

# saara

healthcare's *missing* intelligence.

investor relations

Sean Filson, Founder

sean@saaralabs.health

agentic

proprietary, multi-  
specialty medical  
protocols

supply chain  
connected

# saara summary card

\$3M

SEED TARGET

Priced, Preferred Equity

\$7.5M

PRE-MONEY VALUATION

## Deliverables

- Issue beta + MVP
- Fortify Machine Learning Engine
- Generate \$21M in top-line revenue by end of 2027

## Seed Allocation & Use of Funds



### Product

Engineering, Design, R&D, Protocol Development



### Growth, Operations & Concierge

Sales, Client Success, Strategic Ops Hires



### Legal

Licensing, Registrations & Corporate Legal Advisory

## Historical Funding

●●●●● \$260K+

**Founder Contributions**

Ongoing personal capital deployed

●●●●● \$335K

**Pre-Seed Target \$350K**

Convertible Note, 2% int., \$5M valuation cap

●●●●● \$100K

**LOIs for remaining tranche**

Additional funding committed

# executive team

Deep expertise across healthcare operations, technology, coding, compliance, and scale.



**Sean Filson, MBA**

## Founder

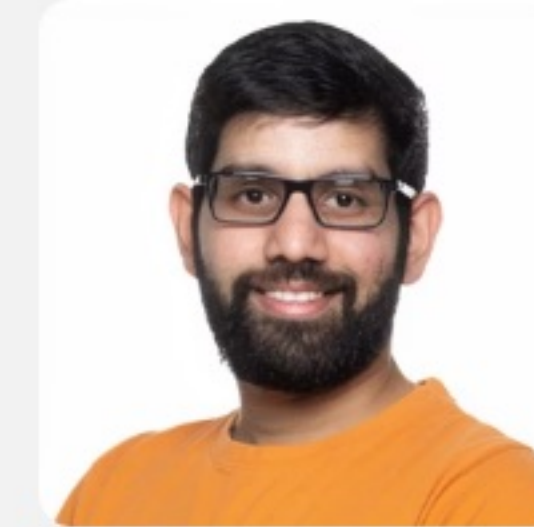
- Private practice & MSO Owner/Operator
- Scaled med venture into \$1.25B portfolio
- \$40M valuation startup in under 2 years
- CFO & COO in healthcare ops
- 20+ yrs Global Ops, Finance & Biz Dev



**Jeff Igoe**

## Co-Founder & Senior Advisor

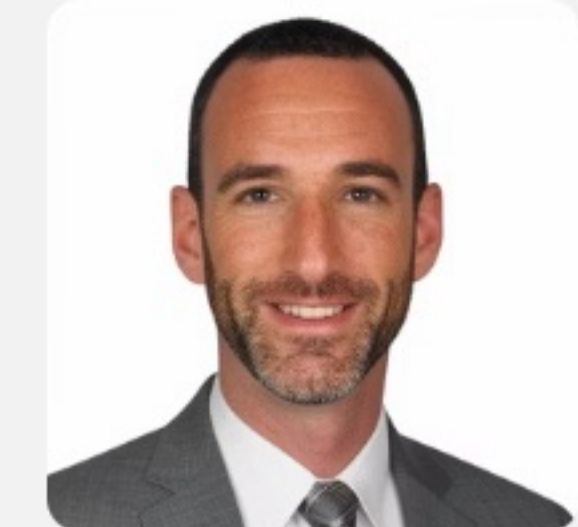
- 20+ yrs healthcare Marketing & Sales
- \$250M+ run rate, 300+ practices
- \$100M+ agency spend managed
- Private practice owner/operator



**Hamza Shaikh**

## Head of Product Design

- Founding designer: \$1B Unicorn AI
- Google Product Designer & Admin Lead
- Founder, The Works Tech (AI/Healthcare)



**Dr. Jeffrey Lehrman, DPM, CPC, CPMA**

## Medical Coding Specialist & Senior Advisor

- World's foremost medical coding expert
- Advisor to AMA, CMS & WHO
- 900+ lectures & 100+ publications



Saara's product and AI engineers led at the most recognizable brands in the world today.



Full bios available upon request.

**"Our collective experience spans the exact challenges Saara solves"**

# board of directors

Strategic leadership across innovation, medicine, technology, research, distribution, and enterprise health.



