

Non-Medical Transportation Agency

Business Model & Marketing Model

A proposed dispatch-led franchise for safe, comfortable and dignified non-emergency rides to care.

PURPOSE

Website content

Investor presentation source

FOUNDER & CHAIRWOMAN

Grace Young

corporate@globalcareph.com

Care access begins before the clinic door

This franchise concept connects mobility, punctuality and a dignified human handoff.

THE INVESTMENT
THESIS

Transportation is part of care continuity. A scheduled ride model can coordinate recurring treatment, discharge and appointment demand without presenting itself as emergency medical response.

A ride should never be the reason care is missed

The proposed Global Care PH Non-Medical Transportation Agency is designed around one mission: **no patient misses care for lack of a ride**. It combines dispatch discipline, trained attendants and mobility-appropriate vehicles in a repeatable franchise format.

The service is intentionally narrow: scheduled, non-emergency transportation with attendant-assisted pickup, safe transit and confirmed handoff. Any urgent or unstable condition follows the emergency escalation protocol and is not transported as an ordinary booking.

“The reliable
medical ride.”

PROPOSED BRAND POSITION

Demand pattern

Recurring dialysis and chemotherapy runs, follow-up appointments, planned discharges and inter-facility transfers can create schedulable demand.

Commercial logic

Per-trip, recurring-plan and institutional-contract revenue streams support a blended book of business. All prices and forecasts are TBD.

Scale logic

Route density and partner contracts come before new territories; sister-agency referrals can strengthen local utilization.

Proposed model only. No operating fleet, ridership, contracts, accreditation, revenue, earnings or return on investment is represented.

The service architecture follows mobility need

The menu is easy to understand, operationally controlled and expandable by approved vehicle class.

01

Right ride
Mobility need matched to vehicle tier.

02

Right time
Dispatch windows built around treatment and discharge timing.

03

Right support
A trained attendant accompanies every ride.

04

Closed loop
Arrival and handoff are confirmed to the authorized contact.

Three service tiers, one non-emergency promise

Ambulatory sedan transport
For riders able to enter and exit with appropriate assistance.

- Doctor and therapy appointments
- Scheduled dialysis and chemotherapy
- Planned hospital discharge rides
- Airport or travel assist when approved

Wheelchair-accessible vans
For riders who remain in an approved mobility device during travel.

- Lift or ramp access
- Securement and occupant restraint
- Accessibility-aware boarding
- Recurring and institutional schedules

Stretcher transport
For planned non-emergency transport requiring horizontal positioning, only where legally permitted and operationally approved.

- Pre-booking suitability screen
- Specialized vehicle and equipment
- Defined attendant competencies
- Escalation for any emergency need

Primary use cases
Scheduled dialysis and chemotherapy runs · doctor appointments · hospital discharges · inter-facility transfers.

Scope boundary
No emergency response, ambulance claims or implied clinical capability. Service classification, permits, vehicle category and staffing must be confirmed by Philippine counsel and the applicable authorities before launch.

Recurring need can support a balanced customer portfolio

The model serves riders directly while building institutional channels that improve schedule visibility.

Priority demand segments

Recurring-treatment riders

Dialysis and chemotherapy patients who need dependable, repeatable scheduling and family visibility.

Seniors and families

Older adults without an available family driver, including wheelchair users and people needing door-through-door assistance where approved.

Discharge and transfer teams

Hospitals and facilities coordinating planned discharges or non-emergency transfers with documented handoffs.

Treatment centers

Dialysis, oncology, rehabilitation and specialty clinics seeking fewer transport-related disruptions.

