

**HV**

INTELLIGENCE

**HORMONEVENTURES**

**The Provider's Guide to**

# **Patient Acquisition Intelligence**

A plain-English framework for allocating digital ad spend across paid search, directory visibility, organic discovery, and AI-enabled search.

[TRT-Finder.com](https://www.TrT-Finder.com)

[WomensHormoneFinder.com](https://www.WomensHormoneFinder.com)

[Peptides-Finder.com](https://www.Peptides-Finder.com)

[GLP-1Finder.com](https://www.GLP-1Finder.com)

Educational edition | May 2026

[HormoneVentures.com](https://www.HormoneVentures.com) | [TrT-Finder.com](https://www.TrT-Finder.com) | [WomensHormoneFinder.com](https://www.WomensHormoneFinder.com) | [Peptides-Finder.com](https://www.Peptides-Finder.com) | [GLP-1Finder.com](https://www.GLP-1Finder.com)

## **How to use this guide**

This document is designed for providers, operators, clinic owners, and non-technical readers who want to understand why online patient acquisition feels more complex than it used to. It explains the math, the vocabulary, and the strategic tradeoffs without assuming you are a paid-search specialist.

# Legal, Clinical, and Statistical Notice

## Important notice

HormoneVentures and its directory properties are not healthcare providers, not law firms, and not clinical advice platforms. This guide is educational and informational only. Providers are responsible for their own advertising claims, clinical protocols, scope-of-practice determinations, privacy obligations, and regulatory compliance.

All search-volume, CPC, cost-per-lead, directory, and patient-acquisition figures in this guide should be treated as directional planning estimates unless explicitly labeled as measured campaign data. Actual results vary by metro, specialty, search competition, landing-page quality, conversion rate, staffing, provider capacity, pricing, clinical scope, and compliance posture.

This guide intentionally avoids claims that directory placement, schema markup, exact-match domains, paid listings, or AI-search optimization guarantee rankings, inquiries, referrals, or patient conversions. The practical purpose is to help providers compare advertising channels more intelligently and measure what is actually happening inside their own practice.

## Executive Summary: The Short Version

### The central idea

Online advertising for hormone, peptide, and GLP-1 care is no longer just Google Ads versus SEO. Providers now compete across three patient decision states: active search, discovery/comparison, and validation/referral. Most clinics fund only the first state.

A clinic that only buys Google Ads can acquire patients quickly, but every click must be repurchased. A clinic that also builds durable discovery infrastructure - directory profiles, city pages, provider pages, structured data, consistent NAP data, and educational resources - can create a compounding layer that paid search alone does not provide.

The math is not that any directory owns 100% of search traffic. The math is that even a small, realistic share of high-intent search demand can be expensive to buy through paid search. A fixed-cost directory listing only needs to generate a modest number of qualified visits or inquiries to compare favorably with per-click media spend.

### AT-A-GLANCE: HOW THE HORMONEVENTURES DIRECTORIES FIT TOGETHER

Directory	Primary use case	Canonical site	Segment color
<b>TRT-Finder</b>	Testosterone therapy and men's hormone care	TRT-Finder.com	Blue
<b>HRT-Finder, formerly Women's Hormone Finder</b>	Women's HRT, menopause, testosterone therapy, BHRT	HRT-Finder.com	Orchid
<b>Peptides-Finder</b>	Wellness, regenerative, and peptide-provider discovery	Peptides-Finder.com	Amber
<b>GLP-1 Finder</b>	GLP-1, semaglutide, tirzepatide, and weight-loss medication provider discovery	GLP-1Finder.com	Green

# Chapter 1 - The Patient Acquisition Landscape Has Changed

The old model was simple: get referrals, buy Google Ads, answer the phone, and repeat. That model still works, but it no longer explains the full patient journey.

Patients now move across a layered discovery environment. Some search directly for a clinic. Some compare provider categories. Some ask AI systems for starting points. Some validate a clinic by checking reviews, directory profiles, credentials, and the consistency of the clinic's name, address, phone, and website data.

