GIGI PATIENT ADVOCACY · RESEARCH APPENDIX

Pricing, Unit Economics, and National Market Size

Compiled 2026-08-22 · Research data, not legal, tax, or medical advice

Research: Pricing, Unit Economics, and Market Size

Collected 2026-08-22. Every figure quoted from a named source. UNVERIFIED marks gaps.

HEADLINES

1. **There is no rate survey.** The trade body refuses to publish one. The only national survey of the profession is from 2016. Every "$50-500/hour" range online traces to secondary blog posts, not data. The rate table below was built from actual published fee cards on named practices' websites — the only primary rate evidence that exists.
2. **~90% of independent advocates do not publish prices.** Of 34 practice websites crawled, only 3 published a rate. Opacity is the norm, which is both an opportunity and a warning that "market rate" is unknowable from desk research.
3. **Contingency fees on medical bill savings are almost certainly regulated in Texas and nobody in the field is discussing it.** Corroborates the legal research independently.
4. **Do not build the model on Medicare.** Total national Medicare payment for navigation codes in CY2024 was roughly $1.5 MILLION, and ZERO Austin-metro providers billed any of them.
5. **Austin has 19 named competitors and ~716 remote-capable national ones.** Geography is not a moat.

THE DIRECT COMPETITOR — read this first

Fleur de Lis Nurse-Patient Advocacy, Austin TX. Susan McCoy, Ed.D., MSN-Ed., RN, BCPA.
- **$150/hr**
- **Free 30-minute phone/Zoom consult**
- **$400 initial assessment** (2-3 hrs, in person or virtual: comprehensive health history, concerns, goals, next steps; payment due at the assessment meeting)
- **Retainer: client purchases hours in advance. "A 10-hour retainer would cost $1,500."**
- Publishes an explicit **"What I CAN do / What I CANNOT do"** block: "Serve solely as an informational resource" vs "Make any decision for or on behalf of a client... Provide hands-on medical/nursing care... Diagnose or prescribe."
Source: fleurdelisnpa.com/services

This is a nurse-led, board-certified, Austin-based patient advocacy practice with published pricing. It is the closest thing to Gigi's exact concept already operating in her exact market. It is also the ONLY one of 19 Austin advocates that publishes rates. Gigi should call her, or at minimum read every page of that site before finalizing anything. Copy the CAN/CANNOT pattern — it is good practice and good marketing.

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1. HOURLY RATES

Published rate cards (primary evidence, verified 2026-08-22)

Practice	Location	Credentials	Base hourly	Premium tiers
Garnet Advocacy	Dallas TX	RN, BSN, CCRN, BCPA	**$100/hr remote**	$125 in-person; $150 in-hospital

Practice	Location	Credentials	Base hourly	Premium tiers
Your Nurse Advocates	Fort Worth TX	nurse / certified case manager	**$100/hr**	$159 "Power Hour" session
Fleur de Lis	**Austin TX**	Ed.D., MSN-Ed., RN, BCPA	**$150/hr**	—
Seattle Patient Advocates	Seattle WA	PT 30+ yrs, BCPA	**$150/hr**	$200 emergency (<24hr notice); $200 bedside 8pm-8am; $75 travel
Lifeline Patient Advocates	DFW TX	not stated	**$175/hr**	$250 enhanced (hospitalization, surgery, ER); $75 travel
Calliope Patient Advocates	Connecticut	BCPA, **non-clinical**	**$200/hr**	**$325** premium (evenings, weekends, holidays)
Umbra Health Advocacy	national	"MD, PhD, specialized RN"	**$200/hr** care coordination and medical billing	$250 clinical/mental health nav; **$300** complex care mgmt; **$300** insurance navigation
Guardian Nurses	national	RN-staffed	"Call for current rates"	not published

Median base rate: $150/hr. Mean: $154. Range: $100-200. Premium tiers: $250-325.
CAVEAT: convenience sample of seven firms that chose to publish. Not a survey. Publishers may skew to the transparent, lower end. But it is the only primary rate data in existence.

The RN premium does not show up where you would expect

- **Highest** published standard rate ($200 rising to $325) is a **NON-CLINICAL BCPA** in Connecticut with a pharma background.
- **Lowest** ($100 remote) is an **RN, BSN, CCRN, BCPA** in Dallas.
- Austin's RN/BCPA/Ed.D. sits at $150.

Geography dominates credentials. Texas $100-175. Seattle $150. Connecticut $200. National/remote $200-300.

Where the premium DOES appear is in service mix, not letters. Umbra prices by type of work: care coordination $200, clinical/mental-health navigation $250, complex care management and insurance navigation $300. **A 50% premium for clinically-informed and insurance-technical work over general coordination. That is a far better basis for a nurse-led pricing argument than "RNs charge more."**

Trade bodies publish NO rates

APHA founder Trisha Torrey: "You can see now what that original question of 'how much do advocates charge?' is impossible to answer without 'it depends.'" And: **"Never EVER quote an hourly rate to a potential client."** No figures at all.
GNA FAQ: no dollar figures.
NAHAC: no rate guidance.

Every circulating range is secondary and two of four sources are competitors:
Range	Source	Date
$125-350/hr	aphablog.com	STALE, May 2021
$100-250/hr	aphablog.com	STALE, Jan 2018
$50-300/hr	aviatorhealth.co	Dec 2025. Attributed to APHA with NO LINK. **Aviator is a competitor selling against private-pay advocates**
$70-500/hr	umbrahealthadvocacy.com	undated. **Umbra is a competitor AND now owns the APHA directory**
$300-500 major cities	solace.health	Aug 2025. **Vendor marketing. Solace sells a Medicare-billed alternative and benefits from making private pay look expensive**
High end ~$350/hr	aphablog.com	STALE, Aug 2014 — useful only as a trend anchor: top of market was $350 twelve years ago

DO NOT put "$50-500" in anything without saying where it came from.

