

Call with Corey

Corey - October 20

[VIEW RECORDING - 43 mins \(No highlights\)](#)

[@0:01](#) - Oriel Mor (oriel.mor2001@gmail.com)

This meeting is being recorded. Hi, Corey. Can you hear me?

[@0:06](#) - Corey

Yes.

[@0:08](#) - Oriel Mor (oriel.mor2001@gmail.com)

Just a second. Let me switch my phones up. Speak. See if I can hear you.

[@0:16](#) - Corey

Yes.

[@0:17](#) - Oriel Mor (oriel.mor2001@gmail.com)

Awesome. How's it going?

[@0:20](#) - Corey

Okay.

[@0:21](#) - Oriel Mor (oriel.mor2001@gmail.com)

Great. Do you want to turn on your camera or are going to be without a camera today?

[@0:26](#) - Corey

I can be on camera here for the first five or so minutes and then I can switch off here.

[@0:34](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay. No problem. So thank you for hopping on the call. Good thing I called you. It seems like you're extremely busy.

[@0:40](#) - Corey

So I'm not going to talk to you about how your dog is today.

[@0:43](#) - Oriel Mor (oriel.mor2001@gmail.com)

I want to be extremely efficient and direct with this call, make you understand. First of all, understand what you're doing, then tell you what we do.

And if it sounds good to you, we can work together. If not, we can also send you resources that you can use for your clinic's growth and all that stuff.

Sounds good.

[@0:57](#) - Corey

Yeah. Yeah. So we had. We have three psychiatric clinics. We do intramuscular ketamine, Spravato, and TMS. And we've been using a marketing company for TMS or Rise4.

And they are kind of just like rinsing and repeating, like using other marketing campaigns that they've used on other people, right?

[@1:26](#) - Oriel Mor (oriel.mor2001@gmail.com)

Earlier in the year, I saw some ads on another company, and then they rotate it through, right?

[@1:33](#) - **Corey**

There's nothing custom about it. And, you know, we're seeing a decline in patients right now. You know, I'm down about eight to 10 patients a day currently, even though I'm spending more with them.

They keep having me put more money in, and I'm not getting any more return.

[@1:56](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Mm-hmm. So... It sounds like if I summarize it, sounds like basically you're doing what everybody else is and what I'm talking about in my ads, which I'm assuming this is why you opted in, using the same ads, rotating through them, everybody's using the same stock photos, same Spravato images, and all that stuff.

And how long, how long has, like, when have you seen the decline from? Like, what's the trend of it?

[@2:21](#) - **Corey**

Since June.

[@2:22](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Since June. How long have you been working with them?

[@2:28](#) - **Corey**

Almost two years.

[@2:31](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Okay.

[@2:32](#) - **Corey**

It was, we were doing pretty well for a while. And, you know, the leads were actually coming in. And then all of a sudden, like, it was around June, they, like, we just stopped getting quality leads.

Um, or they were all just straight medical. Um, and, um, you know, we went from, you know, 22 to 24 people a day on TMS down to 13, you know, and that's kind of where we've kind of stayed the last couple of months.

[@3:13](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

So what, what did they propose to do to change the situation today?

[@3:20](#) - **Corey**

They wanted to reallocate more money towards Google versus Meta. They said that something happened with Meta where they can't, like, qualify leads or something, like requesting certain information in there, but Google still allows it for collecting more data from them to get a quality lead.

So we reallocated money towards Google instead of Meta. And then I also started paying for their answering service to ensure that calls were.

We're. Picked up right away, even if we were busy, they had someone that would answer text and calls. They're like, you know, if you're not answering them right away, if you're like in a session or whatever else, and you have to call them back, the chances of them actually following through is going to be limited.

So I've started doing that as well the last two months. And I haven't seen any difference in that. I mean, frees up my time a little bit, but that's about it.

I don't know that it's fully worth, you know, what they're charging me.

[@4:41](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Mm hmm. Okay.

[@4:44](#) - **Corey**

So what is it that you guys do? Okay.

[@4:49](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

So what is different? Okay. So remember, you said that they're rotating through the same ads. And using ads from other people.

When you saw the same ads, this is our biggest differentiator, okay, because with the way that we work, not only we don't use these same types of ads, because honestly, I don't know, Corey, if you had the chance to go through what's called the ad library in Facebook and see what types of ads clinics are running, but it is the same thing.

It's either the person in a TMS machine, or it's a brain versus brain ad, or if it's bravado, then it's a picture of a person smiling with the nasal spray.

It's the same types of ads. Do you agree with me?

[@5:40](#) - **Corey**

Mm-hmm.

[@5:41](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

And not only do we not use these ads, we basically force you, quote unquote, to film video ads, okay?

Do you know?

[@5:55](#) - **Corey**

They requested that I do a video ad. I told them yes. what that maybe They said they would send me a transcript and what to do and everything, and they never followed through with it.

I sent you two of their ads that they're running right now that earlier in the year, in January, they were running at a competitor's company.

But even these here, they're not formatted appropriately for Instagram or whatever else because all the words are covered up and jumbled up.

You know, so I was jumping on a call with them this morning after this to talk to them about why they have these looking so poorly.

@6:41 - Oriel Mor (oriel.mor2001@gmail.com)

So with the video ad, the fact that they didn't send the script just means, in my eyes, and correct me if I'm wrong, one thing, it's not that urgent for them.

And I honestly think, and maybe not be nice, I don't think you pushed enough on them to make changes.

Because, us, we actually... actually... 80% of the time, we do not go live unless we have video ads. We do not go live because we know how important these types of ads are, okay?

And not because it's a video ad, it's because of the messaging and what you're portraying in that ad, okay?

So what we do a lot of the time with these video ads, it's not just having, it's not about having a script and saying the same thing that they say on the regular ads, just in video.

No, the entire messaging needs to be changed, and you probably didn't have the time to go through the videos that I sent you, but we basically have this thing called the, you have, went through them or haven't?

@7:39 - Corey

No, no, you just sent them this morning.

@7:41 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah. So we have this thing called the belief bridge method, okay? So what's the biggest problem that our potential patients have?

Can you tell me in like one sentence, what do you think their biggest problem is?

@7:57 - Corey

What, why they're seeking out?

[@7:59](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah.

[@8:00](#) - Corey

Yeah, just feeling kind of lost and nothing will work for them because they've been through, you know, many different trials of meds and nothing seems to work.

[@8:14](#) - Oriel Mor (oriel.mor2001@gmail.com)

Mm hmm. That's right. So basically in their brain, they have an identity crisis, I guess you could say, because they're being labeled as people that have treatment resistant depression.

Which means if we offer them the same thing saying, oh, there's this FDA approved thing, there's this, this and this and that.

We're not accomplishing anything. We're just changing the suit. What we want to do is break their beliefs and we want to build new beliefs.

So there's basically five stages to that. You want to say, OK, this is what you're believing. I am treatment resistant.

It's wrong. OK, why is this wrong? Then we explain why it's wrong. We explain how traditional antidepressants were meant to manage symptoms, doing all that stuff.

Then we tell them, OK, this is what's right. TMS provato. Or ketamine is right. This is why it's right.

We explained the mechanism behind it. And the last thing we do is provide proof. Proof can be testimonials showing other people that have been in their shoes and doing all that stuff.

This is all we do. This is the entire process for all of our ads. And how do we actually execute upon that?

We have different types of scripts. It could be educational scripts. It could be scripts that are based on testimonials and patient stories.

And we always, once a month, the goal is once a month to create a new batch of testimonials, creating new ads from these testimonials, getting you to film these ads, and then running with them.

So the ads are based on your results. And they're not relying on us or on our creative mind. Because honestly, Corey, we're not trying to reinvent the wheel.

We're trying to work on psychology. Okay? And this is our biggest differentiator. That's number one. Number two, and I want to ask you, do you have have

Any idea as to what's your cost per lead, cost per booking, cost per show, cost per acquired patient in the past couple of months?

@10:11 - **Corey**

Well, since June, it's been about \$750 a patient.

@10:19 - **Oriel Mor (oriel.mor2001@gmail.com)**

Okay. this is, and is this number including...

@10:23 - **Corey**

Last month was more.

@10:27 - **Oriel Mor (oriel.mor2001@gmail.com)**

Is this number including the, the, the marketing fee of 4-Eyes or no?

@10:33 - **Corey**

Um, you know, I don't, they, they sent a breakdown. I don't know if they included in that or not.

Let me just kind of calculate in my head here. had seven, you know, that, that's including the cost of the CRM.

@10:50 - **Oriel Mor (oriel.mor2001@gmail.com)**

Mm-hmm.

[@10:51](#) - **Corey**

think... Because whenever I break it down in my head for, uh, the, the cost that I paid them on the card, and we had, um...

Eight leads on it that convert it, so yeah, yeah, that's including the cost of that.

[@11:08](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

So the cost of the patient is...

[@11:10](#) - **Corey**

So it would be lower.

[@11:12](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

So it's the cost of the advertising spend, the CRM, and also what you're paying them. And this is how you calculate.

Great, okay, so that's a green flag for me. Good job on them for doing that. I actually expected you to say that you don't even know what the number is.

So that's good. I'm glad that they do that.

[@11:27](#) - **Corey**

Yeah, was like 7.48 a lead is what it was last month, yeah.

[@11:32](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Mm-hmm, okay, a lead or acquired patient? A converted patient. Okay, okay, great. Okay, so what we do in this sense, and do you know the cost per booking, cost per show, cost per lead, all these things, are they included, or do you just mainly know the cost per patient?

[@11:52](#) - **Corey**

I don't, I don't have that. I don't really, I was only focusing on, you know, actual...

[@12:00](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Converted patients that came through, that's the only thing I was tracking. Yeah, makes sense. That makes sense. And I understand.

Now, what we do in our process is that we have basically five metrics that we track, okay, on top of, including, sorry, cost per patient, because in the end, we have an entire funnel that we're going through, the patient goes through, there's the lead stage, or they go through the landing page, then there's the booking page, then there's the show up, and then there's the close, okay, these are the main four pillars.

There's also a landing page conversion, but we're not going to touch upon that. And what we do basically every two weeks, we look at the stats, see where our bottlenecks are, and we basically improve upon them.

So if we have a show rate problem, for example, 10 people booked, and only four people showed, okay, we need to go inside and understand what's going on in there.

Is it because we're booking people too far away? Do we have a problem with our reminders? Do we not add enough value?

Do they not trust us enough? We basically want to go in inside each and every metric and see, okay.

How can we prove upon that? So in the end, we're going to get a lower cost per patient, acquired patient.

So this is the second thing that we do. Okay. And the third thing is just repeating. We just repeat all these things.

This is honestly, these are the main things that we do. It's a creative and optimization. And then we just create new ads every single month based on testimonials and based on patient results.

And that is basically it. It's very, very simple. So, yeah.

[@13:35](#) - **Corey**

And then, you know, as far as, you know, you guys for advertising, you know, do you agree with them on switching more of our stuff out of Meta into Google?

[@13:48](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay.

[@13:49](#) - Corey

That's a good question. they said there was a recent change in Meta's rules for advertising for Sprobato, Ketamine, behavioral health items.

Yeah. Yeah. Yeah. It no longer allows them to collect certain items. Is that factual or are they just trying to suggest a switch to look like they're doing something?

[@14:14](#) - Oriel Mor (oriel.mor2001@gmail.com)

So it is true that Meta has made a change with certain information that you can collect. With that being said, though, it doesn't matter because you can still qualify people before they book a call.

You can ask them what their insurance is. You can ask them what is the condition that they want to solve.

And you can ask them what their treatment goals are. So you can still ask these questions. You cannot ask people, oh, how many medications did you take?

Or you cannot ask them, oh, are you clinically diagnosed with depression? And you cannot ask these very specific questions that imply, you a certain medical condition.

But you can ask other questions that will still qualify people and create friction. And another question is, does 4Eyes use a landing page or do they use the Facebook page?

[@15:00](#) - Corey

We have a landing page for TMS, have a landing page for Spravato, and they're building us one for General Psyche as well.

[@15:12](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay, awesome. Okay, so user landing pages is good. Now, what they said about the data, it is true, still doesn't mean that you cannot get qualified leads.

That's not true. Switching to Google also, in my opinion, is a mistake. Maybe I'm biased because I hate Google.

