



# How to Start Your Own Urgent Care Business |

# HOW TO START YOUR OWN URGENT CARE BUSINESS

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## introduction

The urgent care industry has undergone a boom in the last several years. The American Academy of Urgent Care Medicine (AAUCM) indicates that since 2008, the number of facilities has increased from 8,000 to 9,300 with 50-100 new clinics opening every year. The rise in walk-in clinics and urgent care settings is driven by a number of factors. Hospital systems continue to offer outpatient services to exert more control over transitions of care and to capture revenue. Emergency medicine physicians are seeking opportunities outside of the traditional hospital practice. Primary physicians are seeking ways to retain and grow their patient base and expand revenue opportunities. Patients are more frequently choosing to have their care provided by an urgent care center to avoid long emergency room waits, minimize expenses and access immediate care when their primary physicians are unable to offer immediate, after hours or weekend appointments.

This eBook seeks to offer guidance and best practices for those interested in launching a successful urgent care business, including selecting a location, the importance of marketing and impactful tactics, staffing, payer contracting, revenue-generating ancillary services and electing software to support specific urgent care patient management, billing and clinical workflows.

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# SELECTING AN URGENT CARE LOCATION



One of the most important decisions one has to make when in planning for opening an urgent care center is its location. There are many potentially great locations, however, also an abundance of bad ones. One can use common sense and know not to place an urgent care center on the third story of an office building or a professional building, because essentially, urgent care is where medicine meets retail. It is not a specialty medical business set high in an office tower, but rather a consumer business. This means that one must have excellent visibility, located in a shopping center or a street corner, where a high volume of potential patients or referral sources will see it each day. The key is to become a well-known center, as familiar as trusted supermarket or big box store brands so potential patients will already know where it's located when they need rapid services without having to search for an alternative option.

The location isn't the only important aspect; in fact, the type of site is equally as important. If possible, the best option is to select a standalone building or a pad site. While these locations are much more difficult to identify and may cost a bit more, they're typically worth shelling out the extra funds for. If a standalone or pad site is not available, the next best option may be the end cap of a bustling shopping, or business center to boost visibility. If possible, select site with the street side facing towards a busy highway to maximize the chances of being seen.

If both of those options are unavailable, then the final choice would be to go with an in-line space. While this is kind of a last-case-scenario, if done correctly, it can still be beneficial. If this is the case, **the key to being seen is to ensure there is good signage.** Ideally, this would be in the form

of a large sign out front or one that is placed right on the building itself. Having a small placard on one of the huge signs that also lists numerous other businesses on it, is not going to work well. Even if it is in an in-line space, one must ensure it is in a high-traffic area, because as previously mentioned, the more visibility, the better. The aforementioned shopping areas are ideal, as shopping centers are typically placed in areas which already have high traffic. This is an effective method to practically guarantee high visibility.

**Shopping areas can be a win-win, because those locations typically align with an attractive target urgent care patient population.** Not only will the center be visible

to time-sensitive business executives, but also to busy mothers. The busy mother tend to make the majority of decisions concerning immediate healthcare needs with convenience often being top of mind. If possible, select a location where being able to reach at least 30,000 people is possible where there are no competitive centers. Typically, that number is covered in the span of a three to five-mile radius for a normal suburban location. The families which populate the area generally have a household income of more than \$50,000 and are typically less than 15% of the 55-and-over population. Of course there are exceptions to everything, but these are general guidelines to follow. Keep in mind that by deciding on a location in a commercial shopping center, there is also the possibility of encountering competition with other urgent care centers. Larger communities supporting up to 100,000 people can typically successfully support about three to four centers.