Pricing opacity is a real opportunity

34 independent advocate websites crawled from The Care Partner Project directory, checking home pages plus every fee/pricing/rates/cost/package/services page.

Only 3 of 34 (9%) published an actual rate. Concierge tier (PinnacleCare, Private Health Management, MyPatientAdvocate) publishes nothing.
Published transparent pricing would be a genuine differentiator and lowers discovery-call friction.

2. PACKAGES

Discovery calls

FREE 30-min is the norm: Fleur de Lis (Austin), Lifeline (DFW), Calliope (CT), CHAT (Austin), DRT (20-min).
The one exception: Seattle Patient Advocates charges $10 for a 15-20 min "Exploratory Consultation." A credible screening device — high enough to filter tire-kickers, low enough not to be a barrier.

Initial assessments — the strongest packaging pattern in the field

Practice	Scope	Price
Garnet (Dallas)	1.5 hr, non-crisis, in home or public space; medical profile, needs assessment, plan of care	**$225**
Pediatric Patient Advocates	1 hr deep-dive call + written next-steps strategy email	**$200**
Seattle	up to 2 hrs in person + prep + advocacy plan	**$300**
Fleur de Lis (Austin)	2-3 hrs, comprehensive health history, concerns, goals, next steps	**$400**
Lifeline (DFW)	Initial Assessment & Healthcare Plan, **flat, non-refundable**	**$650**

A paid, fixed-fee, deliverable-bearing assessment that converts to a retainer. Texas comparables $225-650. Austin comparable $400.

Crisis / bedside

- Garnet: **$300 crisis advocacy** — ER/PCU/ICU bedside intake, includes first 1.5 hrs. Effectively a $200/hr minimum block.
- Seattle: $150 first hour then $100/hr (8am-8pm); $200/hr (8pm-8am); $200/hr emergency <24hr notice
- Lifeline: $250/hr enhanced (hospitalization, surgery, ER)
- Lost Coast: accompaniment at no additional charge, travel within 400 miles at $1.40/mile

Nobody publishes a flat per-appointment accompaniment fee. The field prices accompaniment as hours, sometimes with a minimum block.

Retainers — every practice uses a prepaid hour bank, NOT a monthly subscription

Practice	Structure
Fleur de Lis (Austin)	Hours purchased in advance. **"A 10-hour retainer would cost $1,500"**
Garnet (Dallas)	**$800 ~ 8 hours.** "Any unused portion of retainer is fully refundable"
Calliope (CT)	**$800** up front after contract execution; further blocks in advance or pay-as-you-go; free monthly itemised reports
Seattle	Client-determined, "minimum recommended starting point is $1000." Paid in advance. Billing rounded to nearest 10 minutes
Lifeline (DFW)	Prepaid, sized to support level. "All services must be paid in advance before work begins." Unused hours stay on file

Entry points $800-1,500. The $800/8-hour and $1,500/10-hour structures are the two clearest templates.

Monthly retainers and family packages barely exist

- Umbra says advocates *may* offer "monthly subscriptions" — no price published
- mediloop (bill-review vendor): **$499/year for six bills** — the only true annual membership price found
- Pediatric Patient Advocates: custom packages + **sliding scale on income need** — only published sliding-scale policy, no prices

- DRT Advocacy: well-designed 4-step productized ladder with a checkout cart, but **every price renders $0.00**
- Concierge tier: annual memberships are the model, **no prices published anywhere**

A published monthly retainer or annual family membership would be close to unique. UNVERIFIED whether it sells — no evidence either way, because nobody publishes one.

APHA fee guidance worth knowing

- **APHA is AGAINST sliding scales**: "Charging on a Sliding Scale Just Creates a Can of Worms" (Jan 2020)
- **Advocacy fees may be deductible as a medical expense** for clients (Mar 2015, updated Feb 2022). Useful in a sales conversation.

3. MEDICAL BILL REVIEW PRICING AND THE LEGAL PROBLEM

Contingency market rates

Firm	Fee	Cap	Upfront
Goodbill	20% of savings	**$1,000**	$0. "100% free if we don't" find savings
Resolve	Bills $5-15k: 25% of savings, $249 deposit (refunded if no reduction). >$15k: 10%, $499 deposit	none	refundable deposit, **$5,000 min bill**
CareRoute	25% (18% for app subscribers)	$1,000	$0
CoPatient	35%	none	often free via employer
Medical Cost Advocate	35%	none	$0
Independent advocates, typical	25-35% of savings, or hourly	varies	varies

Flat fee

mediloop: **EOB review $69; negotiate a single bill $129; annual six bills $499.** Independent advocates typically $300-1,500 flat per case.

Hourly

Umbra published: **$200/hr medical billing, $300/hr insurance navigation.**

The ethics codes are SILENT on contingency — that is itself the finding

Full text of the 2022 Code of Ethics for Patient & Health Care Advocates (NAHAC + HealthAdvocateX + PACB) was pulled. **No prohibition, restriction, or discouragement of contingency or percentage-of-savings fees.**
What IS banned: "may not accept remuneration for making referrals... may not steer clients to products or services from which the advocate will profit... may not accept paid advertising on their websites... may not require a client to purchase or subscribe to any outside service."
Read carefully: the banned conduct is referral fees, commissions, steering, site ads, and tied purchases. A disclosed client-paid contingency fee is not among them. The phrase "beyond the explicit fee arrangements" affirmatively contemplates that the disclosed arrangement, whatever its shape, is the permitted compensation.
APHA has never published a single post on contingency fees. Site search returns "nothing matched your search terms."

The real constraint is statutory, not ethical, and the field appears unaware of it.