## THE THREE PATIENT DECISION STATES

Decision state	What the patient is doing	Common channel fit
<b>1. Active search</b>	The patient already knows the service they want and searches terms like "TRT clinic near me" or "GLP-1 provider Phoenix."	Google Ads, local SEO, map pack, high-intent landing pages
<b>2. Discovery and comparison</b>	The patient is researching options, comparing provider models, and trying to understand who is legitimate.	Directory pages, educational resources, provider profiles, organic content, AI-search citations
<b>3. Validation and referral</b>	The patient has a short list and checks whether the clinic looks real, credible, local, and clinically appropriate.	Reviews, NAP consistency, credentialed listings, practice website, referral infrastructure

### Plain-English takeaway

Most providers are heavily funded for State 1 and underfunded for States 2 and 3. That creates a measurement problem: paid search gets credit for the final click, while the discovery and validation layer may have done part of the persuasion.

# Chapter 2 - Loaded CAC: The Number Most Clinics Undermeasure

Customer Acquisition Cost, or CAC, is not just the Google Ads invoice. Loaded CAC is the fully loaded cost of acquiring one paying patient after accounting for media spend, staff time, intake loss, no-shows, operational overhead, and patient quality.

## LOADED CAC FORMULA

### Loaded CAC = total acquisition cost / new paying patients

Total acquisition cost includes ad spend, intake labor, software and compliance overhead, no-show loss, abandoned intakes, and channel management time. A clinic that only tracks clicks and form fills may materially understate the real cost of patient acquisition.

Component	Why it matters
<b>Ad spend</b>	CPC x clicks, or flat-fee directory spend.
<b>Conversion rate</b>	The percentage of visitors who turn into inquiries, consults, or paying patients.
<b>Intake labor</b>	Staff time spent texting, calling, qualifying, scheduling, and rescheduling.
<b>Drop-off and no-show loss</b>	Inquiries that start intake but never complete the process still cost money.
<b>Compliance overhead</b>	HIPAA, charting, consent, ad-copy review, and recordkeeping are part of the true cost.
<b>Patient quality</b>	Retention, referral rate, revenue per patient, and protocol adherence matter more than raw inquiry counts.

**Use ranges, not promises**

For educational modeling, it is reasonable to show that paid-search CAC can rise quickly when CPC is high and conversion rates are low. It is not reasonable to promise that any directory will produce a fixed CAC without measured provider-level data.

## Chapter 3 - The Paid-Search Replacement Math

The most useful comparison is not "our directory replaces your entire ad campaign." The better comparison is: how many paid-search clicks would a provider need to buy to equal the monthly cost of a fixed directory listing?

### BREAK-EVEN CLICK MATH

Monthly listing fee	At \$5 CPC	At \$12 CPC	At \$20 CPC	At \$45 CPC
\$199	40 clicks	17 clicks	10 clicks	4 clicks
\$299	60 clicks	25 clicks	15 clicks	7 clicks
\$499	100 clicks	42 clicks	25 clicks	11 clicks
\$999	200 clicks	83 clicks	50 clicks	22 clicks
\$1,499	300 clicks	125 clicks	75 clicks	33 clicks

Formula:  $\text{monthly listing fee} / \text{average CPC} = \text{break-even click count}$ . CPC ranges are illustrative. Clinics should verify actual keyword costs through Google Keyword Planner and their own campaign data.

### COST-PER-INQUIRY MATH

Monthly inquiries from a \$299 listing	Effective cost per inquiry
1	\$299.00
2	\$149.50
3	\$99.67
5	\$59.80
10	\$29.90

This does not mean a listing is guaranteed to produce inquiries. It means the economics are easy to evaluate once inquiries are measured. The provider should compare directory cost per inquiry against paid-search cost per inquiry, not just CPC.

### PAID-SEARCH COST PER INQUIRY

CPC	At 5% conversion	At 3% conversion	At 2% conversion
\$12	\$240/inquiry	\$400/inquiry	\$600/inquiry
\$20	\$400/inquiry	\$667/inquiry	\$1,000/inquiry
\$45	\$900/inquiry	\$1,500/inquiry	\$2,250/inquiry

Formula:  $\text{CPC} / \text{landing-page conversion rate} = \text{paid-search cost per inquiry}$ . This is a planning model, not a performance claim.

## Chapter 4 - The Search Opportunity, Without Overclaiming It

Search-volume estimates are useful for understanding market size. They should not be presented as guaranteed traffic. The more accurate statement is that the HormoneVentures directory network is built around a large addressable search universe, and even modest participation in that universe can have meaningful paid-media replacement value.

