

Apptly

Powered by **UberDoc**

APPT

Publicly listed · CSE

Priority access to specialist care, outside insurance.

Appropriate care at the appropriate price.

5,000+

Board-certified specialists

55+

Medical specialties

50

States covered

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THE PROBLEM

U.S. healthcare is broken, for both sides

Patients wait too long and pay too much. Doctors wait too long to be paid. and buried in administrative burden

FOR PATIENTS



90+ day waits

The average wait to see a specialist runs past 90 days, and a referral adds roughly 23 more before the first visit is even booked.



Referral walls

Insurance networks gate access. Patients cannot reach a specialist directly, even when they know exactly who they need to see.



Surprise bills

No price is shown before care. Patients commit blind, then face a bill weeks later with no way to compare cost upfront. Significant rise in uninsured and underinsured people.

FOR PHYSICIANS



55 days to get paid

Physicians wait about 55 days for payment, and roughly one in five claims is denied on first pass, tying up cash and staff.



69% fewer independent practices

Independent practice has collapsed since 1983, down 69%, as administrative load pushes doctors into hospital employment.



Burnout epidemic

Coding, overhead and endless claim battles leading physicians to leave practice, creating critical shortages in both specialty and primary care.

THE SOLUTION

Priority access. Transparent price.

Direct-pay specialist care, in person or telehealth, no referral required. The OpenTable model for medicine.



No referral required

Book any specialist directly. Immediate scheduling, any specialty.



Transparent flat fee

Known upfront. HSA/FSA ready. Medicare-compliant visits from \$50.



In-person or telehealth

Patients choose the modality, all on one platform.



Simple & private

No insurance forms. No data sold. HIPAA compliant.



Doctors paid same day

Payment at booking. No billing cycle, no denials.



Care continues

Follow-up can be through insurance or *Direct Pay*.

MARKET OPPORTUNITY

A \$1 trillion market, ripe for disruption

Direct-pay is the fastest-growing segment of U.S. healthcare, and UberDoc sits at its center.

\$1 Trillion

Total Addressable Market U.S. physician & clinician services

\$49 Billion

Serviceable Addressable Market High-deductible & uninsured, 1/3 of the U.S.

\$1.1 Billion

Serviceable Obtainable Market Acquirable in the next 2 to 3 years

CONTRACTED REVENUE TODAY

\$7.5M+ already generating revenue, pre-scale

860M+ annual U.S. physician visits (CDC)

1.08M practicing U.S. physicians

1% of SOM = ~\$11M annual revenue

UNIT ECONOMICS

Every doctor is a growth engine

Each physician brings an existing panel of 2,000 to 5,000 patients. That panel is our acquisition channel, at near-zero cost.

THE MATH, PER DOCTOR

Average patient panel	2,000 to 5,000
Weekly visit volume	~50 / week
Direct-pay opportunity (2%)	1 patient / week
Annual direct-pay visits	~50 / year
Average fee per visit	\$200 to \$300
UberDoc net (20 to 50%)	\$40 to \$150
Revenue per active doctor	\$2,000 to \$7,500/yr

SCALE: 5,000 → 10,000 DOCTORS

250,000
visits / year at 5,000 active doctors
\$18.75M
revenue at \$250 avg, 30% net
>\$37.5M
recurring at 10,000 active doctors

Six revenue streams, one network

Demand validated with multiple anchor customer groups. This is not a niche.



Direct to Consumer

\$200 to \$300 / visit · nets 20 to 50%

Patients booking directly. The fastest-growing segment.



Doctor to Patient

\$150 to \$300 / visit · nets 20 to 40%

Physicians serve out-of-network patients from existing panels.



Government & Institutional

Contracted per exam · recurring

MA disability, fit-for-duty federal, VA. Already live.



Employer & TPA Direct

PEPM or flat contract

Self-insured employers contracting for transparent access.



Physician SaaS

\$99 to \$199 / month per license

Booking, profile & scheduling. \$6M ARR to \$12M+ at 10K docs.



Marketplace Products

% revenue share · 55 verticals

Labs, imaging, longevity & integrative products on-platform.

