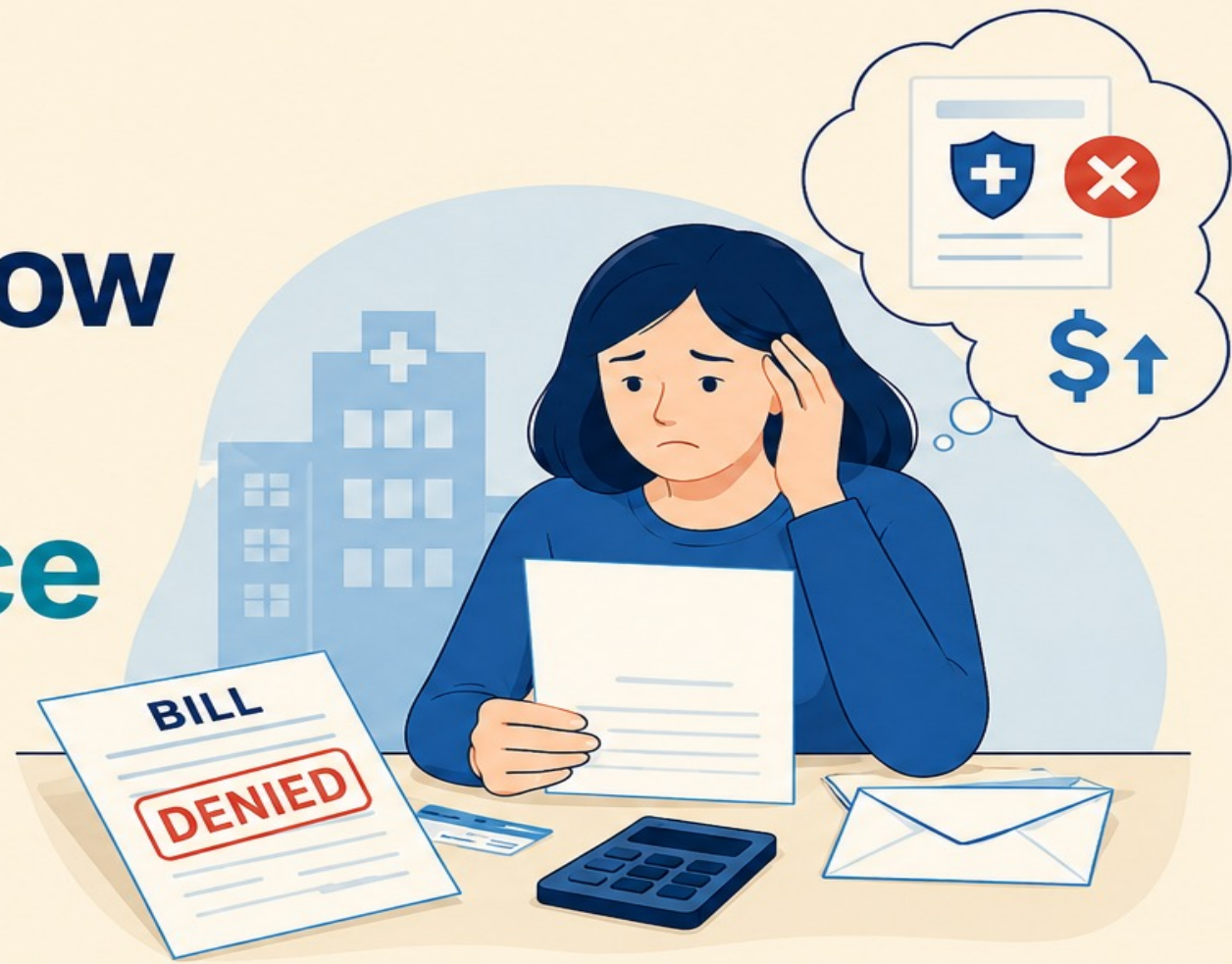


Did you or someone you know ever have a Health Insurance Failure?



Our True North

CORE BELIEF

Healthcare access improves when people can see the price, choose the provider, and pay directly at a fair cash rate before the service occurs.

