

Patient booking confirmed 12:23 PM

Patient booking confirmed 3:01 PM

Patient booking confirmed

Patient booking confirmed 8:24 AM

Patient booking confirmed 6:21 AM

Patient booking confirmed 4:12 PM

Patient booking confirmed 9:47 PM

Patient booking confirmed 7:53 PM

Patient booking confirmed 10:18 AM



Growth Unlocked

The Playbook for Practices
Ready to Scale

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Introduction

You're already investing in digital marketing. Google Ads, SEO, social, a carefully vetted booking platform. Patients are finding you – you can see it in the traffic numbers. And yet, the schedule still has gaps, some providers are underbooked, and the question you can't answer is painfully simple: is any of this actually working?

The demand is there. But patients aren't booking – and the gap between interest and appointment is where your growth is stuck. Closing the gap starts with four questions:

- Are the right patients finding you – on Google, in insurance directories, and everywhere else they search for care?
- When they find you, can they actually book – at 9pm, without picking up a phone, with a provider who has the right availability?
- Is your schedule working for you – growing demand for the providers who need it, refilling gaps automatically, prioritizing the visit types that matter most, and freeing your front desk from manual work?
- Do you know what's actually driving booked visits – not clicks or impressions, but results you can put in front of leadership?

The practices growing fastest right now have figured out that growth relies on marketing and operations working together: smart marketing spend that gets patients to the door, then streamlined operations that help them walk through it.

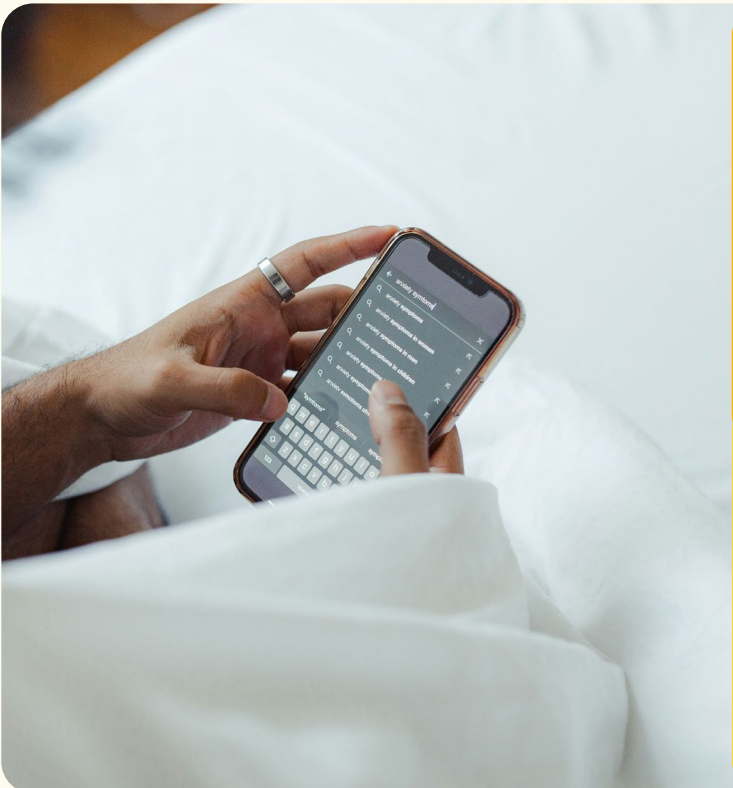


Growth Without Control

Someone at your practice owns the budget. Someone manages the channels. Someone fields the hard questions about new patient growth across locations and providers. Maybe that's three people. Maybe it's you.

So you pull the reports and see that traffic is up, clicks look reasonable, and cost-per-click is fine. And then the question lands: "Why is Dr. Chen still only 60% booked?" Whether you own the marketing budget, the operations workflow, or the whole P&L – neither marketing nor operations has the full answer alone.

Your top-of-funnel metrics don't tell the full story: most standard marketing reporting only measures what happens before a patient decides to book. A patient can find you, like what they see, try to book, then disappear without a trace. No missed call logged and no form submitted. To your dashboard, they were never there.



