PAID MEDIA

Google Ads vs Meta Ads for hospitals

Google captures demand that exists. Meta creates it. Split by service line and judge both on treated patients.

Swipe →

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AT A GLANCE

How the two channels differ

INTENT	Searching now vs scrolling, low to medium
BEST FOR	Urgent, specialist, named procedures vs checks, elective, new units
LEADS	Fewer but ready vs more volume, needs nurturing
CREATIVE	Text and landing pages vs visuals and video
MEASURE	Clearer with call tracking vs needs CRM follow-through

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SPLIT BY SERVICE LINE

Which channel leads where

EMERGENCY	Google plus Business Profile: patients search at the moment of need
PROCEDURES	Google: clear intent and comparison behaviour
CHECKS	Meta, with Google for brand and location
ELECTIVE	Both: consideration is long and visual
NEW UNIT	Meta for awareness, Google to capture the searches

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HOW EACH FAILS

Where the money leaks

- Google: ads land on a generic home page
- Google: calls go unanswered, bids chase broad volume
- Meta: lead forms collect low-intent numbers nobody follows up
- Meta: creative makes claims that attract scrutiny

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SAME MEASURE

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Meta leads almost always look cheaper than Google leads. That comparison is meaningless until you follow both into the CRM and see which produced treated patients.

Report cost per treated patient, by service line.

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Creative that works within the rules

DO	Doctors explaining a condition or procedure in plain language
DO	Facility, technology, package inclusions and clear pricing
AVOID	Before-and-after images, testimonials, outcome promises
AVOID	Best or number one claims, discounts, fear-based messaging

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LANDING PAGES

The page makes or breaks both channels

- Send each ad group to the matching service and unit page
- Open with the answer: what, where, who, how to book
- Show call, WhatsApp and a short form above the fold
- Keep claims factual and consistent with the ad
- Load fast on mobile, most hospital traffic is mobile

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TRACK BOTH PROPERLY

Measure in the CRM, not the platforms

1. Separate tracked numbers for search, social and listings
2. Pass campaign parameters into forms and WhatsApp entry points
3. Import booked and treated outcomes back where consent allows
4. Test fixed budgets per service line, follow-up held constant
5. Own both ad accounts, give agencies access

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READ THE FULL GUIDE

Google vs Meta for hospitals, in full

- The full service-line split table
- Special cases: emergency, camps, international, sensitive
- Budget testing and DPDP consent for lead forms
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