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**If possible, select a location where being able to reach at least 30,000 people**

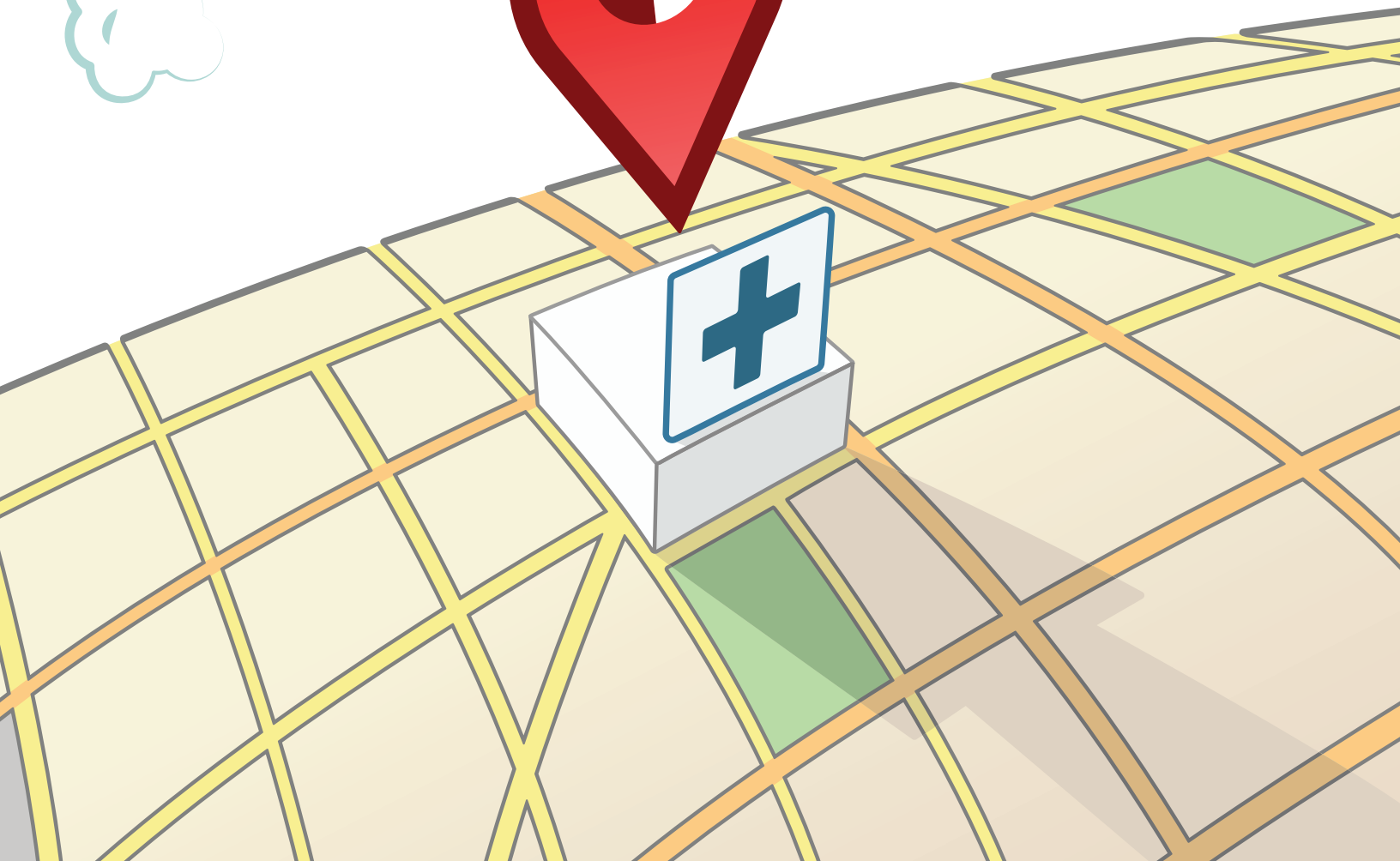
## selecting an urgent care location continued



A common misconception is that an urgent care center requires a large space, when in reality a much more modest space can be very efficient. Why? A typical busy urgent care center sees around 17,000 visits per year, which equals out to around 47 patients per day. That means they're seeing around four to five patients per hour. To see the patients in an efficient amount of time, at least four to five exam rooms are required, along with a treatment room for lacerations or other procedures. A typical space might come out to be around 3,000-square feet or more. Now, take for example a space of 1,400-square feet. This space can support five full-sized exam rooms, along with an X-ray and a good-sized waiting and reception area. It may also have a work area for the physicians and medical staff, a laboratory, an office and a small staff lounge. While this all sounds great, take into consideration that there is a huge difference in expenses. A typical 3,000-square foot area costs around \$30 a square foot, which equals

out to be approximately \$90,000 in rent per year, plus the triple net costs. A 1,400-square foot space would be less than half of that. The difference in savings is enormous and critical to minimizing cost-overruns and ensuring profitability.