66%

of patients start their search on search engines

65%

of patients use healthtech platforms¹

The gap between searched and scheduled

Say you're working at a growing four-location dentistry group, and you've got a new provider at the Northside location who needs to build a panel. You've got an established provider at the Southside location who's overbooked and turning away patients. You've got open slots on Friday afternoons that nobody's filling.

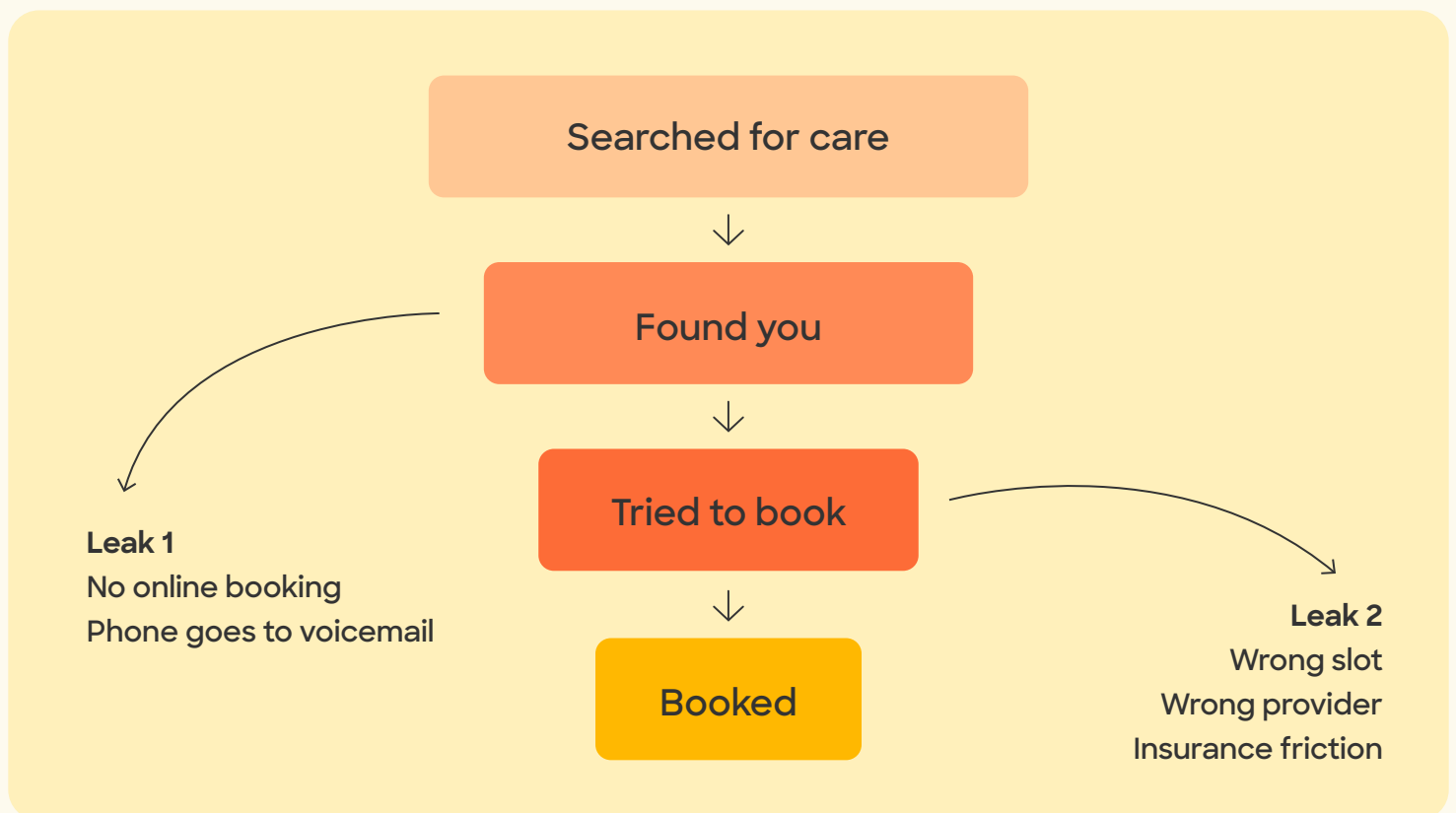
When you run a campaign for the group, demand comes in, but it lands wherever it lands. It isn't prioritized toward the new provider who needs to build their patient panel or the Friday afternoon lull. Five patients searched your specialty this week and are ready to book, but none of them want that open slot. The marketing worked, but the interest didn't convert to an appointment.

