HOSPITALS & CLINICS

The clinic that filled its empty slots without hiring a call centre

Udaipur is a regional medical hub. Half the patients travel in from districts around it — and half of them never get through on the phone.

WHO WE ARE

Burhan and Purvansh — we teach every session ourselves

WHO THIS IS FOR

Multi-speciality clinic with eight consulting doctors

JOBS WE LOOKED AT

7

SKILLS WE TEACH

3

WHAT THE TOOLS COST YOU

₹11,000 – ₹19,000 / month at this patient volume

PREPARED

10 November 2026

A teaching plan, not a sales proposal. We train your staff; we do not sell you software. udaipurai.in

01 Who will teach you

OUR PROFILE



Purvansh Parmar

BUILDER IN RESIDENCE · AI ENGINEERING & SEO

Founder of Food Never Comes. Ships AI products end to end and runs the SEO that brings them traffic — the rare combination of someone who can build the system and then make the internet notice it.

- Building AI tools that actually run
- Automating the work that repeats every week
- Getting found on Google and inside AI answers
- Knowing what it will cost before you commit



Burhan

BUSINESS LEAD · B2B & CORPORATE ROLLOUTS

Runs the business side of Udaipur AI. Spends his week inside other people's companies working out which processes are worth automating and which are not, then leads the rollout that follows.

- Working out which jobs are worth handing to AI
- What works in hotels, coaching, export and clinics
- Pricing AI work and writing the proposal
- Getting a team to actually change how it works

The two of us teach every session ourselves. No rotating bench of freelance trainers and no guest slot — the people in the room are the people doing this work the rest of the week, which is the only reason the examples are real ones.

02 Where your week actually goes

HOSPITALS & CLINICS

The clinic draws patients from Rajsamand, Dungarpur, Banswara and villages in between. Those patients have one way to book: a phone line with two people on it that is engaged for most of the working day.

Patients who cannot get through either walk in and wait four hours or go somewhere else. Both outcomes are bad, and neither is visible in any report the management reads, because an unanswered call leaves no trace.

No-shows run high, which is unsurprising when the booking was made three weeks ago by someone who then travelled sixty kilometres on the wrong day. Each no-show is a consulting slot that cannot be resold.

Front-desk staff spend their day on the same five exchanges — which doctor sees what, what a consultation costs, what time Dr So-and-so sits on Thursday, what to bring, and whether a report is ready. None of it requires clinical knowledge, and all of it blocks the phone.

03 What your staff do, and what AI can take off them

7 JOBS

Every job the team repeats, timed and sorted into three piles. The third column is the point of the whole exercise: more lines here say keep it human than say hand it over.

THE JOB	TIME	WHAT WE'D DO	WHY
Appointment booking by phone	52 h/wk	AI DOES IT	Enormous volume, strictly rule-based, and the phone line is the bottleneck
Appointment reminders and confirmations	9 h/wk	AI DOES IT	Scheduling; directly reduces no-shows
Answering timing, fee and preparation questions	21 h/wk	AI DOES IT	Published information, repeated endlessly
Report-ready notifications	7 h/wk	AI DOES IT	Triggered by an event already in the system
Insurance and TPA paperwork	14 h/wk	AI DRAFTS IT	Drafted, human-checked — errors delay claims
Anything a patient says about a symptom	–	KEEP IT HUMAN	Absolutely not. Triage is clinical and the downside is somebody's life.
Discussing results with a patient	–	KEEP IT HUMAN	Clinical and human. Never automated, never summarised by a model.

04 What we will teach your team

3 SKILLS

These are not products we sell you. They are the 3 things your own staff learn to put together in the class, on your own systems — so the people who do the work end up owning the thing that does it for them.

01 Booking on WhatsApp, in Mewari-friendly Hindi

What it does for you. A patient messages the clinic number in Hindi and has a confirmed appointment in under two minutes, at any hour, without ever hearing an engaged tone.

