MONTHLY FINANCIAL & OPERATIONAL CERTIFICATION

Franchisee Reporting & Compliance Verification

Confidential – Required Monthly Submission
This certification must be submitted by each franchise location no later than the **10th** day of each month for the preceding month. By signing below, the Franchise Owner certifies that all submitted information is true, accurate, complete, and prepared in accordance with Aylara Pelvic Health reporting standards.

SECTION 1: FRANCHISE INFORMATION

Item	Details
Clinic Name	
Clinic Location	
Franchise Owner	
Clinic Director	
Reporting Month	
Submission Date	

SECTION 2: MONTHLY FINANCIAL PERFORMANCE - Quickbooks

2.1 Revenue by Service Line - PT Everywhere

Service Line	Revenue
Physical Therapy	$

Workshops or other events	$
Other Approved Services	$
TOTAL	$

2.2 Expense & Payroll Metrics - Quickbooks

Metric	Amount / %
Total Payroll Expense	$
Payroll as % of Revenue	%
Marketing Spend	$
Marketing Spend as % of Revenue	%
Total Rent/Occupancy Expense	$
Total Administrative Expense	$
Overall Expense Ratio	%

SECTION 3: OPERATIONAL PERFORMANCE METRICS

3.1 Visit Volume & Utilization - PT Everywhere / Custom Report

Metric	Value
Total Patient Visits	
New Patient Evaluations	

Average Visits Per Provider Per Week	
Total Active Patients	

3.2 Scheduling & Access Metrics - PT Everywhere / Custom report

Metric	Value
Cancellation Rate	%
No-Show Rate	%
Same-Day Fill Rate	%
Average Days Until Next Available Appointment	
Average Patient Wait Time In Clinic	

3.3 Patient Retention & Outcomes - PT Everywhere / Custom report

Metric	Value
Average Patient Length of Stay (Visits)	
Average Patient Length of Stay (Weeks)	
Plan of Care Completion Rate	%
Google Review Rating	

SECTION 4: ADDITIONAL DISCLOSURES

Please disclose any material operational, financial, staffing, compliance, or legal concerns occurring during the reporting month.

SECTION 5: ATTACHED REPORTS CHECKLIST

Please confirm the following documents are attached.

Document	Attached
Monthly Profit & Loss Statement	☐
Balance Sheet (end of each quarter)	☐
Payroll Summary Report	☐
Accounts Receivable Aging Report	☐
Accounts Payable Aging Report	☐
Visit Volume Report	☐
Scheduling Metrics Report	☐

SECTION 6: FRANCHISEE CERTIFICATION

I hereby certify that:

- The information contained in this Monthly Financial & Operational Certification is true, accurate, and complete to the best of my knowledge.
- All attached reports are authentic and generated from the clinic's operational systems.
- No material financial or operational information has been intentionally omitted.

- The clinic remains in compliance with Aylara Pelvic Health operational standards unless otherwise disclosed herein.

I understand that knowingly submitting inaccurate information may constitute a breach of the Franchise Agreement and may result in corrective action, audit escalation, or default remedies.

Franchise Owner Certification

Name: _____

Signature: _____

Date: _____

Clinic Director Certification

Name: _____

Signature: _____

Date: _____

SECTION 7: FRANCHISOR REVIEW (INTERNAL USE ONLY)

Item	Details
Reviewed By	
Review Date	
Follow-Up Required	☐ Yes ☐ No

Additional Documentation Requested	☐ Yes ☐ No
Compliance Concern Identified	☐ Yes ☐ No

Reviewer Notes