**Dr. Anthony Harris MD, MBA, MPH**

Board of Directors

**Global Medical Director, Amazon**

- Founder & CEO, HFit Health
- Board-Certified, Occupational & Environmental Medicine



**Dr. Chris Cutter, PhD**

Board of Directors

**Professor, Yale Medicine**

- Chronic pain & addiction medicine
- Research Supervisor & Instructor, Yale School of Medicine
- Trained at Yale School of Medicine & Harvard / McLean Hospital



**Patrick J. Hannigan**

Board of Directors

**Founder, Innovative MedTech & Redefine Health Management**

- Biologics & Clinical Integration
- Managing Partner, National MSK Group Purchasing Organization within Vizient
- Expert in ancillary optimization across multi-state networks



**"Our collective experience spans the exact challenges Saara solves"**

## the hidden crisis in healthcare operations

0.8%

**Clinicians with Business  
Training**

70%

**Failure Rate**

60%

**Physician Bankruptcy  
Surge**

\$100B+

**Annual Losses**

Clinicians are trained in medicine, **not business or law**.

The result? Systemic operational failure that threatens sustainability.

Focus is on admin tools, not patient care.

**The #1 reason clinics fail** isn't clinical — it's everything else...

# introducing saara

"the agentic ops foundation where medical agents are born and play on *your team*"

unified platform  
-manage everything in saara

living med protocol library

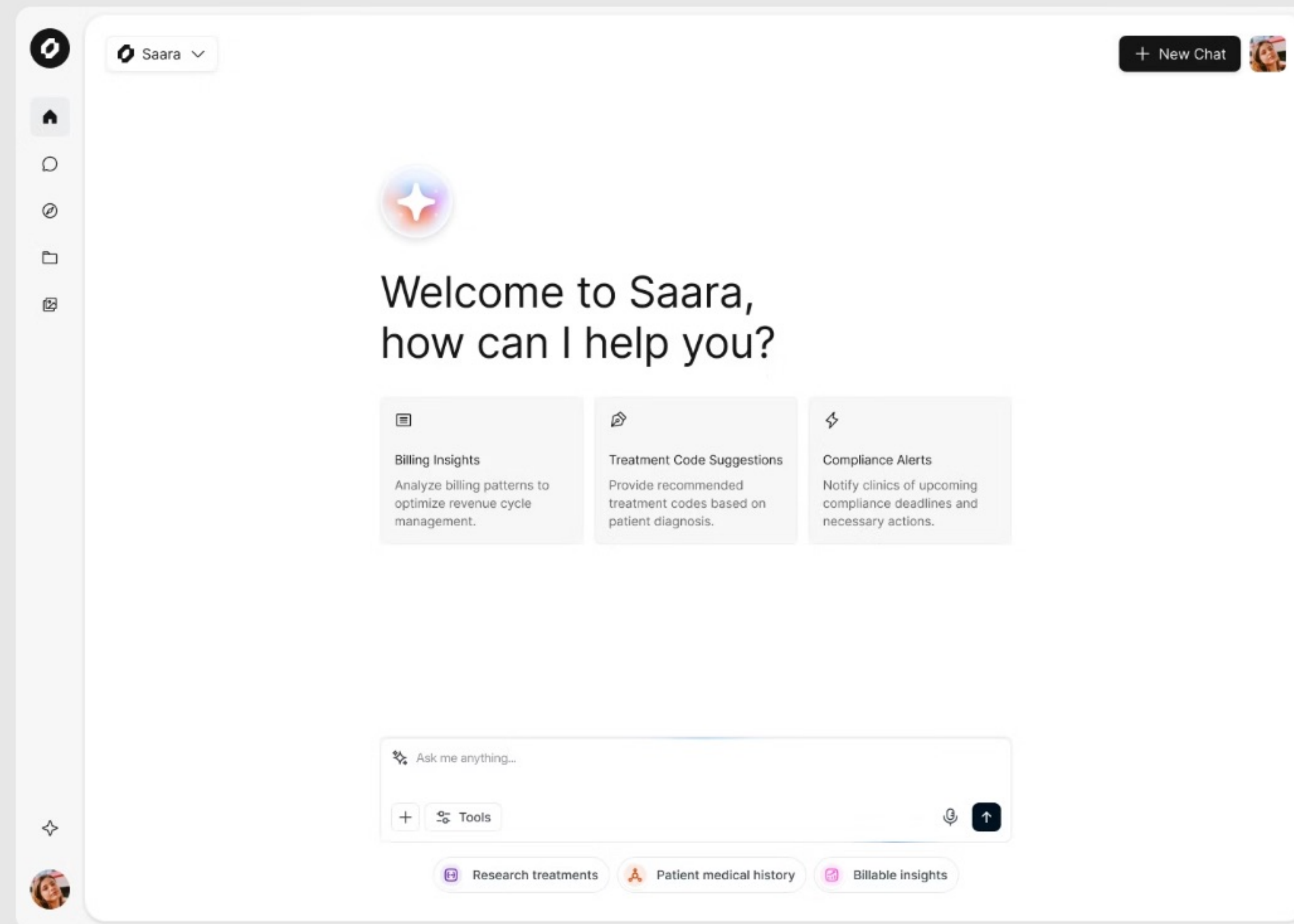
-specialty protocol playbooks  
proven to drive margins and allow  
for "pivots"