Actually, I'm consulting for Greenbrook TMS if you know who these guys are. They are in a huge lawsuit with Google because a third of their clicks is click fraud.

So I'd much rather focus on Google as a back-end bone. Like, for example, people see you, then they search for you up on Google, and you show up in the Google Maps results and also in a branding campaign in Google.

That's what I mostly use Google for. I like to use Facebook because it's an interrupted-based platform. with why accepting and because

Because you can get to people that don't know the solution, and you have way more eyeballs, and also you can track the results way better, in my opinion, and with Google you can get a ton of click fraud, and you wouldn't even know, like you wouldn't know.

@16:16 - Corey

One of the other reasons they wanted to switch to Google was because those leads that we got the last few months, they've been all Medi-Cal.

So they said on Google they could set different income thresholds to target different income levels that may have commercial insurance versus Medi-Cal.

And they said on Facebook they couldn't do that.

@16:48 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, I don't, I cannot give you a definitive answer on that, okay. I do know that you can also filter out people with income levels on Facebook.

You can do that. But also... also... And you can send the best leads back to Facebook, okay, so you can tell Facebook when I have a patient that has been converted, Facebook knows this is a good patient, usually that patient would not have Medi-Cal.

So we're going to send that information back to Facebook, Facebook is going to understand what a patient is, and it's going to optimize the data towards that.

It doesn't, like the targeting doesn't really make a change. And also, if you guys really don't want people with Medi-Cal, we can disqualify these people.

We can disqualify these people.

[@17:32](#) - **Corey**

Well, we accept Medi-Cal, we just want a good mix because they pay so little. You know, I'd much rather have, you know, someone in my chair, you know, paying for my rent and my staff, you know, and the cost of my chair and everything else, rather than having an empty seat, right?

Mm-hmm. But, you know, I make- Very little on it, okay?

[@18:02](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Yeah, yeah, I understand what you're saying. So, yeah, it really depends, we can target, I'm going to tell you there's no definitive solution to that.

I'm not going to tell you, oh, we can do this and this and that. There's no definitive solution. I can tell you what we can do.

We can have messaging that goes to higher level prospects or patients. We can also filter them out with the income levels on Facebook.

We can target specific zip codes in your area that people have higher income levels in. And these are the main levers that we can pull.

And also, correct me if I'm wrong, you guys have switched to Google more and have results changed?

[@18:40](#) - **Corey**

They've been about the same.

[@18:42](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

So, it's not the platform, man. It's something else.

[@18:46](#) - **Corey**

It's the same amount, you know?

[@18:51](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, it's not the platform. So, and you've had enough time. They've had enough time to show. Or that it's the platform.

It's been four months, as you said, I mean, so, yeah, that is, this is what I, this is my take on all the things that we talked about.

[@19:12](#) - Corey

So what, what services, I guess, do you just do, like, the ads? Do you have a whole, like, CRM item like Rise4 has?

Or what is it that your company does for us?

[@19:36](#) - Oriel Mor (oriel.mor2001@gmail.com)

Mm-hmm. So basically, it's pretty similar to 4Rise. They use GoHighLevel, I'm assuming. Is that correct?

[@19:43](#) - Corey

Do you know this platform?

[@19:44](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, it says, yeah, it's GoHighLevel, yeah. Yeah. So we also use GoHighLevel. We also manage the ads for you guys.

We have B-Weekly calls in which we hop on to optimize, see the stats, as I've told you before. We edit the ads, okay?

We send you this. Scripts, all these things. Only thing you need to do is film, and we also have, I don't know how they're doing it, but we have a voice AI agent that calls leads within five minutes to book them inside a consultation to make sure that if you guys don't have time, then as you've said, it frees up time for you.

We also have that component inside, and we also provide content management if needed. content management, we can also write 10 scripts a month for you to upload to your social media, and that is basically, it's not to be viral.

It's not to get follows. It's to nurture leads. They nurture leads before they come to the clinic. We'll trust with them and do all that stuff.

So these are the main, main things.

[@20:44](#) - **Corey**

Okay. All right. And then what is the cost breakdown for your services?

[@20:57](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

So we basically have two options. Okay. Option number one, it's either a flat \$2,500 retainer, okay, and that does not include the ad spend, so your ad spend is different from that, or option number two is that we either take \$5,000 upfront for three months, third month is free, so you pay \$2,500 for two months, third month is free, and you get the voice AI and the content management for free for 30 days.

These are each \$700 a month. So, yeah, does that make sense? You know, it could be a bit, a lot of numbers.

[@21:37](#) - **Corey**

Okay. Now, do you guys, how does, if I were to go with, how would the switch occur on the go high level CRM and all that, like, how would that go?

[@21:53](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Mm-hmm, so it really depends on four rides, and from, I've had a, I've had a chance to talk about with a couple of people on four rides.

It seems like these guys are, they're decent people. So the way to do it, and this is just for you to understand in general, you can always transfer one subaccount in GoHighLevel to another subaccount with a single click.

So that transition would ideally be them transitioning the subaccount from their account to our account. That's it. You're going to get everything moved from there, all the data, all the opportunities, everything is going to be moved into Argo HighLevel.

Obviously what we're going to do though, we're going to take a look at their automations and what they do.

We have a different process for automations and we're going to switch it. And yeah, everything else is going to be there.

And also the types of landing pages that we use, we have a, I don't know what your landing page, do you know what your landing page conversion rate is by any chance?

Or is that a stat that you...

[@22:51](#) - **Corey**

What is it?

[@22:52](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

The landing page conversion rate, like how many people convert. And so, yeah. So we create landing pages on this platform called...

Base44. Okay. It's basically like lovable. If you've heard of them, we create the entire structure of the page there.

And it's basically a page that is designed to convert. Like it's psychologically designed to be a conversion monster. So can we create it on there?

I can also send you an example for you to, to see how it looks.

[@23:18](#) - **Corey**

I know that you're driving, so I'm not going to share my screen now and show you. I'm on my way to work right now because I had a patient that called it, he wanted to come earlier.

[@23:27](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

So. Mm hmm. Yeah. So do you want me to show my screen and show you an example? Are you going to be able to see, or?

@23:33 - **Corey**

either, um, um, are you able to send a, like a screenshot, uh, I can, yeah, I'll send you, I'll send you the link.

I have a link, full link. So. Yeah. And you can send it to my work email, um, instead of like my, cause like, I think it, this is registered to what my Instagram's on.

Cause I found, found you guys on there. Um, so it's just my last name, Scott and first initial C at. SpecificHealthSystems, with an S at the end, .com.

@24:09 - **Oriel Mor (oriel.mor2001@gmail.com)**

Oh, oh, I know. Oh, I didn't understand. So you filled out the marketing audit, and I didn't understand who filled out the marketing audit a couple of days ago because you had a completely different email.

I have your email. I was wondering, and I sent you an email, and you didn't respond. I was like, who is this guy?

How did he get to the marketing audit? Because you have a completely different email. Okay, cool.

@24:32 - **Corey**

Yeah, I have your email. It might have went to our spam. Maybe it needs to go to the other, my personal.

Yeah, yeah, Because my work email has a phishing protector on it and all these other blockers. So if you did send it on my other email, I may not have got it because I haven't seen it.

@24:55 - **Oriel Mor (oriel.mor2001@gmail.com)**

that makes sense.

@24:55 - Corey

So maybe you need to keep it on the other one.

@24:59 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah. I'll just send it up. I'll send it to you via text message and also to your work email.

@25:05 - Corey

Can you give me an example of your AI? Do you have a recording of what your AI answering service sounds like?

Does it answer basic questions or does it let them know that it's just a booking service? Or do you guys have it programmed?

Like if they ask like what TMS is or what Spravato is, will it go into detail and respond? Because, you know, at that cost, you know, I would probably do that over, you know, their live person because they're not really doing much on the live.

They got two people assigned to me for live answering and it's 4,000 a month.

@25:54 - Oriel Mor (oriel.mor2001@gmail.com)

Okay. That's insane. Holy . Okay. I'm going to, I want to explain to you exactly how it works. I can send you recordings as well, by the way.

But the way that it works is very simple. There's this platform called Retail, which is the master platform to create voice AI.

And what you do when you create... Retail, you said? Retail, yeah. Retail AI. That's the name of them. And what you can do, you basically create an agent.

And with that agent, what you can do is you assign a prompt, you assign the call flow. What do you want it to ask?

How do you want the call flow to go? And you can also add a database, a knowledge base to it.

So we can basically add your website, we can add your ads, we can add information about TMS, which is what we basically do for every single client.

And then the voice AI has in its entire database, the context about your specific clinic, your specific treatments, where your guys' addresses and all that stuff.

So it's basically a care coordinator that is tailored towards your clinic. It's like chat GPT, but in voice. Exact same thing.

So yeah, I'll get you examples though.

@26:55 - Corey

I'll send you examples as well. And do you guys do like, if I wanted to do some of your services, but not all of them to switch over.

Do you guys have different cost structures to add that, or add certain campaigns to what we already have?

@27:16 - Oriel Mor (oriel.mor2001@gmail.com)

Can you elaborate?

@27:18 - Corey

I'm not sure I understood the question. So if I wanted to test the waters with running an ad side-by-side with theirs or something, or if I wanted to cancel their intake service but use your AI answering, are those able to be integrated into our current CRM?

@27:45 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, we can definitely do that. We can run ads side-by-side with them. You can use our voice AI, though if you take the standalone voice AI, it is going to be a bit more expensive.

It's going to be \$1,000 a month if you don't take the ads and all that stuff. Now, with running an

Ad side by side next to them, it's possible. I don't know if they're going to like it. And we're also probably going to need to use the same ad account that they're using.

Okay, so yeah, we can technically do that. But the cost structure, because we do still do everything in the back and we create the ads, we totally do the videos, there is work that is going to go into that.

You know, so we don't have a different cost structure for that. But we, if I'm willing to work something out, depending on what specifically you need.

If there's going to be obviously way less work on our side with something that you are looking forward to, yeah, we can obviously get something going.

So, yeah.

@28:42 - Corey

Okay, and you guys, you said you're currently working with Greenbrook and Neurostar?

@28:48 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, Greenbrook, I'm consulting to Greenbrook specifically. I'm not working, I'm not working, I'm not managing their ads and all that stuff, I'm consulting to them.

@28:56 - Corey

So, yeah. Okay. Okay. Do you have... Different, I guess, case studies of other clinics that have used our marketing company and then, like, a follow-up of what their conversions, like, Rise Forward does a lot of TMS clinics in Texas and California, Washington.

More West Coast and Southern. So I'm sure you've worked with a lot of people that have used them. Do you have different, I guess, studies of where people have switched and what their conversions have changed to or, like, their revenue streams?

@29:49 - Oriel Mor (oriel.mor2001@gmail.com)

Mm-hmm. So I'll be 100% honest with you. I have been in the marketing industry. I don't know if you looked me up or something.

But I've been in the marketing industry in the past five years. I'm from Israel, actually. And I've just... So to this specific industry in the past six months because of a simple fact.

I didn't want to work with Israeli clients anymore. I do still have Israeli clients, but I wanted to switch to a specific industry that I know I'll be able to focus on and be a master at.

Okay. So you are actually one of our first clients. I'm taking all the principles from what I learned in marketing in the past five years, and I'm inputting it into now.

So case studies, no, unfortunately I don't have, and not even specific case studies I've rise for.

@30:28 - Corey

Okay. So you don't have any other TMS clients right now?

@30:33 - Oriel Mor (oriel.mor2001@gmail.com)

No, TMS clients we do have. Yeah. We have a couple of people that onboarded. Yeah, but not, I can send you their ads and all that stuff, but not enough time to show you actual results.

So.

@30:46 - Corey

Okay. Okay. So let's, let me see what, if you could email me, like what, you know, that would look like.

First is I sent you two examples of their. I wanted it to be focused on military campaigns, because we are right down the street from 32nd Street Naval Base here, and our other office is right down the street from Camp Pendleton for the Marines, and we want to focus on those items.

So that's what we're looking at right now, trying to get more military into our office, we're all credentialed with them, and dependents.

And what they did, whenever I asked for that, was they just rinsed and repeated the one with the hands clasp there and had an overlay of an American flag on it.

And you can't even read the bottom part about TMS on it, because the meta stuff covers it up.

