

Injector Compensation Structures

Seven ways injectors get paid.

The same injector can earn \$95K or \$250K+ depending on compensation structure, patient mix, and leverage.

Structure	What it Motivates	How It Works	Real-World Examples
Hourly + % Gross	Consistency. Less ownership mindset.	Injector earns hourly pay plus a percentage of total revenue generated.	\$35/hr + 10% skincare sold + 15% injectables.
Hourly + % Net Profit	Profitability / Efficiency	Injector earns hourly pay plus percentage of profit after agreed expenses deducted.	\$44/hr + 10% net profit. Aligns injector and practice incentives when "net" is clearly defined.
Hourly + Sliding Scale	Growth / Retention	Commission percentage increases as revenue or profit targets are exceeded.	\$40/hr + 5-20% sliding scale , commission triggered once profit clears overhead threshold. <i>Reported income: ~\$95K/yr.</i>
Hourly + Threshold Commission	Goal Achievement	Commission begins only after a predetermined revenue target is reached.	\$35/hr + 10% after target
Hourly OR Commission	Recruitment / Ramp-up	Injector receives whichever amount is greater each pay period.	\$32/hr OR 20% gross. Often paired with an annual reset clause.
Commission + Milestone Bonus	Retention + Growth	Injector earns commission plus bonus payments for hitting revenue milestones.	10% on gross + \$10K once injector sells \$1M gross.
Pure Commission	Entrepreneurship / Production	Injector is paid solely from a percentage of sales or profit.	25% net on house clients, 50% on self-acquired, scaling to 65% net at full book maturity. <i>Reported income: \$1,250-\$2,000/day OR ~\$279K/yr</i>

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Negotiation Playbook

The Math: One Vial, Two Sides

Worked illustration from Heddy field data. Botox at \$5.25/unit cost, charged \$10/unit retail. One 100-unit vial. Structure: \$32/hr plus 10% of net profit, two hours of injector time per session.

Vial revenue (100 units × \$10)	\$1,000.00
Product cost (100 units × \$5.25)	(\$525.00)
Net before injector comp	\$475.00
Injector wage (2 hrs × \$32/hr)	(\$64.00)
Injector commission (10% of \$475 net)	(\$47.50)
Total injector compensation	\$111.50
Practice net profit per vial	\$363.50

At \$32/hr plus 10% of net profit, both sides come out ahead. The injector earns roughly \$55/hr fully loaded for skilled, billable work. The practice clears just over a third of the vial as profit, enough to reinvest in marketing, staff, or product. Pricing has risen on both sides since this example was gathered, but the proportions still tell the story. Push the hourly down or shift the commission base from net profit to gross revenue, and the math tilts hard for one party or the other.

Rule of Thumb:

An injector needs to generate roughly 6× their hourly rate per hour to justify the wage.

What to Know Before You Negotiate

For Injectors

- **The denominator matters more than the percentage.**
20% of gross and 20% of net are very different paychecks. Ask which one applies.
- **Know the threshold math.**
Some sliding scales are gated by your book alone, others by total practice overhead. The second eats your earnings.
- **Sliding scales reward growth. Flat percentages reward stability.**
Match the structure to your career stage.
- **Ask about commission splits.**
Some structure route 4-7% off the top to front desk or MA referrals before you see your share.
- **Your book is leverage.**
Document patient acquisition. As your following grows, your share should grow with it.

For Operators

- **The cheapest plan is rarely the most profitable.**
Top earners drive a disproportionate share of injectable revenue. Losing one to a competitor with a better plan costs more than a few commission points would have.
- **Pure commission attracts top producers.**
It can also create upselling pressure that compromises outcomes. Capped consumables and pricing protocols offset this.
- **Tying commission to net profit protects margin.**
Particularly during list-price changes and cost-of-goods swings. Gross-based commission quietly eats overhead.
- **"Whichever is higher" recruits. Sliding scale retains.**
They aren't interchangeable.
- **A documented comp plan is the cheapest retention tool you own.**
Most pay disputes start with ambiguity, not bad faith.

Negotiation Questions

For Injectors

- Hours guaranteed if slow, or flex home?
- How is "net" defined?
- Self-generated clientele expected?
- Non-compete radius and term?
- Who pays for product?
- Who pays for complications?

Beyond Compensation:

- Liability insurance (occurrence vs claims-made)
- CE/conference reimbursement
- Marketing support
- MA/chair-side support
- Staff, family, friends treatment/perks
- PTO, schedule, and days off

For Operators

- How will this plan improve retention?
- What behavior am I rewarding?
- How will it increase cross-selling?
- What happens when volume doubles?
- What if volume halves?

The highest-paying compensation structure isn't automatically the best one. The best structure aligns incentives so patients stay, injectors grow, operators profit, and the practice becomes more valuable.