A diversified revenue stack

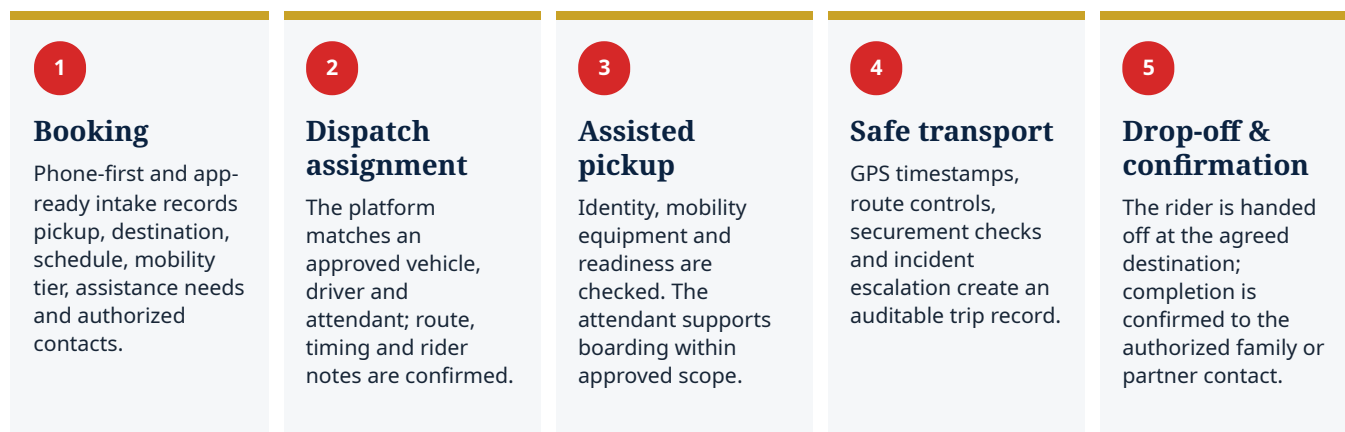
Stream	Commercial design
Per-trip fares	Quoted by approved vehicle tier, service zone, assistance needs and wait-time rules. Fees TBD.
Recurring ride plans	Subscription-style schedules for defined treatment cycles; terms, inclusions and cancellation policy TBD.
Institutional contracts	Negotiated arrangements with centers, clinics, hospitals or facilities; service levels and pricing TBD.
Approved add-ons	Wait time, additional stops or expanded assistance only when within scope and disclosed before booking. Fees TBD.
Pricing rule: no fee is published until local cost inputs, competitive review, tax treatment, insurance, legal classification and unit economics are validated.	

BUYER LOGIC

Families buy confidence. Treatment centers buy reliability. Hospitals buy a controlled handoff. The franchisee sells one operating promise in three commercial forms.

Five steps turn a booking into a trusted handoff

The customer experience is standardized from intake to confirmation, with exceptions visible to dispatch.



Operating controls

- Pre-booking mobility and non-emergency suitability screen
- Defined pickup windows and lateness escalation
- Daily vehicle, lift/ramp and securement checks
- Driver qualification and fit-for-duty controls
- Privacy-safe rider notes and role-based access
- No-show, cancellation, complaint and incident workflows
- Preventive maintenance and backup-vehicle plan

Dispatch promise



The operating unit is small, accountable and dispatch-led

Global Care PH supplies the staffing pathway; the franchisee owns local execution and commercial development.



Major cost categories

Category	Planning scope
Fleet	Acquisition/lease, accessibility upfit, registration, insurance, maintenance, depreciation.
Fuel & route	Fuel/charging, tolls, parking, cleaning and recovery.
People	Drivers, attendants, dispatch, supervision, training, uniforms and benefits.
Dispatch & technology	Booking, telematics, managed devices, communications, cybersecurity and support.
Hub & administration	Depot/office, utilities, records, professional services and local marketing.

Capital and working-cost posture

All figures remain **TBD**. The model should be costed by launch territory, vehicle mix, service classification, insurer requirements and staffing pattern.

Unit economics worksheet

Revenue per completed ride

less

Direct labor + fuel + vehicle allocation + trip-variable cost

equals

Contribution per completed ride

No margin, payback period, earnings or ROI is forecast in this model.

The scorecard connects safety, service and economics

Growth is earned by dependable execution; no expansion gate opens on booking volume alone.

On-time pickup rate Completed pickups within the approved service window ÷ completed pickups.	Ride completion rate Completed rides ÷ accepted bookings, with cancellations reported separately.	Rider satisfaction Post-ride rating and complaint themes, segmented by service tier.
Safety events Incidents and near misses per defined ride volume; no target invented before baseline.	Partner reliability Institutional service-level performance, exceptions and response time.	Fleet readiness Available approved vehicles ÷ scheduled vehicles by shift.

Scale comes from density, then geography

STAGE 1 Prove one service zone Launch limited vehicle tiers, validate trip timing, train staff and establish baseline KPIs.	STAGE 2 Anchor recurring demand Develop contracts with dialysis centers, oncology clinics and hospital discharge teams.	STAGE 3 Cross-refer within the network Coordinate with Global Care PH sister agencies where consent, fit and applicable rules allow.	STAGE 4 Replicate the playbook Add approved vehicles, adjoining zones and institutional capacity only when service quality holds.
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FRANCHISEE FIT

Best suited to a logistics-minded operator who can lead fleet discipline, people accountability, partner selling and a service culture built around vulnerable riders.

One position, tailored reasons to believe

The brand is not selling a vehicle. It is selling dependable access to care and peace of mind.

CATEGORY	Non-emergency medical transportation
POSITION	The reliable medical ride
PROMISE	Safe. Punctual. Dignified.

