

NETWEBMEDIA AI SERIES · 14 INDUSTRIES

AI and Healthcare & Wellness

What AI can safely do for clinics, dental practices, physios, med-spas, vets and therapists — from the front desk to the follow-up.

CLINICS

DENTAL

PHYSIO

MED-SPA

VETS

THERAPISTS

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Book 2 of 14 · netwebmedia.com

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About this series

Fourteen books, one question: what does AI actually change for a business like yours? Each book is written for one industry — its customers, its tools, its rules — so you can act on it this month, not someday. Buy one, or get all fourteen in the bundle.

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| 3. AI and Hospitality & Tourism | 10. AI and Wine & Agriculture |
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Every statistic in this book carries a numbered reference to a named, dated source in the Sources section. Benchmarks are medians or averages from other businesses as published by those sources — not predictions of your results.

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Start here

This book is for the people who run health and wellness businesses on their own account: the two-dentist practice with a front desk of one, the physio clinic with six treatment rooms, the med-spa owner who is also the lead injector, the veterinary hospital where the phone rings through lunch, the therapist who does her own notes at 9 pm. If you own or manage a clinic, dental office, physio practice, med-spa, vet practice or therapy practice, this is written for you.

It is not a book about the future of medicine. It is a book about the next thirty days at the front desk, in the treatment room and in the inbox. Every chapter ends in something you can do this week, and every number comes from a named, dated source in the Sources section. Nothing in it is medical advice, and no tool in it is asked to make a clinical decision.

Here is what you get. Chapter 1 shows where your peers already are, with the 2025–2026 adoption data from the AMA, the ADA and the practice-management vendors. Chapter 2 explains the five jobs AI can do in a practice and the ones it must not. Chapter 3 is about your patients: how they ask ChatGPT and Google's AI answers before they book, and after they leave. Chapter 4 ranks the ten use cases that pay back fastest. Chapter 5 gives you a tool stack with real September 2026 prices, in three budgets. Chapter 6 covers the rules: HIPAA, the state chatbot laws, the FTC's review rule, consent for texting and Chile's new data-protection law. Chapter 7 is the 30-day plan. Chapter 8 is for readers in Chile and the rest of Latin America.

You can read it front to back in about forty minutes. Short on time? Read Chapter 4 and Chapter 7 and come back for the rest.

● Healthcare, wellness and AI in 2026 — four numbers to know

81%

of US physicians now
use AI professionally
(Mar 2026)

47%

of patients used AI to
research a provider,
up from 31%

69%

of patients ask AI for a
second opinion after
the visit; 79% never
tell you

58%

of small practices
have no formal AI
policy

Sources: AMA, 2026; rater8, 2026 (vendor survey); Tebra, 2026 (vendor survey); Weave, 2026 (vendor survey)

Those four numbers are the whole story of this book. Clinicians use AI for notes. Patients use it to choose a provider and to check what the provider said. Most small practices have no written rule about either. The practice that puts a simple process around AI — a person signs every note, no patient data goes into a consumer chat tool, every message gets answered fast — gets the benefit without the exposure.

1. Why AI matters for healthcare and wellness now

A small-business industry under pressure

Health and wellness is still mostly small business, and it is being squeezed. In 2024 only 42.2% of US physicians worked in private practice, down from 60% in 2012, and 47% work in practices of ten physicians or fewer.¹ Dentistry tells the same story: of 202,485 US dentists, 34% are in solo practice and 39% in single-location groups, while the share affiliated with a dental service organization (DSO) has grown from 7.2% in 2015 to 16.1%.²

The money is real. National dental spending reached \$189 billion in 2024, up 4% on 2023.³ Med-spas are a \$17 billion-plus industry growing by more than \$1 billion a year;⁴ the sector has more than 10,000 locations, 80% of them single-location.⁵ The typical operator in every segment treats patients all day and runs the business in the gaps.

Patients got there first

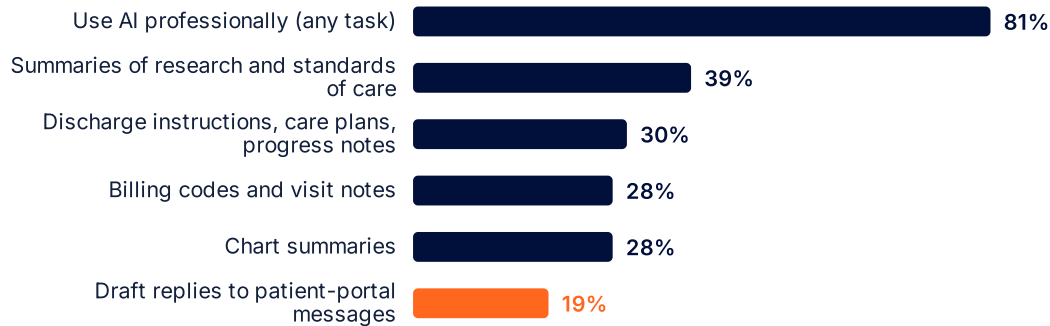
While practices were deciding whether AI was ready, patients started using it. Gallup found in early 2026 that 25% of US adults had used AI tools for health information or advice; among recent users, 59% researched before a doctor visit and 56% after it, 42% wanted help outside business hours, and 14% skipped a visit because of what the AI told them.⁶ Rock Health's survey of 8,000 adults put AI-chatbot use for health information at 32% in 2025, double the 16% of 2024; 64% of those users ask weekly or more, and 40% went on to consult a provider.⁷

Key number: 47% of patients have used AI to research a provider, up from 31% a year earlier — and 66% of them encountered incorrect provider information along the way.⁸ Your hours, prices, services and reviews are being read by a machine before they are read by a patient. If the machine has them wrong, so does the patient.