@32:00 - Oriel Mor (oriel.mor2001@gmail.com)

3. to ask spend time And

@32:01 - **Corey**

Right. Did you even like preview what you put on there? So I sent them in and it said, I wanted to jump on a call today.

So I've been a little frustrated with them. That's, that's, that's why I clicked on your item there. So, yeah, I would like to, you know, see a clip of the AI component to see how realistic that sounds and everything to see if that's something that I can shave off some money on for the intake service.

That they offer. Cause I'm, I'm just not getting what I want from them, especially for the cost. Initially they were going to charge me seven 50 for a per converted lead.

And then they moved me to a straight 4,000 a month. And they said, look, we'll give you two people answering the phones at different hours.

And, you know, they'll, they'll book your leads, you know, a live person. Of course. They're on the And I was like, okay, I'll try it.

And I told him I'd give him, you know, three to four months to do that, and see where it ended up.

And I've spent more money and have less leads. So I'm not happy with that. So if I can do the answering, you know, if we don't pick up in like two rings or whatever, and AI takes it or whatever, you know, that's something that I'd be interested in doing, for sure.

But yeah, if we can take a look at, you know, what an example ad would look like versus what I sent you.

Yeah. You know, I just think it's very plain. And there's not anything on there that would make someone want to click it, you know?

@33:57 - **Oriel Mor (oriel.mor2001@gmail.com)**

I want to show you something. Can I show you something with the scripts?

@34:00 - **Corey**

Yeah. Exactly how the scripts are going to look like. Briefly, because I have to get up. I'm in the parking area.

No problem. My first thing is at 730.

SCREEN SHARING: Oriel started screen sharing - [WATCH](#)

[@34:10](#) - Oriel Mor (oriel.mor2001@gmail.com)

And so, yeah, it's just a second. I just want to show you how it looks. So this is an example script, OK?

And I want to show you the hooks, OK? The hooks is the most important part. So you said you want more people that are from the army, OK?

OK, so if we have it, do you see my screen? Do you see the hooks and everything? Can you hear me?

[@34:39](#) - Corey

I'm trying to zoom. Oh, OK.

[@34:43](#) - Oriel Mor (oriel.mor2001@gmail.com)

So you said that you wanted more people from the army, correct? The Navy and Marines. So Navy and Marines, specifically.

[@34:52](#) - Corey

So what I want you to see here. There's the largest naval base here, you know? I want to target that.

[@34:59](#) - Oriel Mor (oriel.mor2001@gmail.com)

So basically, what we do with... With the video ads is that we write you seven different hooks, seven to ten different hooks.

Every hook is going to indirectly mention our target audience. Indirectly mention our target audience. And what that's going to do is obviously get the target audience to respond.

And then after that, we're going to talk the second, like, then we have the script here, in which we're going to talk about their problems, what they've been facing with, and why they couldn't solve their problems up until now.

Then after that, we show them the new possibility, which is going to be either Spravato, Ketamin, TMS, doesn't matter what we advertise.

So the ads are tailored, the scripts are tailored towards hating our target audience, but not in a generic, like, honestly, these ads that you showed me, they're generic.

They're not going to get the job done, and they're not emotional. They're not going to break any beliefs. So our goal with the ads is to break these beliefs and build new beliefs.

And I'm going to send you examples of my client that films these specific video ads. And I also have four more clients that I've been onboarded this week that need to fill

Video ads. I wish you would come in a more later stage. I would have even more content to send you, but this is just wanted to show you that as a brief example for you to understand how it works.

@36:11 - **Corey**

Yeah. Well, actually with you just started, I'd like to kind of see, you know, cause like I am getting leads right now.

@36:22 - **Oriel Mor (oriel.mor2001@gmail.com)**

Oh, your Bluetooth got disconnected. cannot hear.

@36:26 - **Corey**

Constantly keep, you know, 20 plus people, um, in the chair. Right. Um, and, um, it's just not, not happening with the current setup.

@36:37 - **Oriel Mor (oriel.mor2001@gmail.com)**

Right. Yeah. And, um, I understand what you're saying.

@36:42 - **Corey**

And I, I'll be hardly hear you. Let's see.

[@36:44](#) - Oriel Mor (oriel.mor2001@gmail.com)

I don't know what's probably Bluetooth.

[@36:47](#) - Corey

There we go. Okay.

[@36:48](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yep. Yeah. I understand what you're saying. And, um, I know, I know it can be frustrating, honestly, and I know that I'm, I have a hundred percent confidence that we can get you better results.

Okay. I know that. And for that, because you're one of our first clients, and there's also a trust component in here that needs to be happening, I want to offer you a guarantee, a simple guarantee, if we don't get you your desired results, if you're not satisfied with our services, you don't see things changing after a certain time period, say 45 days, I'm just going to refund you the money, man.

It's very simple. The only thing I request from you is that if you do see results and you do see a change, you film us a nice testimonial.

[@37:33](#) - Corey

So that is basically it. Okay. And I need to look at my contract on when the Rise 4 ends, because I know the first one, the first two I think were six months, I need to look at when it ends.

So that that's why I might have to do, I got a partial type of. I didn't start, you know, until there's like, it's right, because it was like, the first contract was six months, and then it was month to month.

And then when I wanted to add on additional services, they wanted me to commit to more. So then they sent a new contract over, I need to look at the date that I signed that and what the terms are.

[@38:28](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay, I understand. Sure, man, no problem. We, by the way, we don't have any contracts. I hate, maybe it's a good business move on their end to have a contract, but I don't do contracts, man.

If you're not happy with my services, I'd just rather let you go and not, you know, have any problem with that.

I don't want you paying me money if you don't see results. It's very simple. So, yeah, that's how we work.

Best business move? I don't know. So, yeah.

@39:00 - **Corey**

All right.

@39:01 - **Oriel Mor (oriel.mor2001@gmail.com)**

Awesome. So next steps for us is I want to send you the voice AI example. I'm going to send you the landing page example as well.

@39:10 - **Corey**

And the ad example.

@39:13 - **Oriel Mor (oriel.mor2001@gmail.com)**

Yeah. I'm going to send you an ad example of one of our clients. I can also send you our clients' results.

I can show you our clients' results in general from all the industries that I'm working in. I can go inside the ads manager.

@39:26 - **Corey**

We have people running on budgets of \$600 a day, \$1,000 a day, and I can just show you results from different industries for you to see.

What is your recommended ad spend to acquire a single TMS patient in California? How much should I be spending on ads?

@39:46 - Oriel Mor (oriel.mor2001@gmail.com)

So if you got last, so you said last month you got seven patients or eight patients for \$750?
Yeah.

Eight patients for \$750.

@39:56 - Corey

That means you're spending...

@40:00 - Oriel Mor (oriel.mor2001@gmail.com)

What are you saying?

@40:01 - Corey

Yeah, it was about \$750 a patient last month on the ads, yeah.

@40:06 - Oriel Mor (oriel.mor2001@gmail.com)

So that means you spent \$6,400 last month. Wait, okay, so we have a mini problem here. That doesn't make any sense.

@40:16 - Corey

If you're paying \$4,000 a month for the patient coordination. not, I didn't include the intake.

@40:22 - Oriel Mor (oriel.mor2001@gmail.com)

Oh, so it's about \$750, man.

[@40:25](#) - **Corey**

I didn't include the intake people because I just considered that as salary for another staff member essentially for the month, right?

[@40:35](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Okay, I understand, okay.

[@40:37](#) - **Corey**

I just treated that as like a TMS tech, know, answering the phone kind of thing. So I didn't include that in the ad.

I understand. If I include that, then it's much more, yeah.

[@40:48](#) - **Oriel Mor (oriel.mor2001@gmail.com)**

Yeah, so our goal, we basically look at it from a CAC to LTV perspective. If you know these two metric or CAC to LTGP.

We want to make sure that our cost back position of a patient is going to be the... What's it called?

The lifetime gross profit from that patient is going to be at least 10 to 1. So if our cost per acquisition is 500 bucks, we want our lifetime gross profit and gross profit is meaning after what you pay for, like what you get paid in your pocket from the insurance and what you after what you pay for to fulfill the service, meaning the technicians and all that stuff.

This is our lifetime gross profit. We want that ideally to be 10 to 1, ideally, because if it's 10 to 1, that means we can scale.

Yeah. We can scale. And so, yeah, we basically look at what your, you have your current cost per patient, which is 750.

Then we're going to look at what's your lifetime gross profit. I don't know if you know what that number is.

And based on that, we'll be able to know what our ad spend is because we can basically spend \$10,000 a month on ads and make you a monopoly in your area.

That is possible. If we do have the systems for that, then we have the stats to support, you know, doing that change and getting that rapid scale to get going.

It just depends on your business stats. Because in the end. If it works, and the CAC-TLT is 10 to 1, there's no reason to why not just invest, get more money into that machine.

It's like a stock. It's like an active stock that is getting you money all the time. So there's no reason why to not invest more money in it.

That's how I look at it. So, yeah.

@42:19 - Corey

Okay. All right. Well, let's send those items over, and I'll take a look at those videos on my next break here that you sent me on those links.

@42:30 - Oriel Mor (oriel.mor2001@gmail.com)

And we'll go from there, okay? Awesome, man. No problem.

@42:33 - Corey

Thank you so much, Corey, for your time.

@42:35 - Oriel Mor (oriel.mor2001@gmail.com)

All right. Thank you. See you soon. Bye-bye, man. Bye-bye.

David - October 14

[VIEW RECORDING - 34 mins \(No highlights\)](#)

[@0:00](#) - Oriel Mor (oriel.mor2001@gmail.com)

I see you this meeting is being recorded. How's it going, David?

[@0:09](#) - David Birdsall

It's going good.

[@0:10](#) - Oriel Mor (oriel.mor2001@gmail.com)

How are you doing? Great, man. How are you doing?

[@0:14](#) - David Birdsall

Good.

[@0:15](#) - Oriel Mor (oriel.mor2001@gmail.com)

Perfect. Okay, so I'm going to dive straight in. I'm not going to ask you how your dog is doing today.

I looked at your form, and I want to go over it a bit, see what's going on there, see if I can you know, analyze results, help you analyze results, and see if we can actually help.

And if you are going to love what you see, and you're going to love our dynamic, maybe we're going to start working together.

Sounds good?

@0:38 - David Birdsall

Okay.

@0:39 - Oriel Mor (oriel.mor2001@gmail.com)

Awesome. So tell me a bit about what's going on, like dive deeper a bit with the agency. said poor quality leads.

You currently have 200 patients, which is a very good number. So tell me a bit about what's going on in there.

@0:55 - David Birdsall

No, I don't have 200 new patients.

@0:59 - Oriel Mor (oriel.mor2001@gmail.com)

I have

@1:01 - David Birdsall

I have a history of like a hundred a month, but anyways, I own a pain management company or practice in Seattle.

have one in Portland and I'm looking, you know, I'm doing these calls to kind of see what's out there.

I've been with the same marketing company for five years, only doing paid ads with Google, and the spend has been, you know, up to maybe \$20,000 a month, but they became very, I think, complacent and it became diminishing over time, no social media, no meta.

So I started to question that and then, you know, I haven't looked at it too much, to be honest with you, I've had other people involved.

So now I started looking at it and I realized I just needed a new company. So I signed. I up 60 almost three months ago with a new firm, and it's the same , it's just not working the way that they said, I mean I've spent the money, and I've been doing this a long time, and the marketing firms that I've used and that I've seen, I've been involved in, when they're not being productive

on lead generation, they tend to blame the lead conversion, that's the bottom line, and you know sometimes they're right, and sometimes they're not, but the reality is, qualified leads, you know, and then being invested in the lead conversion to some degree, is what I'm looking for.

I'm looking for a lot of leads, I'm looking for a lot of qualified leads, I'm looking to book a lot of new patients, and I'm willing to spend the money, but I just literally stopped my marketing yesterday, because I put one of my marketing people on a call with that company, showed them the statistics, and we're like money away.

Like literally \$1,200, \$1,300 a day for nothing. So we turned off marketing, and here I am looking for other alternatives.

@3:39 - Oriel Mor (oriel.mor2001@gmail.com)

Okay. First of all, thank you for sharing all that information. You're going need to execute that information out of people, but it seems like you're really in a difficult situation here.