healthcare agents  
-custom agents  
-custom workflow builders  
-all accessible by asking saara.

private GPO connected  
-best pricing for consumables and  
services in care delivery



it starts with a chat—and literally **changes everything**



Prompt or speak  
in natural  
language

Builds agents and  
workflows on the  
fly

Reconfigures  
protocols  
automatically in  
preparation of  
regulatory  
evolutions

# prototype UX/UI

The screenshot displays the Saara Healthcare AI interface. The top left corner features the Saara logo and the text "Saara Healthcare AI". The top navigation bar includes "Saara AI" and "Ask Saara". The left sidebar contains a "Navigation" menu with items: Dashboard, Ask Saara (highlighted with an AI icon), Conversations, Patients, Appointments, Knowledge Base, and Setup Guide. Below this is a "Tools" section with items: Workflow Builder, Code Lookup, Pre-Auth Tracker, Documentation, and Payer Requirements. At the bottom of the sidebar are "Settings" and "Help & Support". The user profile "Sean Filson" with email "sean@saaralabs.health" is visible at the bottom left. The main content area displays a chat conversation with the following text:

**Yes, typically you can treat and bill for repeat debridement one week later**

**Short Answer:** There is generally **no mandatory waiting period** between debridement procedures. If the wound requires debridement based on clinical assessment, you can provide and bill for it.

**Clinical Considerations:**

- **Medical Necessity Drives Frequency:** Serial debridement of diabetic foot ulcers is often clinically appropriate and may be needed weekly or even more frequently depending on:
  - Amount of necrotic/non-viable tissue present
  - Wound healing progress
  - Infection status
  - Biofilm management needs

**Billing Guidelines:**

1. **Document Medical Necessity:** Each debridement visit must clearly document:
  - Clinical findings justifying the procedure
  - Type and amount of tissue debrided
  - Wound measurements
  - Changes from prior visit
2. **Common Debridement Codes:**
  - **97597** - Active wound care management, first 20 cm<sup>2</sup>
  - **97598** - Each additional 20 cm<sup>2</sup>
  - **11042-11047** - Surgical debridement (by depth and area)