FEDERAL: FTC Telemarketing Sales Rule, 16 CFR Part 310

§310.2(o): "**Debt relief service** means any program or service represented... to renegotiate, settle, or in any way alter the terms of payment or other terms of the debt between a person and one or more **unsecured creditors**..." **A hospital holding an unpaid bill is an unsecured creditor. Medical bill negotiation is a debt relief service.**
§310.2(ii) Telemarketing = a plan to induce purchase of services "by use of one or more telephones and which involves more than one

interstate telephone call." Selling by phone across state lines is in scope.
§310.4(a)(5)(i) advance-fee ban: no fee may be requested or received until (A) at least one debt has actually been renegotiated or settled under a valid agreement executed by the customer, AND (B) **the customer has made at least one payment** under it, AND (C) the fee is either proportional or **"a percentage of the amount saved... The percentage charged cannot change from one individual debt to another."**
Practical: no fee before settlement AND first payment. Tiered percentages by bill size are exposed unless structured per-agreement. (Resolve's refundable-deposit model exists precisely to thread this.)

TEXAS: Finance Code Ch. 394 Subch. C — the finding that matters most

OCCC Advisory Bulletin B21-4 (Nov 4, 2021), still live, verbatim:

> "***Debt management services**: Under Section 394.202, a 'debt management service' generally includes **any service where a provider, on a consumer's behalf, seeks repayment to creditors on terms more favorable than the original terms of a debt.** This term encompasses services that may have other labels in the industry (such as 'debt settlement' or 'debt negotiation'). **Labels used by the parties do not govern whether a service is a debt management service.**"

Statutory definitions fit medical bill advocacy squarely: "concession" = more favorable repayment terms; "creditor" = "a person to whom a person owes money" (a hospital); "debt management service" = obtaining or seeking a concession on a consumer's behalf; "provider" = intermediary between consumer and creditors.

§394.203(a): applies "regardless of whether the provider charges a fee."
§394.203(c) exemptions: attorneys, title/escrow, judicial officers, representative payees, financial institutions, and bill-payers who use the consumer's own money **"if... the person does not initiate any contact with individual creditors of the consumer to compromise a debt, arrange a new payment schedule, or otherwise change the terms of the debt."**
There is NO exemption for patient advocates, nurses, or healthcare professionals. The bill-payer exemption evaporates the moment you call the hospital to negotiate.
§394.203(e): applies to anyone "who seeks to evade its applicability by any device, subterfuge, or pretense."

What compliance would require

- **Registration with the Consumer Credit Commissioner** (§394.204). Apply via ALECS, 60-day decision window.
- **$50,000 surety bond** if not holding consumer funds ($25,000-100,000 if holding). Or an approved insurance policy with professional liability, employee dishonesty, depositor's forgery and computer fraud, >=$100,000, A-rated carrier. (§394.206)
- Written agreement before any fee; trust account if holding funds
- **§394.212(a)(7): may not "represent that the provider is authorized or competent to furnish legal advice or perform legal services unless supervised by an attorney."**

The fee caps that kill a naive contingency model

§394.210(g)(3)(B): "a settlement fee may not exceed 30 percent of the excess of the outstanding amount of each debt over the amount actually paid to the creditor."
§394.210(h): total aggregate fees "may not exceed 20 percent of the principal amount of debt included in the debt management plan."
§394.210(g)(3)(A) flat-fee alternative: capped at 17% of total principal.
§394.210(j) THE ESCAPE HATCH (OCCC "Fee Structure 3"): if NO fee is charged until a settlement is reached AND at least one payment made, the (g) caps do not apply and the provider may charge "reasonable settlement fees" that are proportional or a single fixed percentage that "cannot change from one debt to another." **Mirrors the FTC TSR exactly.**

Adjusted fee maximums effective July 1 2026 - June 30 2027: debt management setup **$144**; monthly service lesser of $14/account or $72; **debt settlement setup $574**; **counseling/education where no debt management service is provided $144**; dishonored payment $30.
Note that last one: even for a registered provider, a paid "bill review consult" could be capped at $144 if a regulator characterizes the practice as a provider.

COUNTERARGUMENT WORTH TESTING: §§394.209-211 are drafted around a multi-account "debt management plan" with monthly payments. It is arguable a one-off negotiation of a single hospital bill is not a "plan." **That ambiguity is exactly why counsel is needed BEFORE the fee schedule is set.** Downside of getting it wrong: registration failure plus voidable contracts plus private remedies under §394.215.

All the national contingency firms (Goodbill, Resolve, CareRoute, CoPatient, Medical Cost Advocate) serve Texas consumers. Either they are registered or they are operating on the "not a plan" reading. UNVERIFIED which. Resolve's site carries the tell-tale disclaimer: "we do not offer debt consolidation, credit counseling, credit repair, or debt management plans."

Other states, for reference

Connecticut requires a licence, a **$50,000 bond**, and bans advance fees outright: "No person offering debt negotiation services may receive a fee... until the person... has fully performed such service." No healthcare exemption. Non-compliant contracts are **voidable by the consumer**.
30+ states license insurance adjusters, but public adjuster rules generally target property/casualty and often carve out health. **Texas applicability to health claims: UNVERIFIED.** Note: New York OGC Opinions 02-09-15 and 03-04-28 address adjusters acting FOR INSURERS, not consumer-side advocates, and are frequently miscited on this point.

RECOMMENDED STRUCTURE

1. **Hourly or flat-fee review and ANALYSIS** — reading EOBs, identifying errors, itemizing, checking against the No Surprises Act, preparing the client's OWN appeal, charity-care screening. **This is not obtaining a concession; it is analysis and education.** Comparables: $200/hr (Umbra), $69-129 per bill flat, $300-1,500 per case.
2. **Avoid percentage-of-savings entirely until counsel clears Ch. 394.** If pursued, the §394.210(j) / TSR shape is the only defensible design, and even that likely needs OCCC registration.

4. UNIT ECONOMICS

There is no income survey. Say so.

The only national survey of the profession ever conducted: **The National Health and Patient Advocate Survey, published June 30 2016**, fielded Oct-Nov 2015, 183 responses / 151 usable. Original site dead; retrieved via Wayback. **STALE, and it is all there is.**
APHA keeps pricing, insurance-carrier and software guidance behind a $289 paywall, and its public blog stopped publishing business-economics content around 2022.