This is where marketing and operations need to meet: in many practices, marketing generates broad demand and operations controls the

schedule. If the marketing isn't actively pointing patients toward the new provider who needs cases, the open Friday slot, the visit types the practice actually wants to fill, it isn't a strategy. The schedule becomes just a container that catches whatever lands.

The practices building real, sustainable growth have invested in what we call growth infrastructure: everything between a patient searching for care and a patient sitting in a chair. They make it easy for the right patient to find and book the right provider at the right time, and for teams to track when and how that's happening.

The good news is that those leaks are findable, and knowing exactly where patients are falling out will tell you which problems are worth fixing first to enable the growth you're aiming for.



The Demand You Have But Can't See

It's Tuesday evening. A patient with a 9-to-5 job finally has a minute to look for a dermatologist. She searches her insurance directory, finds your practice, clicks through. Phone number only. She calls, and it rings to voicemail. She moves on to the next result.

A conversion leak doesn't look like a dramatic failure. It looks like nothing at all: the patient simply disappears. They wanted to book with you, but hit a wall. Instead, they booked with the practice down the street. These infrastructure leaks – like the provider whose calendar shows “no availability” when slots actually exist – are where marketing and operations can team up to close the gap between a patient who wants care and a practice ready to provide it.

43% of bookings happen after office hours¹.

For practices where booking requires a phone call to the front desk, that's nearly half of all patient demand with nowhere to go.

“Roughly 60% of patients who don't reach someone within a minute don't call back².

Patients searching for care aren't browsing for future options; they're ready to book now, and not giving them an option to book and confirm an appointment immediately is effectively wasted marketing spend.”

● Ben Legman
Zocdoc Product Marketing Principal



Where patients actually fall out

The table below names the six most common leaks, what they look like from the patient’s side, and why they don’t show up in your reporting. The numbers come from Zocdoc’s original What Patients Want report data.

Leak	What the patient experiences	What the practice misses	What this costs you
Insurance Dead End	A patient switching PCPs after a job change searches her new insurance directory. Her preferred primary care practice doesn’t appear. She assumes they don’t take her plan – they do – and books elsewhere.	No impression, no click, no data. The practice’s profile was basically invisible to this patient from the start.	Providers with otherwise accurate profiles but missing insurance coverage average just 2.44 monthly bookings, vs 17.1 for those with accurate insurance information.
Stale Profile	A patient has been putting off an Ortho appointment for months. He finally searches, finds your practice, clicks through to the profile. The hours say 9–5, Monday through Friday. He works until 6. He keeps scrolling. You added Saturday hours six months ago – it’s just not updated anywhere he’s looking.	The practice sees low click-through but attributes it to the market or the competition, not to their own listing accuracy.	Patients compare an average of 21 providers before booking , ranging from 16 for urgent care to 31 for psychology. Every outdated detail on your profile is a reason to pick one of the other 20.
Wrong Fit	A patient looking for prenatal care finds an OB-GYN practice that looks like a match – right insurance, right location. But the booking page shows a generic list of appointment types, and she can’t tell which provider specializes in what. She’s not sure if she’s booking the right visit with the right person, so she moves on to a practice that makes it obvious	The practice sees steady well-woman visit volume but can’t explain why its prenatal panel isn’t growing. The providers they hired to build that service line are underbooked – not because patients aren’t searching for prenatal care, but because the booking experience funnels everyone into the same generic slots.	The visit types you built your practice around are the ones most likely to be buried. An OB-GYN group investing in prenatal care sees patients booking annual well-woman visits instead – not because that’s what they needed, but because that’s what the booking page made obvious. The demand for the service you want to grow is there. It’s just not finding the right slot.
After-Hours Wall	It’s 9pm. A patient finds your practice, reads through the provider bios, and decides he wants to book. There’s a phone number. He calls – voicemail. No option to book online, no way to leave a request. He moves on to the next result.	The practice sees a missed call logged, but no voicemail left. There’s essentially no record of the search. The patient disappears without a trace.	43% of bookings happen after office hours. For practices where the only path to booking is a front-desk phone call, that’s nearly half of potential patients hitting a dead end.
Call-to-Book Dropout	A patient finds the practice online, clicks “call to book,” and gets put on hold. He waits, hangs up. He goes back online and tries to book through the website instead – but the form isn’t mobile-friendly, asks for a photo of his insurance card, and requires more fields than he has patience for. He never calls back, instead he books with the next practice that has online booking.	The practice sees nothing in the system that traces back to the original channel that brought him in. If they don’t leave a voice-mail or submit a form, there’s no record. Even if they do, attribution back to the original marketing channel is lost.	60% of patients drop off if they call and they don’t talk to someone within a minute. In the on-demand age, patients want to book their appointment like their Uber: fast, digital, and available at all hours.
After-Hours Wall	A patient submits a contact form at noon. She’s still comparing options, but she’s leaning toward your practice. By the next morning, when someone finally follows up, she’s already confirmed an appointment elsewhere.	The practice counts the form submission as a lead captured. They never know the patient went elsewhere before they responded.	Response times beyond five minutes dramatically reduce conversion. A patient who submits a form at noon and hears back the next morning has, in most cases, already booked somewhere else.

