



Cost * of patient & client acquisition

At 100, 200, or 500+ locations, media spend is one of your largest controllable capital allocation decisions.

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The problem

Most agencies report cost per lead and stop at the click. Your sponsors care about cost per profitable patient – the spend that produces a completed visit, an accepted care plan, and contributed margin. Without attribution that runs the full chain, budget gets allocated roughly evenly across locations, and the waste stays invisible.

The stakes: Most platforms run 30–40% media waste – a direct drag on EBITDA that can't be seen without location-level attribution. You can't reallocate what you can't measure.

How Agency Creative solves it

- Full-funnel attribution: media spend → appointment → completed visit → accepted care plan → contributed margin.
- Portfolio CAC dashboards through RADAR, showing blended CAC by location and by channel.
- Budget-reallocation models that shift spend toward the highest-EBITDA locations and channels.
- LTV-to-CAC benchmarking so investment maps to long-term value, not just first-touch cost.

Proof

A 161-location DSO

Marketing spanned multiple channels but lacked a unified attribution model – high blended CAC, wide location-level variance, and little insight into what was driving value. We built a centralized measurement system connecting media spend to appointments, care-plan acceptance, and contribution margin, creating CAC visibility by location and channel. Acquisition became more efficient and predictable, with budget allocated like capital.

The next step: A portfolio CAC audit covering 10 locations and 3 channels – using your actual spend data.

