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# From Reporting to Revenue:

What I've Learned Helping **60+**  
Aesthetics Brands Turn Data  
into Margin Expansion

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# Adding locations doesn't automatically mean adding profit.

Every PE-backed rollup starts with the same thesis: acquire locations, centralize operations, expand margins. But somewhere between the third acquisition and the tenth, a pattern emerges: revenue scales, margin doesn't.

The culprit isn't the locations themselves. It's what comes with them. Each acquired practice brings its own pricing logic, its own provider compensation model, its own definition of "utilization." Without visibility into these variations, you don't scale best practices. You scale inconsistency.

The real unlock for multi-location aesthetics brands isn't adding locations. It's margin expansion through operational excellence. The operators who win aren't tracking more metrics. They're tracking the right metrics with enough granularity to act at the location level while scaling playbooks centrally.



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Alex Lirtsman is the CEO of CorralData, a business intelligence platform for multi-location aesthetics brands. He has spent the last several years working with multi-location aesthetics brands, including medspa rollups, plastic surgery groups, dermatology practices, and franchise networks, helping them build the data infrastructure to actually see what's happening across their organizations.

This article is based on analysis of 35,000+ reports and 33,000+ natural language queries across 60+ organizations.

# What the Best Operators Actually Track

Looking at the 35,000+ reports we've generated, clear patterns emerge around what successful multi-location brands actually measure. These aren't theoretical recommendations, they're what operators build and monitor daily.

## 1 Marketing Attribution

Full-funnel marketing attribution has become table stakes. Every sophisticated operator tracks campaign-level conversions, cost per acquisition by channel, in-platform ROAS, first-invoice ROAS (true marketing efficiency), and new guests by source. The **shift from "how many leads did we get?" to "which channels deliver patients who actually convert and spend?"** determines who scales profitably versus who just scales spend.

**70%**

OF CORRALDATA CUSTOMERS  
MEASURE MARKETING  
ATTRIBUTION

## 2 Core Business Metrics

The consensus operational metrics include total revenue and collections, average sales per visit, new guest percentage and count, service vs. product sales breakdown, and total visits. These form the "executive summary" view that HQ monitors across all locations.

**65%**

OF ORGANIZATIONS MEASURE  
CORE BUSINESS METRICS

## 3 Location-Level Comparison

**Multi-location operators need the ability to compare across locations.** Top performers slice every core metric by location: **revenue by center, average sales per visit by location, new lead booking rate by initial location, rebooking rate by location.** This visibility exposes which locations execute well and which need intervention.

## 4 Provider Productivity

Less consensus exists around provider metrics, and this is where competitive advantage hides. Some operators track collections by provider. Others focus on utilization rates or average invoice value. The best track provider-level contribution margin: revenue generated minus compensation and allocated overhead. **The common thread: understanding which providers drive profitability, not just activity.**



# Two Business Models, One Industry

Multi-location aesthetics operate on two fundamentally different business models, and understanding which one applies determines which KPIs matter most.



## The Recurring Revenue Model (Non-Surgical)

Medspas, laser clinics, and injectable practices operate like subscription businesses. The patient who comes in for Botox today should return in three months. **Revenue growth comes from two levers: acquiring new patients and maximizing lifetime value.**

The metrics that matter here are rebooking rate (across our customer base, the strongest single predictor of revenue retention), new vs. existing patient mix average service value (existing patients should spend more over time), and membership penetration.



HEALTHY PRACTICES RUN

**70-80%**

EXISTING PATIENTS



## The Project Model (Surgical)

Plastic surgery groups operate differently. You don't "rebook" a rhinoplasty. Revenue comes from converting consultations into procedures and maximizing OR utilization. The funnel matters more than the flywheel.

Here, it's about consultation-to-surgery conversion, pipeline value by stage, OR utilization, and average procedure value.



**DESPITE THE DIFFERENT OPERATING MODELS, BOTH FRAMEWORKS SHARE COMMON GROUND: MARKETING ATTRIBUTION, PROVIDER PRODUCTIVITY, AND LOCATION-LEVEL COMPARISON.**

# The LTV:CAC Holy Grail

Which patients are actually profitable to acquire? **Cost per lead tells you how much you spent. LTV:CAC tells you whether that spend was worth it.**

## By Campaign

Which campaigns bring the highest-LTV patients, not just the lowest-CPL leads? **A campaign with \$50 CPL and \$5,000 LTV crushes a campaign with \$20 CPL and \$500 LTV.**

## By First Provider

Does patient lifetime value vary based on which provider they see first? **If Provider A's new patients have 2x the LTV of Provider B's, that changes how you allocate new patient appointments.**

## By First Service

Which entry treatments create the best long-term patients? **Botox first-timers might have different retention patterns than facial first-timers.**

## By Location

Are some locations acquiring higher-value patients? **Demographics, competition, and local execution all affect patient quality.**

## By Channel

Referral patients typically have higher LTV than paid acquisition. Organic search converts differently than Instagram. **Understanding channel-level LTV:CAC lets you reallocate spend toward quality, not just volume.**



# From Cost Center to Profit Center

The shift to profit center happens when data drives automated action:

## Signal-Powered Ad Optimization

Feed actual patient value data back to Google and Meta so algorithms find more patients who look like your highest-LTV patients, not just more form fills.

## Automated Win-Back Triggers

This shouldn't sit in a dashboard – it should automatically trigger CRM re-engagement campaigns.

**ANALYSIS OF 33,000+ OPERATOR QUESTIONS REVEALS THE #1 CONCERN: "WHICH PATIENTS DON'T HAVE A FUTURE APPOINTMENT SCHEDULED?"**

## Location-Level Action Lists

The difference between "here's your rebooking rate" and "here are the 47 patients from yesterday who didn't rebook, ranked by lifetime value" is the difference between reporting and revenue.



# The Bottom Line

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Multi-location aesthetics brands that win on margin share a repeatable playbook. They don't track more metrics, they track the right ones: **marketing attribution, patient economics, provider productivity, and location-level performance.**

They analyze these metrics with enough granularity to see what's actually working and what isn't. Most importantly, they **turn data into action** – identifying patients at risk of churn, campaigns worth investing in, and providers who drive (or erode) profitability. **The opportunity isn't in collecting more data. It's in building the infrastructure that turns operational insight into margin expansion.**

## How can you hear more?

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April 27-29, 2026  
Pier Sixty-Six  
Fort Lauderdale

## FEATURED SESSION

### Margins and Momentum: The CEO's Metrics For Market-Winning Growth

Join Alex on April 28th to discover how you can convert insights into synchronized, margin-boosting playbooks that your teams can execute at scale across every location.

## WANT TO FIND OUT MORE?

View the 2026 [agenda online](#)

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