



AI-POWERED WEBSITE & AUTOMATION

A SMARTER DIGITAL FRONT DESK FOR MODERN HEALTHCARE PRACTICES

Combine a professional clinic website and booking system with AI-assisted conversations, structured pre-visit intake and workflow automation. Your staff remains in control while AI supports routine administrative tasks.

BEST FOR AUTOMATION



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AI PLAN SERVICE GUIDE

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A structured path from plan fit and pricing to AI governance, launch and ongoing monitoring.

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01 / PLAN FIT

AI should solve a defined clinic problem

The right AI configuration begins with workflow pressure, reliable information and a responsible human owner.

WHAT THIS PLAN DELIVERS

A complete Business website and booking foundation with optional AI reception, staff assistance, guided intake and operational analytics. Every module is tied to approved data, defined boundaries and staff oversight.

A good fit

Clinics with repeat questions, growing inquiry volume, structured intake or staff tasks supported by approved information.

Not automatically a fit

A clinic needing only a professional website, lacking a content owner, or expecting AI to diagnose, prescribe or replace clinical judgment.

GOOD FIT FOR

Repeat inquiries

Hours, services, doctors, fees and appointment instructions are asked regularly.

Structured workflows

The clinic can define fields, staff roles, escalation routes and expected outcomes.

Human ownership

A named clinic contact can approve knowledge, notices, prompts and representative answers.

Responsible expansion

The practice wants assistance around existing operations, not uncontrolled automation.

DECISION BOUNDARY

If the clinic does not need patient-facing AI, staff assistance, guided intake or advanced reporting, the Business Plan is usually the clearer and more economical choice.

02 / PATIENT AND CLINIC JOURNEY

A clearer patient journey. A more informed clinic team.

Select automation for a defined task, not simply because it is labelled AI.

For patients

Find approved clinic information, follow a clear booking route and provide agreed pre-visit details without navigating scattered messages.

For clinic teams

Review structured requests, receive draft summaries and retain responsibility for appointment confirmation and patient communication.

1

Ask or request

A visitor asks an administrative question or starts the appointment form.

2

Use approved information

Selected AI modules use the clinic-approved knowledge and fields; uncertain questions are directed to staff.

3

Review and confirm

Authorized staff review the request. Clinical intake, when included, is routed to the approved clinician access group.

A FIT FOR PRACTICES WITH REPEATABLE WORKFLOWS

Useful where recurring questions, appointment administration or pre-visit information gathering create extra work. The consultation checks your actual needs before recommending modules.

Inside this guide: foundation 5-6 | price clarity 7 | AI modules 9-14 | costs 18 | delivery 19 | safeguards 20-21 | design proof 22-23 | launch 25 | support 26 | terms 27

03 / INCLUDED FOUNDATION

A complete patient-facing foundation

Included within the PKR 140,000 base. No optional AI module is included at this price.

Up to 10 website pages

Clinic, practitioner, service and contact information organized around the agreed sitemap. Responsive layouts support phone, tablet and desktop use. The clinic supplies or approves factual content and images.

PHP / MySQL appointment requests

Patients select the agreed service, doctor and preferred time, then provide required contact details. Server-side validation checks the submission and the system records a valid request with a clear success or error message.

Standard structured intake

Approved forms collect only the information needed for the agreed workflow. Required and optional fields are identified. This is a form-based intake flow, not the optional conversational AI Intake Assistant.

WhatsApp booking handoff

An agreed contact action opens WhatsApp with a suitable booking message. This handoff is not a WhatsApp chatbot, bulk messaging service or automated reminder campaign.

SMTP email alerts

Configured alerts notify the approved recipient when defined events occur. An authorized SMTP account and deliverable addresses are required; sending does not guarantee inbox delivery.

THE PATIENT PROMISE

A submitted request is not a confirmed appointment. The clinic reviews availability and communicates confirmation or an alternative time.

04 / INCLUDED STAFF TOOLS

Keep appointment decisions with your team

These controls form the operational base beneath the selected AI modules.

Protected staff portal

Authorized staff sign in to review requests and update agreed statuses. Permissions and staff responsibilities are recorded in the project scope.

Doctor schedule manager

Maintain the agreed availability and schedule rules. Reception checks the request against availability before confirmation; unusual scheduling rules are scoped first.

Appointment export

Export agreed operational fields to CSV for compatible spreadsheet tools. Export rights are restricted; clinical history is not part of a general reception export.

