

# Google Ads Campaign Structure

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*A Google Ads Search campaign blueprint for a Florida telehealth handicap-permit provider, structured around four intent-segmented ad groups rather than a single keyword-volume bucket.*

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AD GROUPS

**4**

HEADLINES

**11**

TARGET CPA

**\$70**

CLIENT

**ParkingMD**

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## Overview

ParkingMD runs a telehealth service that issues Florida handicap parking permits through online medical evaluation. The category is narrow, the competitive set is small, and the buyer intent is relatively transactional: a patient either needs a permit or does not. Those conditions make paid search more effective than most other acquisition channels, and they raise the stakes on campaign structure because bad structure in a small category wastes budget in exactly the same place every click.

This document is the Google Ads Search campaign blueprint built to service the Florida market. Four intent-segmented ad groups, eleven rotating headlines, a CPC-to-CPA bidding progression, and the ad-extension and audience-targeting layers that surround the core ad groups.

## Market Context

### Why Florida

Florida is the deliberate primary geography. The state has a large older-adult population (45 plus), a well-developed telehealth regulatory environment that permits handicap permit evaluation over video, and a licensed-physician supply that the ParkingMD operational model is built against. Campaigns run at state scope rather than multi-state scope for three reasons: licensing overhead for expansion, ad-quality score protection (hyper-geographic relevance improves Quality Score), and budget concentration in the single market where conversion is proven.

### What the campaign sells

The product is not paperwork. The product is the *avoidance* of paperwork: a ten-minute online medical evaluation that produces a Florida disabled parking placard without the patient leaving home. The campaign architecture has to surface that promise quickly, because search-traffic attention windows are measured in seconds and the category's incumbents still sell in-person appointments as the default path.

## Campaign Architecture

### CAMPAIGN SETUP

- **Campaign type:** Search.
- **Geo-targeting:** Florida, with “regularly in location” targeting to capture residents rather than visitors who happen to be searching in-state.
- **Ad groups:** Four, segmented by search intent rather than keyword volume.

The four ad groups are specified below. Each group gets its own keyword set, its own ad creative angle, and its own conversion hypothesis. This is where most single-tenant Florida telehealth campaigns fail: they lump every handicap-permit keyword into one ad group, rotate the same generic copy against all of them, and lose CTR and Quality Score because the ad never matches the specific phrasing of the query. Intent segmentation is the fix.

### Ad Group 1: Handicap Permit Application (high-intent generic)

#### PRIMARY OBJECTIVE

Drive conversions and purchase.

**SECONDARY OBJECTIVE**

Awareness for ParkingMD in Florida; highlight ease of telehealth process.

**KEYWORDS**

- “handicap parking permit Florida”
- “get disabled placard Florida online”

**AD ANGLE**

Highlight ease, telehealth, no in-person visits.

**Ad Group 2: Telehealth Convenience****KEYWORDS**

- “telehealth handicap permit Florida”
- “online disabled parking permit Florida”

**AD ANGLE**

Emphasise virtual consultations, licensed doctors, simplicity.

**Ad Group 3: Geo-Specific****KEYWORDS**

- “Florida disabled parking permit requirements”
- “how to get handicap placard Florida”

**AD ANGLE**

Focus on eligibility, compassionate care, tailored process.

**Ad Group 4: Competitor Variable****KEYWORDS**

- “Handicapped parking”
- “handicapdocs”

**AD ANGLE**

Reinforce trust, accessibility, and value addition.

**Ad Copy Set**

The headline and description pool below rotates across all four ad groups through Google’s responsive search ad machinery, with the group-level angle guiding which combinations Google’s ML should surface per query. Two dynamic keyword insertion variants close the pool so that the exact query phrasing can land in the headline when appropriate.

**Headlines (11)**

*“Get Your Handicap Permit Fast”*

*“Handicap Parking Placard”*

*“Medical Evaluation in 10 Mins”*

*“Telehealth for Disabled Parking”*

“ParkingMD: Easy Permit Process”  
 “No In-Person Visit Needed”  
 “Trusted Florida Telehealth”  
 “Compassionate Permit Care”  
 “{KeyWORD:Handicap Placard In 24 Hours}”  
 “Online Medical Evaluation in 10 Mins”  
 “{KeyWORD:Handicap Placard Starting from \$32}”

## Descriptions

“Skip paperwork with ParkingMD’s telehealth evaluations for FL handicap permits.”  
 “Connect with licensed doctors online for a simple, caring permit process.”  
 “Get your Florida disabled parking placard without leaving home.”  
 “Tailored telehealth support for your handicap parking permit needs.”  
 “Fast, simple & secure process to get an Handicap Placard you can trust.”  
 “100% Money Back Guarantee. Fast, Easy & Legitimate Handicap Placard in 24 Hours”  
 “In 24 Hours Get Handicap Placard or Your Money Back. Licensed Physicians Only”  
 “Free Pre-screening. 100% Risk Free. Express service available. Get Started Today!”