Suggested plan language: "No current income or revenue survey exists for this profession. The only national survey dates from 2015. Revenue projections are constructed from published rate cards and caseload thresholds, not benchmarked against industry data."

THE MOST USEFUL NUMBER IN THE RESEARCH: the caseload threshold

2016 survey, share saying advocacy is the primary household income, by caseload:

Caseload	Primary income
<3 patients/month	**4%**
4-10/month	**33%**
10-20/month	**55%**
21-50/month	56%
50+/month	75%

Survey text: "10-20 patients/month is also the turning point where the number of respondents saying their advocacy income is primary for their household exceeds the number who say it is not."

~10-20 active clients per month is the threshold at which this becomes a primary income. And 66% of advocates never reach it — 35% carry fewer than 3/month, 31% carry 4-10.
Only 47 of 146 (32%) rely on advocacy as primary household income. Two-thirds of PAID advocates are effectively part-time.

Tenure: <1yr 21%, 1-2yrs 24%, 3-5yrs 25%, >5yrs 31%.
Demographics 2016: 94% female, 85% white, 70% aged 55+, 74% bachelor's or higher.
Services hired for: **Medical/Navigational Advocacy 64% named #1. Billing & Claims only 12% #1. Insurance-related 4% #1.**

Billable hours — the 80/20 rule

Figure	Source	Date
"in a 40 hour week you spend maybe 20-25 hours doing work you get paid for"	aphablog	STALE 2014
"Early in your practice, you'll spend up to **80% of your time doing administrative work, marketing, and other non-billable tasks**"	aphablog	STALE Jan 2018
"Expect to spend 80% of your time on business and marketing, with only 20% on client work" during the first few years	aphablog	**Sept 2024, CURRENT**
"Rarely will you ever work a 40 hour week... Some weeks all your work will be 'non-billable'"	aphablog	STALE 2021

~20% billable in years 1-2 (about 8 billable hrs/week), rising toward 50-60% (20-25 hrs/week) at maturity. The 80/20 figure is the only one APHA has restated recently, so it is the defensible launch assumption.

Revenue build at the Austin comparable of $150/hr

Scenario	Billable hrs/wk	Weeks	Gross
Year 1 (80/20)	8	46	**$55,200**
Year 2 ramp	14	46	**$96,600**
Mature	22	48	**$158,400**
Plus per-client fixed revenue: a $400 assessment (Austin comparable) or $650 (DFW) per new engagement.			

The only revenue math APHA ever published, flagged by its own author as illustrative: **$125/hr x 20-25 hrs x 50 weeks = "$156,000+"** (STALE, Oct 2014). **That is a gross-hours ceiling at full maturity, not an expected outcome.** Deflate for the 80/20 early split, the 66% who never reach primary-income caseload, and self-employment tax (~15% SE tax; APHA notes employer benefits are worth another ~30%, so "a $50,000 self-employed income is considerably less than a $50,000 employed salary").

Time to profitability and failure

Figure	Source	Date
"For every 10 who take the early steps toward fulfilling their dreams, only **2 or 3 have succeeded**"	aphablog	STALE 2018. **Torrey's estimate from observing members, NOT a measured statistic**
"it takes **3-5 years** to know whether a business will succeed"	aphablog	STALE 2019
"Am I funded well enough to carry my expenses for **6+ months**...?"	aphablog	STALE 2021
"The one thing that will cause your private practice to fail will be the lack of people who can or will pay you"	aphablog	STALE 2014
Second failure cause: the gap "between being a patient advocate and being in the patient advocacy business — which require different knowledge bases and different skills"	aphablog	STALE 2019
"Clients need to see your brand multiple times — usually seven to nine times — before they engage"	aphablog	**Sept 2024, CURRENT**

Startup costs — verified

BCPA (PACB Candidate Handbook, rev. June 2025): initial certification **$425**; deferral $75; reschedule within 48hrs $125; **retest $295** (up to 2); **recertification via 30 CE hours $195**; recert by re-exam $295; late fee in 90-day grace $50. **Practice test, study guide, exam toolkit are FREE.** Scholarships worth $425 offered.
"no preparatory program is endorsed by the Certification Commission nor is a prerequisite to earn the certification."

Training (only verifiable currently-purchasable prices):
- **APHA Patient Advocacy Boot Camp $699** — 6 self-paced lessons, 10 CEs, includes PACE membership
- **APHA Academy "100 Days to Launch Your Practice" $1,699** + 3 textbooks; includes 6-mo Premium and 10-19.5 CEs
- University of Miami Alfus certificate $1,500 — **STALE, page says "Updated: July 2019"**
- **UCLA Extension — page 403s, search results indicate "no longer accepting new students." Verify before referencing at all.**

- Cleveland State — site 403s, UNVERIFIED, (216) 687-3598
- USC Gould $33,996 — **NOT RELEVANT, that is a law certificate**

Memberships: APHA PACE $89/yr; Premium $289 first yr / $259 renewal; **PracticePartner $1,299/yr** (bundles Premium + HIPAA practice-management "$600 value" + **E&O insurance "estimated $500-1,000 value"**); **GNA listing FREE** ("our service will always be free for advocates"); NAHAC dues **UNVERIFIED, not published**, (510) 560-4352.
APHA's PracticePartner page is the only public estimate of what advocate E&O costs: "$500-1,000."

Texas formation: LLC Form 205 **$300**; Assumed Name Form 503 **$25**; franchise tax threshold **$2,650,000** for 2026-27 with filing still required below it.

AVOID financialmodelslab.com/blogs/startup-costs/patient-advocacy — ranks high, claims "$585K CAPEX to launch," page 404s, unsourced AI content-farm material.

Year-one non-software cash outlay, verified figures only:
LLC $300 + assumed name $25 + BCPA $425 + APHA Boot Camp $699 + software ~$967 + APHA Premium $289 = **~$2,705** (or ~$3,705 with the Academy), **before insurance**.

