreed "slow down" signal: operations can tell marketing when volume is outrunning capacity.

3. The first conversation converts

- ☐ Intake staff have a written call script.
- ☐ The script has been reviewed by clinical leadership and for compliance.
- ☐ Staff are trained to discuss self-pay pricing, payment options and value with confidence.
- ☐ Staff know which services need a physician's order or referral, and how to explain that.

4. You'll know what's working

- ☐ Calls and forms are tracked back to their source (ad, search, directory, referral).
- ☐ There's a written definition of a qualified inquiry, agreed by marketing and intake.
- ☐ Someone tags every call as qualified or not, daily.
- ☐ Qualified inquiries, not all calls, are sent back to your ad platforms as conversions.
- ☐ Reports separate new inquiries from existing-patient calls, and show each service line separately.

5. Your marketing is compliant

- ☐ Services and conditions lists are signed off by your clinical director.
- ☐ Claims language is accurate ("FDA cleared" vs "FDA approved"; outcomes shown with context).
- ☐ Nothing implies insurance reimbursement you can't stand behind.
- ☐ No free offers or incentives that could be read as inducements.
- ☐ Self-pay pricing disclosures and good-faith estimates are in place (No Surprises Act).
- ☐ Images don't imply services you don't provide.
- ☐ Your review-response policy never confirms that someone is a patient.

6. You know where your patients will come from

- ☐ You know which zip codes or markets your best-fit patients are most likely to come from, based on your own admissions data where you have it, not a guess.
- ☐ Ads target the distance patients will actually travel for this level of care, not a state or a radius someone picked.
- ☐ Your referral outreach is planned by territory, starting with the areas that already send you the right patients.

7. You can be found

- ☐ Your Google Business Profile is verified, with the correct category, hours and tracked number.
- ☐ You have a plan to earn your first genuine reviews.
- ☐ Your website loads fast on mobile and makes calling a single tap.
- ☐ Any certification needed to advertise your services (for addiction treatment, commonly LegitScript) is in hand before launch.

Every box ticked? You're ready to spend. **Several unticked?** That's normal, and it's cheaper to fix now than after the ads are running.

Want a second set of eyes before you launch? Book a free 30-minute call with Mukta Kasturia at multiplierinsights.com.

This checklist shares practical lessons and is not legal advice.