While it is not necessarily required to search for solely a 1,400-square foot space, the point is that a moderately-sized space works just fine. The only time where a larger space would really be required is if the space was needed to accommodate ancillary services that can't be accommodated in typical exam or diagnostic space, such as physical therapy, where one would require approximately 700 to 1,000 square feet for the therapy space alone.



# BUILDING AND MAINTAINING A PATIENT BASE



## URGENT CARE MARKETING

**N**ow that the location aspect has been covered, the next important consideration is how to get patients to come into the center and be repeat visitors. The location could be perfect, but it is still extremely important to plan accordingly with marketing. As marketing urgent care centers is becoming progressively more sophisticated and competitive, successful urgent care centers must take it a step further. This is especially crucial if there are competitive chains in the area, because these chains will undoubtedly be very aggressive with their own marketing, often having larger budgets than an independent center. Marketing must be comprehensive, covering each channel of marketing imaginable. Traditional mailings, billboards, flyers and local print ads are just as important as the more modern, digital forms of marketing. By utilizing email, Facebook, Twitter, Google in concert with a strongly key worded website and more, a center can reach multiple demographics of potential patients.

They say that actions speak louder than words and this often holds true with marketing as well. Community marketing efforts or “grassroots efforts”, are increasing popular to bring in the consumer patient with more traditional sales efforts directed towards B2B or occupational medicine sales. **Ongoing monthly and seasonal promotions should be a part of quality marketing campaigns.**

Focusing on marketing budget for a moment, big chains are now spending upwards of \$200,000 per year just to get a new urgent care center up-and-running. \$200,000 is a large sum of money that isn’t necessarily required to kick off a center, but it is important to note that there are competitors who will spend this kind of cash. The typical center ends up spending in the ballpark of \$75,000 to \$100,000 for their initial budget, which is quite reasonable. Also keep in mind the ongoing budget, **which will likely be around 2-4% of revenue**, which could total around \$40,000 to \$100,000 per year. Of course this number can vary widely, as it is not a rule.

This number does not include the cost of engaging an increasingly popular role often titled a “Community Educator”. A Community Educator is the grassroots marketing person, if you will. This person is the center’s face-to-face with the community, creating awareness of the center through various methods. This isn’t just advertising, but actually going and meeting with the people in the community. They bring brochures, talk with mothers and school nurses about how quickly the children can get in for sports physicals, speak with coaches, fitness centers, places of worship, you name it. A comprehensive plan must be in place, so these people can execute it properly.

big chains are **spending** upwards of **\$200K** on marketing per year

**HOWEVER**

typical centers **ballpark spending** is between **\$75K AND \$100K** on marketing per year



# STAFFING YOUR URGENT CARE

**T**he next crucial area is staffing. Be careful not to overstaff and hire a parade of people, especially when initially starting out, as this will be a huge expense. In fact, this will likely be the most expensive aspect of the urgent care center, but there is good news, it is the most controllable expense.

When first opening a center all that's really necessary is a physician and or a physician's assistant (PA) or a nurse practitioner (NP). A nurse or medical assistant is also necessary and there are differences that will be discussed in a moment. An X-ray tech is absolutely crucial and all urgent care centers should have one. If there is not an X-ray tech in a center, it will be hard to consider it an urgent care center. These people are the only staff really required to initially start out. One of these or the practitioner owner may also be the business managers, and soon with an increasing patient volume you'll add receptionists, MAs and the aforementioned community educators are also critical.

Another consideration is to **hire staff who are willing and educated to handle multiple roles.** Hiring a center manager who can also function as an X-ray tech or MA when needed is crucial when the center has just opened its doors. The reason being is that the center will start out relatively slow, giving the manager ample time to function as

either the receptionist or the X-ray tech. There will be more than enough time for the manager to act as a front desk administrator or X-ray tech while also doing their other various duties throughout the day. This functions similarly with hiring an X-ray tech or MA who are also cross-trained, acting as a makeshift manager while the center is getting started. This strategy can also apply to the sales/marketing/community educator staff member. Once the desired patient flow is achieved, a dedicated receptionist or manager m then be hired.