Messaging pillars

Safety
Mobility-matched vehicles, trained attendants, defined checks and a clear emergency boundary.
Punctuality
Dispatch controls and visible confirmation designed around time-sensitive care.
Dignity
Respectful assistance, privacy-minded communication and a calm handoff.

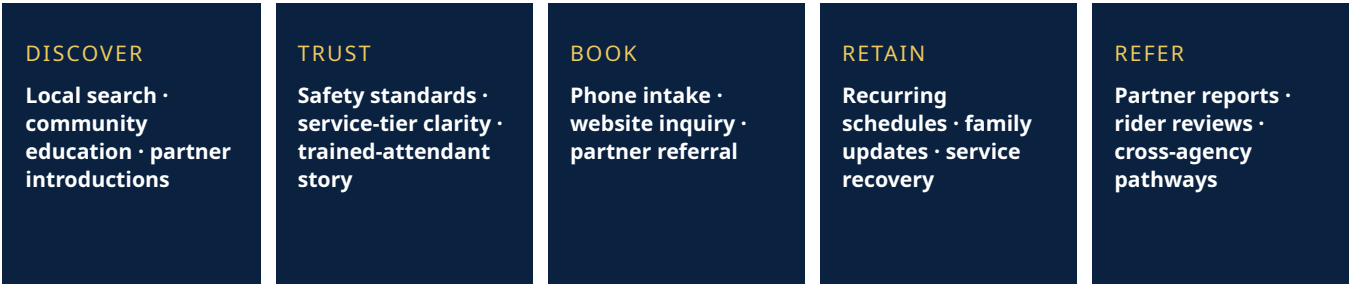
Audience-specific value

Audience	Lead message
Patients & families	A dependable ride with a trained attendant and an authorized arrival confirmation.
Dialysis & oncology centers	Recurring schedules, service visibility and documented exception handling.
Hospital discharge teams	Planned pickup, mobility fit and a controlled destination handoff.
LGUs & senior offices	A proposed community mobility resource with education and a defined referral path.

Claims discipline: use “proposed,” “planned” and “designed to” until operations and evidence support stronger language. Never publish “accredited,” “nationwide,” “guaranteed on time” or clinical/ambulance claims without verified authority and substantiation.

Partner trust and local intent power the funnel

The channel mix balances institutional referrals with direct family demand.



Marketing channels

- Conversion-focused agency webpage and service-tier pages
- Local search profile after the operating location is approved
- Search advertising around appointment and treatment transport intent
- Facebook education for families and caregivers
- Direct outreach to discharge, dialysis, oncology and clinic leaders
- Barangay and local senior-office briefings
- Print-ready referral sheet with scope and booking checklist
- Consent-based email/SMS reminders for inquiries and recurring riders

Referral partner engine

1. **Map.** Build a territory list of dialysis centers, hospitals, clinics, rehabilitation providers and barangay senior desks.
2. **Qualify.** Identify transport pain points, volume patterns, booking lead time and handoff requirements.
3. **Equip.** Provide a scope-safe partner kit: service tiers, booking checklist, escalation line and privacy notice.
4. **Pilot.** Test a limited workflow only after launch readiness and required approvals.
5. **Review.** Share agreed service reports, resolve exceptions and earn expansion.

PARTNER CTA

“Let’s design a dependable, non-emergency ride pathway for your patients.”

Marketing follows operational readiness

The first 90 days build credibility in sequence: clarify, activate, measure, then scale.

DAYS 1-30

Build readiness & trust

- Finalize counsel-approved scope, claims and service-area language
- Publish agency webpage with three tiers, use cases and inquiry form
- Create partner one-sheet, booking checklist and family FAQ
- Build priority partner map and outreach cadence
- Prepare transport-safety content bank and response scripts

Gate: no “book now” campaign before capacity and approval readiness.

DAYS 31-60

Activate referral pathways

- Begin leadership meetings with dialysis, oncology and discharge teams
- Hold educational briefings with local senior-service offices
- Launch local search presence and narrow intent campaigns when approved
- Capture inquiries by source, tier, zone and required schedule
- Run tabletop tests of booking, delay and escalation communications

Gate: no partner service promise beyond tested operating capacity.

DAYS 61-90

Convert, learn & optimize

- Start approved service launch or maintain waitlist if launch gates remain open
- Review conversion, route feasibility, exceptions and partner feedback weekly
- Publish only verified operational proof and permissioned testimonials
- Build recurring-ride follow-up and referral-account reviews
- Shift budget toward channels producing qualified, serviceable demand

Gate: scale marketing only if safety and on-time baselines are stable.

Launch content rhythm

Weekly: one safety explainer, one family guidance post, one partner-facing operations insight.

Monthly: community briefing, partner roundtable or approved rider-education event.

Core calls to action

Family: Plan a ride.