Your 15-minute leak audit

To see where you're starting from, run these three checks. They'll tell you where your biggest opportunity is.



After-hours test

Try to book with your own practice after 6pm. What happens?



Insurance check

Search for your practice on your two most common insurance directories. Do your providers appear. Are the plans current?



Consistency scan

Pull your two lowest-performing providers by booking volume. Is their availability visible in real time? Are their profiles consistent everywhere patients might find them?

Most practices that run these checks **find at least one gap they didn't know existed**. The next question is what closing it actually looks like in the day-to-day of a real team managing multiple providers across multiple locations.

What Being Bookable Looks Like

Running the audit should give you clarity – patient are finding you, and now you can see the dead ends that are preventing them from booking with you. Each fix plugs a leak that was quietly stifling your growth.

Being bookable is the complete picture: accurate information everywhere patients search, real-time availability that reflects what's actually open, and a path to a confirmed appointment that doesn't require effort on the patient's part.

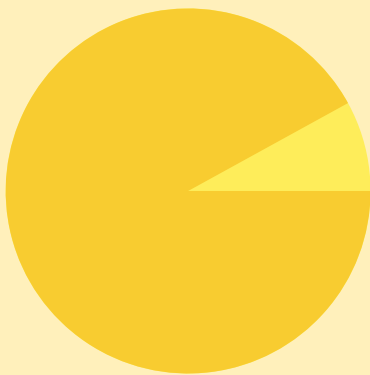
Fix 1

Insurance Accuracy

Be visible where patients filter first

→ Closes the Insurance Dead End

Insurance is the first filter most patients apply, even before they read a bio or check reviews. Ninety-two percent of Zocdoc bookings are made in-network¹, which indicates any profile with missing or outdated plan information is functionally out of the consideration set for the patients most likely to book. And with 70% of Americans more worried about healthcare costs than last year¹, accuracy here is crucial.



92% of Zocdoc bookings are in-network¹.

Insurance accuracy determines whether patients can find you at all.

“Insurance accuracy is table stakes. Patients want to see providers that accept their insurance – when they’re searching for care, that’s the number one thing they’re looking for. No one wants to pay for care out of pocket or to be surprised by out-of-network charges.”

● Ben Legman
Zocdoc Product Marketing Principal

When a practice gets this right across all its providers, the effect is immediate and measurable. The fix itself isn't complicated: make sure every directory and platform shows the same, current, correct information, and that it gets updated when contracts change rather than setting it once and forgetting. It's maintenance work, not transformation, but the return on it is transformational.

Make it happen

Start with one question: “Which plans have changed, and where is that not reflected in our listings?” Then build a process that makes sure insurance information gets updated when contracts change – not months later. The fix itself isn't complicated. It's maintenance work, but the return on it is immediate.