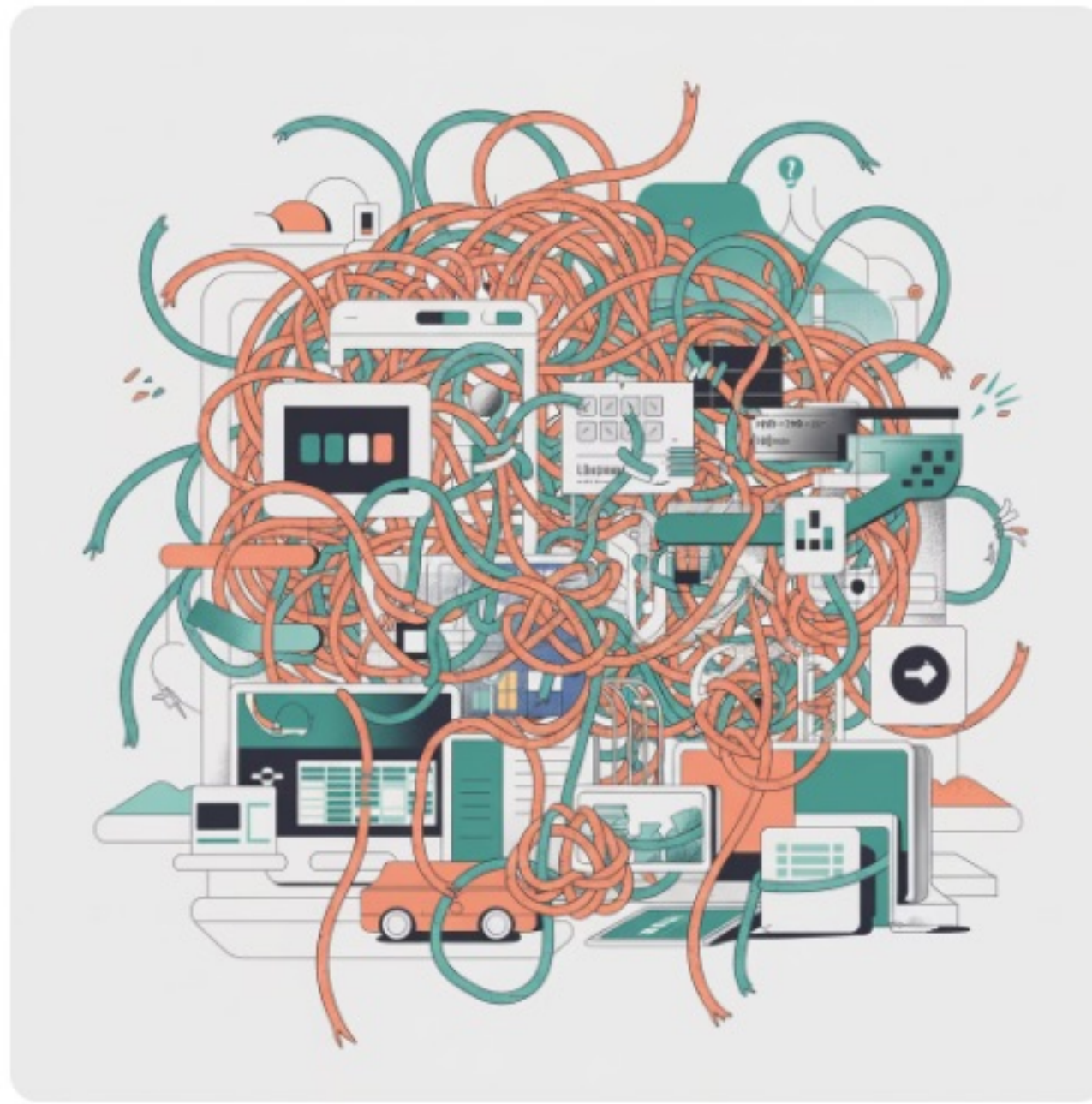
At the bottom of the chat area is a text input field with the placeholder "Ask Saara anything...", a plus icon, a microphone icon, and a send button. Below the input field is a disclaimer: "Saara can make mistakes. Consider checking important information."

The right sidebar shows a "Conversations" list with three items:

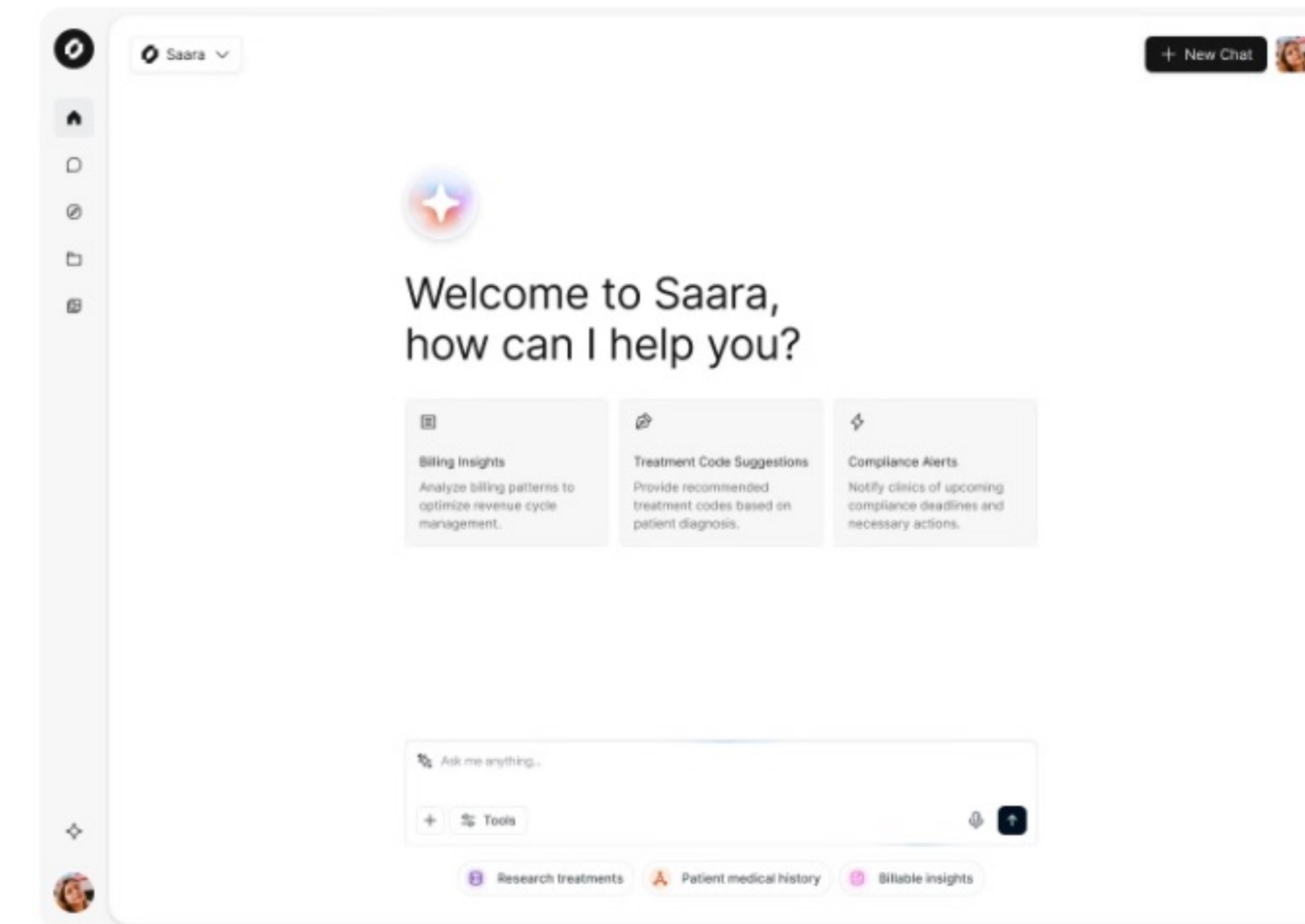
- Can I treat and bill for a diabetic foot ulcer debridement on my ...  
I'll help you understand the clinical and billing guidelines for repeat diabetic fo...  
just now 2 msgs
- Tell me how many of our patients have 2 or more chronic conditions  
I'll search for all patients and analyze their chronic conditions. Based on the ...  
4d ago 2 msgs
- Help me add a new patient record.  
I'll help you register a new patient. Let me gather the required information. I'll ...  
5d ago 2 msgs
- Help me create a new patient record.  
I'll help you create a new patient record. Let me gather the necessary ...  
5d ago 2 msgs

one platform. Very Familiar, and **Very Different.**

### The Others' Way



### The Saara Way



- A feature for ambient transcription
- A feature for billing and coding
- A feature that just creates more "noise"
- "One size needs to fit all"

-Adds to the 5-7+ apps to run the basics.

**One smart, living platform** that spawns "agentic workers" that think ahead.

- Features built around every role and practice environment custom, on the fly.
- Users Ask. Saara Builds. Saara Executes.

**Just Ask— Saara does the rest.**

# market opportunity

300,000+

Total Registered Practices

\*addressable market nationwide

4.2M+

Healthcare Providers

\*across all specialties

\$142M+/yr.

**SOM Market Opportunity**

top-line revenue at yr. 6

## Target Segments:

Specialty Medical Networks

PE-Backed Medical Organizations

MSOs & Professional Corporations

\*Physician-Owned Practices/Groups

# Competitive Landscape

FEATURE PARITY — 8 PLATFORMS EVALUATED

|                                      | F1<br>Protocol Playbooks | F2<br>Billing Guardrails | F3<br>Corp. Structuring Guide | F4<br>Smart GPO Integration | F5<br>Tool Pairing | F6<br>Agent Spawner / Creator | F7<br>Single System Ops & Orch. | Score |
|--------------------------------------|--------------------------|--------------------------|-------------------------------|-----------------------------|--------------------|-------------------------------|---------------------------------|-------|
| saara                                | ✓                        | ✓                        | ✓                             | ✓                           | ✓                  | ✓                             | ✓                               | 7 / 7 |
| athenahealth / DrChrono              | ✓                        | ✓                        | ✗                             | ✓                           | ✓                  | ✗                             | ✗                               | 4 / 7 |
| AdvancedMD / Tebra / Practice Fusion | ✓                        | ✓                        | ✗                             | ✗                           | ✓                  | ✗                             | ✗                               | 3 / 7 |
| Healthicity / MedTrainer             | ✗                        | ✗                        | ✓                             | ✗                           | ✗                  | ✗                             | ✗                               | 1 / 7 |
| MSO / Back-Office Firms              | ✗                        | ✗                        | ✓                             | ✗                           | ✗                  | ✗                             | ✗                               | 1 / 7 |
| Epic / Cerner                        | ✓                        | ✓                        | ✗                             | ✓                           | ✓                  | ✗                             | ✗                               | 4 / 7 |
| NAVEX / Compliancy Group             | ✗                        | ✗                        | ✓                             | ✗                           | ✗                  | ✗                             | ✗                               | 1 / 7 |
| ADOPTION                             | 4/7                      | 4/7                      | 5/7                           | 3/7                         | 4/7                | 1/7                           | 1/7                             |       |