Clear record handling

Requests follow the clinic-approved status model. The agreed database schema and project files form part of the handover after full payment.

STANDARD PROGRESSION

New → Pending → Confirmed → Completed

Staff review before confirmation

EXCEPTIONS / APPROVAL

Cancelled and any rescheduling states are agreed before build.

The website is not a hospital management system or a full electronic health record.

Build approach: PHP and MySQL on compatible hosting, with browser-side HTML, CSS and JavaScript. AI calls run server-side; private API keys are not placed in public pages.

05 / PRICE CLARITY

A clear project price with separate running costs

The final development price is the PKR 140,000 foundation plus only the AI modules approved in writing.

APPROVED PROJECT PKR 140k-280k Based on selected modules	TO BEGIN 50% After scope and invoice approval	BEFORE LAUNCH 50% After private staging approval
DELIVERY TARGET* 15-30 DAYS* After readiness conditions	CONSOLIDATED REVISIONS 7 ROUNDS Within approved scope	PRIORITY DEFECT SUPPORT 30 DAYS Delivered-code defects

FEATURE	ONE-TIME PKR	SCOPE
Business foundation	140,000	Website, booking and staff operations; no AI modules.
AI Receptionist	+50,000	Approved FAQ assistance and booking handoff.
AI Admin Assistant	+40,000	Staff briefings and draft replies.
AI Pre-Visit Intake	+30,000	Guided intake and clinician-review summary.
AI Analytics Dashboard	+20,000	Agreed operational metrics.
Knowledge + safety controls	0 with Receptionist	Included with the Receptionist module.

COMPLETE LISTED CONFIGURATION: PKR 280,000

The full listed price combines the foundation and all four paid AI modules. Hosting, domain, email, messaging services and AI-provider consumption remain separate.

06 / WHAT YOU RECEIVE

A complete AI-enabled clinic system package

The clinic receives the approved website, selected modules, safeguards and practical handover information needed to operate the system.

Business foundation

Patient-facing website, appointment requests, structured forms, staff portal, schedules and agreed notifications.

Selected AI modules

Only the Receptionist, Admin Assistant, Intake Assistant or Analytics modules listed in the signed scope.

Approved knowledge system

Clinic-controlled information, publishing flow, fallback behaviour and content-maintenance responsibilities.

Safety and escalation controls

Restricted topics, uncertainty handling, human handoff, provider-failure fallback and testing scenarios.

Technical foundation

Server-side integrations, protected credentials, role checks, responsive layouts and approved logging.

Training and documentation

Staff walkthrough, operating notes, account guidance and the agreed deployment information.

HANDOVER PACKAGE

What the clinic receives after final payment

- **Project files:** Approved custom source files and database schema.
- **Configuration:** Provider, model, usage-limit and environment guidance.
- **Test record:** Representative fictional scenarios and acceptance results.
- **AI instructions:** Agreed prompts, safety rules and knowledge structure.
- **Access details:** Agreed account ownership and credential-handover record.
- **Support route:** Thirty-day defect-support scope and contact process.

Provider licences, usage charges and unlisted integrations remain subject to their own terms and costs.

07 / OPTIONAL MODULE 01

AI Receptionist

Website assistance for recurring administrative questions, with a clear route to a person.

DEVELOPMENT: +PKR 50,000

Includes the approved Clinic Knowledge Base and Receptionist safety/escalation controls. Provider API usage is paid separately through the clinic-owned account.

- 1 Visitor asks**
Typical topics include opening hours, location, approved fees, doctor profiles and how to request an appointment.
- 2 Assistant checks approved information**
The response is grounded in the clinic knowledge source. Missing or uncertain information is not treated as a verified fact.
- 3 Guide to booking or staff**
Provide the agreed booking link or staff contact. The assistant does not independently promise an available slot or confirm an appointment.

What is delivered

Branded website chat, agreed tone and topics, server-side API integration, booking/contact links, fallback copy and scenario-based testing.

What the clinic provides

Approved information, an API account with billing enabled, a staff escalation contact and a named person to approve knowledge updates.

AFTER-HOURS ACCESS AND STAFF HANDOFF

Designed for use outside clinic hours while hosting and providers are available. Live staff response follows clinic hours. WhatsApp AI, voice calling and multilingual support require separate written scope.

08 / KNOWLEDGE & CONTENT CONTROL

Approved facts behind the answers

Included at no additional development charge with the AI Receptionist.