5. TOOLS AND INSURANCE

No advocacy organization names a single software product

Verified across APHA, NAHAC, GNA, Umbra. APHA's tools guidance is members-only. **No tool can be justified with "the associations recommend it."**
AdvocateSuite DOES NOT EXIST — advocatesuite.com is a parked domain iframing a Norwegian legal-software site. Do not put it in a plan. The real niche product is **Advocate (advocatesystem.com)**, "for care managers, patient advocates, and life care planners" — pricing not published, demo only.

THE BIGGEST COST LEVER: Google Workspace

Business Starter $7.00/user/mo (30 GB). The HIPAA BAA is FREE and self-serve via the Admin console. No edition restriction, no additional charge.
HIPAA Included Functionality (effective May 14 2026) covers Gmail, Drive (incl. Docs, Forms, Sheets, Slides), Meet, Calendar, Chat, Keep, Groups, Sites, Tasks, Vault, Voice, Gemini.
$7/user/month covers HIPAA-eligible email, storage, video, calendar AND forms under a free BAA — replacing separate spend on all four. Microsoft 365 Business Basic is also $7.00 with a free automatic BAA.

Dedicated HIPAA email if wanted: **Hushmail Healthcare Basic $11.99/mo, $131.89/yr, 10 GB — the only true single-seat HIPAA email.** Paubox has a 5-sender floor and Virtru a 5-user floor; both structurally wrong for a solo.

Scheduling — the BAA is the whole decision

Acuity Premium $61/mo, $49/mo billed annually — "Sign BAA for HIPAA compliance," no extra cost above the tier. Cheapest scheduling with a confirmed self-serve BAA. Acuity Starter ($20/$16) and Standard ($34/$27) have NO BAA, so the $33/mo step up is purely to unlock it.
Calendly: HIPAA and BAA appear NOWHERE on its pricing page; its security page lists SOC 2, SOC 3, CSA STAR, PCI, ISO 27001 but NOT HIPAA. Help-centre and blog HIPAA URLs both 404. Treat as not offering a published BAA. Enterprise starts at $15,000/yr with a 50-seat minimum.

Case notes

Notehouse (**correct domain getnotehouse.com**) $14/mo, $12 annual per user — "fully HIPAA compliant... and a signed Business Associate Agreement (BAA) available on all plans."
Practice Better: Sprout free / Starter $35 ($25 annual) / **Professional $69 ($59 annual, 300 clients)** / Plus $99 ($89). AI Charting 600 min free then $0.60/hr.
SimplePractice $49/$79/$99.

Payments

Stripe ACH at 0.8% capped at $5.00 matters a lot here. On an $800-1,500 retainer, ACH costs $5 versus $23-44 on card. Stripe cards 2.9% + 30c. Wave Starter is free for invoicing and bookkeeping; Wave Pro $19/mo.
QuickBooks Online **UNVERIFIED** — intuit.com timed out four times. Do not publish a QBO figure without checking.

CHEAPEST DEFENSIBLE SOLO STACK

Need	Pick	Monthly
Email, storage, video, calendar, forms (all BAA-covered)	Google Workspace Business Starter	**$7.00**
Case notes	Notehouse annual	**$12.00**
Scheduling with confirmed BAA	Acuity Premium annual	**$49.00**
Accounting	Wave Starter	**$0**
Payments	Stripe	2.9%+30c / ACH 0.8% cap $5
Fax with BAA	SRFax Healthcare Lite	**$12.60**
TOTAL FIXED SOFTWARE		**$80.60/mo, ~$967/yr**
Alternative: Practice Better Professional at $59/mo annual collapses Acuity + Notehouse + forms into one.		

INSURANCE — the surprises

CPH & Associates publishes NO premium for patient advocates. Quote portal is a JS app with no static rate table. Carrier on the policy specimen is **Coverys**. **Form is OCCURRENCE-based with unlimited legal defense** — a material advantage, no tail cost.
Published CPH sublimits: License Protection $25,000; Defendant Expense $25,000; Deposition Representation $10,000; Information Privacy Wrongful Act Defense $25,000; Medical Payments $25,000/person.
CPH add-ons ARE published: Commercial General Liability **$182/year**; Business Personal Property ($15,000) **$150/year**; Business Income & Extra Expense ($250,000) **$50/year**; "Separate Limits" for a corporate entity **+10% of premium**.
CPH cyber: Level 1 $87/policy year ($15,000 sublimit); Level 2 $141/policy year ($25,000). WARNING, verbatim: **"CPH cyber liability insurance does not include ransomware coverage."** Not standalone — must attach to a CPH malpractice policy.

NSO published RN rates: Professional Policy Rate (full RN) $138/year. (A second NSO page says $137 — cite as ~$137-138.) Limits $1M each claim / **$6M annual aggregate**; License Defense to $25,000; HIPAA Proceedings to $25,000. **TEXAS NOTE: "Assault coverage not available in Texas."**

THE $25 LINE ITEM THAT MATTERS

NSO Consulting Services Endorsement — $25/year. Verbatim: "This coverage is available to you whether you are full-time, part-time, employed or self-employed and is **only $25 a year**."
Why it exists, verbatim: "More and more often, nursing professionals are participating in educational and consulting activities in addition to - or instead of - direct patient care. However, did you know these activities... **may not be covered under your current Professional Liability insurance policy?**"
The advocacy-specific trigger, verbatim: "If you are managing a patient's total care; developing, assessing and coordination treatment plans; or conducting utilization review, call today for information on our Case Management endorsement."
That is the job description of a patient advocate. The Case Management endorsement is phone-quote only. Price UNVERIFIED. 1-800-982-9491.

She needs BOTH policies. Three carrier statements prove it.