Partner: Build a referral pathway.

Investor: Request the franchise information process.

The website should answer “Is this ride right for us?”

Modular copy lets the same core narrative support the public website and investor presentation.

WEBSITE HERO

A reliable medical ride—planned around the person.

Global Care PH proposes safe, comfortable non-emergency transportation for scheduled treatments, doctor appointments, planned hospital discharges and inter-facility transfers. Every ride is designed around the appropriate vehicle tier, a trained attendant and a confirmed handoff.

Primary CTA Plan a Ride | **Partner CTA** Build a Referral Pathway

Recommended web sections

- Hero: outcome + scope-safe description
- Who we serve: families, treatment centers and discharge teams
- Service tiers: ambulatory, wheelchair and approved stretcher transport
- How it works: the five-step rider journey
- Why Global Care PH: safety, punctuality and dignity
- Partner pathway: institutional inquiry
- FAQ: non-emergency scope, booking, assistance and family updates
- Compliance-first notice and contact

Content & community series

Ride Ready

How families prepare mobility equipment, documents and destination contacts.

Safe Transfer Basics

General education on boarding, securement awareness and why vehicle-tier matching matters.

Treatment Day Planning

Scheduling buffers, recurring bookings and communication when appointments change.

Discharge Without Delay

A checklist for a planned, non-emergency transition home or to another facility.

Content rule: education is general, not medical advice. Do not use identifiable rider information or health details without a valid basis and documented permission.

Marketing earns scale when operations earn trust

The dashboard joins demand generation to fulfilled rides and verified service quality.

Marketing scorecard

Metric	Decision it informs
Qualified inquiries by source	Which channels attract serviceable demand?
Inquiry-to-booking conversion	Does the message, intake or availability create friction?
Cost per qualified inquiry	Where should launch budget move? Budget and target TBD.
Active referral partners	Is partner outreach creating repeatable demand?
Partner-to-ride conversion	Which relationships translate into fulfilled service?
Recurring-plan retention	Does the model hold recurring-treatment trust?
Review / satisfaction trend	Is public reputation aligned with actual service?

Management cadence

Daily Capacity, delays, safety exceptions	Weekly Funnel, partner pipeline, service KPIs	Monthly Unit economics, quality themes, growth gates	Quarterly Territory, vehicle mix, contract strategy
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Investor presentation data room

- Approved territory and service classification
- Fleet mix, utilization and maintenance assumptions
- Staffing roster and competency evidence
- Channel funnel and partner pipeline by stage
- On-time, completion, satisfaction and incident baselines
- Cost model with all inputs sourced and dated
- Legal, insurance, privacy and permit readiness
- Claims substantiation register

Evidence ladder: concept → readiness → pilot → validated baseline → repeatable performance. Present only the level actually achieved.

THE DISCIPLINE

Marketing performance is never separated from ride performance. The fastest campaign cannot repair an unreliable handoff.

The concept advances only through verified gates

The corporate edition is built for disciplined planning—not premature claims.

Pre-recruitment decision gates

- ☐ Philippine counsel confirms franchise, transport, vehicle, driver, attendant and local permit pathway.
- ☐ Service classification and the boundary between non-emergency transport and regulated ambulance/clinical service are documented.
- ☐ Fleet specification, accessibility equipment, insurance and maintenance controls are approved.
- ☐ Privacy notices, lawful processing basis, data roles, retention and incident response are established.
- ☐ Fees, franchise terms, costs, territory and financial assumptions are complete and reviewed.
- ☐ All website and investor claims have owners, evidence and approval dates.

Regulatory posture

This document deliberately does not claim Department of Health (DOH) or Land Transportation Franchising and Regulatory Board (LTFRB) accreditation. The applicable path depends on the final service design, vehicle class, operating area and legal interpretation.

Vehicle registration and transport authority requirements must be confirmed with the appropriate Philippine authorities. Health and mobility information can constitute sensitive personal information and requires privacy-by-design controls.

Official reference

National Privacy Commission

Republic Act No. 10173 — Data Privacy Act of 2012
<https://privacy.gov.ph/data-privacy-act/>

Reference included for planning context only; it is not a complete compliance checklist or legal opinion.

Important notice

Information only; not a franchise offer. This proposed business and marketing model is subject to Philippine laws, regulatory requirements, definitive agreements and local feasibility. All fees, costs and financial terms are TBD. No fleet, ridership, contract, accreditation, earnings, profitability or return on investment is claimed or guaranteed. Seek independent legal, financial, tax and operational advice. Philippine counsel review is required before any public franchise recruitment or offer.

GLOBAL CARE PH

corporate@globalcareph.com

Founder & Chairwoman · Grace Young

North American Standards, Filipino Excellence.