What's the company that you're working with? Is that a company that specializes in ketamine with Meta, or is it just a regular marketing firm?

@3:56 - David Birdsall

Yeah, they specialize in ketamine. Ketamine, exactly. Lead generation for ketamine, and yeah.

@4:06 - Oriel Mor (oriel.mor2001@gmail.com)

What's their name?

@4:11 - David Birdsall

Ketamine Lead Generation or something like that.

@4:14 - Oriel Mor (oriel.mor2001@gmail.com)

Ketamine Media, by any chance?

@4:16 - David Birdsall

Maybe. No, no. I'll tell you.

@4:23 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, the reason that I'm asking is because you're not the first person that hops on a call with me and talks about these things.

Actually, I've onboarded a fund.

@4:33 - David Birdsall

Ketamine Lead Gen.

@4:34 - Oriel Mor (oriel.mor2001@gmail.com)

Ketamine Lead Gen. Okay, them specifically, I don't know. I know Ketamine Media. But, okay, so you said the statistics were , like \$1,200 a day is a bunch of money.

Like, what were the statistics there? What types of ad were they running? Do you want to go, we can go over your ads as well, but do you want to dive into the statistics a bit?

Talk about what's going on in there?

@4:58 - David Birdsall

Yeah, so... Yeah, so... They're running \$1,000, let me put it this way, I have two practices, \$650 a day here, \$650 a day here, \$500 on Google, and about \$150 on Facebook.

The people that I have answering the phones, the appointment shutters, they're like, first off, a lot of the leads, they're looking for the wrong clinic, then a lot of them, they're like, I didn't fill anything out, you know, a lot of the Facebook leads that are coming in, they're not reachable.

So the people fill out a form, and then we never reach them, right? So all this, it's just, it's like, hey.

If you have a system that works, and you're not guessing, then show me that, right? So that was the message yesterday, and they started brainstorming.

Well, maybe we'll do this, which I'm like, if you don't know already, based on my stats that I'm showing you, what to do to fix this, I'm not going through an experiment with you.

So, I have three, four referrals every day in Seattle, because I've been there for 12 years, right? I want another, I'm only measuring the paid stuff, right?

So I like to spend \$60 or less a lead for a qualified lead. I like to convert one out of two, maybe one out of three, but my costs were booked.

Should be under 150, and it would be great if it was less, but, and that's a qualified lead booked for, you know, an appointment, meaning they have a condition we can help them with, and there's a method of payment, at least that we source that makes sense.

So, of those that we book, I want to see 70% to 80% show up, and of the ones that show, about two-thirds should buy or convert onto a program of care.

That's, that's from 30 years of experience running clinics, what I just said, so, I'm not, I'm not new to it at all.

I've spent as much as \$400,000 a month in marketing, you know, and I've, I've spent as little as nothing.

So I'll be honest with you from a standpoint of like where I am in my kind of appetite for a new marketing firm, they would have to wow me, I'm ready to shut these people down, bring the in office, like in house, hire a marketing director and manager and go, okay, it's on you, buddy, like, hire, somebody go, you're gonna, you're gonna manage all this.

Then at least I would have a bit more control, I would be able to vet that individual, you know, I'm paying \$6500 to this firm per month, \$3,250 per location.

Then you add my marketing spend, then you add, you know, my labor costs within my marketing division. Then there's a lot of other

There's a soft cost with it, but the cost per lead is making no sense, cost per book, forget about it.

So that's why I'm still searching.

[@9:12](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay, I understand. So what's the cost per lead now, you know, across both platforms, both Facebook and Google?

[@9:19](#) - David Birdsall

It's been as high as \$100, but the real problem is the cost booked. Last week, we only booked six new people, and I spent \$650 times five, so that's like \$4,000.

Then there's the management fee, but you can't only book six people in a whole week.

[@9:49](#) - Oriel Mor (oriel.mor2001@gmail.com)

That's like a day. Okay, I understand what's going on there. I actually want to go over your Facebook ads.

want to see what's going on there. Can you give me your Facebook page? I want to show you. Do you know the Facebook ads?

Ad library, by any chance?

SCREEN SHARING: Oriel started screen sharing - [WATCH](#)

[@10:01](#) - David Birdsall

Have you heard of this tool before? I'm going to show don't know. You can look it up.

[@10:09](#) - Oriel Mor (oriel.mor2001@gmail.com)

It's Seattle Pain Relief. Yeah, that's what I looked up, but I don't think it's this page. It's not this page, right?

It doesn't make any sense, like the nine followers, and also there's no ads running here.

[@10:20](#) - David Birdsall

Brand new, so it might be.

[@10:22](#) - Oriel Mor (oriel.mor2001@gmail.com)

It's brand new. Oh, okay. Interesting. So, yeah, because I don't see. Yeah, doesn't show that there's any ads running.

Did you stop the Facebook ads yesterday, as well?

[@10:32](#) - David Birdsall

Yeah, I told them.

[@10:34](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay, okay. understand. understand. Do you have examples of ads? Did they do the Brain vs. Brain ad, or just stock photos?

[@10:41](#) - David Birdsall

What types of ads do they use? Can you tell me a bit? That's another thing. I don't, you know, I don't have any, I don't have any control there.

[@10:52](#) - Oriel Mor (oriel.mor2001@gmail.com)

I don't know what they're running. I don't see, yeah, I don't see anything. Mm-hmm. There go. go. There Yeah, there's a bunch of, like, the amount of money that you're spending for the amount of bookings is, like, truly is not good.

Now, listen, I don't want to, I'm not going to go and talk about, you know, usually I go and dive deep into the numbers.

You know your numbers. You know what you're doing. You're running on high budgets, okay? I can see that you know what you're talking about.

Now, I want to tell you, did you have the chance to watch any of my videos that I sent you?

I haven't.

[@11:25](#) - David Birdsall

I've been busy.

[@11:27](#) - Oriel Mor (oriel.mor2001@gmail.com)

I didn't watch anything. Okay, okay, yeah. The main reason to watch them is because you would come with a bit more, like, with a clear mind to understand how exactly we're working, okay?

So, the way, first of all, I want to go on a, like, from an ovary right now. The ads that we're running for Facebook and Google, whatever, were they for a specific service or just in general to the clinic?

Like, were they targeting, for example, specifically Spravato, Spravato, Ketamine, or were they just general ads? going I'm going out.

Come to our clinic and see your options, blah, blah, blah. Do you have any idea?

[@12:06](#) - David Birdsall

Good question. I think they've really just kind of broken it up into pain management. And then as a general, you know, somebody, somebody is looking for us to take over their medication prescribing, you know, maybe they want an epidural, but then over here, the cash pay stuff, which is like IV ketamine, which is what I'm trying to get going.

So I think there's kind of two campaigns they're running for each location.

[@12:34](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay. So first thing to say is that when you, again, I don't, I don't know how their ads were, so I cannot give you an assessment on whether they're good or bad.

The only thing that I can give you is examples of what good ads are like. And this video that I sent you yesterday, you can watch it after this call.

I just went and analyzed an entire IV ketamine practice that's doing \$100,000 a month and explain exactly what they're doing in their funnel and all their marketing.

In campaigns, and why it works so well. They have like 40 ads running at the same time, and they're really doing it.

[@13:10](#) - David Birdsall

Uh-oh, you froze.

[@13:14](#) - Oriel Mor (oriel.mor2001@gmail.com)

The same treatment that we want to focus. If it's Frobato, IV, Ketamine, TMS, doesn't matter, okay? By the way, can you hear me?

Because I see that I have an unstable connection. Is it cool? Yeah.

[@13:28](#) - David Birdsall

Okay. You froze, but now you're back up.

[@13:31](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay, so first of all...

[@13:33](#) - David Birdsall

Can you tell me a little bit about you and your company, and then you can tell me about the service.

[@13:42](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay, no problem. So I don't know if you had the chance to see anything about me. My name is Oriel.

I've been in the marketing space for five years now, okay? I'm actually from Israel, and I've pivoted to specifically the U.S.

market in the past six months, and specifically to the industry of TMS. Ketamine and basically psychedelic treatments because of a simple fact, one of my friends has been on antidepressants for two years since he was 19, today he's 21, he's not the same person anymore, he's still taking on antidepressants, he's addicted to weed, he's currently in a rehab center, like completely, life completely ruined and he hasn't even started his life, okay.

And I myself have an obsession, I guess you could say, quote unquote, with psychedelic medicine and mushrooms specifically. Thing is, it's not very legal yet, only in specific places in

the US, but I have stumbled across ketamine and I did some research, turns out it's actually legal in the US and it actually has therapeutic benefits.

So six months ago I didn't even know that this thing has therapeutic benefits and they're using it to treat mental conditions.

So I did research about the market, about what's going on, competitors, clinics, and I've seen a very big opportunity.

Because in Israel, you cannot choose who to work with. I can have 12 clients in Israel that I work with.

Every single one of them is in a different industry. Every single one. So that means to get results, you need to understand marketing at its core.

You need to understand the psychological principles, direct response. I don't know if you know any of these big copywriters or marketers from like big marketers.

You need to know marketing. And I've done research, seen the companies that do marketing for your types of clinics, and they're doing a job.

They're doing a very job. And I explained in my videos exactly why and why what they're doing is not working and what types of ads you do need to create.

I don't want to dive into that now. But basically, I'm creating direct response-based ads. And the way that we're doing this is by creating beliefs in the patients, creating a belief.

Because the thing is, specifically for people that are dealing with treatment-resistant depression, whether we advertise ketamine, TMS, or spravato, or even psychedelic therapy.

The main problem that these people have is belief, belief that they can heal, because if you are labeled as a person that has treatment-resistant depression, you believe that you cannot heal.

So if we do not break that belief with our advertising, it doesn't matter what we do, they're not going to convert, or you're going to get leads that are poor quality and don't pick up the phone as you have right now when you have a cost-provoking of God knows how much, \$700 without the marketing fee that you're paying to people.

So what we're doing with our ads is breaking these beliefs and creating new beliefs of making them feel like they can heal.

And how do we do that? I do not use stock photos. I do not use the images of an IV ketamine machine.

I do not design ads. We use video ads specifically. Video ads, we write scripts to every single one of our clients.

We test out a lot of ads at the same time by using different hooks for every single ad, okay?

So So you know what a hook is? Do you know the format of all these things? So we're testing, for example, 10 different hooks with one body ad copy.

We put that onto Facebook and that's one angle. Okay, one body copy is one angle. So an angle could be an educative angle.

Another angle that we can use is a story-based angle. If it's one of your stories, one of your patient's stories, and if we have a testimonial, we can basically take the entire process that a patient has been through, create that and turn that into an ad.

And this is the ad that works the best because of the simple fact that it makes people believe that if another person healed, they can also heal.

Okay? And especially with high budgets like yours, we want to make sure that we always have a new flow of ads.

Another thing is the way that they sign up. Okay? I do not use Facebook lead forms for people to sign up.

We have a specific landing page which creates friction and qualifies the leads before they even leave their details. Okay?

Okay? Another thing that we do is we use, I don't know if you, I don't know how fast your team calls the leads, but we are deploying a voice AI agent that calls leads within five minutes to ensure a high pickup rate, and we are basically doing the discovery process in that call to understand what they've been going through, how many medications they took, and all of these things, and we want to ideally book them into a consultation in the clinic.

And the last thing is, as you've said, the show-up rate, okay? We make sure that people cannot be booked more than three days ahead, because if they are booked more than three days ahead, that creates a very big friction, and people, especially with depression, if we're talking about IV ketamine, are less inclined to show up if you book them more than five days ahead.

It's just statistics. We talked about the statistic, this is how it works, okay? So this is basically, in a nutshell, the entire process.

So we do not use stock photos, we use educative ads, use video ads, by the way, we edit the ads, we do everything, you just need to film them or somebody from your team.

And we... We We test a ton every two weeks. We go in, optimize, see what our bottlenecks are, and improve.

Very simple. Like, I cannot put it in a more simple way. So, yeah.

[@19:14](#) - David Birdsall

So our job is still the lead conversion. The lead comes in by a phone call or a form, or how does the lead hit my team?

[@19:25](#) - Oriel Mor (oriel.mor2001@gmail.com)

So do you use GoHighLevel?

[@19:28](#) - David Birdsall

Do you know what this platform is by any chance? Yeah, we're about to.

