



FREE DOWNLOAD

Building a referral network from zero

A playbook for business development and admissions leaders, including what did not work.

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Building a Referral Network From Zero

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A new program, a new territory or a new BD hire all start in the same place: no relationships and a target to hit. This is what works, drawn from building a referral network from scratch for a new behavioral health program, including what didn't work.

1. Start with the map, not the list

Before you pick up the phone, find out where your best patients already come from: the zip codes, the referring practices, the communities. Plan your first 30 days of visits by **territory**, starting close to home and in the areas that already send you the right patients. A list of every provider in the state is a list of gatekeepers.

2. Go in person, and go small first

Cold calls usually stop at the front desk. In our experience the best early responses came from **smaller, physician-owned practices**, where the person who answers the phone can often put you in front of the physician. Large systems have phone menus and referral departments. Save them for when you have a track record.

3. Lead with a two-way street

The first question a practice asks is fair: *"How are you going to help us if we're going to help you?"* Have an answer:

- how quickly you'll see their patients
- how you'll communicate back to the referring provider
- when you'll send patients the other way, where appropriate

4. Make referring effortless

- A **fax number and direct referral line** on your website. Physicians still refer by fax, and a missing number can lose you a referral.
- **Rack cards, not flyers.** They fit the display holders offices already have, and they don't get bent and thrown away.
- A **one-page provider sheet**: who you treat, who you don't, levels of care, payment options, how to refer.

- Proofread every number and address twice before printing.

5. Protect your sending reputation

If you email referral partners, don't send outreach from your main company domain at volume. If it gets flagged as spam, your clinical and admissions email suffers too. Use a separate domain or send personally, one at a time.

6. Track it like a pipeline

This month	Sources contacted	Touches (visits, calls, emails)	Referral inquiries	Admissions
Target				
Actual				

Set targets that grow month by month. Touches should outnumber sources, because relationships take repeat visits. Review which **territories** and which types of practice are producing, and move your time there.

7. Align incentives before you launch

If a BD rep is paid on one program, a new program can look like competition. Agree up front how referrals across programs are credited, so everyone is rowing the same way.

Want to know which territories are worth your team's time before you start driving? Book a free 30-minute call with Mukta Kasturia at multiplierinsights.com.