KNOWLEDGE AREA	CLINIC-APPROVED CONTENT
Clinic basics	Hours, locations, contact details and appointment instructions.
People and services	Verified practitioner profiles and service descriptions.
Commercial information	Current consultation fees and approved administrative policies.
Boundaries and handoffs	Questions the assistant may answer; cases to direct to staff.
Source ownership	A named clinic owner, approval status and review date for important information.
Publishing control	Authorized updates only; open-web medical information is not an approved source by default.

1 Approve

A named clinic contact checks the facts before they enter the knowledge source.

2 Publish and test

Authorized updates become available through the agreed publishing flow. Representative questions are checked after significant changes.

3 Maintain

The clinic keeps fees, schedules and policies current. Retrieval or indexing refresh behaviour is documented at handover.

GROUNDING DOES NOT MEAN INFALLIBLE

A knowledge source reduces unsupported answers but cannot eliminate errors. Uncertain responses need a fallback, and medical facts remain subject to clinic approval. The knowledge base is not a patient-record repository.

09 / OPTIONAL MODULE 02

AI Admin Assistant

Draft operational briefings and replies for authorized clinic staff.

DEVELOPMENT: +PKR 40,000

Uses approved operational data from the booking foundation. API consumption is billed separately. It can be scoped without the patient-facing Receptionist.

A useful starting point

Summarize pending appointment requests and agreed follow-up tasks. Draft an administrative response using approved clinic facts.

A human decision remains

Staff verify dates, names, context and source records before acting. Draft replies are reviewed before sending; AI does not automatically approve bookings.

INPUT	ASSISTANCE	STAFF CONTROL
Approved operational records	Briefing on outstanding administrative tasks	Check the source request and current status.
Approved inquiry and clinic facts	Draft response or follow-up wording	Edit, approve and send through the agreed channel.

Access boundaries

Reception users should not gain access to clinical intake simply because a staff assistant exists. Role-scoped queries and approved data fields define what the assistant may use.

Not included: autonomous clinical prioritization, diagnosis, treatment advice, unrestricted database access or unapproved outbound messages.

10 / OPTIONAL MODULE 03

AI Pre-Visit Intake Assistant

A guided conversation that prepares information for clinician review, not a clinical assessment.

DEVELOPMENT: +PKR 30,000

Requires clinic-approved questions, patient notices, clinician access rules and an approved AI-provider data flow. API usage is separate.

- 1 Explain and collect**
 Show the approved purpose, privacy information and non-emergency notice. Ask only the agreed questions, with any consent or acknowledgement required for the clinic workflow.
- 2 Structure the response**
 Organize patient-supplied answers into the approved summary format. For example: reason for visit, duration and relevant history, only where the clinic has approved those fields.
- 3 Clinician checks**
 An authorized clinician reviews the summary against the original answers. Patient statements and AI-generated summaries are labelled distinctly.

Useful preparation

Gives the clinician a structured starting point and highlights unanswered fields without guessing missing facts.

Deliberate limits

No diagnosis, candidate screening, urgency scoring, medicine advice or treatment recommendation. It is not an electronic health record.

Intake data may be sensitive. Reception staff receive only the operational information required for their role; clinical content requires separately authorized access.

11 / SAFETY & HUMAN OVERSIGHT

Automation with explicit boundaries

Safety controls reduce risk. They are not a guarantee that every unsafe or inaccurate response will be detected.

SITUATION	EXPECTED SYSTEM RESPONSE
Administrative question with approved facts	Answer within the approved knowledge and guide the agreed next step.
Missing facts or uncertainty	Acknowledge the limit and provide the approved staff contact.
Diagnosis or treatment request	Decline clinical advice and direct the person to a qualified clinician.
Possible emergency language	Show the clinic-approved emergency notice and local emergency contact. Detection is not comprehensive and is not clinical triage.
API outage or usage limit	Show a useful fallback with booking or contact access. Do not present an error as a clinical answer.
AI disabled or incident reported	Stop AI responses, retain the safe contact route, revoke affected credentials and record the recovery action.

BEFORE LAUNCH: TEST BOTH ORDINARY AND DIFFICULT QUESTIONS

Review known-answer questions, missing information, misleading prompts, attempts to bypass restrictions, provider failures and agreed escalation cases using fictional data.

The site must not ask a patient to wait for chat or reception when urgent help is needed. The clinic approves location-appropriate emergency wording; one emergency number is not assumed for every country.