Directory	Example patient search intent	Directional monthly search universe
TRT-Finder.com	TRT near me, low-T treatment, testosterone therapy [city]	~180,000
HRT-Finder.com	HRT doctor, menopause treatment, women's testosterone, BHRT	~90,000
Peptides-Finder.com	peptide therapy near me, BPC-157 clinic, ipamorelin doctor	~40,000
GLP-1Finder.com	GLP-1 provider, semaglutide clinic, tirzepatide weight loss [city]	~220,000

*Search-volume figures are internal directional estimates for planning discussion only. They should be verified with Keyword Planner, Search Console, and campaign data before being used in provider-specific ROI projections.*

### SMALL-SHARE MATH

Assumed share of 530,000 monthly searches	Monthly click opportunity	At \$5 CPC	At \$12 CPC	At \$20 CPC
0.5%	2,650	\$13,250/mo	\$31,800/mo	\$53,000/mo
1.0%	5,300	\$26,500/mo	\$63,600/mo	\$106,000/mo
2.0%	10,600	\$53,000/mo	\$127,200/mo	\$212,000/mo

#### Correct framing

We do not claim to capture every search. We are building properties designed to participate in high-intent patient search demand. The value is that providers can access a fixed-cost discovery layer rather than buying every click one at a time.

## Chapter 5 - The Keyword Spectrum

Hormone therapy search behavior exists on a spectrum. Different channels work better at different parts of the spectrum. A smart budget does not force every query into the same channel.

Tier	Patient intent	Example searches	Best-fit channels
<b>Tier 1: transactional</b>	Ready to act now	TRT clinic near me; GLP-1 doctor Phoenix	Google Ads, local SEO, map pack, high-intent landing pages
<b>Tier 2: research</b>	Learning and comparing	TRT side effects; BHRT vs HRT; peptide therapy explained	Education pages, directory resources, provider profiles
<b>Tier 3: long-tail / specialty</b>	Specific service, city, or protocol	ipamorelin clinic Denver; menopause testosterone specialist Austin	City pages, service pages, directory profiles, schema-supported content

#### Budget logic

Google Ads often wins the immediate transactional query. Directory and content infrastructure often makes more sense for research, comparison, validation, and long-tail discovery.

## Chapter 6 - Directory Infrastructure as a Discovery Layer

A directory is not valuable because it is a list. A directory becomes valuable when it creates structured, crawlable, trustworthy pages that help patients and search systems understand who a provider is, where they practice, what services they offer, and how to contact them.

### WHAT A STRONG DIRECTORY PROFILE SHOULD CONTAIN

Element	Plain-English purpose
<b>NAP data</b>	Name, address, and phone number. Consistency reduces confusion and supports validation.
<b>Credential notes</b>	Helps patients distinguish credentialed practices from retailers or lead-generation pages.
<b>Service tags</b>	Maps the provider to specific patient needs, such as TRT, menopause care, peptides, or GLP-1 care.
<b>City / metro architecture</b>	Makes the provider discoverable in local search and comparison contexts.
<b>Structured data</b>	Helps machines understand the page and can support rich-result eligibility, though it does not guarantee placement.
<b>Correction / claim pathway</b>	Improves trust because providers can update inaccurate or outdated listing information.

#### Important nuance

Schema markup can help search engines understand page content and can support eligibility for rich results. It does not guarantee ranking, map-pack placement, knowledge-panel display, AI citation, or patient inquiries.

## Chapter 7 - The AI Search / GEO Layer

Generative Engine Optimization, often shortened to GEO in industry discussions, means organizing a web presence so that AI-enabled search systems can retrieve, understand, and cite it accurately. It is not a magic switch and it is not a replacement for standard SEO.

For healthcare-adjacent provider discovery, AI-search readiness is mostly about being a clear, trustworthy, crawlable source. Strong profile pages, consistent entity data, plain-language methodology, updated content, and reliable sources are more important than adding more schema for its own sake.

### WHAT AI-SEARCH READINESS CAN AND CANNOT DO

Can help with	Cannot guarantee
Making provider pages easier for crawlers and retrieval systems to understand.	That an AI tool will cite the page for a specific prompt.
Creating a source trail for patients researching providers or service categories.	That the page will rank above competitors in Google or AI answers.
Tracking some AI referrals, such as ChatGPT search referrals when analytics parameters are present.	That AI systems will always send measurable referral traffic.
Helping a buyer or advertiser understand the directory's structured-data posture.	That structured data alone creates a durable moat.