[@19:34](#) - Oriel Mor (oriel.mor2001@gmail.com)

It's been on my list to convert to that, but yeah. Yeah. So we use GoHighLevel for basically everything. Automations, handling the lead pipeline, creating the landing pages there.

Everything is going to be in this platform because it's just extremely efficient and it's so simple for your team.

And also, you don't pay any money for it because if you're under my account, you don't pay anything. That being said, the account is still under your control.

Meaning if. If you wish to leave, you can actually create a new GoHighLevel account, and you can transfer the subaccount there.

That's the thing that agencies will not tell you, by the way. They're going to try and keep it in the contract.

So just for you to know that as well. So yeah, we basically use GoHighLevel for everything. We train your team on it.

We add everybody there. If we need, we have a call to go over things that they have, any questions, any help that they need.

And yeah, that's basically it. You know, we use GoHighLevel. That's what we use for all clients.

[@20:31](#) - David Birdsall

Where are you based, Sarah?

[@20:33](#) - Oriel Mor (oriel.mor2001@gmail.com)

I'm in Israel, currently.

[@20:36](#) - David Birdsall

Wow.

[@20:36](#) - Oriel Mor (oriel.mor2001@gmail.com)

What time is it there? It's 9, 9 p.m. I'm starting to work now. No, I'm just kidding. But I have, this is like, these are my hours.

[@20:48](#) - David Birdsall

So you work all night?

[@20:51](#) - Oriel Mor (oriel.mor2001@gmail.com)

No, I don't work all night. I usually communicate with clients and take calls in the morning until early evening.

And then I stop Oregon at like 10. Approximately. And just make sure. We that everything is handled if there needs to be a call with the client, it happens in the morning, and then we have actions to take, you know, and everything for the next days.

How long have you, you said you've been in marketing for five years.

[@21:14](#) - David Birdsall

Yeah, that's correct. But the clinics like this, the last six months?

[@21:19](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah.

[@21:21](#) - David Birdsall

How many clients do you have?

[@21:23](#) - Oriel Mor (oriel.mor2001@gmail.com)

I just this week onboarded four new clients. Currently, I am consulting for Greenbrook TMS, if you know who these guys are.

You can do a bit of research about them. And we have another clinic that is currently active in Arkansas.

We have four clients in onboarding right now. But yeah, this is mainly that.

[@21:42](#) - David Birdsall

So we would be just beginning, like you're just beginning to start.

[@21:47](#) - Oriel Mor (oriel.mor2001@gmail.com)

I understand. I understand what you're saying. But the thing is, as I've told you, with my marketing experience in Israel, in Israel, I currently have 12 clients.

Okay. And it's not about the industry itself, because I know the industry. From the inside out already. Okay. I've talked with over 30 to 40 clinic owners.

I know what marketing agencies do. I know what the services are. I know it from a very close place as well, because I've done research on psychedelics and treating mental conditions without, without like even any relation to the agency itself.

So the thing is, you can say that I'm beginning technically, but I know the industry from the inside out.

I know what people are going through. And because I know that, and I know marketing.

[@22:29](#) - David Birdsall

I don't, I don't see it as a bad thing.

[@22:32](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, I know. It's just, it is, it is, it is kind of like, you know, Oh, you're beginning.

[@22:37](#) - David Birdsall

It's like, it feels like, Oh . I need to become defensive a little bit. But I understand. Everybody's got to start somewhere, right?

[@22:44](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah. A hundred percent, a hundred percent. And, um, yeah, the agency in Israel gave me.

[@22:49](#) - David Birdsall

What's the cost and what's all included?

[@22:52](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay. So we have two models. Okay. We have one that is one model that is more pay per performance.

And the other one is more. Okay, so our retainers currently are way lower and then what other people charge a hundred like I know that so we have a retainer of \$2,000 a month and which is only a flat retainer or we have a performance-based model which cuts the retainer in half but we get paid \$100 for every appointment booked if the opponent doesn't show up it's half of that and to start working on the campaigns we have \$1,000 setup fee to create all the assets within go high level the ads and all these things and you know do the onboarding calls and you know pay my team to do all the technical stuff as well in the back end and yeah we also have a satisfaction guarantee basically if you are not happy okay with our services within the first 30 days you can just get your money back and that's basically it you know we set a KPI you see how we work together we have a good dynamic perfect we don't we're going to refund you the

money cutting like besides the setup fee which is the thing you know we do it doesn't have have a

@24:04 - David Birdsall

How long does it take to onboard and begin getting leads?

@24:11 - Oriel Mor (oriel.mor2001@gmail.com)

The campaigns are ideally live between 7 to 10 days. It also depends on you, though, and how fast are you going to film the videos, and how fast you're going to give us content, if you have testimonials, all these things, because we can create static ads.

We can't create image ads and do all that stuff. I'm less of a fan. These ads do work, but I'd rather push video as much as possible.

So it's a game of two here. No, it's me and you. But ideally 7 to 10 days.

@24:40 - David Birdsall

So do you need just a phone, or do you need something like a better camera?

@24:46 - Oriel Mor (oriel.mor2001@gmail.com)

No, no. A phone works. A phone works. We also, in our online process, I have an entire video showing how to film video ads with examples, and is there an entire SOP on that as well.

@24:57 - David Birdsall

So. So are you, is Mo, and then what. What do you recommend for a spend? Like if I want to get 10 booked in each location, 20 a day, 100, you know, 100 a week booked, how would you go, how would you do that?

@25:22 - Oriel Mor (oriel.mor2001@gmail.com)

Mm-hmm. That's a great question. And honestly, because I don't know your area, I haven't done a lot of research on your area, and I haven't seen your ads, I cannot gauge the exact budget, but we can put KPIs.

That's the main thing that we want to put. You said that you want a cost per booking below 150.

Our ideal cost per booking is, what is your ideal cost per booking for you? Like what's the best cost per booking that you're looking for?

\$50, for example, or is it something?

@25:51 - David Birdsall

But would you use Google? Would you use Facebook?

@25:55 - Oriel Mor (oriel.mor2001@gmail.com)

Would you use Instagram? What would you use? So that's a perfect, that's very good because Google specifically. Specifically, I hate Google, and not because we don't know how to use them, but because there's a lot of click fraud there.

In fact, Greenbrook TMS, the client that I'm consulting to, they are in a huge lawsuit with Google, because a third of their clicks were click fraud, and they're running on \$150,000 a month budget.

They're advertising to the entire U.S. They have 120 clinics across the U.S., and they're suing them. I love Facebook and Instagram because of the simple fact that they're interrupted-based ads, so it opens up a new market for you, because on Google, people search up for specific services.

On Facebook, people don't know what you have to offer, so if you come in and educate them, you basically create a new set of eyeballs in which you want to get on Google.

And we can also use YouTube as well, which is also from Google, but I like Facebook and Instagram because that's my strong suit.

The creative side is my strong suit, and, you know, copywriting and all that stuff. So we can use Google.

Basically, I use Google mainly for branding, branding campaigns. So if a person sees the ads, searches up for your clinic, we make sure that you are sponsored on top.

We can also use Google in general. We can use Google. We know how to use them. It's very easy in a local area, but I just, I, if anything, I would move more of the budget to Facebook.

If you do want to use Google, we just lower the budgets there because they do have a lot of click fraud.

@27:28 - David Birdsall

I know. I'm not qualified to.

@27:31 - Oriel Mor (oriel.mor2001@gmail.com)

That's what I would want. No, you are. You are. You have a lot. You have a lot of experience, man.

Thank you. You spent a lot of money.

@27:37 - David Birdsall

Well, I want to pay somebody to generate the leads and not, see, this is what people tend to do.

This is what this new firm does. It's not working. And then they asked me what I want to do.

And I'm like, I have no idea. You're the expert. That's why I bought. That's why I paid for you.

@28:00 - Oriel Mor (oriel.mor2001@gmail.com)

Right. Right.

@28:00 - David Birdsall

So I have, if it should all be on Facebook, okay. If it should be only 20% on Google, okay.

Like, I know that I've been paying a lot of money to Google, like a thousand a day, and nothing's happening.

[@28:18](#) - Oriel Mor (oriel.mor2001@gmail.com)

Uh huh. Yeah. Okay. Then that's the strategy. I want to move most of the budget to Facebook and Instagram, because there's way more eyeballs there.

And with your budget, you can basically monopolize your area with good ads. I don't know how many competitors you have in your area.

We need to search that up, but you can basically monopolize your area with the amount of budget that you have, because most clinics that we work with run on \$50 a day budgets.

Like also my, like the highest budgets that I'm running in Israel currently is a thousand dollars a day. Like people don't usually use these budgets, especially in a local area.

So you have a very big advantage here that you have to spend, like spend power.

[@28:58](#) - David Birdsall

So your biggest client is green.

[@29:02](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yes. And I'm consulting to them. So that means I'm not running the ads. I'm consulting them on what to do, what types of ads to write, how to use current content to make the most out of it, and also optimizing the entire marketing funnel as well.

[@29:16](#) - David Birdsall

So yeah, that's correct. When start with that?

[@29:20](#) - Oriel Mor (oriel.mor2001@gmail.com)

Two months ago.

[@29:25](#) - David Birdsall

They have 120 clinics?

[@29:27](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah. We don't dive, because the thing is, their campaigns, I don't know if you know how campaigns on Facebook work, you have the ability to basically advertise to the entire nation.

they have one website in which they use for all clinics, and you just need to put your zip code inside, and it matches the area that you have and finds the clinic closest to you.

So, yeah. Yeah.

[@29:50](#) - David Birdsall

All right. So you said it's \$2,000 retainer, \$1,000. \$1,000 up front, plus obviously my spend, or \$100 per show, and if they don't show, it's \$50?

[@30:17](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, and the retainer is cut in half, so it's \$1,000 retainer, not \$2,000. We basically are incentivized to work on performance, which in the end, it's going to be way more profitable to us.

Especially with your budget, we can get to an \$8,000 retainer. If you don't care, and you have performance, great.

I'm all up for it, man. So yeah, I don't care.

[@30:38](#) - David Birdsall

Do you have anybody that signed up for this performance space, or does everybody do the retainer?

[@30:44](#) - Oriel Mor (oriel.mor2001@gmail.com)

No, people do tend to do the retainer. I don't know. I actually thought that way more people would want to do the performance model, but I don't know.

So yeah, most people sign on retainers, because the thought of needing in the end To pay more, it's just a psychological need, I believe, to want stability, I guess.

Not exactly what you're paying for. Even though it doesn't make any sense because if a person shows up and he closes on an \$8,000 treatment, it's just \$100 is not very much, you know?

So, yeah. But everybody has their own preferences.

@31:22 - David Birdsall

Well, what you have to be cautious of is what if we're not good at booking them?

@31:27 - Oriel Mor (oriel.mor2001@gmail.com)

I know that you are good at booking them because you said that you had 30 years of experience. I believe you know how to train your team.

@31:36 - David Birdsall

Do you have all this in an email? I'm sure you do that I can then think about and then we can do a follow up call where I'll tell you what I said.

@31:46 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, 100%. Yeah, this call is being transcribed and everything. So I can send the summary of this call. By the way, I'm using ChatGPT just for you to know.

So, yeah.

@31:56 - David Birdsall

Send me that and then... I'm sure I'll have questions.

@32:03 - Oriel Mor (oriel.mor2001@gmail.com)

I need to think about it. Yeah, 100%. There's no problem. So I'm going to send you the summary. Yeah, if you have any questions, let me know.

I do encourage you to at least go over our Instagram and YouTube, watch a bit of the videos, understand how we work.

Because I did explain to you, but the videos dive deeper. So it's going to give you more clarity. Maybe it's going to also pop up more questions to you based on these videos, which is also important.

Because I do want you to make this decision, you know, 100% with trust in me.

@32:30 - David Birdsall

The video. That's great.

@32:32 - Oriel Mor (oriel.mor2001@gmail.com)

Okay. Yeah. Watch the, the ketamine, watch the video of me analyzing the ketamine marketing, the ketamine clinic. That's a, that's a good video.

It is. Sorry for the word, but it's a very good video. Like it is a very good video. So I'm going to send you the summary.

You let me know when you want to have a second call. Like, do you want me to touch base with you on Friday or next week?