12 / OPTIONAL MODULE 04

AI Analytics Dashboard

Operational reporting with agreed definitions, not promised growth figures.

DEVELOPMENT: +PKR 20,000

Dashboard for the agreed, available events. Chat-specific metrics require an AI module generating those events; booking-only metrics can use the foundation.

Inquiry activity

Count recorded sessions and messages by the agreed reporting period. Clarify whether repeat visits are separate sessions.

Topic patterns

Group administrative inquiries into approved categories. Topic reporting is not a clinical assessment of patients.

Staff handoffs

Track the defined handoff event, such as a staff-contact action. A contact click does not prove a staff conversation occurred.

Booking progression

Distinguish booking clicks, submitted requests and staff-confirmed appointments. Only link events where reliable identifiers and permissions exist.

A USEFUL CONVERSION DEFINITION

If reliable linking is in scope: chat-to-request rate = linked valid booking requests ÷ eligible recorded chat sessions. Agree the time window, exclusions and duplicate rules before presenting a percentage.

Reports reflect recorded activity, not guaranteed patient growth. Standard event reporting needs no additional AI inference service. Any model-based classification or external analytics service must be approved and costed separately.

13 / HOW AI WORKS & DATA FLOW

A controlled route from question to human action

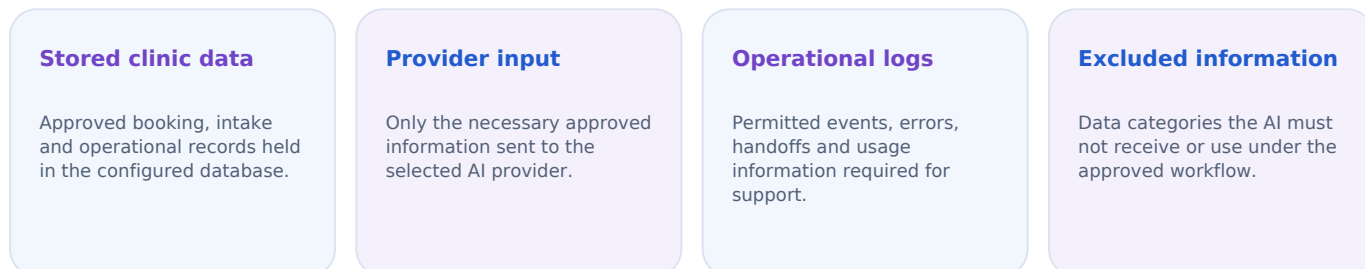
The system combines fixed rules, approved knowledge, a selected AI provider and staff oversight. AI is one component, not the final decision-maker.



HUMAN DECISION POINT

The AI can assist, summarize or guide. Appointment confirmation, clinical interpretation, treatment decisions and any action affecting patient care remain with authorized clinic staff.

FOUR DATA CATEGORIES TO AGREE



NO HIDDEN AUTOMATION

Every runtime AI route, provider dependency, permitted data source and staff responsibility is listed in the written scope before production use.

14 / CHOOSE THE RIGHT LEVEL

AI is for defined assistance, not every clinic website

The three plans serve different operational needs. Select the simplest level that solves the clinic problem responsibly.

PLAN	BEST SUITED FOR
ESSENTIAL	Professional clinic presence, verified information and direct contact actions.
BUSINESS	Appointment requests, staff dashboards and controlled operational tools.
AI	Business foundation plus selected AI conversations, summaries, intake or analytics.

THE AI PLAN IS APPROPRIATE WHEN

Patient-facing assistance

Recurring administrative questions can be answered from approved clinic information with a staff fallback.

Staff assistance

Authorized users benefit from reviewed summaries, task briefings or draft administrative replies.

Guided intake

The clinic has approved questions, notices, clinician access and a defined summary format.

Measured operations

The clinic has reliable events and agreed definitions for the selected dashboard metrics.

CHOOSE RESTRAINT OVER COMPLEXITY

If reliable information, staff ownership, privacy decisions or a clear escalation route are not available, launch the Business foundation first and add AI later.

15 / CONFIGURATION EXAMPLES

Start with the workflow you actually need

These configurations illustrate the approved price schedule. They are not additional plan tiers.

A / Foundation only PKR 140,000

Complete Business website and booking infrastructure. No optional AI modules. Suitable for establishing the operational base first.