5x revenue growth, before we turned it on

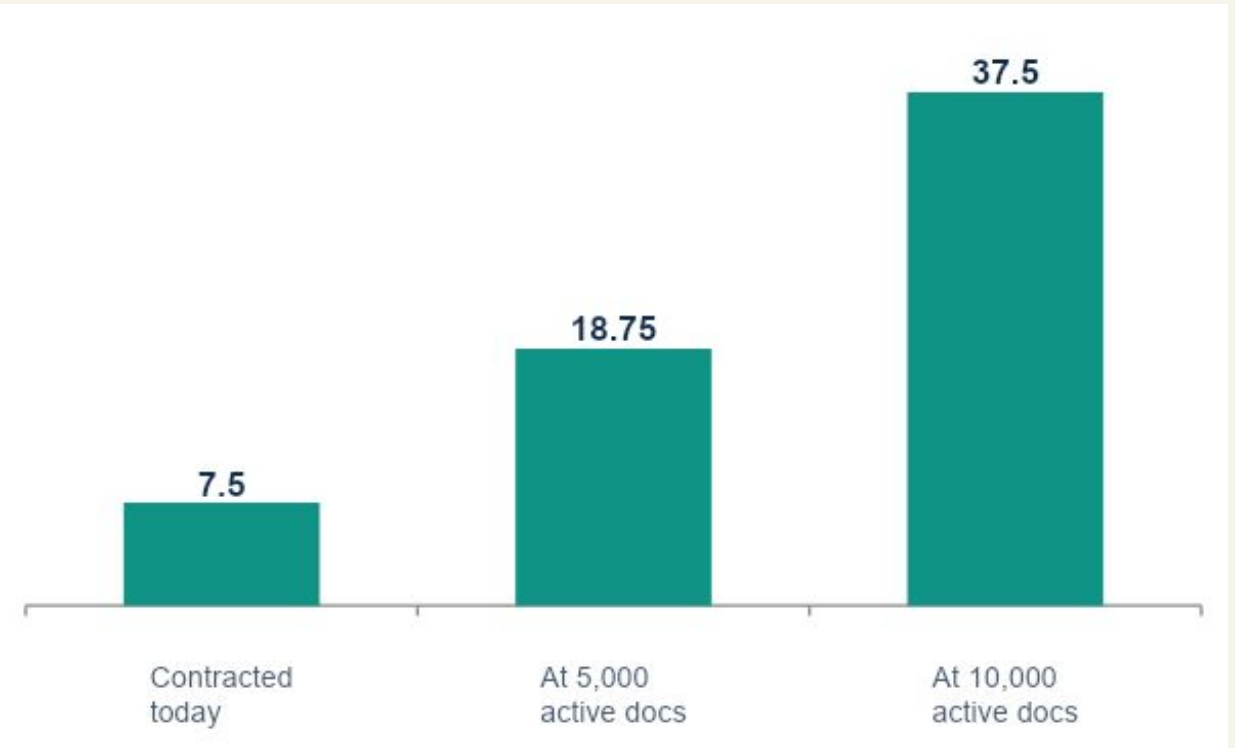
Today's revenue is contracted and pre-scale. Paid acquisition, Book APPT and the employer DPO are not live yet.

5X

Modeled revenue growth from today's contracted base to the 10,000-doctor run rate.

- Achieved pre-scale. The growth engine (paid acquisition, Book APPT, the DPO) is not switched on yet.
- Near-zero acquisition cost. Each physician brings an existing panel of 2,000 to 5,000 patients.
- Recurring and compounding across six revenue streams on one platform.

REVENUE TRAJECTORY (\$M)



Projection. Today's contracted revenue scales with the physician base already credentialed and live on the platform.

Earning a seat at the table

The agencies serving veterans , active duty military duty and Americans with disabilities came to us.



FEDERAL ADVISORY

Appointed to the National Committee on Vital and Health Statistics

Our founder was appointed to the NCVHS— an official federal advisory body to the U.S. Department of Health & Human Services — helping shape the nation's health data and policy.

No procurement process awards this. It's an invitation to help govern — the federal government's strongest endorsement of the model.



State of Massachusetts Disability exam contract

High-volume appointment facilitation for state disability determinations.



Fit-for-Duty Federal Government exam program

Federal fitness-for-duty exams — recurring, high-volume, replicable nationally.



Veterans & Active Duty Specialty exam access

Contracted specialty exams that determine and sustain veterans' disability benefits.