VISION

A parallel access layer where routine healthcare is priced upfront, easy to use, and not dependent on insurance complexity.

MISSION

Help individuals, families, gig workers, self-employed professionals, small businesses, and independent practices transact routine care directly. The Working Middle Class

VALUES

Price clarity over sales conversion · Access over complexity · Direct-pay integrity · Provider fairness

PRINCIPLES

No claims payment · No medical risk · No insurance positioning · Build repeatable workflows.

FixCare
DIRECT
HEALTHCARE
ACCESS



Uncomplicated healthcare

FixCareHealth.com | June 2026
Presented by: Karim Wahib, Founder

1. True North
2. Problem
3. Customer & Traction
4. Solution
5. Key Promise Index
6. Market & Competition

7. Business Model
8. Business Functions
9. Financials
10. Team
11. Growth & Milestones

The Problem We Are Solving

Healthcare is perceived to be expensive and is emotionally exhausting.

The public reaction after the alleged Mangione / UnitedHealthcare CEO event exposed a deeper signal:

**People feel trapped by commercial health insurance with its regulatory moat and do not believe the system will reform itself.*

Opaque prices

Patients often do not know the cost until after the visit. Deductibles,

Insurance default

Routine care gets pushed through a system built for claims, not only or catastrophic events.

Private practice pressure

Claims, increased denials, and admin burden weaken independent providers to pay overhead.

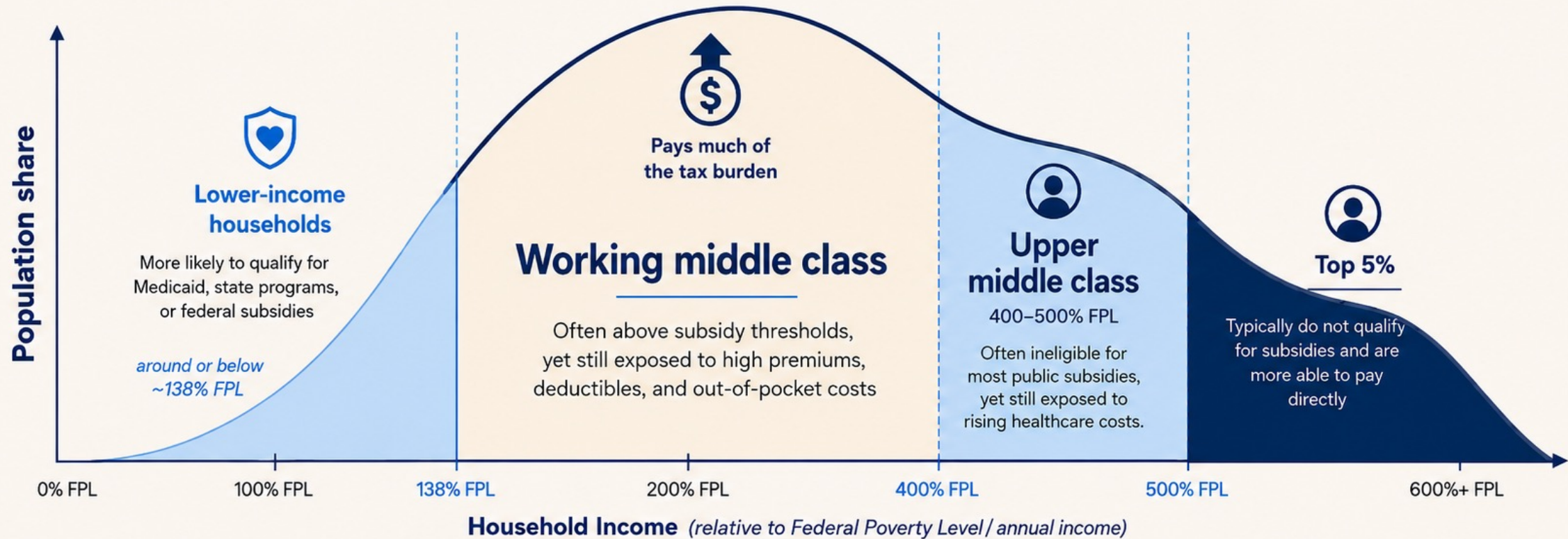
The opening is not to fight incumbent and lobby for political reform.