B / Patient-facing AI PKR 190,000

Foundation + AI Receptionist, with Knowledge Base and Receptionist safety controls included. For recurring clinic questions and booking guidance.

C / Patient + staff AI PKR 230,000

Foundation + Receptionist + Admin Assistant. For practices seeking patient-facing assistance and reviewed staff briefings.

D / Complete listed scope PKR 280,000

Foundation + Receptionist + Admin Assistant + Pre-Visit Intake + Analytics. Requires a clear data and oversight plan for each module.

A FREE WORKFLOW REVIEW BEFORE SELECTION

Discuss the clinic process, approved data, staff responsibilities and intended outcomes with Adnan. Receive a recommended configuration and written scope before making a payment.

Other combinations may be agreed using the same item prices, subject to dependencies. Clinical intake access, event tracking and provider costs are checked before the quote is finalized.

16 / HOSTING & RUNNING COSTS

Separate the build from ongoing services

The clinic can choose managed hosting or use an account it owns directly.

COST	BUKHARI AI MANAGED	CLIENT-OWNED
Development	PKR 140,000-280,000, according to written scope	Same approved development schedule
Hosting	PKR 5,000 per year	Paid to provider; no separate Bukhari AI annual hosting fee
Domain	Registration and renewal at actual provider cost	Purchased and renewed by clinic
Business email	2 mailboxes free in year 1; from year 2, current rate PKR 3,588 per mailbox/year	Clinic purchases and renews required mailboxes
AI usage	Clinic-owned API account; provider bills actual usage	Clinic-owned API account; provider bills actual usage

Budget before launch

Select the model, expected traffic, usage limits and available provider budget controls. API charges depend on actual usage and provider rates, with no Bukhari AI markup on provider consumption.

Hosting and deployment

The account must support the approved PHP/MySQL stack and outbound API calls. Deployment begins after the domain, hosting and temporary access are provided or approved.

Email renewal is optional and separate from hosting. Hosting must be renewed to stay online. Provider rates and offers may change. Hostinger is an option for compatible PHP/MySQL hosting; introductory domain or email offers depend on eligible plans.

17 / DELIVERY & ACCEPTANCE

A controlled path from scope to launch

The system is reviewed privately, tested with fictional cases and published only after written clinic approval.

1 Confirm scope

Approve modules, price, data routes, responsibilities and the delivery target.

2 Provide materials

Supply verified content, knowledge, form fields, notices, accounts and access.

3 Build the system

Configure the website, booking foundation, database and selected AI modules.

4 Test privately

Check responsive layouts, permissions, answers, fallbacks and notifications.

5 Refine

Apply up to seven consolidated revision rounds within the approved scope.

6 Approve and launch

Settle the final payment, approve staging, publish and complete handover.

DELIVERY TARGET*

15-30 DAYS*

After readiness conditions

REVISIONS

7 ROUNDS

Consolidated feedback

DEFECT SUPPORT

30 DAYS

After production launch

TIMING CONDITION

The target starts after written scope, 50% advance, approved clinic materials, provider accounts and required access are received. Added scope, delayed decisions and third-party issues may extend it.

No response-time SLA is implied unless it is separately agreed in writing.

18 / AI TESTING & ACCEPTANCE

Test ordinary, difficult and failure scenarios

AI acceptance requires more than a working interface. Representative fictional cases are reviewed before real clinic use.

1 Approved facts

Correctly answers representative questions using current clinic-approved information.

2 Missing knowledge

Acknowledges uncertainty and provides the approved human contact or next step.

3 Clinical requests

Declines diagnosis, prescription, treatment and independent triage requests.

4 Emergency language

Shows clinic-approved urgent-care wording without claiming comprehensive detection.

5 Booking boundary

Never presents a submitted request as a confirmed appointment.

6 Prompt attacks

Resists attempts to reveal instructions, bypass restrictions or access unapproved data.

7 Role permissions

Reception, clinician and administrator views use only the data allowed for each role.

8 Provider failure

Shows a useful booking or contact fallback during outage, rate limit or API error.

ACCEPTANCE RECORD

Record the tested scenario, expected behaviour, observed result, required correction and clinic approval. Re-test material prompt, knowledge, permission or provider changes before publication. Test only scoped languages and use fictional, not real patient, information.

19 / PRIVACY, SECURITY & GOVERNANCE

Agree the data flow before using real data

Keep access, provider processing and ongoing responsibilities understandable.