Consider the following models to guide your staffing decisions:

- **Physician Only:** Mid-level practitioners aren't used. This will be the most expensive option, but may best the most cost effective for new centers as they build their patient base to sustain hiring additional staff.
- **Mixed Model:** Many use a balance of physicians and Pas or NPs as the center increases in volume.
- **Mid-Level Model:** Centers seeing fewer acuity cases may benefit from a model staffed entirely by mid-level staff, although may not be equipped to handle more complex patient needs.

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## staffing your urgent care continued

The difference between PAs and NPs, is that PAs are required to be supervised by a licensed physician, whereas NPs can operate completely on their own in most centers. Either option means less of an expense, because they will cost around half of what a physician would. In contrast, they may not be able to execute the same procedures and treat some of the higher-level acuity complex patients and also not receive the higher reimbursement rates as a physician. For example, some worker's comp payers will not pay the same for mid-level practitioners versus a licensed physician. In general, they vary around 15%. When you take into consideration the fact that the cost of the practitioner is about 50% less yet only 15% is reimbursed for some of the visits, this positive balance may align with the financial goals of the center.

Also keep in mind there are differences between nurses and MAs. Similar to the above, an MA will cost about half that of an RN and can also perform most procedures required in an urgent

care center. This includes taking vital statistics, doing diagnostics, running lab tests and more. There are some which can give injections, but this varies depending on the state and their particular training. Again, this all depends on the type of patients one expects to treat at the urgent care facility. If one is expecting very critical patients who may need IVs, hydration and the like, then it is more practical to have an RN on staff than to have the doctor or PA doing the procedure. This all is dependent on the volume and the acuity level. Another important thing to remember from the beginning is that when there isn't yet a heavy patient flow, the provider (doctor or PA) can give injections, start IVs and do other things that the RN would typically be hired to perform once the center has a higher volume. If there is not a MA on staff who has the training, capability or licensing, then that is an expense that can be cut, as providers can do all of those procedures themselves. They may not necessarily enjoy doing it, but often it is a sacrifice when opening a new center.

PAs are required to be supervised by a licensed physician

NPs can operate completely on their own in most centers



# STAFFING RATIO



**A** ratio is often helpful in determining the optimal initial staffing mix, as well as when hire. For providers, it's realistic to manage three and a half patient visits per hour with some variance depending on whether the center offers strictly or if it also offers family or chronic care medicine. The alternative services consume more time, potentially making the three and a half patients per hour unrealistic.

There are some extremely busy centers that see anywhere from six to eight patients an hour, typically treating patients with lower acuity needs. When a center sees patients with more complex needs, including upper respiratory disorders where IVs and other procedures may be required, they can expect to see a number of

patients. The statistics also vary depending on which type of provider is providing the treatment. PAs are often able to treat a higher volume as they may be assigned the quicker, easier patients to treat.

A typical ratio is to have 0.75 staff members per average number of patients per hour. However, it is impossible to have 0.75 staff, so you must round up to one. **This means that if the ratio is at four patients per hour, three staff members are required and the number should never dip below three.** The three staff members are those previously mentioned, the physician, the X-ray tech and the MA. Once the number raises to three or four patients per hour, then the dedicated receptionist or an additional MA should be added.





# PAYER CONTRACTING



**A**s it can take four to six months to complete payer contracting and credentialing. Sometimes it is necessary to have the physician hired that far in advance to ensure credentialing is completed in time for opening. Begin contracting as early as possible to figure out what the process and what is required. When starting, it may be necessary to speak to United Health Care (UHC), Cigna and Aetna or the Independent Physician Practice Associations (IPAs), which may be doing the contracting for groups of doctors. Be aware that some payers may not be accepting new urgent care centers in their network in certain markets. This must be known before going into one of these markets. Also, when negotiating contracts, payment terms must be determined, including fee-for-service or a global rate where one is paid a certain amount per visit, regardless of the complexity of the case. It could be something as simple as a hangnail or as serious as chest pain; the center will still receive the same “X” amount of agreed-upon dollars, versus capitated payments, which is more applicable within a primary care facility contract.



