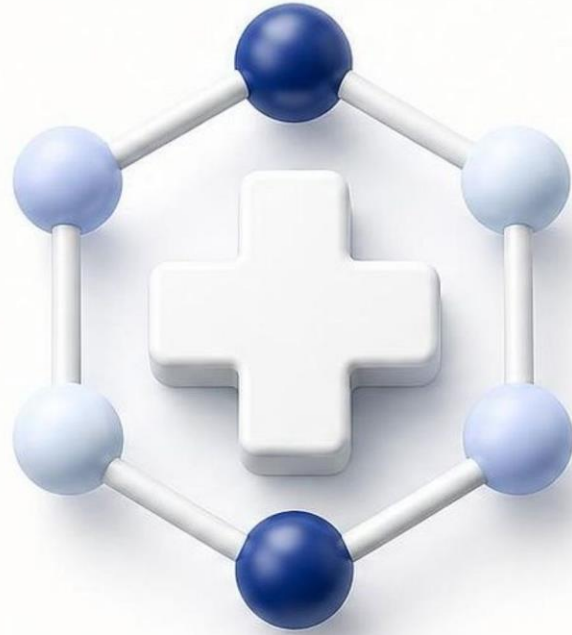




First Outcomes

The AI workforce for patient referrals

Referrals Are Broken by Design

HMOs, Medicaid, and Medicare Advantage require every referral to clear in-network verification and prior authorization — creating compounding administrative waste at scale.



45 minutes

to process a single
referral end-to-end



\$24

loaded labor cost $\times$ 1.38
overhead multiplier =
~\$24.84 per referral



50 referrals/month

per PCP — nearly 38
hours of pure overhead

400 Million Referrals Processed Every Year

Each one burdened with manual coordination, insurance verification, and authorization workflows — performed by expensive clinical and administrative staff who could be doing something else.

10 billion in staff costs

This is not a niche inefficiency. It is a systemic drag on every health system, system, PCP practice, and payor in the the country.



AI referral agents

In production today

87%

automatic completion of complicated
Medicaid referral workflows

8,000

completed referrals a month

Market Opportunity

TAM

\$10 Billion – the staff cost of all referrals

SAM

6.5 Billion – Referrals from HMO's Medicare Adv, Medicaid

SOM

\$165 million – 5% of SOM referrals at \$10 per referral



Growth



The Leadership Engine

Deep expertise in Healthcare, Scale, and Exits



Dinesh Gambhir, PhD (CEO)

- 3x Founder. Exited HealthExpense to Fidelity. Scaled Deloitte's Application Outsourcing Centers to \$7M in a single year.



Seetha Ganesan (CTO)

- Scaled engineering orgs to 95+. Delivered production platforms for top-tier EMRs (NextGen) and Payers (Blue Shield).



Nik Gupta, MBA, MA (VP)

- MBA - U Texas, MA - Duke. Decade+ experience selling and building at IBM and early stage startups.



2 US based product Managers. 8 India based engineers shipping updates weekly



Raising \$5M Seed

The 12 month plan: Establish leadership and take the market.

Goal: \$5M (6x) ARR in 12 months

Use of Funds

● 50% GTM Sales



● 30% Engineering



● 20% Operations