NSO: "A business policy is the appropriate option if you: Provide professional services as a business you own; Own a business or are incorporated (including LLC and S-Corp)... **you can secure both policy types through us**!" And conversely: employees' side work "would **not** be covered by your business insurance. Rather, professionals should carry an individual professional liability insurance policy."
CPH: "A business partner, employee, sublessor, intern you are supervising, or **a corporation that you own CANNOT be added as**

Additional Insureds."
NSO again: non-clinical advisory work may fall outside a nursing malpractice policy entirely (the Consulting Services Endorsement exists precisely because of this gap).
NAHAC publishes nothing on insurance (/insurance 404s) — do not attribute a position to NAHAC.

Market-rate benchmarks (Insureon, ~100,000 policies, all 2026, freshest available)

Policy	All small business		Healthcare
General liability	$45/mo (TX $43/mo)	**$32/mo**	$31/mo
Professional liability / E&O	**$88/mo, $1,051/yr**	**$62/mo**	$42/mo
BOP	$83/mo	$61/mo	$70/mo
Cyber	**$129/mo, $1,552/yr**	$81/mo	$79/mo
43% of PL buyers pay <$75/mo; 56% choose $1M/$1M limits.			
Cyber reality check: the CPH endorsement at $87-141/YEAR and a standalone policy at $79-129/MONTH are not comparable products. CPH's is a $15-25k sublimit endorsement with no ransomware. A real standalone policy at $1M limits is the $1,000-1,500/yr line.			

Insurance planning figure: advocate E&O $500-1,000 (APHA's own estimate) + NSO RN PL $138 + **NSO Consulting Endorsement $25** + CPH general liability $182 + cyber at either $87-141 (endorsement) or ~$950-1,550 (standalone) = **roughly $930-2,900/yr**.
Proliability: UNVERIFIED, site 403s on every path. Do not quote a Proliability number.
HPSO explicitly lists "Patient Advocate," "Patient Representative," and "Patient Safety Advocate" among covered professions. All rates quote-only.

6. MARKET SIZE

THE PUBLISHED MARKET-SIZE NUMBERS ARE WORTHLESS

Six reports on essentially the same market give base-year figures from **$1.02B to $7.5B — a 7.3x spread for the same year.**
Report	Figure	Base	Rating
Market Research Future	$3.2B	2024	CONTENT MILL
OG Analysis (via Research and Markets)	$7.5B	2026	CONTENT MILL
Coherent Market Insights	$6.42B	2025	**CONTENT MILL**
Coherent Market Insights (same publisher, different page)	$7.11B	2026	**CONTENT MILL**
Worldwide Market Reports	$4.1B	2025	CONTENT MILL
Metastat Insights	$1,023.6M	2025	CONTENT MILL

⚠️ **THE ORIGINAL DRAFT DECK CITES COHERENT MARKET INSIGHTS ON SLIDE 10. It is the deck's only citation, and it is one of these. Remove it.**

Evidence, verified not assumed:
1. The MRF page was fetched and audited: **no methodology section at all.** No named research, no sample size, no companies surveyed, no sources. Cites "a 2025 study" and "a 2025 survey" with **no citation**. Its own FAQ gives a range of "1.0 to 1.5 USD Billion" while the headline says $3.2B — **internally inconsistent**.
2. **Coherent Market Insights publishes two different sizes for the same named market.**
3. OG Analysis discloses only boilerplate. Research and Markets is a reseller storefront, not the researcher.
4. **The 7.3x spread is itself disqualifying.**
IBISWorld has NO report on patient advocacy or health navigation.

RECOMMENDED LANGUAGE: "No credible third-party sizing of the independent patient advocacy market exists. Published estimates range from $1.0B to $7.5B for the same year with no disclosed methodology. We therefore size the opportunity bottom-up from federal

occupational, establishment, and claims data."

Reputable substitutes

BLS OEWS, May 2025 reference period, extracted from official files. HIGHEST reliability.
Occupation	US employment	US median	**Austin MSA**	Austin median	LQ
Community Health Workers	61,660	$51,850	500	$51,010	0.97
Health Education Specialists	65,690	$64,070	**700**	$71,340	**1.29**
Healthcare Social Workers	187,630	$67,880	1,010	$76,020	0.65
Medical & Health Services Managers	597,080	$123,860	5,160	$126,110	1.04
Registered Nurses	3,379,720	$97,550	18,920	$97,890	0.67

There is NO BLS SOC code for "private patient advocate." That is itself a finding — the occupation is too small and too new for federal classification. Cite adjacent codes as labor-pool evidence, NEVER as market size.
Austin's LQ of 1.29 on Health Education Specialists means Austin is 29% over-represented nationally in the closest proxy occupation, while UNDER-represented in RNs (0.67) and healthcare social workers (0.65). Above-average health-education talent, below-average clinical staff density. A favourable signal.

Census County Business Patterns 2023: Austin MSA has 62 establishments in NAICS 621999 (All Other Misc. Ambulatory Health Care), 221 in 624190, 221 in 621610.
CRITICAL CAVEAT: CBP counts EMPLOYER establishments only. A solo advocate with no payroll is a nonemployer and is invisible here. The right file is Census Nonemployer Statistics. **Could not obtain: county ZIPs 404, API now needs a registered key. OPEN GAP — worth 20 minutes with a free Census API key.**

⭐ THE MEDICARE REALITY CHECK

Medicare created dedicated navigation payment in the CY2024 Physician Fee Schedule (announced Nov 2 2023) — community health integration (G0019, G0022) and principal illness navigation (G0023, G0024).

What actually got billed, CMS Medicare Physician & Other Practitioners PUF, CY2024 data:
Code	Service	Providers nationally	Est. Medicare paid	TX providers	**Austin metro**
G0019	CHI initial	27	~$303,000	2	**0**
G0022	CHI addl 30 min	14	~$988,000	2	**0**
G0023	PIN initial	34	~$176,000	2	**0**
G0024	PIN addl 30 min	14	~$48,000	1	**0**

Total CHI + PIN Medicare payments NATIONALLY in CY2024: roughly $1.5 MILLION.
(The PUF suppresses provider-code combos under 11 beneficiaries, so true totals are somewhat higher. The order of magnitude holds.)