Where your peers are

Clinicians moved fast once the tools fit the work. The AMA's 2026 survey of about 1,700 physicians found 81% now use AI professionally, more than double the roughly 40% of 2023. The top uses are summaries of research (39%), discharge instructions and progress notes (30%), billing codes (28%), chart summaries (28%) and draft replies to patient-portal messages (19%).⁹

● What physicians use AI for (AMA, ~1,700 physicians, March 2026)



Source: American Medical Association, 2026 Physician Survey on Augmented Intelligence, 2026

Notice the last bar. Four of the five top uses are reading and writing for the clinician. Only 19% use AI to answer the patient, the job most directly tied to whether the patient books again. That is the gap this book is built around.

Dentists are further behind and more cautious. The ADA found 43.3% of dentists use AI for at least one task: imaging and diagnostics (22.8%), insurance verification (13.6%), explaining findings to patients (13.2%) and front-desk check-in (10.1%). Under 5% let AI recommend treatment and 82.6% do not plan to; charting (34.8%) and insurance verification (32.6%) are next on the list.¹⁰ Among small practices generally, Weave's survey of 285 owners and front-desk staff found 41% have adopted AI, 33% have considered it but not committed, and 58% have no formal AI governance; 60% name HIPAA as the top risk and 51% fear low-quality output.¹¹

Veterinary practices sit in between. A British Veterinary Association survey found 21% of vets use AI daily, mostly for radiography reporting (44%) and lab diagnostics (27%), with only 11% using it for client communication; 83% worry about results interpreted without context.¹²

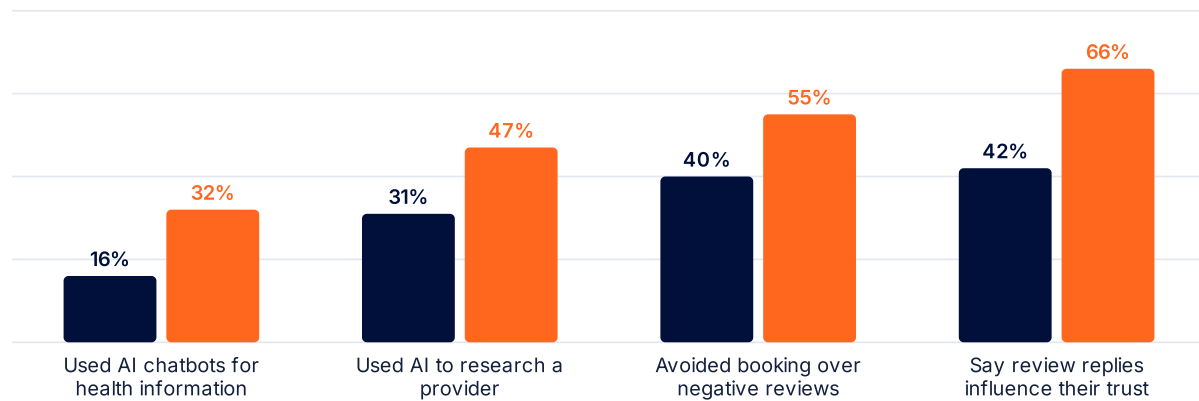
The impact gap

Adoption and results are different things. Among practices that automated workflows in 2025, 41% report improved productivity and 29% reduced staff burnout, but 82% say AI has had no meaningful impact on staffing needs.¹¹ The best-measured clinical benefit is modest and real: in a JAMA study of about 1,800 clinicians at five academic medical centers, ambient AI scribes saved 16 minutes of documentation time per eight hours of patient care, and adopters saw roughly one additional patient every two weeks.¹³ Sixteen minutes per day of care is a note finished before dinner, which is what most clinicians actually want.

The bigger gap is between practices and patients.

● Patients moved faster than practices: year-on-year change in patient behavior

■ Year before ■ Latest survey



Sources: Rock Health via Fierce Healthcare, 2026; rater8, 2026 (vendor survey)

Every patient-side number doubled or jumped fifteen points in a year. That mismatch favors the small practice, because a two-dentist office can change how it answers the phone next week.

Where the hours go

63% of practice staff spend an hour or more a day on manual data entry and 32% spend two or more; 70% run non-integrated systems. The automation wish-list, in order, is scheduling and confirmations (49%), insurance verification (46%), intake (42%) and billing reminders (41%).¹¹ Those four are the front-office half of Chapter 4.