“ Policymakers, agencies, veterans' advocates, employers, physicians and patients all reached the same conclusion: **it works, it's needed, it's where healthcare is going. Better ,faster and more affordable**

THE MOAT

55 specialties, a moat no one can replicate

Each specialty unlocks targeted products, partners and affiliate channels. The network is the defensibility.

55 SPECIALTY VERTICALS, SAMPLE

Cardiology

Remote monitoring & devices

Dermatology

Telederm, skincare, cosmetic

Endocrinology

CGM, metabolic & longevity

Rheumatology

Biologics support & lab testing

Orthopedics

PT networks, surgical prep, DME

Neurology

Cognitive & sleep diagnostics

OB/GYN

Fertility & women's health

Psychiatry

Mental health apps & therapy

+ 47 more specialties, each its own product & partner opportunity.

GROWTH PILLARS



Strategic partners

DPC, longevity & surgery centers bring their patients.



Specialty products

Curated marketplace per vertical, revenue share.



Affiliate marketing

Commission affiliates per vertical promote UberDoc.



Google profile takeover

Booking embedded where patients already search.

NEW PRODUCT

Direct Pay Option (DPO) - a consumer-driven health plan

Employers offer direct-pay care as a benefit, powered by UberDoc, the marketplace and the payment rail.

WHAT IS THE DPO?

- A direct-pay benefit offered alongside traditional insurance.
- Employers save on premiums; employees get faster, transparent care.
- UberDoc captures every transaction in the marketplace as the payment rail.
- Pairs naturally with HSA, ICHRA and self-funded employer models.
- Employers see costs. Employees see prices. Complete alignment.