@32:55 - David Birdsall

How do you want to do this? to do this. Uh... Uh... What day is it today? Tuesday?

@33:03 - Oriel Mor (oriel.mor2001@gmail.com)

but by the end of the week. Mm-hmm. Okay, cool. No problem. Another thing. Okay. I think that I do want to make sure you don't have any problem filming videos, correct?

You or somebody from your team, I don't care, but we do...

@33:18 - David Birdsall

I have to. I'll have somebody on my team do it, but I don't have to do it.

[@33:23](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay, great. Because we do need somebody to film the videos. We can also pay a UGC creator, but who would want to pay like \$500 to a creator to just get ads going if you can get somebody from your team to do it?

I don't see a reason to do that. So, yeah.

[@33:38](#) - David Birdsall

All right, my friend.

[@33:39](#) - Oriel Mor (oriel.mor2001@gmail.com)

Thanks for your time. Thank you. Thank you. And by the way, I appreciate you hopping on this call with me.

I can see that you're a very experienced person, and I really hope that I can do the best to help you and break your beliefs about what you had about other agencies and all that stuff.

So, awesome. Talk to you soon, David. Thank you so much, man. Bye-bye.

Call with Belinda

Oriel x Belinda - October 13

[VIEW RECORDING - 36 mins \(No highlights\)](#)

[@0:01](#) - Belinda Narine

This meeting is being recorded.

@0:03 - Oriel Mor (oriel.mor2001@gmail.com)

Hi, how's it going?

@0:04 - Belinda Narine

Belinda.

@0:05 - Oriel Mor (oriel.mor2001@gmail.com)

Is that how it's?

@0:06 - Belinda Narine

Yes, correct.

@0:07 - Oriel Mor (oriel.mor2001@gmail.com)

Yep. Nice to meet you.

@0:09 - Belinda Narine

Thank you for hopping on with me. No problem.

@0:12 - Oriel Mor (oriel.mor2001@gmail.com)

Awesome. So, I'm going to be very straight.

@0:15 - Belinda Narine

I'm not going to ask you how your dog is doing today.

@0:17 - Oriel Mor (oriel.mor2001@gmail.com)

I'm going to dive straight in. Did you have the chance to watch the videos that I sent you?

@0:22 - Belinda Narine

I happened to have to. I had to work last night overnight, so I was trying. I kind of went in between and I didn't really.

But I kind of looked at it a little bit this morning. The first one I looked at, I think it was like in a park or something like that.

And then the second, the other two videos, like the YouTube videos, I kind of skimmed through the both of them pretty much with the touch on the pain needs and stuff like that.

But I didn't really go too deep in it.

@0:47 - Oriel Mor (oriel.mor2001@gmail.com)

But I did click on it this morning. Okay. Thank you for looking. That's important. Okay. There's people that don't even look and then they hop on the call like, what are you doing?

So, thank you for looking. So, I want to dive in straight and tell you. Are you the first marketing partner that you're talking to?

Have you talked to other people? Have you worked with other agencies in past?

@1:07 - Belinda Narine

Never. This is the first time, actually, because I currently have a partnership with another nurse practitioner. And she decided to say that she doesn't want to scale the practice anymore.

She doesn't see herself doing this. And it's a lot of hard work that she anticipated. And I just said, OK, so I know we were offering ketamine within our private practice, but I never really pushed it because, again, I see treating diagnosed.

I don't have the patience. I don't have the time. And she's like, we have to scale it. have to do this.

We have to drop off brochures, do IG. I'm like, I'm just going to just pay someone to help me market this ketamine.

You know what I mean? And she's like, no, that's a waste of money. And she's very into Instagram, social media.

She's into all. I don't have the time. I don't have that type of time. You know what mean? I just don't.

So I said, OK, no problem. So she said, we know what lets you just push ketamine by yourself solely.

You know what I mean? Don't think so I started building up a whole new. I LLC and have my own clinic that's just doing ketamine and she's gonna eventually do her own thing so that's why I'm actually like I need to have someone help me with this whole ketamine not the whole thing about it yeah pretty much okay and do you offer is it cash pay ketamine do you offer provators or is it just cash based ketamine actually both it's gonna be provato and also the iv obviously ketamine the cash pay and as well if they want to pay cash for obviously for the provato that's an option but iv ketamine then also I'm also going to be offering TMS I'm actually waiting for the gentleman to give me a call back for the cost of the chair and everything else like that so I have a meeting with him after you as a matter of fact so okay it's the first time that you're hopping one with a marketing partner I want to ask you what's the what's the way that you generate patients right now for your clinic is there a specific method that you use or something or well right now we are on to three different platforms psychology today headway and alma that pretty much do all of our we

So that's where we get a lot of our marketing from. A lot of it is word of mouth because we have a lot of, you know, in contact with therapists, different psychiatrists, and then also to social media.

You know, we have both Facebook and also Instagram.

@3:12 - Oriel Mor (oriel.mor2001@gmail.com)

Oh, cool. So how many, do you have any idea? What's the, like, how do I say this word? How do you split, like, what's the percentage from each one of these channels?

@3:24 - Belinda Narine

Like from word of mouth, social media, do you have any idea? Like roughly, you don't need to give me.

Roughly. I feel like the majority of our patients have come from a lot of the therapists that we collaborate with.

just refer patients over. So I would say out of 100%, I feel like at least half, at least 50% is coming from like our therapist.

And then definitely word of mouth because she has always been in psychiatry. My brother happens to be a psychiatrist, you know, so it kind of just works out.

happen to be a psych NP. And then as far as the platforms, it just, it kind of just comes up from one there as well, because especially when people know they need to.

We through the insurance and pay for it, and they see we accept insurances. A lot of the private practices don't accept insurance, but we happen to.

And then we have a lot of the different billers that we do outside of Headway and Alma that do credentialing for us for other insurances that kind of help us as well.

@4:15 - Oriel Mor (oriel.mor2001@gmail.com)

Okay, that's cool. So how many patients do you guys have currently? How many patients have you seen a month or a day or a week?

@4:23 - Belinda Narine

We have over 400 patients in the practice total, but this is non-ketamine patients. These are just, you know, medical, med management.

I would say because we both don't put them maybe full-time hours a week. We both maybe put them maybe 15, 20 hours a week a piece.

So I would say on a weekly basis, I would see maybe, maybe 40 patients.

@4:46 - Oriel Mor (oriel.mor2001@gmail.com)

Oh, that's good.

@4:47 - Belinda Narine

That's very good.

[@4:48](#) - Oriel Mor (oriel.mor2001@gmail.com)

Cool. So that's a nice amount of patients. Where do you want to, where do you want to scale it to?

How many patients do you want to see have like in the next 90 days? Like, is there a specific goal in mind?

[@5:01](#) - Belinda Narine

Well, the thing is, I find it to be a little challenging only because with ketamine, you know, a lot of my private practice patients, you know, I would love to offer them ketamine, but a lot of them don't want to do it because, A, whether no matter how much I explain to them, they may be scared or anything like that.

Also, the distance is also has been an issue with some patients in mind as well, trying to get their back and forth and knowing that they can't drive on the way back home.

And then also to, you know, a lot of my patients, you know, that are currently doing okay on, you know, on oral antidepressants.

have maybe about 10 that are willing to do ketamine, and I've had a couple that have already initiated ketamine, but that was only disperpato.

haven't had any IV ketamine yet.

[@5:42](#) - Oriel Mor (oriel.mor2001@gmail.com)

And do you want to, do you have a preference towards ketamine or spravato? Do you mind which one you want to push towards?

Because technically, IV ketamine, from what I've noticed, is just the same as spravato, but spravato has way more, like, credibility to it because it's, you know.

It has the FDA approval, Johnson, and all that stuff. So that's why I'm asking, is there a specific one that you want to push or it doesn't matter to you?

[@6:11](#) - Belinda Narine

I guess I want to be a specific one because of the bioavailability versus IV versus intranasal is not a huge difference.

I mean, it's a big difference. mean, as far as 100% being bioavailability for the IV versus 87% with the intranasal.

But more people are more inclined to go through the insurance, you know what mean, to kind of get the ketamine.

So I would say I would love to do the IV ketamine because I could do both and obviously it's cash pay, you know what mean, that's great, you know, versus the Spravato.

So I really want to push the IV, you know, if anything, more than anything else because the Spravato patients or anyone that's going through insurance, think it's a lot easier given that you have more people who are more inclined to do it because of the coverage itself.

@6:53 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, that's right. So back to the question of patients. So let's. When we start working together, everything's perfect. How many Spravato patients do you ideally and realistically expect to see within 90 days?

Like, I want to see if you have a specific goal in mind or something that you strive towards.

@7:14 - Belinda Narine

My goal is to definitely have at least, in 90 days, at least 15 chairs kind of going. You know what mean?

So I would, would say 15 patients on a daily basis, obviously, and tailored, you know, and, um, well, not, not on a daily basis, but, you know, that would be good.

Depending on the capacity of my space, because I could only hold about maybe six chairs right now, you know, where I am.

And then obviously as I grow, I can always get more space. So realistically, the goal is to really have a nice, good, I would say 12, at least 12 chairs, you know, rotating throughout the day.

You know what mean? So with Spravato, obviously it's a two hour stretch for them to come in and out.

And then obviously with the IV ketamine, they could be there anyway for four to six hours. So if we're looking at maybe say anywhere from eight to 10 patients a day, you know what I mean?

Um, on a three day, say a four day week, you know what I mean? Uh, think that. They would have to come two times a week for the Sprobato, and then as needed with the IV ketamine, you know, I'm looking at maybe, hopefully, to have visits-wise, I would say at least 30 patients, 40 patients.

[@8:16](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay. And do you want to fill the practice to be full, or is there another reason as to why you want, like, this amount of patients specifically?

[@8:26](#) - Belinda Narine

I'm just giving you a number.

[@8:27](#) - Oriel Mor (oriel.mor2001@gmail.com)

I never had to have to break it down.

[@8:28](#) - Belinda Narine

You know what mean? As much as I can get on board, you know what That's a goal. I mean, as far as me having to get additional help to help manage, I have a number of intensive care unit registered nurses that can help me manage, and the key is I just really would love to just focus on dysketamine and let that be my niche, that be my goal, you know what mean?

And then I can come out of the hospital setting, but I don't have to go into the hospital setting and do a night shift anymore.

[@8:49](#) - Oriel Mor (oriel.mor2001@gmail.com)

I can just focus on dysketamine. Okay, sounds good. Okay, so, let's see if there's specific, there were specific questions that I wanted to ask you.

So, okay, I noticed that we really truly do not work with everyone because of the simple fact that we are very pushing, okay, we are pushing our clients a lot to do specific work that other clinics or clinic owners sometimes don't want to do.

For example, one of these things is filming videos, okay? We send you video scripts, you film the videos, we edit them.

Do you see, because it seems like you're a bit full right now, you said that you work late last night.

Do you think you would have the capacity and ability to film videos as we tell you?

@9:36 - Belinda Narine

Oh, yeah.

@9:37 - Oriel Mor (oriel.mor2001@gmail.com)

Oh, yeah, for sure.

@9:38 - Belinda Narine

Yeah, for sure? Okay, cool.

@9:41 - Oriel Mor (oriel.mor2001@gmail.com)

Another thing is testimonials, okay? You have 10 patients you said right now on IV ketamine. These people are going to see results, okay?

They're going to see results 100%, it works. How much of a problem would it be to you to, once every two to four weeks, have a mini shooting day in your office?

Just, . your phone, prop it up, and have a testimonial with them. We have a framework that we give you, okay, that you need to ask them specific questions.

And I'm going to send you also an example of a client of mine so you can see how it works.

So would that be a problem for you to propose that to your clients because we do create ads based on these stories?

[@10:17](#) - Belinda Narine

No, I would definitely know who I could and who I could not because I have, for example, I have one young lady who is from Croatia.

She does not, my parents, she's just like a taboo of having any kind of mental illness. I have a million ladies from Nigeria that, oh, absolutely not.

So I know certain people that I know I would not ask, but there's some people that may be more inclined to go ahead and wouldn't mind doing a testimonial.

[@10:39](#) - Oriel Mor (oriel.mor2001@gmail.com)

So, yeah, that's not a Awesome, awesome. Okay, so I want to ask you now, let's dive a bit deeper into technical numbers, okay?