## Ad Extensions and Audience Targeting

### Display path

Append **/Florida** or **/Handicap-Permit** to the URL (for example, **www.parkingmd.com/Florida**). The display path does not affect the landing URL but does improve CTR by signalling specificity before the click.

### Sitelink, callout, location, and call extensions

- **CTAs:** “Book Now,” “Apply Online,” “Get Started Today.”
- **Sitelinks:** How It Works, Eligibility, Book Appointment, About ParkingMD.
- **Callouts:** No Paperwork Hassle, Licensed Doctors, 100% Online, Florida-Focused.
- **Location extension:** active once the business has a registered Florida address.
- **Call extension:** phone number for users who prefer calling over filling out a form.

### Audience targeting

- **In-Market:** users searching for healthcare services or disability-related products. This is a layer on top of keyword targeting rather than a replacement for it.
- **Demographics:** skew toward age 45 and above without excluding younger users with disabilities. The 45-plus bracket is where most first-time placard applications sit, but exclusion of younger brackets would cut off disability-qualifying patients across the age range.

## Bidding Strategy

Two-phase progression. Phase 1 runs Manual CPC for control. Phase 2 transitions to Target CPA at \$70.

### Phase 1: Manual CPC

Start with Manual CPC because Google's automated bidding models require conversion data to tune against, and that data does not exist for a new campaign in a small category. Manual CPC allows the account to build the initial conversion dataset while the operator retains visibility into which keywords and ad groups are producing the booking volume. Early bid control also prevents the common failure mode where automated bidding over-indexes on cheap clicks that do not convert, because in a telehealth category the cost-per-click signal is a much weaker proxy for booking intent than the landing-page micro-conversion funnel is.

### Phase 2: Target CPA at \$70

Transition to Target CPA once enough conversion volume has accumulated to justify it (roughly 30 conversions per month is the commonly-cited threshold for Target CPA stability, though the actual threshold depends on conversion-value variance within the account). The \$70 target is the justified CPA for a booking at current pricing: below that and Google's bidding model should hold spend, above that and Google should pull back on impression share. The number is not aspirational; it is the line at which unit economics hold.

## Strategic Insight

Most Google Ads campaigns in small-category telehealth are structured by keyword volume. The highest-volume terms go into the main ad group, long-tail terms go into a secondary ad group, and ad creative rotates evenly across the lot. This structure wastes money in three specific ways: ad-copy relevance drops because a single creative set tries to answer every query, Quality Score declines as a second-order effect, and the resulting CPC inflation eats the margin the telehealth price point is built around.

The architecture in this blueprint segments by *intent* rather than volume. A patient searching "handicap parking permit Florida" is at a different stage of purchase consideration than a patient searching "florida disabled parking permit requirements," and the creative that converts one will underperform against the other. Segmenting the ad groups on that distinction lets the headline pool match the intent, which raises CTR, which improves Quality Score, which lowers effective CPC. That compound loop is the reason intent segmentation beats volume segmentation in every small-category paid search account.

## Integration with Organic Strategy

The paid campaign does not run in isolation. It sits alongside the organic content strategy that targets the same Florida handicap-permit vertical through blog content, programmatic state pages, and conversion-aligned landing pages. Three integration points matter.

- **Shared landing pages.** Paid traffic lands on the same conversion-optimised pages the organic strategy builds toward, which means paid traffic improves the page's engagement signals (dwell time, scroll depth, form starts) and organic rankings benefit as a downstream effect.
- **Query insight feedback.** The search terms report from the paid campaign surfaces phrasing that real patients use at the moment of purchase intent. That language feeds the organic content calendar,

especially for FAQ sections and the eligibility content where intent-matched phrasing compounds rankings.

- **Competitive intelligence.** The competitor variable ad group captures branded searches against category incumbents, which produces a continuous signal of competitor pricing and positioning shifts that the organic team uses to keep its own positioning current.

The paid and organic workstreams converge at the landing page. Paid buys the immediate conversion at \$70 CPA. Organic builds the asset base that lets the category's long-term cost-per-acquisition curve bend downward. Neither is complete without the other.