Fix 2

Profile Consistency

Make sure the patients who found you can book you

→ Closes the Stale Profile Leak

Patients comparing providers across directories are making fast decisions on every signal they can find. Wrong hours, an old address, a specialty listing that doesn't match the visit type they need; any one of these can give a patient a reason to keep scrolling, even if your practice is the right fit in reality. These gaps rarely feel urgent from the inside.

Consistency means every piece of information across every place a patient might find you – Google Business Profile, insurance directories, your website, booking platforms – is accurate, complete, and current.

Zeit Cai, Zocdoc's Analytics and Product leader, has seen this in the Zocdoc data directly. When his team mapped bookings against profile and operational setup, a clear pattern emerged: providers with consistent profile information drove a disproportionate share of bookings, outperforming their peers by as much as 10x in booked appointments². “Growth isn't just about getting more people to see you,” he says. “It's about not wasting the demand you already have.”

Make it happen

“When something changes for a provider, how long does it take to show up everywhere patients find us?” Build a checklist triggered by any provider change – new hours, new location, new specialty – so listings get updated the moment something changes, not after a patient has already bounced.

Fix 3

Visit-Type Mix

Help the right patient find the right provider

→ Closes the Wrong Fit Leak

Patients generally know what kind of appointment they need. When your booking experience surfaces the right appointment types clearly – rather than a generic or one-size-fits-all list – patients can find and self-select into the right slot without staff involvement.

Getting the visit-type mix right means the options patients see reflect what providers actually want to fill. An OB-GYN practice investing in prenatal care shouldn't have those appointments buried under a generic "OB-GYN Visit" label – if a patient searching for prenatal care can't tell the difference between that and an annual well-woman exam, she'll book with the practice that makes it obvious. The same principle applies everywhere: a dermatologist growing cosmetic consults, a behavioral health group with adolescent specialists, a primary care practice adding same-day sick visits. Virtual options add another layer of reach for practices that offer them, but the bigger opportunity is simply making sure the right patients can find the right providers in the first place.

“We were very intentional about booking the right kinds of patients we wanted to see moving forward. There’s a short-term impact, but the long-term gain on a lifetime patient was worth it.”

● Shaun Schweitzer
Absolute Dental



Make it happen

“Which visit types do we have capacity for but aren’t booking – and are they actually visible and labeled correctly where patients are looking?” Start with your most underbooked service line. Make sure it’s surfaced clearly before spending a dollar promoting it.

52%

95%

In 2025, menopause consults on Zocdoc were up 52%, and HRT consults were up 95%¹.

Patient demand shifts faster than most practices update their booking options – if your visit types don’t reflect what patients are searching for today, you’re invisible to the growth that’s already happening.

Fix 4

Real-Time Availability

Stay open when half your patients are ready to book

→ Closes the After-Hours Wall & Call-to-Book Dropout

Forty-three percent of Zocdoc bookings happen outside office hours, and 51% of appointments are booked within four days of the decision to seek care¹. Patients move quickly once they've decided to act, so a practice where booking requires a phone call to the front desk is essentially closed to nearly half of all the demand its marketing is generating.

For primary care practices, this is particularly acute: a patient who feels sick on a Friday evening isn't going to wait until Monday morning. If they can't book online, they'll go to urgent care – and may not come back.

Real-time availability – bookable slots visible across every channel, at any hour, without staff involvement – is the fix that moves the most needles at once. Zeit Cai, Zocdoc's Analytics and Product leader, explains: "Accurate availability that actually reflects when patients can book, including high-demand windows like lunch hours, is foundational. Get that right, and you're removing the friction that causes patients to move on to the next result."

When a patient can see an open slot and confirm an appointment in a few clicks – at 9pm, on their phone, without calling anyone – the After-Hours Wall and Call-to-Book Dropout leaks disappear. The front desk doesn't need to be staffed for the booking to happen. The patient doesn't need to leave a voicemail and hope someone calls back. The slot fills itself.