The opening is to build a parallel lane for routine care +Hospital care.

The Working Middle Gets Squeezed



Healthcare subsidies cluster at the lower end of the income curve, while the working middle often bears the tax burden without easy access to assistance.



The gap is the working middle: too much income for help, too little protection from rising healthcare costs.

Conceptual illustration of income distribution and subsidy access.

Customer & Traction

Target Customer

- Middle-class families priced out of ACA Marketplace.
- Gig workers and self-employed people.
- Small employers needing a usable benefit layer
- High-deductible users who are accustomed to self-pay.
- * Independent private practices wanting direct-pay flow without obstructions.

Evidence to Date

**\$60/mo
\$360/yr**

retail access plan

\$180/yr

enterprise access
plan

\$15/ mo

enterprise equivalent

Built assets:
website, provider-facing offer, membership
model, employer value proposition,.

Key insight: customers are not just looking for cheaper care. They are looking for a healthcare path that feels understandable before they use it.

Our Solution: The Direct-Pay Access Layer

Member Access

Members join FixCare to see routine-care options, clear rates at the lowest negotiated price, and direct-pay providers.

Provider Network

Private practices receive direct-pay patient flow without obstruction. I.e.: insurance billing or claim reimbursement delay.

Partner Lane

For major unexpected needs, FixCare can point to separate health care cost-sharing partners such as Sedera or Zion Health-style models.

Employer Channel

Small employers can use FixCare as a benefit-stack access layer alongside Individual Coverage Health Reimbursement Arrangement (ICHRA), Qualified Small Employer Health Reimbursement Arrangement (QSEHRA), Direct Primary Care (DPC), or traditional coverage.

MVP logic: member books care → sees expected cash rate → pays provider directly → FixCare stays out of claims.

How We Learned & Adapted

Three operating assumptions shaped every key decision in the model.

What We First Believed

1. Transparent pricing would be the wedge.
2. Direct-pay rates could create provider interest.
3. Membership could organize self-pay care.

What The Market Taught Us

1. People delay care when price is hidden. Don't know what is covered
2. Providers value fast direct payment and lower admin burden.
3. Small employers need a simple front door, not another confusing benefit.

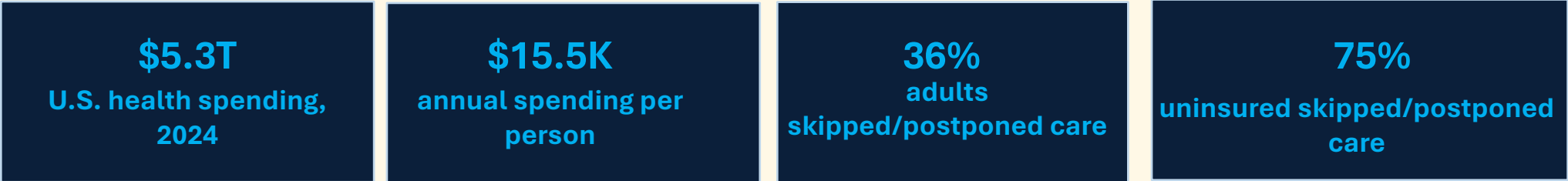
What We Changed

1. FixCare became an access layer, not an insurance replacement.
2. Compliance guardrails became core: no claims, no risk, no clinical responsibility.
3. Employer and *nonprofit paths were added as distribution lanes.

Key learning: FixCare needs to be simple enough for patients, useful enough for providers, and clean enough legally to avoid drifting into insurance.

Market & Competitive Landscape

FixCare |



Competitors:

Competitor	What it solves	Gap	FixCare edge
Sesame	Cash-pay virtual visits	Telehealth-first; sparse local in-person access	Local in-person network + guidance
MDsave	Upfront procedure pricing	Procedure voucher model; less ongoing navigation	Member relationship + provider map
Careington	Discount membership network	Broad discount plan; limited clinical advocacy	Curated medical lane + advocacy
Solace	Patient advocacy	Advocate layer, not a provider-pricing network	Access + advocacy in one membership
HealthJoy / Rightway	Employer benefits navigation	Built around existing plans and larger employers	Small-business, non-insurance access layer

Sources: MDsave, Careington, Solace, HealthJoy, Rightway, and Sesame public product pages; CMS market context.