Corroborating: *Journal of Oncology Navigation & Survivorship*, May 2026 — **only 7% of surveyed practices were implementing these codes**, blocked by 20% patient coinsurance, staffing, and EHR documentation. Must be billed "incident to" a physician visit.

And the trade body says independent advocates cannot use them. GNA FAQ verbatim: "because they must be billed through a provider's office, **independent patient advocates face difficulties billing these services as most do not have a pathway to do so** at this point in time."
Lifeline Patient Advocates (DFW) says it flatly: "Patient advocacy services are not reimbursed by Medicare, Medicaid, or private insurance plans."

TREAT "MEDICARE NOW COVERS PATIENT ADVOCACY" AS VENDOR MARKETING. It appears on Solace, Umbra and Aviator pages — all three sell Medicare-billed alternatives and benefit from the claim.
Flip side: ZERO Austin providers billed any navigation code in 2024. Either white space via a physician-practice partnership, or evidence the pathway is not viable. Either way it is a concrete sourced fact about this market.

Demand-side proof — comparable companies

Accolade, Inc. — audited SEC revenue (CIK 0001481646). HIGHEST reliability.
FY ending	Revenue

Feb 2019	$94,811,000
Feb 2021	$170,358,000
Feb 2022	$310,021,000
Feb 2023	$363,142,000
Feb 2024	**$414,292,000**
Acquired by Transcarent at $7.03/share cash, effective April 2025.
$95M to $414M in five years. THAT is the demand proof — not a CAGR from an unsourced report.

Solace Health — the direct competitor to watch. HIGH reliability, multiple independent trade outlets.
- **$130M Series C led by IVP, February 2026, valuation over $1 BILLION.** Total funding $211M. Prior $60M Series B April 2025 led by Menlo Ventures.
- **2,000+ trained advocates (largely nurses). 20,000 patients served monthly. 10x YoY growth. Advocates in all 50 states.**
- **DIRECTLY RELEVANT TO AUSTIN:** Solace's own Austin page states "Solace is currently covered by Medicare and many Medicare Advantage plans in Texas." Their sitemap carries **4,021 city landing pages**. A national SEO land-grab. **Assume competition for every Austin search term.**
- Model requires an intake call with **a Solace physician** before matching an advocate — confirming the physician-supervised incident-to pathway.
- Founded 2022.

Aging Life Care Association: "more than 2,000" members. MEDIUM reliability — could not confirm on a primary ALCA page (403s). Verify by phone before citing.

7. HOW MANY ADVOCATES EXIST — hard counts extracted from source systems

PACB — the definitive credential count

The complete BCPA certificant table was retrieved from PACB's own data endpoint.

> ***1,746 individuals have earned the BCPA credential*** *(cumulative through Spring 2026). 1,744 unique names.*

By state: California 179, Florida 169, New York 119, **Texas 105**, North Carolina 94, Illinois 79, Massachusetts 72, Ohio 71, Arizona 69, New Jersey 64, Pennsylvania 55, Virginia 55.

By original certification year — note the re-acceleration:
2018	2019	2020	2021	2022	2023	2024	2025	2026 (partial)
326	288	193	122	138	**96**	151	**283**	148
2023 was the trough at 96. 2025 nearly tripled it to 283, and 2026 is at 148 through the Spring cycle alone. The profession is growing again after a post-COVID slump. A genuinely useful, sourceable trend line — and a much better "Why Now?" than a market-mill CAGR.

CRITICAL CAVEAT: PACB states "It is not a real-time directory of currently certified individuals. Inclusion on this list does not indicate active certification status." Recert is every 3 years. **1,746 is EVER-certified, not currently active.** Floor on active credentials = 2024+2025+2026 cohorts = **582**, though that undercounts continuous renewers. True active count UNVERIFIED — ask PACB.

Texas BCPAs by city (105 total): Dallas 12, Houston 10, San Antonio 9, **Austin 5**, Fort Worth 3, Kingwood 3, Abilene 3, Little Elm 3, then a long tail.
Austin metro BCPAs: 11 — Austin 5, plus one each in San Marcos, Pflugerville, Cedar Park, Round Rock, Leander, Georgetown.

Greater National Advocates — the largest public directory

> ***786 advocate profiles****, counted from sitemap_content_advocates.xml (lastmod 2026-08-22).*
> *GNA claims to be "the nation's largest public directory of Independent Patient Advocates" but publishes no number.* ***786 is a direct count and it substantiates the claim.***

By state: FL 100, CA 83, **TX 54 (3rd largest, 6.9% of the national directory)**, NY 44, IL 44, NC 43, NJ 30, GA 28, MA 28, AZ 28, OH 26, WA 23, PA 22, VA 21, MD 19.

Texas: Dallas 8, **Austin 7**, Houston 6, Fort Worth 2, San Antonio 2, Keller 2.
Austin MSA: 12 — Austin 7, plus Bastrop, Cedar Park, Liberty Hill, Manor, Wimberley.

⭐ THREE COMPETITIVE FINDINGS FROM PARSING ALL 786 PROFILES

1. **91% (716/786) offer "TeleAdvocacy." Geography is a very weak moat.** She is not competing with 12 Austin advocates, she is competing with **~700 remote-capable advocates nationally**. **Differentiation must come from in-person presence, local health-system fluency (Ascension Seton, St. David's, Baylor Scott & White, Dell Med/UT), or specialization — NOT location.**
2. **Only 37% (291/786) claim the BCPA credential.** In Texas, 21 of 54. **The credential is a genuine differentiator, not table stakes.**
3. **Specialty mix: Medical Guidance 477, Special Care & Aging 169, Insurance & Billing 77, Wellness & Lifestyle 30, Survivor Support 27.**
   Insurance & Billing is the THINNEST category at under 10% — despite KFF showing medical debt is the most widespread consumer pain point, and despite the 2016 survey showing only 12% of advocates named billing as their #1 service.
   That gap is the strongest positioning signal in this report — BUT it is also the service with the Ch. 394 registration question attached. The thin competition and the regulatory friction are probably the same fact.