#### Best practice

Treat AI search as an emerging discovery layer to be measured, not a guaranteed advertising channel. Track citations, referrals, prompt tests, indexed pages, and actual inquiries.

## Chapter 8 - Budget Allocation by Provider Type

The right budget mix depends on maturity, geography, service mix, and staff capacity. The examples below are starting frameworks, not prescriptions.

Provider type	Common situation	Practical allocation pattern
Startup clinic	\$400-\$800/month; needs traction but cannot outbid major platforms.	Directory-first visibility plus small paid-search tests. Use early data to decide which services and metros deserve more spend.
Established solo practice	\$800-\$1,500/month; has Google Ads but rising costs and weak compounding assets.	Tighten paid search, reduce inefficient spend, and fund directory/profile infrastructure across the core services.
Multi-location practice	\$2,000-\$5,000+/month; needs metro-level coverage and service-line intelligence.	Segment budgets by market and service line. Pair Google Ads for transactional queries with directory and organic coverage for discovery and validation.
Telehealth operator	Needs state-by-state reach, compliance-aware language, and local validation.	Use national or multi-market directory presence, state licensing clarity, and measured paid-search tests around high-intent states.

## Chapter 9 - Measuring What Actually Matters

The purpose of measurement is not to prove one channel always beats another. It is to understand which channel is producing the best patients at the lowest loaded cost, and which channel is creating compounding discovery value over time.

Metric	What it answers
CPC	How expensive is the paid click?
Cost per inquiry	How much did it cost to generate a lead?
Booking rate	What percentage of inquiries become appointments?
Show rate	How many booked patients actually attend?
New paying patients	How many became revenue-generating patients?
Loaded CAC	What did it truly cost to acquire each paying patient?
Retention and refill / protocol continuation	Was this a high-quality patient or a short-term transaction?
Referral rate	Did the patient create additional demand?
AI / referral citations	Are discovery systems starting to cite or route users to your pages?

### Attribution reality

A patient may see a directory profile, search the clinic name, click a Google ad, check reviews, and then book. Standard ad dashboards often credit only the last measurable click. Clinics should use UTM tags, GA4 events, call tracking, form source fields, and staff intake questions to reduce attribution blind spots.

## Chapter 10 - Compliance-Aware Advertising

Hormone, peptide, and GLP-1 advertising sits close to health claims, drug claims, clinical scope, compounding rules, telehealth, testimonials, privacy, and state licensure. The safest public-facing language is factual, credential-based, and scoped to what the provider can substantiate.

Area	Calibrated public-facing posture
Health-product claims	Avoid outcome claims unless supported by competent and reliable evidence. Use careful, factual descriptions.
Compounded GLP-1s	Avoid implying compounded products are the same as FDA-approved drugs. Clearly describe sourcing and status.
Testosterone	Approved testosterone products have updated labeling, but blood-pressure warnings and indication limits still matter.
Menopausal hormone therapy	Recent FDA labeling changes are favorable to informed discussion, but not all warnings disappear for all products or patients.
Peptide therapy	Use provider-supervised, protocol-driven, and individualized language; avoid broad treatment/cure/reversal claims.
Testimonials	Use clear disclosure and avoid implying typical results without substantiation.

### Risk-aware, not fear-based

The goal is not to scare providers away from advertising. The goal is to advertise in a way that makes the provider look credible, clinically serious, and less likely to attract the wrong kind of regulatory attention.

## Chapter 11 - Scenario Models: How to Think About ROI

The scenarios below are composite planning models. They are designed to show how the math works, not to report actual provider outcomes.