Clinic readiness checklist

Provide one authorized contact; verified clinic information and images; approved knowledge, intake questions and notices; staff and clinician roles; API/SMTP accounts; hosting/domain access; and timely written feedback.

Where data goes

The website stores the approved records in its configured database. Selected AI functions send the necessary inputs to the chosen provider. What is sent, who can access it and how long it is retained must be agreed before production use.

Provider settings and privacy

Training use, retention, regional processing and account controls depend on the selected provider and configuration. These are reviewed with the clinic; this brochure does not claim blanket privacy or regulatory compliance.

Technical safeguards

Use server-side validation, prepared database queries, protected credentials, password hashing, secure sessions and permission checks. Define backup, restoration, export and deletion responsibilities in the scope.

Ownership and handover

After full payment, hand over the agreed custom project files, database schema, AI prompts, knowledge documentation and account instructions. The clinic retains its own accounts. Third-party software and assets keep their licences and terms.

AI TRANSPARENCY AND HUMAN APPROVAL

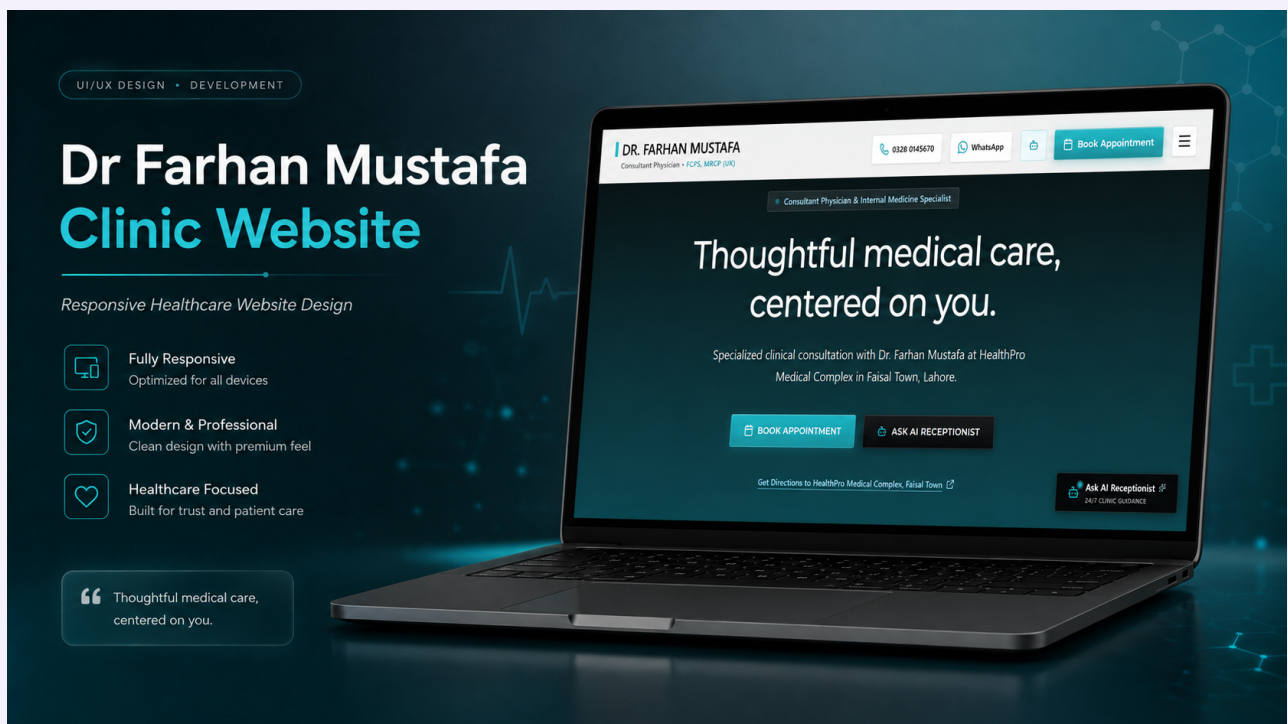
AI-assisted development tools may support production under human direction. Selected runtime AI modules assist the agreed workflows. The clinic approves medical facts, data collection and notices. Development and demos use fictional data, not real patient records.

20 / DESIGN PROOF 01

A polished desktop clinic website direction

A professional patient-facing experience designed to make trust, booking and AI assistance immediately clear.