THE EMPLOYER OPPORTUNITY

~61%

of covered U.S. workers
are self-insured

\$20,000+

avg annual healthcare
cost / family

40%+

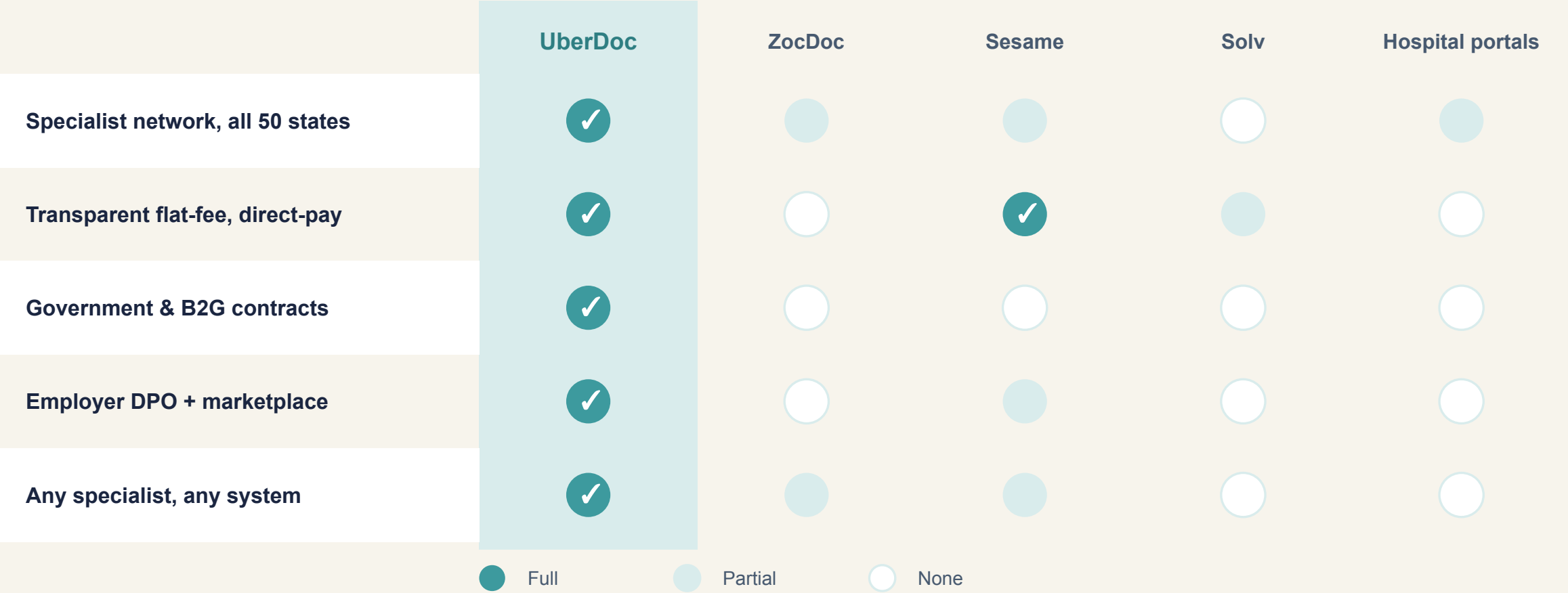
annual ICHRA adoption
growth

\$500K - \$2M

ARR from just 10
employer contracts

Where UberDoc wins vs. the field

Others solve pieces. Read down the UberDoc column: it is the only one that holds the full stack.



THE PRODUCT

Book a doctor, right from Google

UberDoc embeds a Book APPT button into each physician's Google Business Profile to manage all of their direct pay appointments.

01

Take over the search result

The Book APPT button sits inside each doctor's Google profile. Search their name, booking is the first thing you see.

02

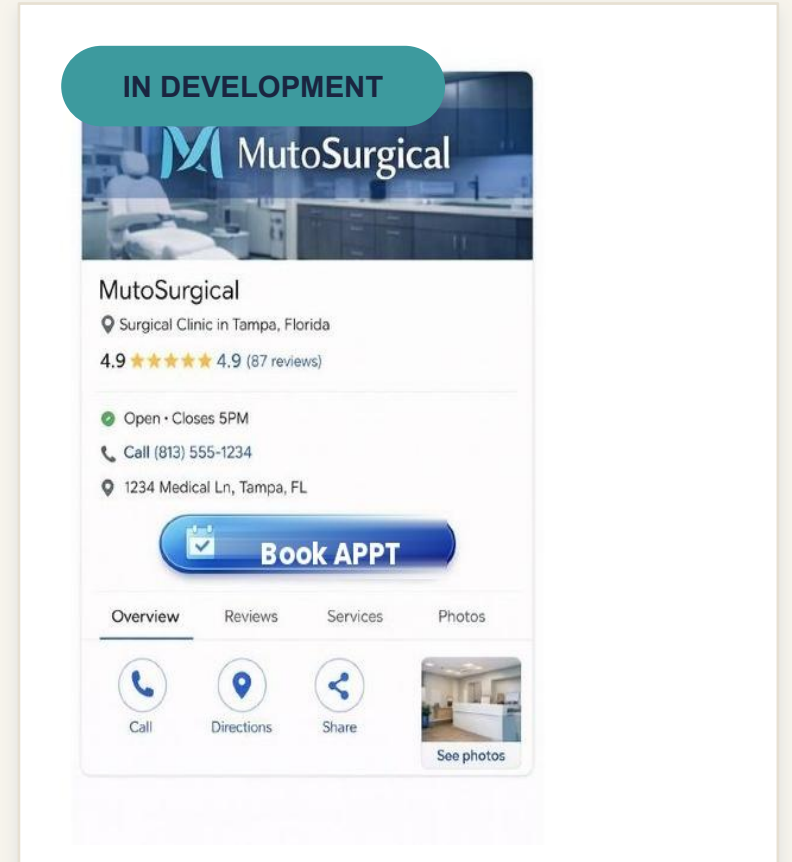
One click. Done.

Pick a time, pay upfront, confirm. No phone call, no referral form, no insurance friction.

03

The hybrid model

Doctors keep their insurance practice and add a direct-pay lane, new revenue from patients who can't wait.