# ANCILLARY SERVICES TO IMPROVE PATIENT CARE AND BOOST REVENUE



There are a host of optional services to take into consideration when starting and growing an urgent care business. Some are optional and some are required to be successful.

**Labs:** A laboratory is absolutely necessary. It's nearly impossible to have an urgent care center without one. A treatment room, an X-ray and a lab are basically mandatory. The challenge is that it's easy to go overboard with lab equipment, but sticking to point of care CLIA-waived rapid tests that are CLIA-waived is a given. Examples include rapid strep, flu and mono testing that do not require CLIA proficiency testing compared to other moderately complex lab testing. Many of the more complex tests are not CLIA-waived and require equipment to run, including complete blood counts, CBCs, CMP, metabolic profiling or a SMAC-type test. There are very few of those which are CLIA-waived.

**Medication Dispensing:** Medication dispensing is another area that can be a lucrative great add-on for urgent care centers taking advantage of patient convenience needs to offer a one-stop-shop. Again, this is something which is a convenience for patients and, for some medications, patients will not bother going through their insurance and purchase at point of care. A good start is to offer less expensive medications, like basic antibiotics, anti-inflammatories and eye drops. These are the

things that patients would be readily accepting of paying around \$15 to \$20 with the consideration that if they went to the pharmacy their co-pay may be \$5 or \$10 anyway. For the extra \$5-\$10, the extra convenience may be worth it for many patients. Tracking medication may typically be accomplished with a locked closet or cabinet and tracked through a PM or EHR or through a more expensive preconfigured cabinet system with automated tracking and security.

This is not something that must be added immediately, as it is more beneficial after the volume starts increasing. Survey the patient population at that time and if it is something the patients want or are asking about, then it would be a good idea to move forward with. An interim approach may be to provide patients with a starter of antibiotic samples so they aren't required to go to the pharmacy right away.



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## ancillary services to improve patient care and boost revenue continued

**Durable Medical Equipment (DME) Supplies:** DME supplies include items like crutches and other equipment which would either be sold to patients or that are covered by insurance. Precaution must be taken with these supplies, particularly with Medicare, as many of items are not covered and may have to be paid for out of pocket. If an item is not covered by Medicare, patients need to sign an ABN (Advanced Beneficiary Notice), acknowledging that it is not covered by Medicare and they'll be required to pay for it themselves. Also keep in mind that many urgent care global fee contracts, especially with some of the big payers, don't allow for or cover DME supplies. These are additional prohibitions or expenses that should be addressed during payer contracting to determine if the facility can or should dispense those items.

**Physical Therapy:** Physical therapy is a great add-on to urgent care to offer convenient services where the facility has sufficient space to accommodate and there exists a high volume of workers' comp cases, sports injuries and/or Medicare patients with abundance of arthritic problems or fractures. While physical therapy may not be a worthwhile add-on based on only serving a Medicare patient base, it may make financial sense in combination with workers' comp and sports injury cases.

**Weight Management:** Weight management can be a great add-on as many traditional physician practices don't offer a full service line or offer the services at all. It's important to note that not all weight management services are equal. A medically-supervised weight program is vastly different from Jenny Craig or other similar programs. The differentiators include specific medical protocols, treatment plans and the personalized metabolic testing.

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20% OF THE  
United States'  
population  
has allergies

## ancillary services to improve patient care and boost revenue continued



**Allergy Testing and Treatment:** Allergy testing and treatment is an excellent area, because 20% of the United States' population has allergies, with a limited number of allergists available to treat them. It takes a long time to get an appointment with an allergist which typically results in those patients ending up in an emergency room or urgent care center. Around 40% or more of the visits will be respiratory-related and another good percentage of those patients suffer from allergies. There are quality allergy programs in which the testing can be done in-office, as well as the highly accepted sublingual therapies (if they don't like injections) or injections.