And when a cancellation opens up a slot, the same infrastructure means it's immediately visible and bookable – no manual intervention, no lag time while staff catch up. That's the difference between an empty slot that stays empty and one that fills within hours.

The same infrastructure also protects the bookings you've already won. Automated reminders and intake steps reduce no-shows without adding manual work to your front desk – and the stakes are real: independent physician practices lose an estimated \$150,000 annually to no-shows, an average 14% daily revenue loss⁴.

Make it happen

“Can a patient with a routine appointment book the right open slot, with the right providers, at any hour?” If the answer is no, the gap between your marketing spend and your booked visits lives right here. Start small: one location or one provider group, track the lift over 30 days, and use that to make the case for expanding.

51%

of Zocdoc appointments are booked within 4 days of the patient deciding they need care¹.

Be bookable when patients decide.

Response Time

Don't lose the patients who reach out

→ Closes the Slow Follow-Up Leak

Most patients who submit a contact form didn't want to fill out a form. They wanted to book – but couldn't find a way to do it instantly, so the form was the next best option. For those patients, Fix 4 – Real-time availability – is actually the answer: give them a way to book instantly and the form becomes unnecessary.

But some patients have a genuine reason to reach out before booking – a question about a provider, a complex situation, a need that doesn't fit neatly into an online scheduling flow. Those inquiries are valuable. The problem is what happens after they submit a form: data shows that response time beyond five minutes dramatically reduces conversion². A patient who reaches out at noon and hears back the next morning has almost certainly booked somewhere else.

For patients who do want to make contact before booking, the fix isn't complicated: a defined response time, the staffing to meet

it, and – wherever possible – automated confirmation that their inquiry was received and when they'll hear back. The difference between “we'll be in touch” and “we'll call you within the hour” is often the difference between a booked patient and a lost one.

Make it happen

“How long does it actually take us to respond to an inquiry – and how many of those patients are still available when we do?” If the gap is longer than an hour, start there. Set a response SLA, staff to meet it, and track whether conversion improves. For the forms that exist only because patients couldn't book online, the longer-term fix is making those forms unnecessary.

“The profile recipe that works: accuracy (insurance, real-time availability, location), specificity (specialization), instant confirmation, and trust (reviews). Anything that provides clarity or builds confidence moves the needle.”

● Ben Legman
Zocdoc Product Marketing Principal

The bookable presence maturity grid

Where are you today?

The right point to start implementing these levers depends on where your biggest gaps are. This grid is designed to help you understand where you are today and identify the highest-ROI fix to pursue first.

Stage	What it looks like	Priority fix
Reactive	Phone-first or form-only booking. No real-time availability. Profile and insurance accuracy are outdated or inconsistent. Experience varies by location and provider.	Identify an underbooked provider. Make them bookable online with live availability. Measure the difference in 30 days.
Emerging	Some online booking is active, but the calendar is not fully synced – patients see “no availability” when slots exist. Insurance is partially updated but inconsistent across platforms.	Audit insurance accuracy across your top five directories. Connect real-time calendar sync for under-utilized providers. Prioritize addressing “call to book” dead ends.
Optimized	Real-time availability is live across channels. Insurance is accurate. Visit-type mix reflects actual provider capacity. Consistent experience across all locations.	Build a provider-level view of fill rate. Identify which providers and visit types need volume. Make sure your booking infrastructure is actively growing demand there, not just making it available.

Measuring What Actually Matters

Three numbers that tell the story

The answer to whether your marketing is working lives in three numbers: booked visits, cost per booked visit, and fill rate. Together, they let you answer the practice owner's question about whether your marketing spend is working and the physician's question about why their Thursday afternoons are underbooked with the same conversation.

“The real opportunity is connecting the visibility you already have to actual booked visits. Impressions and clicks are a starting point, but the metric that moves the needle for practice revenue is how many of those turn into patients walking through the door.”

Zeit Cai
Zocdoc Analytics
and Product Leader



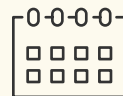
Completed visits by provider

How many completed appointments did each provider have this month or quarter, versus the same period last year? Everything else is context for this number.



Cost per completed visit by channel

What did each channel cost, divided by the completed visits you can attribute to it? This turns “Google Ads feels expensive” into an actual answer.