Business Model

Revenue Streams

Consumer membership

\$60/month or \$720 retail membership.
\$360 Annual plan equals \$30/month.

Employer / group

Enterprise/group membership: \$180/year,
equivalent to \$15/month.

Partner distribution

Cost-sharing partner distribution
Commission \$20/month per Member

25 memberships /\$3k
marketing Paid CAC \$120

Annual rev: 1x 720, 2x 360,
22x180, 20x2x12, = \$5880

**So far* \$115.20 profit
estimate.**

Current retail unit formula: \$360 annual price
- \$120 development cost/customer :

25 paying members Divided by \$3000 in
print/swag- \$120 customer acquisition cost =
\$115.20 estimated unit profit. Enterprise
formula: \$180 annual price less allocated
cost stack; margin depends on support load
and acquisition channel.

Blended CAC $3000 + 5016 = \$8016 / 25 =$
\$320.26 (Including all Expenses)

FixCare KPI Snapshot

Current traction + 12-month operating forecast

Inputs: 25 members, \$3,000 marketing spend, \$418/mo website
baseline, updated 550/250 forecast.

Operating readout

Early member base with paid-CAC sensitivity: \$120 per member if the full \$3,000 is treated as acquisition spend.

Founder-led / organic CAC remains \$0 when no paid acquisition spend is assigned.

CURRENT MEMBERS

25

Active / paying members

MARKETING SPEND

\$3,000

Used for CAC sensitivity

PAID CAC

\$120

$\$3,000 \div 25 \text{ members}$

WEBSITE BASELINE

\$418/mo

\$5,016 annual run-rate

MONTH 1 REVENUE

\$550

Forecast starting point

MONTH 12 REVENUE

\$1,569

10% month-on-month growth

12-month forecast KPIs

Revenue: \$11,761

Expenses: \$6,781

Net cash profit: \$4,980

Break-even: Month 2

Next dashboard metrics to prove

Conversion by channel

Renewal rate

Utilization

Documented savings

Provider count

Support cost/member

How We Run the Business

Marketing & Growth

Local SEO, social content, chamber listings, referrals, brokers, community groups, and employer pilots.

Sales & Membership

Direct-to-consumer annual membership, group rosters, employer-paid or voluntary benefit access.

Operations

Provider recruitment, cash-rate verification, member onboarding, issue tracking, and scripts.

Technology & AI

Website, CRM, rate directory, intake forms, AI-supported content and financial modeling.

Compliance Guardrails

No insurance claims, no medical risk, no clinical responsibility, no hidden pricing.

Performance Tracking

Paid conversion, active members, provider supply, utilization, customer support issues, and renewal rate.

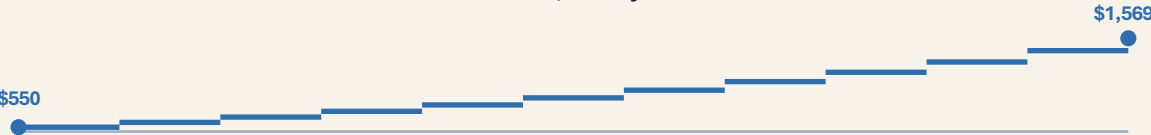
12-Month Financial Forecast

Updated Forecast Output

Monthly recurring revenue grows 10%; expenses include direct cost plus \$250/month marketing.

Metric	M1	M6	M12	Annual
Revenue	\$550	\$886	\$1,569	\$11,761
Expenses	\$668	\$516	\$721	\$6,781
Net cash profit	(\$118)	\$370	\$848	\$4,980
Cumulative profit	(\$118)	\$1,218	\$4,980	\$4,980

Revenue climbs from \$550 in Month 1 to \$1,569 by Month 12.



Key Metrics

Month 1 revenue

\$550

Month 1 expenses

\$668

Month 12 revenue

\$1,569

Break-even point

Month 2

12-month revenue

\$11.76K

12-month net cash profit

\$4.98K

Scenario logic: updated base case uses \$550 Month 1 recurring revenue, 10% monthly growth, direct cost plus \$250/month marketing cost.