**Cosmetic Services:** Cosmetic services are typically used in facilities or urgent care centers that committed to adding a medical spa or vein treatments. Offering the services can be expensive, the market is highly competitive and the level of provider time and commitment is high. Successful centers also dedicate considerable marketing and sales resources to build and retain their patient base. An urgent care facility needs to determine whether offering the services can be more detrimental than beneficial depending on its goals.

### **Immigration Exams and Clinical Trial**

**Participation:** Immigration exams require providers to apply for a civil surgeon certification

which can be an added expense to secure and maintain, however adding these services may be well worth it in many markets. Clinical trials may be valuable, however difficult to break into at times. One of the best ways to start out participating in clinical trials is to partner with specialists involved in them who may not necessarily perform some of the procedures required to monitor the patients. Psychiatry tends to conduct a large number of clinical trials for which a psychiatrist may not want or be equipped to perform electrocardiograms or draw blood.

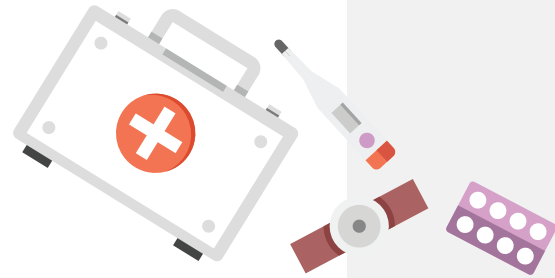
**Psychiatric Sub-Investigation:** Being a sub-investigator for psychiatrists can be quite lucrative. This is where the psychiatrists manage the high volume of patient paperwork and treatment requirements then opt to send patients to an urgent care center for the medical monitoring portions. The center can then capture the fee for services performed.

Deciding on which ancillary services to offer, when and how depends on the patient base, preparedness and the goals of the facility. In preparing to offer services, it's important to understand the patient and payer mix. Also take the time to survey patients about their wants, as well as determining what the practitioners are passionate about backing.

Take the time to survey patients about their wants, as well as determining what the practitioners are passionate about backing

# SELECTING TECHNOLOGY TO ENABLE EFFICIENT AND EFFECTIVE FRONT DESK, BILLING AND FINANCIAL OUTCOMES

**T**echnology is really a huge problem in a lot of urgent care centers. It's important to select an integrated PM and EHR system designed for specific needs of urgent care. There is a limited selection of truly integrated and intuitive PM and EHR systems on the market created for urgent care. Not all systems are created equal. Some are expensive and offer every bell and whistle you may never use or that feature complicated workflows to achieve outcomes. Others advertise a low price for initial buy-in then may charge for every upgrade, add-on and enhancement. Conducting a due diligence review of a few systems will help you compare apples to apples. In the end, opt for the solution that meets workflow and financial needs from a company that positions itself as a partner offering dedicated onboarding, training and support to ensure long-term adoption and successful outcomes. The one offering the lowest price may not be the one that will meet your long-term needs and goals.



# THE PRACTICE MANAGEMENT (PM) SYSTEM

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**S**electing a PM system is critical to ensuring efficient operations and profitable billing. Carefully evaluate systems and select one with a strong reputation in the market for being able to accommodate the need to manage quick and easy appointment scheduling, patient registration and check-in, as well as enable effective, high-volume billing and financial reporting.

Regardless of whether an urgent care chooses to manage its own billing, or pay a billing or RCM company a strong PM system is needed to help automate front desk operations and capture onsite patient payments. A billing or RCM company may fit the bill for some urgent care centers, although many choose to retain control over billing and financials and preserve the percentage of billing that outsource companies typically charge, sometimes up to 8% depending on the level of services provided. It's also important to know how the PM integrates with the selected clinical EHR system to ensure that patient information and charges flow seamlessly between the two systems.