Fill rate by provider

What percentage of available slots are being filled, per provider? This is the metric that surfaces under-utilized capacity before it becomes a revenue problem, and the one that lands with physician-owners who don't speak in marketing terms. It tells you whether the demand your channels are generating is actually reaching the providers who need it, which is a question neither marketing nor operations can answer alone.

84%

of patients return to the same provider once they find one they like¹.

The work you put into getting a patient in the door the first time is just the beginning – what follows is compounding growth.

Not all channels are created equal

Once you're tracking cost per booked visit by channel, you have something most practices don't: real attribution. Not clicks-to-impressions attribution – the kind that actually matters. Which channels put patients on the schedule, and at what cost?

A pattern usually emerges: some channels drive a lot of traffic but very few actual appointments. Others send fewer patients but convert them reliably. The first looks good on a dashboard. The second pays the bills.

This is the shift that matters for the next budget decision: stop comparing channels by clicks and start comparing them by what they actually deliver – patients on the schedule, at a cost you can defend.

You don't need an analytics team to get started. Even consistently asking new patients how they found you over time gives you enough signal to make better decisions about where your marketing spend should go.

Growing on Your Terms

You've seen where patients fall out and what closing those leaks looks like. Now the question is what to do on Monday morning – and how fast the wins add up once you start.

“Rachel came on, and after a few weeks of a slow start, we started to see more inquiries. And, within two weeks she had a full case load. The same thing happened with Lisa. Then Brienne. It's so exciting to know we can replicate this – and that's exactly what we're doing.

● Daniel Fisher
Outlook Mental Health

You already know where to start. The 15-minute leak audit will surface the most obvious gap – whether it's after-hours dead ends, out-of-date insurance listings, or providers whose availability isn't visible to patients searching for them. As Ben Legman, Zocdoc's Product Marketing Principal, puts it: “Define the specific problem you're solving before you run any test. A single successful pilot gives you a defensible proof point, not just a number.”

The effects of closing conversion leaks compound. A provider who gets fully bookable this quarter builds a patient panel that generates return visits next year, and a location that fixes its insurance listings this month sees fill rate climb the next. Small fixes don't stay small; they build on each other, and they build the case for the next investment.

The practices gaining ground right now started exactly where you are. The difference isn't budget or headcount – it's infrastructure. The demand is already there. Build the system that turns it into growth you actually control.

Sources

¹ [What Patients Want report](#)

² Zocdoc internal data

³ [Breaking Down the Basics of Healthcare Consumerism \(Tech Target\)](#)

⁴ [The \\$150B repercussions of patient no-shows – 5 statistics](#)

From Playbook to Practice

That system exists.
It's what Zocdoc is built for.

Insurance accuracy, profile consistency, visit-type matching, real-time availability, instant confirmation – everything in this playbook is infrastructure Zocdoc provides. We connect your practice to patients across search engines, insurance directories, your own website, and our marketplace, and we make every one of those channels bookable, 24/7, without adding work to your front desk.

The practices in these pages didn't build this from scratch. They partnered with Zocdoc – and they started with one provider, one location, one fix. That's all it takes to get a proof point you can put in front of leadership.

Run your audit. Find the leak. Then let's talk about closing it.



→ Book a growth consultation

We'll walk through your [specific practice](#), your [market](#), and where your [biggest opportunity](#) is.

About Zocdoc

[Zocdoc](#) is the healthcare access infrastructure that connects patients to great care. By powering seamless scheduling wherever patients are seeking care, Zocdoc helps them move from being stuck to being seen. Each month, millions of patients find and book appointments with providers, powered by Zocdoc—on the company’s website and app, and across online search, insurance directories, providers’ websites, practice phone lines, AI platforms, and more—with the typical appointment happening within 24 to 72 hours from booking.

With nearly two decades of experience unifying healthcare’s fragmentation, Zocdoc is uniquely positioned to power access across insurance plans, EHRs and PMS systems, specialties, visit types, and provider organizations of every size. By fixing healthcare at the start, Zocdoc empowers patients to get the care they need, when they need it, while delivering scaled patient growth providers can count on.