### MODEL A: BREAK-EVEN DIRECTORY LISTING

Input	Example
Monthly listing fee	\$299
Qualified inquiries needed for <\$100/inquiry	4 or more
Qualified inquiries needed for <\$60/inquiry	5 or more
Best use	Low-risk fixed-cost layer alongside paid search and local SEO

**MODEL B: REBALANCING PAID SEARCH**

Before	After
\$1,500/month Google Ads only	\$1,100/month Google Ads + \$299-\$498 directory layer
Immediate lead flow but little compounding infrastructure	Still funds transactional search while adding discovery/validation coverage
Performance judged mostly by ad dashboard	Performance judged by loaded CAC, inquiries, bookings, retention, and attribution fields

**MODEL C: MULTI-DIRECTORY COVERAGE**

Provider service mix	Directory strategy
<b>TRT + peptides</b>	TRT-Finder.com + Peptides-Finder.com
<b>Women's hormones + GLP-1</b>	WomensHormoneFinder.com + GLP-1Finder.com
<b>Full hormone / wellness platform</b>	TRT-Finder.com + WomensHormoneFinder.com + Peptides-Finder.com + GLP-1Finder.com

## Chapter 12 - Provider Portal Roadmap

HormoneVentures is developing provider-facing tools to help advertisers understand demand, attribution, and discovery-layer performance. Roadmap items are subject to change and should not be treated as guaranteed features until released.

Potential tool	What it would help answer
<b>Metro Demand Dashboard</b>	Which cities and service lines are showing search demand?
<b>Competitive Position Score</b>	How does a provider listing compare with other featured providers in the market?
<b>Demand Spike Alert</b>	Did a city or service line experience a sudden increase in search interest?
<b>Attribution Tracker</b>	Which channels produced inquiries, bookings, and paying patients?
<b>AI / GEO Citation Tracker</b>	Are AI-search systems citing or referring to directory pages?
<b>Cross-Network Reach Report</b>	How does a provider appear across TRT, women's hormone, peptide, and GLP-1 discovery surfaces?

## Practical Checklist for Providers

- Calculate loaded CAC, not only Google Ads CPC.
- Separate active-search, discovery, and validation channels in your reporting.
- Use directory profiles to support credentialed discovery and patient validation.
- Track cost per inquiry, booking rate, show rate, new paying patients, and retention.
- Verify all health claims before using them in advertising copy.
- Build a six-month measurement window for compounding directory infrastructure.
- Use Google Ads where it is efficient; do not force every patient journey through paid search.
- Measure AI-search and referral traffic as emerging signals, not guaranteed outcomes.

# Glossary

This glossary is included to make the guide usable for both industry insiders and readers who are new to digital advertising, search, and directory-based patient acquisition.

Term	Plain-English definition
<b>Active search</b>	A patient state where the person already knows what service they want and is searching transactionally, such as "TRT clinic near me."
<b>AI citation</b>	A link or source reference included by an AI-enabled search system. AI citations can create visibility, but they are not guaranteed.
<b>Attribution</b>	The process of assigning credit to the channel or touchpoint that helped generate a patient inquiry or booking.
<b>CAC</b>	Customer Acquisition Cost. In healthcare marketing, the cost to acquire one paying patient.
<b>Click-through rate (CTR)</b>	The percentage of people who see a result or ad and click it.
<b>Compounding effect</b>	The way durable assets such as indexed pages, profiles, and content can become more useful over time. This should be measured, not assumed.
<b>Conversion rate</b>	The percentage of visitors, clicks, or inquiries that move to the next step, such as form submission, booking, or becoming a patient.
<b>CPC</b>	Cost per click. The amount paid for one ad click.
<b>CPL / cost per lead</b>	The cost to generate one inquiry or lead. For clinics, inquiry quality matters as much as the number.
<b>Directory profile</b>	A provider listing page containing practice information, services, contact details, and often structured data.
<b>Discovery layer</b>	The online environment where patients compare options before they are ready to book.
<b>EMD</b>	Exact-match domain. A domain that closely matches a search phrase. It may help with clarity and branding, but does not guarantee search ranking.
<b>GA4</b>	Google Analytics 4. A web analytics platform used to measure traffic, events, referral sources, and conversions.
<b>GEO</b>	Generative Engine Optimization. An industry term for organizing content so AI-enabled search systems can retrieve and cite it accurately.
<b>Google Ads</b>	Google's paid search advertising platform. Advertisers usually pay per click or per conversion, depending on campaign setup.
<b>Google Search Console</b>	A Google tool that helps site owners inspect indexing, search queries, impressions, clicks, and structured data issues.
<b>Indexed page</b>	A page that a search engine has discovered and may show in search results. Indexing does not guarantee ranking.
<b>Landing page</b>	A page where a visitor arrives after clicking an ad, directory listing, or search result.
<b>Loaded CAC</b>	The total cost of acquiring one paying patient after including media, labor, drop-off, no-shows, and operational overhead.
<b>Map pack</b>	The local results panel that often appears in Google for location-based searches.
<b>NAP</b>	Name, address, and phone number. Consistency across web properties helps patients and search systems validate a provider.
<b>Organic search</b>	Unpaid search visibility. Organic results are earned through relevance, content, crawlability, authority, and technical quality.
<b>PPC</b>	Pay per click. A model where advertisers pay when someone clicks their ad.
<b>Schema / structured data</b>	Machine-readable code that helps search engines understand page content. It can support rich-result eligibility but does not guarantee ranking.
<b>UTM parameter</b>	A tracking tag added to URLs so analytics tools can identify where traffic came from.
<b>Validation state</b>	The point where a patient checks whether a provider is credible, local, credentialed, and worth contacting.