# THE ELECTRONIC HEALTH RECORDS (EHR) SYSTEM



**T**he time and complexity for clinical documentation can be a pain point for practitioners trying to effectively and efficiently provide a high level of care to a volume of patients. Physician frustration and delays to patient flow can slow down efficiency and the profitability of the center if it takes a practitioner 10 minutes to fill out a chart. Here are some of the things to look for when evaluating an EMR system:

## **Intuitive and Fast With A Minimal Learning**

**Curve:** EHRs can take several days to weeks to really become comfortable with learning all of the intricacies of the system. Ideally, they can be learned in a matter of a few minutes to a few hours. Smart templates are essential, so that when a condition is selected, a large amount of documentation is already pre-filled and all that is left is to manage some of the details and exceptions. Sitting there doing documentation for 10 to 15 minutes is unacceptable and has a significant impact on patient flow and patient engagement. Ideally this can all be accomplished with the matter of a point or click type of software.

When completing encounter templates, no matter the condition, a typical exam should be presented so that all that's required is to make some minor adjustments. Perhaps once a term is typed in or some specifics about the history of present illness are dictated, all that will be required is a click. The same thing goes for discharge instructions. Essentially, the same thing will be told to patients over and over with certain conditions.

**Workflow Tracking:** A workflow tracker is a great addition to see the status of overall clinical operations. A tracker can help answer the questions:

- How many patients are waiting?
- Where are they in the workflow?
- Is it time for the physician to see the patient or is it time for the MA to do a procedure, for the X-ray tech to take them back to X-ray?
- What's the status of labs?
- Are the discharged and the encounters signed off on?

At-a-glance answers on the desktop helps providers understand "This patient here is ready for me; I better go in there," versus, "This patient is waiting for a lab test, so the MA needs to follow up."

**Real-Time Interfaces and Task Management:** An EMR must be inter-operable with the lab and lab values should be imported as real-time as possible into the EHR. And diagnostic images should be able to be sent out to the radiologist right away for over-reads. The charge capture should happen concurrently with completing the encounter documentation. Documenting everything and then coming to the end of the chart and realizing the procedures that were just performed have still not been entered can be a discouraging time-waster. There are also quick color-coded icons and alerts so that providers know at-a-glance if a patient needs a lab, is in X-ray, is ready to be seen by an MA or the physician or wait time.

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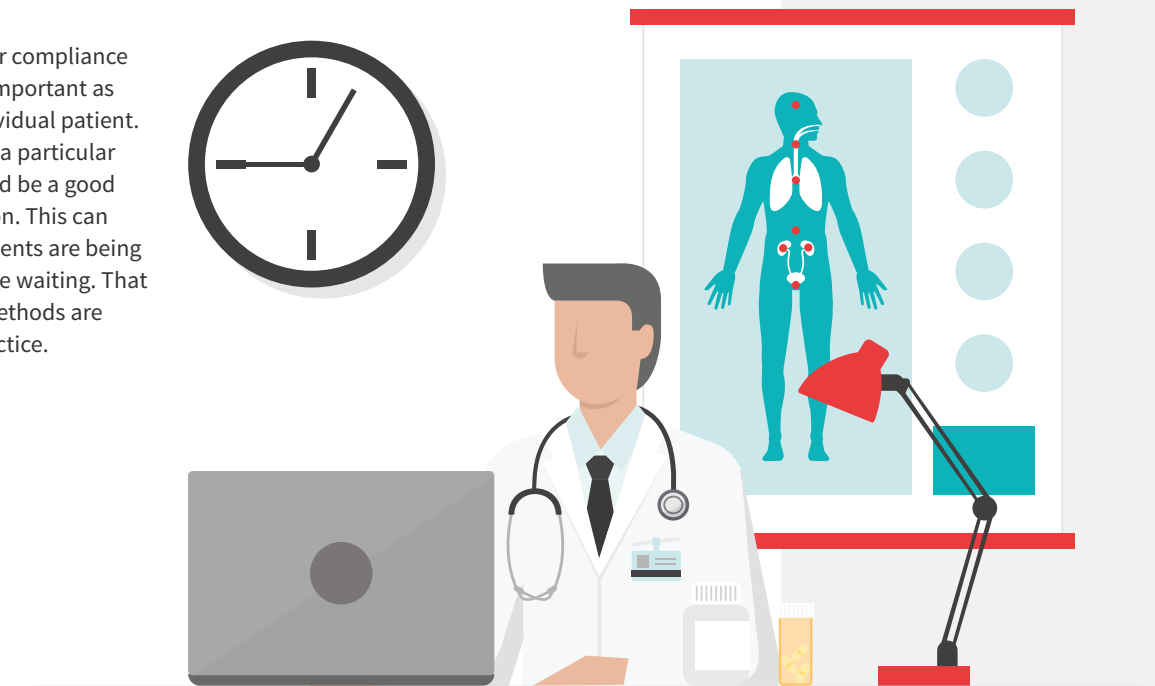
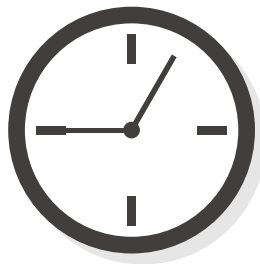
**Smart templates are essential, so that when a condition is selected, a large amount of documentation is already pre-filled**