DR FARHAN FAMILY MEDICINE / DEMONSTRATION



DESKTOP MOCKUP

A branded desktop composition showing the clinic homepage, responsive thinking and clear patient actions.

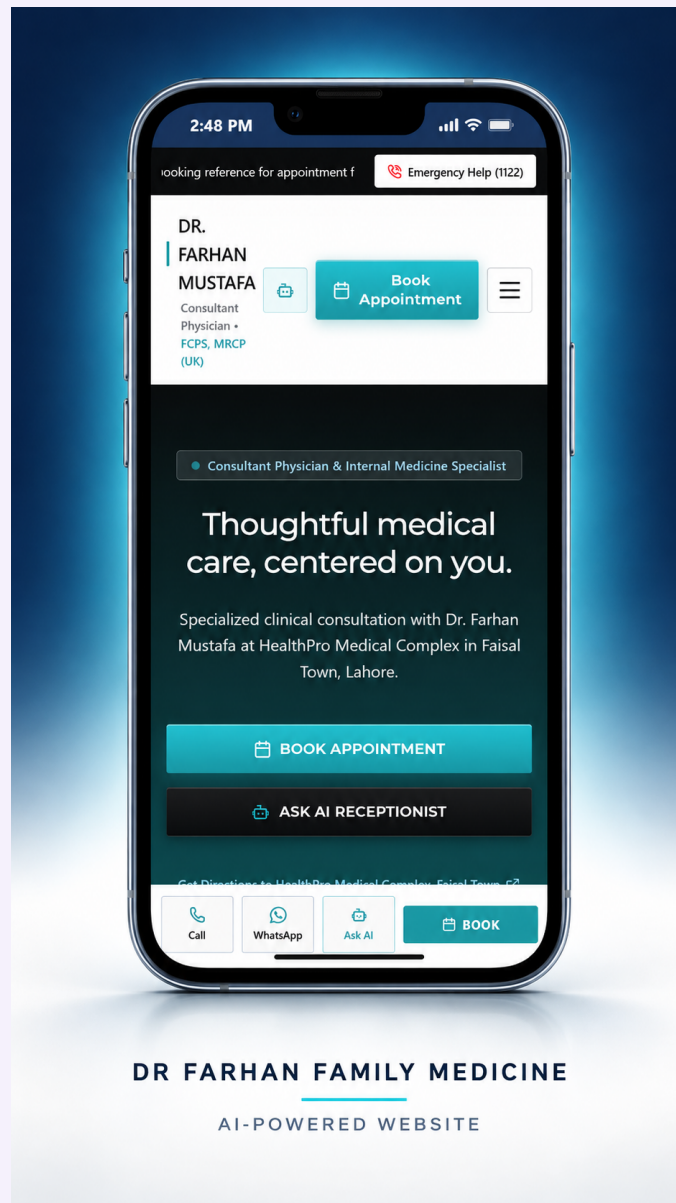
[SEE DEMO](#)

20 / DESIGN PROOF 02

A responsive mobile clinic experience

A mobile-first direction that keeps booking, contact and AI assistance within easy reach.

DR FARHAN FAMILY MEDICINE / DEMONSTRATION



MOBILE MOCKUP

A focused phone presentation showing how the same clinic system adapts to smaller screens.

[SEE DEMO](#)

21 / YOUR PROJECT CONTACT

One accountable point of contact

Scope, workflow decisions, staging review and handover are coordinated directly with Adnan Bukhari.



LEAD PROJECT CONTACT

Adnan Bukhari

Bukhari AI
Pakpattan Sharif, Pakistan

I help doctors, dentists and healthcare practices create clear patient-facing websites and practical digital workflows. My role is to turn your approved clinic process into a system your team can understand, review and use.

Written scope

Know which modules, dependencies and responsibilities are included before development starts.

Private review

Review the working system on staging and approve the agreed changes before it goes live.

Direct communication

Bring content, workflow and handover questions to one project contact.

Clear handover

Receive the agreed files and documentation after full payment, with third-party dependencies explained.

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22 / READY TO LAUNCH

A practical AI acceptance checklist

The clinic knows what must work before written staging approval and production publication.

1 Responsive layout

Patient and staff views are checked on phone, tablet and desktop.

2 Approved clinic facts

Names, services, fees, hours, locations and policies match the approved source.

3 Booking workflow

Requests, validation, notifications, statuses and staff confirmation behave as scoped.

4 Knowledge accuracy

Representative questions use current approved information and acknowledge missing knowledge.