Source: uploaded FixCare 550-250 forecasting template — Output: 12 Month Forecast.

— FIXCARE

Another bill you can't afford?

Without insurance, one urgent care visit can wreck your whole month.

FixCare members skip that. You get pre-negotiated, direct-pay rates with verified providers — and you know the price before you ever walk in.

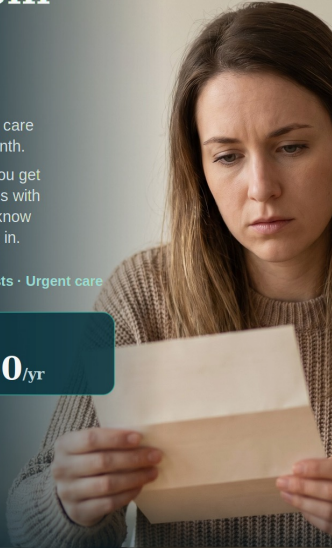
Primary care · Dental · Specialists · Urgent care

MEMBERSHIP

\$60/mo · \$360/yr

[Learn more](#)

FixCare is NOT health insurance. It is a Discount Medical Plan Organization (DMPO). Savings vary by provider and service.



The Team

Karim Wahib

Founder & Operator

20+ years as a healthcare provider and operator. Physician Assistant background. Direct exposure to patient frustration, provider burden, and insurance-driven complexity.

Founder Edge

Why this founder sees the problem differently

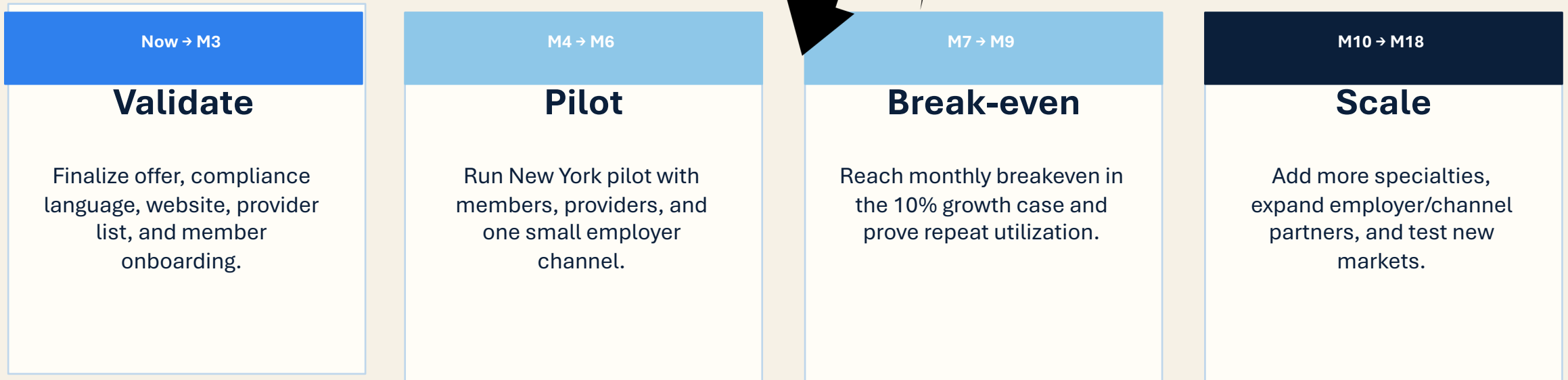
Clinical credibility, direct patient empathy, provider network-building ability, and practical negotiation skill.

External Support

What must be professionalized next

Healthcare counsel, accountant, broker/channel partners, provider recruiters, brand/design, and technology support.

Growth Plan & Next Milestones



FixCare restores the direct^{*} relationship between people and the providers who care for them.

***Potential mission-preserving pivot:
FixCare Foundation for Accessible Healthcare***

Adjacent nonprofit that raises private donations to subsidize FixCare memberships and routine-care navigation for middle-class people who do not qualify for public subsidies but cannot afford traditional coverage.

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