## the electronic health records (ehr) system continued



**Clinical Decision Support (CDS):** Provides clinicians, staff, patients or other individuals with instantons medical knowledge and/or patient-specific information, intelligently filtered or presented at appropriate times, intended to enhance healthcare. Whether it be rules and alerts set up within an EMR or purchased online reference tools, CDS tools can help improve patient outcomes and provide a useful alert system for providers.

**Reporting Tools:** Demonstrating for compliance and regulatory purposes is just as important as plain documentation about an individual patient. Technology has made modifying to a particular patient very simple and there should be a good reporting mechanism for each action. This can provide statistics on how many patients are being seen, the flow and how long they are waiting. That data is valuable as it shows what methods are working and not working in the practice.





# CONCLUSION

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While the Urgent Care Industry has seen a huge boom these last few years, with the right planning and mindset, creating a successful urgent care center is a very real possibility. Urgent care centers have become increasingly appealing as an alternative or complement to traditional medicine, but it is also very important to understand what the requirements are before engaging. Each factor discussed here is equally as important and all contribute to the success of the center. It is important to never equate the skills of a doctor, with the skills of a businessman or woman. However, by choosing the right staff and following the guidelines previously discussed, operation will likely run smoothly and the center will be profitable.



## About the Author Lawrence Earl, MD

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Lawrence Earl, MD, a physician executive with over 30 years of experience in owning and operating urgent care and occupational medicine centers. Dr. Earl currently works full time as a consultant, working with clients ranging from independent urgent care practices to billion-dollar healthcare organizations on all aspects of urgent care and occupational medicine, from strategy and design, marketing and implementation, and operational optimization. Additionally, Dr. Earl serves as medical director for the National Academy of DOT Medical Examiners, an online training organization to prepare medical examiners for the National Registry of Certified Medical Examiners exam.

## About UrgentCarementor

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UrgentCarementor offers those operating an urgent care center or considering opening one expert tools and services to help discover smarter ways to start and manage convenient, profitable and efficient operations and patient care resources. Get more of the patients and clients you want, add services, increase profits and have more confidence in the services you provide. Visit [www.urgentcarementor.com](http://www.urgentcarementor.com)

## About Henry Schein MicroMD®

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MicroMD helps practices and urgent care clinics get back to the business of healing with integrated operational, financial and clinical technology. On the strength of more than 25 years of innovation, the MicroMD family of medical software solutions has grown to serve over 14,000 physicians in primary care, as well as all major medical and surgical specialties, urgent care settings and medical finance professionals specializing in billing and RCM. The MicroMD name is part of Henry Schein Medical Systems, a subsidiary of Henry Schein, Inc. offering. Visit [www.micromd.com](http://www.micromd.com)

## About urgiCareMD™ – Cloud-based Integrated Urgent Care PM and EHR

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A comprehensive set of integrated cloud-based technology solution that includes an advanced practice management software and electronic clinical documentation and decision support software, specially designed for urgent care clinics. urgiCareMD EHR is a comprehensive solution that includes efficient intuitive documentation and performance management tools. Paired with MicroMD PM, urgent cares can take full control of their front desk and financial operations with flexible scheduling, effective AR features and analytic reporting. Visit [www.urgicaremd.com](http://www.urgicaremd.com)

## References and Additional Resources

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