LOCAL SEO

Local SEO for hospitals: three jobs, one system

Profiles, pages and authority run together, measured by profile actions and honoured appointments, not rankings.

Swipe →

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THREE SURFACES

Where a patient in your catchment finds you

MAP PACK	Relevance, distance, prominence. No way to pay for ranking
ORGANIC	Specialty, doctor, condition and unit pages vs aggregators
THIRD-PARTY	Directories, TPA lists and AI answers you feed, not control

Strong brand, weak pages: you own your name and lose the category.

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QUERY SHAPES

Each search pattern needs a different asset

DOCTOR NAME	A doctor profile page and consistent platform profiles
SPECIALTY, PLACE	A department listing and specialty page tied to the unit
CONDITION, PLACE	A clinically reviewed condition page linked to unit and doctors
COST, LOGISTICS	Honest pages on insurance, TPA tie-ups and cost drivers
EMERGENCY	Accurate round-the-clock hours and an answered phone

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START HERE

Audit before you commission blogs

1. Technical: indexation, crawl traps, duplicates, mobile, speed
2. Content: thin specialty pages, copied bios, unreviewed condition pages
3. Listings: duplicates, wrong categories, stale hours, departed doctors
4. Baseline: profile actions, organic entrances, enquiries by source

Score every issue on patient impact and effort, not a flat list of three hundred items.

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MAP THE GRID

Specialty by condition by location

- One primary page per cell with real demand and real capability
- Map capability, not ambition: no page for procedures you do not offer
- Think in entities: consistent names, one canonical page per doctor
- Respect the doorway line: location pages need unique, useful content

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BUSINESS PROFILES

Google's rules for hospitals, departments, doctors

- One profile per physical location, signboard name, no keywords
- Departments: own profile if distinct, different name and category
- Doctors: own profile if public-facing at the verified location
- A local number per location, not the central helpline

Profile chat, call history and the Q&A API are gone. The burden shifts to your own pages.

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Four page types do the local work

UNIT	Address, map, timings, access, departments, doctors who sit there
SPECIALTY	Per unit: who, where and when. Where city searches are won
DOCTOR	Largest template, most neglected, usually lost to aggregators
CONDITION	Patient-facing, named clinical reviewer, no outcome promises

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AUTHORITY

Prominence is earned, not assumed

- Reviews: volume, recency, response. No incentives, no cherry-picking
  Since 6 October 2026, NMC bars asking for reviews for promotion
- Citations: identical name, address, phone across directories and TPA lists
- Links: associations, universities, local news. Paid links are spam

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READ THE FULL GUIDE

Local SEO for hospitals, in full

- Near me intent and regional-language queries
- Structured data: what markup still buys
- Local answers inside AI search
- gauravphogat.com/local-seo-for-hospitals-in-india-the-complete-playbook

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