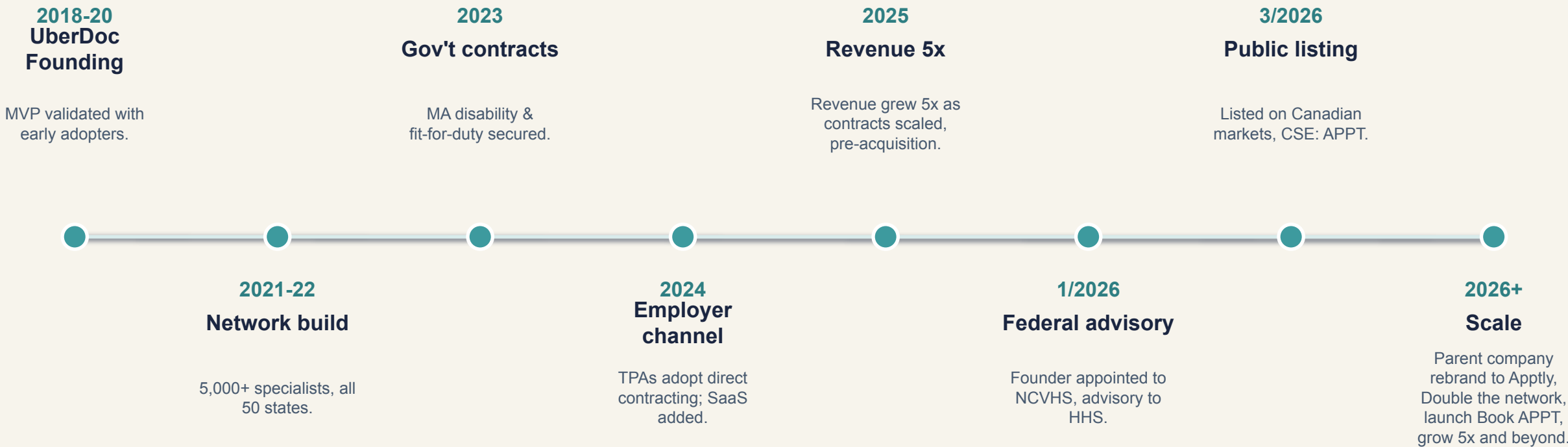


Google profile integration shown is a product preview, in development.

TRACTION

From concept to public company

Milestones that prove the model, built deliberately and validated at each stage.



WHY NOW

The window is open, and defensible

Hospitals and insurance networks cannot replicate what we have built. Timing, density and regulatory fit compound.



Hospitals can't compete

Legacy revenue-cycle software exists to maximize insurance billing. No path to legal cash-pay isolation.



AI-powered matching

Intelligent specialty matching and automated acquisition. The operating system for direct-pay care.



Network density

5,000+ specialists, 55 specialties, all 50 states, credentialed and live. Years and \$10Ms to replicate.



Regulatory fit

Medicare-compliant from \$50, HSA/FSA ready, HIPAA cash-pay. Founder on NCVHS, advisory to HHS.



Multi-channel lock-in

Four validated segments: DTC, government, employers, partners. Diversification single-use platforms can't match.



Market tailwinds

Cost Plus, federal price-transparency mandates, the ICHRA explosion and the longevity boom, all aligned.

Capital Structure

Scale the physician base, the consumer channel and the marketplace — on infrastructure that's already live.

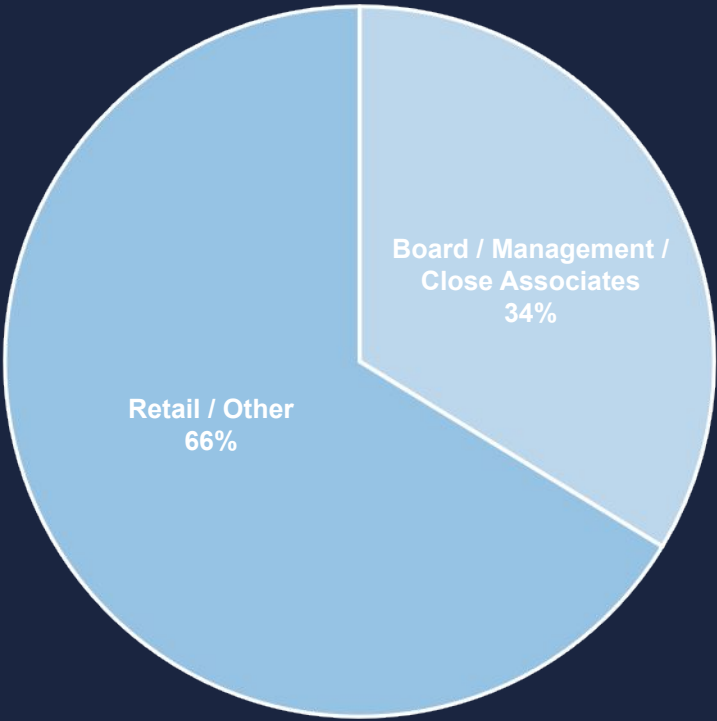
CAPITAL STRUCTURE

Recent Share Price*	\$0.31
Market Cap*	\$19M
Common Shares Issued	61.8M
Incentive Stock Options*	6.7M
Restricted Share Units*	0.9M
Warrants	4.3M