Because I want you to understand, because you haven't done marketing before, I could propose a price, say what you need to invest.

It could sound like it's a lot if you don't understand the numbers in the back end. So, I want to...

So you, how much do you get, let's say there's a Spravato patient that signs in insurance, all that stuff, for a full treatment, before the maintenance, how much is each client worth to you in profit?

So that means after you get the insurance cut off and all that stuff, how much profit is left in your pocket for one Spravato client?

[@11:23](#) - Belinda Narine

Once Spravato client per session, because they come in twice a week, so if they come once, if they come every day, two days a week, every session would be after the insurance and everything else, the calculation came out to be about 410.

[@11:40](#) - Oriel Mor (oriel.mor2001@gmail.com)

410, so that's what you get in your pocket?

[@11:43](#) - Belinda Narine

In your pocket, that's after they take out everything.

[@11:46](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah. Okay, and do you see, and do people, when they start, do they put that twice a week? Like, do they put the work income twice a week, or are there people that come once a week, or just like... Right, that's the next thing, exactly, because some people...

[@12:00](#) - Belinda Narine

I'm not as compliant. So I've had a few people that'll come twice a week, supposedly for the first four weeks, and then you have some people that come once a week, and then the next week they don't come.

So it really just depends. So that's why I'm basing it on, like, if I have one person that comes that day, how much I would get for that session, and then I'll calculate it over that.

[@12:16](#) - Oriel Mor (oriel.mor2001@gmail.com)

Mm-hmm. So let's take a situation in which it's not twice a week, but it's not also way less than that.

So let's say once a week. Okay. So once a week, that means that for each patient that you generate, you generate \$1,600 a month approximately.

\$16.40, correct?

[@12:32](#) - Belinda Narine

If you do it once a week.

[@12:33](#) - Oriel Mor (oriel.mor2001@gmail.com)

Cool. Okay. So if we say, for example, let's take, I want to see, I don't know if I should open up a Google Doc here and do a little, okay, let's open up a Google Doc, see how we can do this.

SCREEN SHARING: Oriel started screen sharing - [WATCH](#)

Let's just do it spontaneously, because I want to show you the numbers. Just a second. Okay, so let's say that we get five new patients a month, okay, that's what we see that is possible, five new patients a month, that's worth approximately 1640 times four is six, let's do that now, yeah, I'm not the best math guy, so.

Let's do this real quick, times four is 6550, okay, 6550, so typically what we want our clients to spend, okay, that's the bare minimum, is \$30 a day on ads, \$30 to \$40 a day on ads, which is usually between \$900 to \$1,200 a month, okay, that's on ads.

Now, from these numbers, that means that we are going to get, if. We get five patients a month, which is, again, an estimate.

It also depends a lot on you and your sales abilities and whether you know how to talk to the clients in the clinic itself.

That means that our cost per patient is going to be, let's put that in the low end, so that's going to be \$1,200 divided by five.

That means our cost per patient is going to be \$240, okay? Now, what I want to ask you, okay, and that's a simple question, is whether if you spend \$240 and you get \$640 back, is that a thing that you would consider as profitable?

Obviously, it would be a yes, but the question is, how much would it be profitable to you? Do you think that's worth it?

Because you obviously get your money back. Right.

[@14:42](#) - Belinda Narine

No, that's definitely worth it. I mean, it definitely costs to market, you know what mean? So these numbers are not, they're not abnormal.

I mean, not that I know how the marketing game goes, but I know you have to, you know, to spend money, you have to, to make the money you have to spend, you know.

feelsinct? You can't just not spend something, you know what mean?

@15:03 - Oriel Mor (oriel.mor2001@gmail.com)

So I get it. Yeah, I'm glad you like it. So, \$240, that's what we see. Now, I want to ask you, okay, so we have this situation here.

Obviously, it could not be five patients, it could be less, it could be three, it could be two. So I want to ask you, what's the minimum?

Like, what's the maximum cost per acquisition? So the cost per acquisition that we proposed here was \$240.

@15:25 - Belinda Narine

What's the maximum cost per acquisition that you're willing to pay in order for this to be profitable to you?

Think about it for a second. I guess because every insurance is different, you know what mean, as far as what you get, as far as the rate in which you get paid back.

If these are all out-of-pocket patients, know, then I could say this is a set number, this is the price, is what it is.

So it just, I guess it kind of depends. I mean, anywhere between a patient, I'm saying \$240, I'll say anywhere between \$200 to \$240.

It would be appropriate. I mean, I guess it just depends on which insurance it is. I have, you know, and some of the insurances don't want to pay nurse practitioners the full rate versus it being for a physician.

So it just really just depends on the insurance and everything. So some people may be, you know, 410 per patient, you know, per session, you know, versus it could be a little bit less.

@16:18 - Oriel Mor (oriel.mor2001@gmail.com)

It could be 350 depending on, you know, the insurance. Okay, so, so what's the so 240 is the max that you're willing to pay for that?

Or is it? Do you see like, if, for example, we will be because there's on top of that, there is obviously our marketing costs.

So I'm trying to understand here, what's going to be the max amount that you are willing to pay as you know, for your time and for what you are given, because you are giving a service in the end, and you want to make money off of that.

And is the 410 like the, the, the good side? of the money that you get paid? Or is it like, on average, could it be more for insurance?

Or is it usually less?

@16:57 - Belinda Narine

Because that's also, um, I think the most it would go So if you're doing that twice a week, you know what mean?

I would try to like be realistic if it's the low end versus I kind of go right in the center.

So I would just say \$400 per patient because it can be anywhere from \$350 to \$360 depending on which insurance is versus the maximum that you can get with certain insurances is like \$450 to \$460, yeah.

@17:30 - Oriel Mor (oriel.mor2001@gmail.com)

Again, what do you think? Because I'm going to tell you our marketing costs. Our cost is for the first month, we don't charge a retainer.

We only charge a setup fee, which is \$897, okay? So that's just create the ads and all the foundations and all that stuff.

But after that, we have two models. One is the flat retainer model, which is \$1,600 a month. And the other one is a lower base, a lower retainer model, but we get paid more on performance.

So we get paid \$500, the base, and then it's \$100 for every appointment. And if the appointment doesn't show up, we cut

So that's why I'm asking you, like, at what point would this cost per acquisition be like, okay, Oriel, this is too much and this is not profitable to me.

And I know I'm digging deep here because I want you to understand the numbers and I don't want us to run on, you know, I'm blind.

I want to be transparent here with you. So what's the max that you think that you could do in that sense?

Because if we take, for example, we take the \$1,200 and we combine our \$1,500, okay, and from the second month, that's going to be \$2,700.

And from these \$2,700, if we get five patients, that means that it's about 520, if I'm not mistaken, five, let me, math ain't math in today.

So it's 540. I was close. So 540. So my question is, is it a number that you are going to be okay with?

know, considering obviously there are factors that we cannot control. For example, people could be coming twice. So that's what I'm asking.

Where does the line draw? Because that's going to give us also a clear understanding for going ahead because we know, okay, this is what we want.

This is the maximum that we're willing to pay. And everything beyond that is just not good. So that's what I'm asking.

@19:22 - Belinda Narine

So that 540 number is per month?

@19:27 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, that's like the 540 is the cost per acquisition. So that's how much it costs to get a new patient in chair to start treatment.

@19:36 - Belinda Narine

Does that make sense? Gotcha. Okay. So, okay, I see what you're saying. So if it's 540, well, that's a lot.

You know what mean? Technically, if I'm only getting, well, no, that's 540 per patient per chair per month or per visit.

@19:53 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah. Yeah. Wait, can you repeat the question?

[@19:57](#) - Belinda Narine

Per patient per visit per

[@20:01](#) - Oriel Mor (oriel.mor2001@gmail.com)

No, the 540? Yeah. Oh, no, no. That's for a new patient. So you get the 540. So you get the, yeah, I know it can be a bit confusing in the start, but it's hard, I know, but it's really worth to listen to it.

Because if you get a cost per acquisition of a new patient, which is the CPA is 540. In the end, we need to look at how much is the client worth in general.

So the 1640 is just for one month, but if they continue to come week after week for two months, that means that their value is not 1640 anymore.

It's double that.

[@20:35](#) - Belinda Narine

Does that make sense?

[@20:36](#) - Oriel Mor (oriel.mor2001@gmail.com)

So it's 540 to acquire the patient. And then everything after that is basically the profit is all yours because the client keeps on coming.

don't need to pay for marketing to keep on, you know, maintaining this client.

[@20:48](#) - Belinda Narine

Does that make sense? Gotcha.

[@20:49](#) - Oriel Mor (oriel.mor2001@gmail.com)

Gotcha. Okay. That's what, that's what I'm asking. So if that number is good, is that number good? Is it not good?

Like, because you know, that's, that's, that makes sense.

@20:58 - Belinda Narine

I don't, I'm like, that's, I'm like, I'm not going to make You're saying I'm actually going to be in a deficit.

So I didn't understand. Okay, so no, no, that makes sense. So if that is a price per patient per acquisition, you're saying either then, that makes sense.

So then 540 would be appropriate, given, hopefully, you know what I mean, they do the whole duration of the treatment.

Because if that's the case, if they're coming twice a week, for, you know, four weeks, and then once a week, you know, they're at the key is to then have them come twice a week for at least six weeks, you know what mean?

But I'm not trying to get people in this kind of challenge. So even if it's just twice a week for the first four weeks with the 540 per patient per acquisition, that actually is that that's fair.

@21:37 - Oriel Mor (oriel.mor2001@gmail.com)

Okay, great. Okay, that's what I wanted to understand. Because there are people that come to us, and they have, they have a different model, or something's just not working there.

Like, I'm not willing to pay that. So it's important for me to make it transparent. So in the end, you know, we end the month.

And because there are people, for example, colleagues of mine that don't do that, don't do that transparency, because they say, Oh, it's too complicated to talk to the client on the end.

But in the end, they generate five to 10 patients to people, and the clients are complaining because they don't understand the numbers in the back end.

So I'm willing to go through this mess here to understand that it's worth it to you. So yeah, that is basically it.

And in the end, what we want to do is obviously get the cost requisite to be lower and lower and lower, but that is also dependent on all of us.

You know, creating new ads, getting new testimonials, getting the sales process refined is going to help us in the end get the cost per acquisition to be lowered and the patient's value to be higher.

Now, another question that I want to understand just so we have, and that's probably, I don't know if you have that metric, is do you know what's your average lifetime value?

Like, so as a provato patient signs up for a treatment, how much are they worth in general? Like, do you know what the average is?

Do they usually are worth \$4,000, \$5,000? Our people usually come in just for one month and then they stop.

So their value is \$1,600. So, like, what's the, do you have any idea what this number is?

@23:05 - Belinda Narine

I don't, because I haven't had someone that actually went exactly with the program as indicated, because some people get symptom relief so quickly, so they may not go through the whole entire process.

So, say, for example, dispervado, I've had patients that did the four weeks, and then they're supposed to come at least another two more weeks, and then once a week, you know, until, you know, they really kind of get through that remission phase.

And some people just feel great after the first, like, four weeks, and they don't come back, and then they come back again, and there's a big gap and what have you.

But I try my best to at least have them be consistent for a good, you know, three to four-month stretch, and then they can kind of just kind of sporadically come here and thereafter.

But I haven't had no one that's done the actual program the way I implemented it, because they just feel better, you know, sooner than later.

@23:50 - Oriel Mor (oriel.mor2001@gmail.com)

Okay, so if we take a rough estimate, what would you say, you know, from your field, like, from feeling like, let's do quick math here.

So, what do you think the value of So want to take the worst case scenario here, because that's what I would love to optimize towards, because we can take the best case

scenario, oh, everybody's coming for two times a week, six weeks, and then they have a maintenance session for the rest of their lives.

And then they're worth, you know, tens of thousands of dollars. But obviously, this is not reality. So what do you, where do you see the range lying there?

Like what's the, where is it lying, the value?

@24:30 - Belinda Narine

So if we see the value, if they at least did a month, let's say if they just did at least a month.

So say, for example, we lowball it to 350 per session per patient. So if they come twice a week, 350 and 350, that's 700, and seven times four is what, 28.

So I would say if they came consistently on a lowball and insurance company, I would say at least say 3000.