Term	Plain-English definition
YMYL	Your Money or Your Life. A Google term for topics that can affect health, safety, financial stability, or welfare; these require special care and trustworthiness.

## Selected Sources and Verification Trail

The following sources were used to calibrate the educational framework and claim discipline in this guide. They are not exhaustive, and providers should verify current rules and guidance before using any claim in external advertising.

- 1. Google Ads Keyword Planner Help:** Keyword Planner provides forecasts and estimates; actual campaign performance depends on bid, budget, ad quality, targeting, customer behavior, and other factors. <https://support.google.com/google-ads/answer/7337243>
- 2. WordStream / LocaliQ 2025 Google Ads Benchmarks:** Provides directional benchmark context for average CPC, conversion rate, and cost per lead across industries. <https://www.wordstream.com/blog/2025-google-ads-benchmarks>
- 3. LocaliQ Healthcare Search Advertising Benchmarks:** Provides additional healthcare-specific benchmark context for search advertising costs. <https://localiq.com/blog/healthcare-search-advertising-benchmarks/>
- 4. Google Search Central - AI optimization guide:** States that structured data is not required for generative AI search and that standard SEO fundamentals still matter. <https://developers.google.com/search/docs/fundamentals/ai-optimization-guide>
- 5. Google Search Central - structured data policies:** Explains structured-data quality guidelines and rich-result eligibility caveats. <https://developers.google.com/search/docs/appearance/structured-data/sd-policies>
- 6. Google Search Central - crawlable links:** Explains how crawlable links help Google discover pages and understand anchor text. <https://developers.google.com/search/docs/crawling-indexing/links-crawlable>
- 7. OpenAI Publishers and Developers FAQ:** Explains that ChatGPT search referral traffic may include utm\_source=chatgpt.com. <https://help.openai.com/en/articles/12627856-publishers-and-developers-faq>
- 8. Perplexity crawler documentation:** Describes PerplexityBot and site-owner considerations for appearing in Perplexity search results. <https://docs.perplexity.ai/docs/resources/perplexity-crawlers>
- 9. FTC Health Products Compliance Guidance:** Explains that health-related product claims should be truthful, not misleading, and supported by science. <https://www.ftc.gov/business-guidance/resources/health-products-compliance-guidance>
- 10. FDA warning on compounded GLP-1 marketing:** Notes FDA concerns with misleading compounded GLP-1 marketing and states compounded drugs are not FDA-approved. <https://www.fda.gov/news-events/press-announcements/fda-warns-30-telehealth-companies-against-illegal-marketing-compounded-glp-1s>
- 11. FDA testosterone labeling changes:** Explains class-wide testosterone labeling updates, including blood-pressure information and TRAVERSE-related cardiovascular findings. <https://www.fda.gov/drugs/drug-alerts-and-statements/fda-issues-class-wide-labeling-changes-testosterone-products>
- 12. FDA menopausal hormone therapy labeling changes:** Explains FDA-requested / approved labeling changes for menopausal hormone therapies and remaining risk considerations. <https://www.fda.gov/drugs/drug-alerts-and-statements/fda-requests-labeling-changes-related-safety-information-clarify-benefit-risk-considerations>

## Closing Note

### The middle-of-the-fairway position

The strongest claim is not that any one directory owns the search universe. The strongest claim is that patient discovery has become layered, measurable, and increasingly structured - and providers who understand that layer can allocate budget more intelligently.