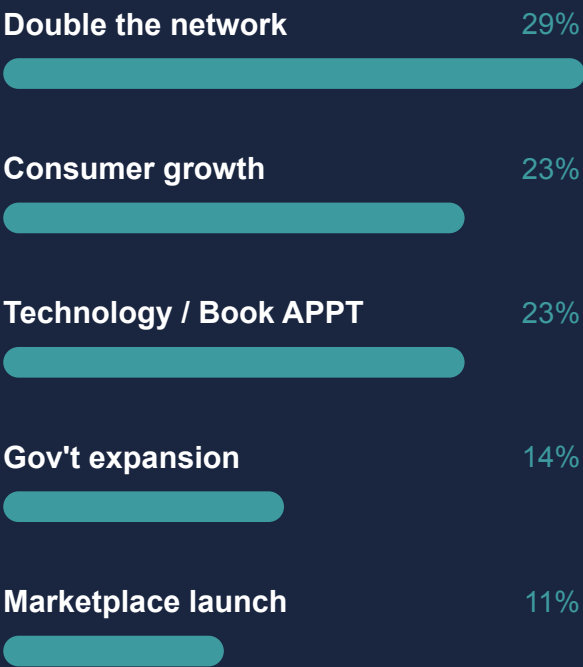
TOTAL FULLY DILUTED 73.7M

* Market Cap as of June 1, 2026
* All dollar values are in CAD
* Incentive Stock Options and RSU's are budgeted not issued

SHAREHOLDER DISTRIBUTION



USE OF PROCEEDS



THE VISION

The default front door to direct-pay care

Where patients, doctors, employers and government go for appropriate care at the appropriate price, and the network is already built.

860M+

annual U.S. physician visits

5,000+

physicians on platform today

\$18.75M

projected revenue at 5K active
docs

55

specialty verticals to monetize

Policymakers aligned. Contracts signed. Doctors here. Patients searching.

We built it. Now let's scale it. — *Dr. Paula Muto, M.D., Founder & CEO*

TEAM

Board

Physician-founded, woman-led. Operators across healthcare, product, capital markets and venture.



Dr. Paula Muto, M.D.

CEO, Founder & Board Chair

Practicing vascular surgeon who built UberDoc from clinical insight to a public platform. Appointed to NCVHS, federal advisory to HHS.



Craig Zevin

Director, Consumer Technology

Growth operator in digital health & SaaS. Former COO at UberDoc; prior McKinsey & Google.



Max Whiffin

Director, Capital Markets

Corporate development and venture finance leader at NorthBay Capital. Instrumental in UberDoc's CSE listing.



John Dvor

Director, Strategic Partnerships

Co-founder, Tufts Health Ventures (\$250M). Key exits: Iora (\$2.1B), Auris (\$5.75B). 20+ years in VC and biotech.

ADVISORS

Advisory board

Backed by operators, directors and world-class clinician advisors in direct-pay healthcare.



Dr. Eric Bricker, M.D.

Healthcare Finance

Co-founder & CMO of Compass (1.8M members, acquired by Alight). Founder, AHealthcareZ.



**Dr. Diana Girnita, M.D.,
Ph.D.**

Rheumatology · Direct-Pay

Founder & CEO of Rheumatologist OnCall, the first direct-pay rheumatology telehealth platform.



**Dr. Cristin Dickerson,
M.D.**

Radiology · Transparency

Founder & CEO of Green Imaging, national affordable imaging. Author of Aligned.



Paul Johnson

**Venture Capital · Digital
Health**

GP at Flex Capital. Founder of Lemonaid Health, built to a \$400M acquisition by 23andMe.



Dr. Fred Liss, M.D.

**Orthopedics ·
Physician-Led**

Founder of HURT! and GP at PhyCap Fund. Board-certified surgeon & physician advocate.

Apptly

- ✓ **The doctors are already here.**
- ✓ **The patients are already searching.**
- ✓ **The contracts are already signed.**
- ✓ **The policymakers are already aligned.**
- ✓ **The technology is already built.**

We built it. Now let's scale it.