What your team learns. A WhatsApp assistant grounded strictly on doctor schedules, departments, fees and preparation instructions. It books against the live slot system and confirms. It is built with a hard refusal boundary: the moment a message contains anything that reads as a symptom, a complaint or a clinical question, it stops, says plainly that it cannot advise, and connects a human — during hours to the desk, out of hours with the emergency number.

TOOLS THEY LEARN TO USE

`WhatsApp Business API` `n8n` `Claude` `Clinic HIS / slot API`

02 The no-show reducer

What it does for you. Confirmations and reminders in the patient's language, with a one-tap way to rebook rather than silently not turning up.

What your team learns. Confirmation on booking, a reminder three days out and one the evening before, each with directions and preparation instructions. A one-tap cancel releases the slot back to a waitlist, which is then offered automatically to the next patient.

TOOLS THEY LEARN TO USE

n8n | WhatsApp Business API | Clinic HIS

03 The information desk

What it does for you. Fees, timings, departments, what to bring, where to park and whether the report is ready — answered instantly, around the clock.

What your team learns. A grounded assistant on the clinic's own published information, with report-status lookups against the lab system by registration number. Deliberately narrow: it knows logistics and nothing else.

TOOLS THEY LEARN TO USE

n8n | Claude | WhatsApp Business API | Lab system API

05 What we will teach them not to do

4 TO AVOID

This is the part most people selling AI leave out, and it is the part that decides whether any of it survives the first year. Your team is taught to recognise these for themselves, not just handed the list.

Any form of symptom triage or clinical advice

This is the hard line of the entire engagement. The assistant is explicitly built to detect and refuse clinical content, and that refusal is tested adversarially before launch.

Summarising or interpreting a patient report

A patient reading a model's interpretation of their own blood work before a doctor sees it causes real harm.

Automated insurance claim submission

Errors delay patient discharge and create disputes. Drafted only.

Storing clinical data in consumer AI tools

Patient confidentiality. Logistics data only, on business-tier agreements, with retention reviewed.

06 How it benefits you

THE PAYOFF

> **In one line.** Your staff stop spending their week on work a machine can do, and spend it on the work only they can do — without you buying software, hiring anybody, or depending on us after the class ends.

- **Calls lost to an engaged line** goes from ~40% to **Not the primary channel**.
- **Bookings made outside clinic hours** goes from 0 to **~30% of all bookings**.
- **No-show rate** goes from 22% to **12–15%**.
- **Your own people own it.** They built it, so they can change it when the business changes. Nothing breaks when we leave.
- **Nothing new to buy.** ₹11,000 – ₹19,000 / month at this patient volume — that is the whole running cost, paid to the software, not to us.
- **You find out what not to automate** before you waste money on it. That list is longer than the other one.

MEASURE	BEFORE	AFTER	NOTE
Calls lost to an engaged line	~40%	**Not the primary channel**	Most bookings move to WhatsApp
Bookings made outside clinic hours	0	**~30% of all bookings**	Estimated
No-show rate	22%	**12–15%**	Modelled from reminder-effect literature
Front-desk time on logistics questions	21 h/wk	**5 h/wk**	Estimated
Released slots resold from waitlist	Rare	**Automatic**	Direct revenue recovery

> **These are worked-out figures, not audited client results.** Modelled on appointment and call volumes for mid-size clinics, no-show rates reported in Indian outpatient settings, and published model and messaging costs.

07 How the training runs

STAGE	WHEN	WHAT HAPPENS
Audit	Week 1–2	Measure call abandonment, no-shows and desk time. Draw the clinical boundary before anything else.
Enable	Week 3	Front desk and management on the boundary and the escalation path.
Build	Week 4–7	Information desk first (lowest risk), then booking, then reminders.
Hand over	Week 8–9	Runbooks, refusal-boundary test suite handed over, 90-day review.

> “Placeholder — replace with a real, attributed quote before launch.”
>
> ADMINISTRATOR, MULTI-SPECIALITY CLINIC, UDAIPUR

Start with the ₹199 session

Ninety minutes, open to anyone, no background needed. Bring one job you repeat every week and you will leave having done it with AI yourself. Every course and every fee is on the website.

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