5 Safety fallbacks

Clinical, emergency, uncertain and restricted requests produce the agreed safe response.

6 Human escalation

Patients and staff can reach the approved person or route when AI should stop.

7 Role permissions

Reception, clinician and administrator access is limited to the agreed information.

8 Provider failure

Outage, timeout, rate-limit and usage-limit scenarios retain a useful contact or booking path.

9 Written approval

The clinic confirms the staging system meets the agreed scope before launch.

LAUNCH GATE

Written staging approval is required before publication.

Unresolved factual, legal, privacy, access or third-party issues are recorded before launch. Approval confirms the delivered system matches the agreed scope; it does not guarantee clinical outcomes, provider availability or error-free AI responses.

23 / AFTER DELIVERY & MONITORING

Clear review, handover and responsible operation

Support covers technical defects in the delivered code. New content, new workflows and third-party problems are quoted separately.



WHAT 30-DAY PRIORITY SUPPORT COVERS

INCLUDED DEFECT SUPPORT	QUOTED SEPARATELY
Delivered-code or responsive-layout defects	New pages, modules, languages or workflows
Broken delivered AI widget or server integration	Prompt, knowledge or policy changes after approval
Approved fallback or permission control not working	New provider, model or substantial architecture change
Deployment-related code defect	Provider outage, account, billing, rate-limit or DNS issue
Delivered notification or booking action not working	New analytics, reports, integrations or automation

MONITORING AND GOVERNANCE

Keep clinic knowledge current, review unusual conversations, monitor usage and provider status, and re-test material prompt, model, permission or workflow changes. Ongoing monitoring, optimization and content maintenance are separate unless listed in the signed scope.

24 / COMMERCIAL TERMS

Clear terms before a commitment

Review the scope and payment schedule before authorizing work. The signed Statement of Work and official invoice define the final agreement.

01 Scope

Only written deliverables and selected modules in the approved Statement of Work are included.

02 Payment

A 50% advance starts work. The final 50% follows staging approval and precedes launch or handover.

03 Revisions

Seven consolidated rounds cover reasonable changes within the approved scope.

04 Defect support

Thirty days cover delivered-code defects. Provider issues, later changes and new features are excluded.

05 Approvals and delays

One contact approves work. Missing content, access or feedback pauses the delivery schedule.

06 Cancellation

Completed work and non-recoverable third-party costs are deducted before any refund is calculated.

07 Third parties

Hosting, AI, email, messaging and other providers control their own pricing, terms and availability.

08 Maintenance

Future updates are quoted by request. AI, workflow or architecture changes may cost more.

09 Confidentiality and portfolio

Non-public material is protected. Portfolio use requires permission or written agreement.

10 Validity and acceptance

Invoice validity applies. Paying the advance authorizes the approved scope and responsibilities.

AI RISK, PRIVACY AND OWNERSHIP POSITION

The clinic approves medical facts, patient-data use, privacy wording, emergency guidance and every production AI workflow. After full payment, the clinic receives the agreed custom files and documentation; third-party assets and services retain their own licences and terms. No guarantee is made of patient volume, search position, clinical outcomes, uninterrupted service or error-free AI responses.

25 / READY WHEN YOU ARE

A professional AI system starts with a controlled scope

Review your workflow, select only the useful modules and receive a written scope before payment.

Ready to explore practical AI for your clinic?

Book a free 15-minute consultation. We will identify repetitive work, check data and safety requirements, and recommend the right level of assistance.

[DISCUSS ON WHATSAPP](#)[REQUEST WRITTEN SCOPE](#)[VIEW AI DEMO](#)

FREQUENTLY ASKED QUESTIONS

Does the PKR 140,000 foundation contain AI?

No. It includes the complete Business booking foundation. Add only the AI modules your clinic approves.

Can AI diagnose, prescribe or independently triage patients?

No. These modules support administrative work and approved information collection. Qualified clinicians retain clinical decisions, and staff retain booking confirmation.

Who pays the AI provider, and what happens if it stops working?

The clinic owns and funds the API account. Agreed limits and fallback contact options help manage usage and outages; provider charges are separate from development.

Can staff update knowledge or add features later?

Authorized staff can use the agreed knowledge-update flow. New modules and changes outside the delivered scope are quoted separately.

Can we see the system before launch?

Yes. Private staging review, agreed scenario testing and a staff walkthrough are included. No real patient information is needed for the demonstration.

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