Only 6% (48/786) state "Paid Consultations Only." **No structured hourly-rate field exists in GNA profiles**, which is why the rate table had to be built from individual websites.

AdvoConnection is gone — a governance finding that matters

advoconnection.com now 301-redirects to umbrahealthadvocacy.com. AdvoConnection as an independent directory no longer exists. Umbra directory: 169 profiles.
Deb Gordon, MBA, BCPA is BOTH Co-Director of APHA AND Founder/CEO of Umbra Health Advocacy. APHA, AdvoConnection and PracticeUP were acquired from founder Trisha Torrey by Dena Feingold and Deb Gordon.
The trade association, the directory, and a commercial advocacy provider selling at $200-300/hr are now under common leadership. Umbra's "$70 to $500 per hour" range and its "Now Accepting Medicare" positioning are competitor content, not neutral trade-body guidance.

Other directories

Organization	Count	Reliability
NAHAC	"nearly 300" in directory	HIGH, self-reported current
APHA	"more than 500" members globally	**MEDIUM, undated page, could be years stale.** A separate APHA page estimates "500 or more" US privately-paid advocates with data stated as "mid-2019" (STALE) and predicts "the profession will grow 100% to 200% per year over the next decade" — undated, unsourced. **DO NOT USE**
Solace Health	2,000+ advocates	HIGH, but these are **contracted platform advocates, not independent practices.** Different category
Aging Life Care Association	"more than 2,000"	MEDIUM, unconfirmed on a primary page

⭐ DEDUPLICATED COMPETITOR COUNT

Directories overlap heavily. Rosters were name-matched (normalizing credential suffixes).
Texas: GNA 54 ∩ PACB 105 = 14 overlap → ~145 unique named individuals statewide.
Austin-Round Rock-San Marcos MSA: GNA 12 ∩ PACB 11 = 4 overlap → 19 unique named individuals.

- **In BOTH directories (4):** Adrianne Coward, Jamie Keller, Jolie Sanchez, **Susan McCoy**
- **GNA only (8):** Belynda Montgomery, Gina Quaranta, Katie Jo Dixon-Blaboe, Lucy Jones, Rachel Garvin, Sheri Gaynor, Susan Rinkus Farrell, Virginia Remeny
- **PACB only (7):** Candace Wenham, Christie Cox, Janis Stone, Katey Grove, Lesley Clark, Michelle Ramos, Pamela Hernandez

Of these 19, only Susan McCoy (Fleur de Lis) publishes rates. Jolie Sanchez (CHAT) offers a free 30-min consult with no published pricing. The other 17 publish nothing.

BOTTOM-LINE NUMBERS

Metric	Figure	Confidence
Ever BCPA-certified, US	**1,746**	HIGH, full roster extracted
Likely ACTIVE BCPAs, US	~600-1,200	MEDIUM
Largest public directory	**786** (GNA)	HIGH, counted
Plausible US universe of practising independent advocates	**~1,000-2,000**	MEDIUM, triangulated
Texas independent advocates	**~145** unique named	HIGH, name-matched
Austin metro independent advocates	**19** unique named	HIGH, name-matched
Austin-metro advocates also BCPA	**11**	HIGH
Remote-capable national competitors for an Austin client	**~716**	HIGH
Austin-metro advocates publishing rates	**1**	HIGH

8. THREE THINGS FOR THE FOUNDER

1. **Do not cite a market-size number.** Lead bottom-up: 19 named competitors in the metro, a 786-advocate national field, 1,746 credentialled practitioners, **Accolade's $414M audited revenue**, and **Solace at a $1B valuation**. Stronger and more defensible than any CAGR from an unsourced report, and it survives scrutiny that the $1.0B-to-$7.5B spread does not.
2. **Price at $150-185/hr with a $400-650 paid assessment and an $800-1,500 retainer, and PUBLISH it.** That places her at or just above the Texas published median, well below the coastal tier, and in the top ~10% of the field for transparency. Reserve $250-300/hr for a named complex-care or insurance-navigation tier — that is how Umbra justifies its premium, and it is a better argument than "RN."
3. **The underserved niche is Insurance & Billing, but structure it as ANALYSIS, not negotiation.** Thinnest specialty in the largest directory (<10% of 786) against KFF's 41% of adults carrying medical debt. Sell hourly or flat-fee bill review, EOB analysis, appeal preparation, charity-care screening. **Do not take a percentage of savings until a Texas attorney clears Ch. 394.**

9. OPEN ITEMS BEFORE ANYTHING IS FINAL

Legal (highest priority): Ch. 394 applicability to single-bill medical negotiation. Texas public-adjuster licensing applicability to health claims. State-by-state UPL position (no survey exists).
Cost model: Actual CPH/HPSO advocate E&O quotes as a Texas RN with an LLC (~20 min of phone time, largest single unknown). **NSO Case Management endorsement price (1-800-982-9491) — the endorsement whose description most closely matches advocacy work.** QuickBooks Online 2026 pricing. NAHAC dues (510-560-4352). Calendly BAA. SOSDirect card fee.
Training: UCLA Extension may be closed to new students — confirm before referencing. Cleveland State tuition (216-687-3598).
Market: Census Nonemployer Statistics for NAICS 621999/624190 — the file that would actually count solo advocate practices. **Highest-value remaining market gap.** Active vs ever-certified BCPA count (ask PACB). ALCA membership confirmation.
Primary research nobody can do from a desk: prevailing rates among the 19 named Austin advocates. Only one publishes. The other 18 require phone calls. Given how thin the published rate evidence is, this is the highest-value primary research available and probably worth a day of calls.

10. UNRELATED SECURITY NOTE

Umbra's Bubble backend exposes an unauthenticated public Data API at app.umbrahealthadvocacy.com/api/1.1/obj/user returning user records **including email addresses** (~931 records). Nothing was harvested. Someone should tell them. Not Gigi's problem, but worth a responsible disclosure email.