You know what mean? It would be for a patient consistent for a month. And if they did that. Right.

At least three times back to back. you have, you know, it'd be three times three, 9,000 if they did it.

What I really would like people to come twice a week, at least for a good 90 days. know, have more than to do that, but they, not 90 days, but you mean three months.

So if they did that consistently, I would say it would be like \$9,000 for the most part, you know, in a three month stretch if they did it the way they were supposed to.

And that's low balling the insurance company.

@25:32 - Oriel Mor (oriel.mor2001@gmail.com)

Okay. So ideal lifetime value is \$9,000. Average lifetime value that we expect is \$3,000. Okay, great. Now from this number, okay, from \$3,000.

@25:45 - Belinda Narine

Now let's go back to the CPA.

@25:47 - Oriel Mor (oriel.mor2001@gmail.com)

What's the maximum amount, knowing that our average is going to be 3000. What's the maximum amount that we are willing to pay per patient acquisition?

Like where, where's the point in which you're saying, okay, oil too much. to So need to optimize things here.

@26:04 - Belinda Narine

We need to optimize, so I'm not understanding the question, you need to optimize.

@26:07 - Oriel Mor (oriel.mor2001@gmail.com)

So let's say, what's the maximum cost per acquisition that we're willing to pay, knowing that our average lifetime value is going to be approximately \$3,000?

@26:15 - Belinda Narine

That's on the low end. Okay, that's on the low end, that would be for, that's for a month.

@26:22 - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, that's for a month.

@26:23 - Belinda Narine

Okay, yeah. So, I mean, I thought that was the 540 would be appropriate.

@26:30 - Oriel Mor (oriel.mor2001@gmail.com)

No, no, yeah. So what's the maximum amount, like, beyond that? Is 540 the most that we want to pay?

Like, if it's going to be \$800, is that above your KPI, above what you feel like you can deal with, or you think that it's profitable to you?

Is it \$1,000? Like, what's the worst cost per acquisition that we're willing to endure after we get to a point, like, okay, this is too much, we need to optimize here.

So, like, what's the worst?

@26:56 - Belinda Narine

I mean, I definitely, because I don't know what. I'm getting out of it. You know, I would definitely try to keep it, you know, realistic.

I mean, I don't want to pay so much and then get zero out of it. know what mean? So I would definitely say anywhere from 540 to, I mean, I would say 540 to 600, you know, for acquisition, you know what mean?

And then depending on how well it happens and then we can optimize it from there. But unless I kind of see, you know, how I'm making out versus how much I'm getting from the output of it, then I can say maybe it can go higher than that.

But I would say the max, depending on what I'm getting on the lifetime of the patient, nothing is guaranteed but death and taxes, right?

@27:31 - Oriel Mor (oriel.mor2001@gmail.com)

So I would say, you know, for the most, I would maybe go in the beginning for 650, you know, depending.

@27:37 - Belinda Narine

Yeah.

@27:38 - Oriel Mor (oriel.mor2001@gmail.com)

Okay. Yeah. Okay. Sounds good. So max CPA for us is we want to strive towards 650. Anything beyond that, we need to go into the funnel, optimize, see what's going on there.

Okay, cool. So that was our math class for today. I wanted to just go over this with you and just lay out the numbers.

So this is basically it. So As I've told you for the first month for investing in ads, it's going to be between \$900 to \$1,200.

That's a bare minimum. You need to film the ads. If you have patients that are already ready to get testimonials, we will need to send you the framework to film out these testimonials because we're going to create ads from them.

We want to make sure that we always, like at least once a month, have new ads because you're in a local area and we want to leverage story-based ads because these work the best.

So there is going to be always war going there. Another thing that I want you to know is that we help you.

Wait. So before that, do you have a care coordinator or do you call the leads most of the time?

[@28:41](#) - Belinda Narine

Like, how does it work? As far as what we don't do call, leads at all.

[@28:45](#) - Oriel Mor (oriel.mor2001@gmail.com)

We don't. No, no, no, no, no, no, call. No, not calling the leads. Like when leads come in, who calls them to like do that care coordination before they come to the clinic?

[@28:53](#) - Belinda Narine

Oh, we have our virtual assistant or myself, either or, you know what mean?

[@28:57](#) - Oriel Mor (oriel.mor2001@gmail.com)

Depends. Okay. So another thing that we do and. So in this area is that we have a voice AI agent, which basically acts as a care coordinator that calls leads within five minutes, gets them to book.

That increases bookings and in the end increases show up rates because it optimizes towards booking them to the closest time possible.

So that's another thing in which we are in the test phase for that. So for the first 60 days, you get that completely for free.

After that, it's \$1,000 a month if you do want to keep it. So I just want you to know that as well.

[@29:27](#) - Belinda Narine

Okay.

[@29:29](#) - Oriel Mor (oriel.mor2001@gmail.com)

So that's about that. Yeah. So basically, the budget to start with is \$900, \$1,200. For the first month, you pay us only for the setup fee, which is \$897.

And after that, you can choose between the \$1,500 retainer or the lowered base and the optimized.

[@29:47](#) - Belinda Narine

And then we optimize based on performance. So, yeah. Does that make sense to you? that cool? Yeah, it definitely makes sense.

It's just something, yeah, definitely. It doesn't seem unrealistic. It's just that I guess we After the phone call, kind of go through everything, kind of just thinking, just kind of, you know, make a clear cut decision, but it definitely is, it does make sense.

does sound fair. mean, definitely as far as being able to do the ads, being, participating in videos and things like that, so it's just a matter of time consuming, and I have no problem doing that because it's for my business.

I'm not doing it for someone else's business, so have no problem doing that. And the structure of it, of how we have like certain things that we have to say, certain things you have to kind of go through, and that's appropriate too.

So it's just a matter of me kind of looking at everything I have going on in the overhead and see how that will calculate and factor in and make sure that it can, you know, totally make sense financially.

[@30:39](#) - Oriel Mor (oriel.mor2001@gmail.com)

But definitely the numbers don't seem astronomical as I thought it would have been.
Okay.

[@30:43](#) - Belinda Narine

Awesome.

[@30:43](#) - Oriel Mor (oriel.mor2001@gmail.com)

Yeah, because I'll be completely honest with you that these prices that we are taking right now is only because you're one of our first 10 clients.

So I don't know if you saw a bunch of my videos or whatever. I've been in this industry for about a couple of months now, and I am actually from Israel and I have an agency.

I'm working agencies in Israel. I decided to pivot to the US market because this market is booming, and I also have a story with my friend, I don't know if you've watched my Instagram, I explained everything there.

It's a video with 17,000 views, you can go watch it after. basically, my friend with antidepressants completely changed, he's hooked on the antidepressants, he's addicted to weed, not the same person anymore.

And I had an obsession with psychedelics, with mushrooms, but obviously, it's not very legal yet in the US. And I stumbled across ketamine, and I'm understood it has therapeutic benefits, like people actually use it to treat mental conditions, and they help people like get off antidepressants.

[@31:37](#) - Belinda Narine

So I was like, holy , this is amazing.

[@31:39](#) - Oriel Mor (oriel.mor2001@gmail.com)

So let's see what the market, so let's see how the market is in here. And yeah, that's, that's basically how I pivoted.

Yeah, these astronomical numbers, like there's other agencies in which I know of, they take insane, like \$5,000 a month retainers.

And it's, I'm gonna get there at one point.

[@31:58](#) - Belinda Narine

But yeah, you're just one of the, you're one of the pioneers here.

[@32:01](#) - Oriel Mor (oriel.mor2001@gmail.com)

So that's why you, I want to, again, get people, create the best product on the market, get feedback from you, and then from there, you know, expose what we, you know, raise the price and do all that stuff.

So, yeah, so where do you want to, like, where do you want to take it from here?

[@32:16](#) - Belinda Narine

What do you want to do? So definitely I want to kind of touch bases with my coordinator that I usually do all of the, my finances and stuff with and see, you know, what she looks at it.

Cause she kind of helps me with the whole marketing piece. She just doesn't have that time, but she's like, she's trying to like kind of streamline things for me as well.

And because I'm transitioning into doing things on my own, because I have my private practice with the other psychiatric MP there, and I'm kind of just doing the ketamine on my own itself.

So everything's kind of getting up and running. I want to kind of get going. So I just have to just kind of just touch bases with her, see what she thinks about it.

[@32:47](#) - Oriel Mor (oriel.mor2001@gmail.com)

that's pretty much it. Okay. Awesome. So is there anything you need for me? I can send you a call recording the summary of our call, like all the numbers that we went through, what's going to help you to, you know, have the easiest way to get this going.

[@33:01](#) - Belinda Narine

Just the summary of like, because I'm not writing down anything. And I honestly just literally got home from work from last night.

So I just have to just reread this stuff over. I've just picked up the big numbers. I know you said the retainer fee initially would be \$8.97 and you could either do the \$1,200 a month or you could do the more low-bought, no \$1,500 a month or the more low-bought one, depending on what's kind of going on.

So I just want to kind of just see all on paper and then kind of go from there. Then for myself, I have to have written down because I have nothing.

I'm just kind of just freestyling right now. So I have nothing. And then I have another call to jump on after you.

[@33:32](#) - Oriel Mor (oriel.mor2001@gmail.com)

So it makes sense.

[@33:33](#) - Belinda Narine

And I like that whole AI thing that you're talking about, which is awesome, because I honestly just myself and my sister just actually invested into an AI arbitrage agency to have our own agency to help, you know, companies and industries have an AI agent work for them.

So it kind of is something that I'm trying to mix tech and obviously medicine all together. So it's just, it's the wave of the future.

So I can see myself, even though I would be the one to implement it. AI for someone else and that's something.

[@34:01](#) - Oriel Mor (oriel.mor2001@gmail.com)

I could see myself totally going forward with that just because of the time that it was saved and the money that it was saved in the long life.

[@34:06](#) - Belinda Narine

Yeah.

[@34:06](#) - Oriel Mor (oriel.mor2001@gmail.com)

For sure. That's nice. Very nice. Like jump on the AI opportunity.

[@34:10](#) - Belinda Narine

Definitely a lot of things going on in there.

[@34:12](#) - Oriel Mor (oriel.mor2001@gmail.com)

Oh, yeah. Okay. Awesome. So I'm going to send the call summary. Do you want me, when do you want me to touch base with you or are going to send me a message like how do you want to do this?

[@34:21](#) - Belinda Narine

I know I have. I'm going to be out of town this weekend. had an unfortunate death on the family.

So I'll definitely be leaving on today's Monday. I'm leaving on Wednesday evening. I'll be back on Saturday morning. So I should definitely have an answer with you before I leave.

If not, worst case, I'm going look at it like Saturday morning.

[@34:38](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay. Awesome. So I'm going to send you the call summary. Go over it. If you have any questions, let me know.

If she also wants to hop on a call, talk about numbers, you know, I'm here. I have no problem going over everything again.

And, yeah, awesome. So I'm going to send you the call summary. If you have any questions, let me know.

Just for you to understand how the process will go if you do decide to continue. If you do the second thing.

I'm going to send you an agreement. You're going to go over the agreement, see that everything's fine with all these things.

After that, we're going to have – there's an onboarding process. You need to fill out an onboarding form. Then you have like five to seven steps to take in the onboarding form.

If you cannot complete these steps on your own, we have another call a couple of days later in which we're going to go over everything, close out all the little corners.

I'm going to explain to you. We have a specific CRM that we use. We're going to send you a training on that CRM.

We're going have calls on it if you need. So basically, we're going to have all the – like getting – we're going to train.

You're going to be trained in the course of one to two weeks on the whole process and the whole way that we're going to be working.

So I just want you to know that it is also going to be time and energy consuming because I want you to know what you're going towards, okay?

Okay. And we plan from the moment that you get the setup fee paid, we plan to go live within seven to ten business days.

So just have a timeline when it comes to that. And yeah, that's basically it.

@35:56 - Belinda Narine

Okay.

@35:57 - Oriel Mor (oriel.mor2001@gmail.com)

Sounds like a plan. Awesome.

[@35:58](#) - Belinda Narine

Awesome.

[@35:59](#) - Oriel Mor (oriel.mor2001@gmail.com)

Okay, Belinda. Thank you so much. If you have let me know. Have a great day. Absolutely. You do now.

Take your hand. Bye-bye. Bye-bye.