Feature adoption across all 7 platforms evaluated, including SAARA

✓ Feature present ✗ Not offered

**saara is NOT** a static feature bank. No "single feature" alone runs the business of healthcare

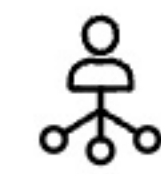
why saara is structurally hard to replicate— **and it's not just tech...**



Regulatory Insight Engine



Proprietary Protocols - Living Libraries



Embedded Product/Service/ Distribution



Closed-Loop Ops Dataset



Medical Advisory Board & Saara's R&D Dream Team

Zero clawbacks, red flags or denials to date on protocols.

World leading field domain experts at users' command.



\$250K+/mo. billed 3 weeks after protocol start

Not scraped or generic

Real-world tested with known ROI



Early Partner Contracts

Aligned GPOs, EMRs, Distributors, Med Billers, Coders etc. with the best pricing available.

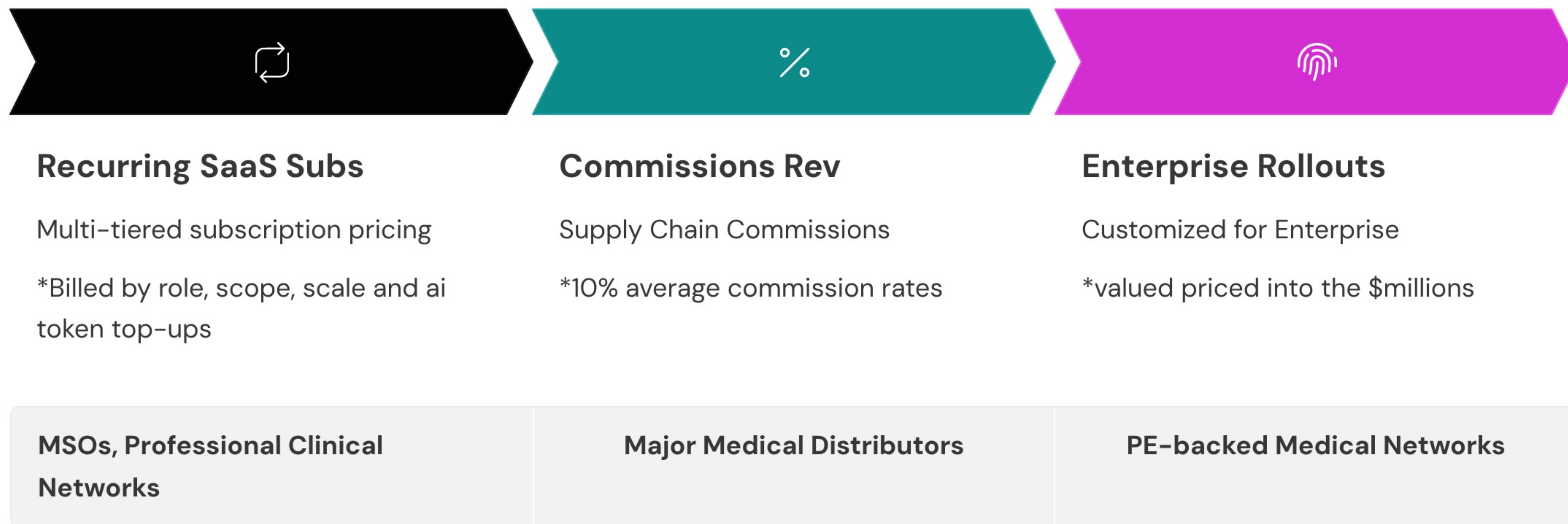


160+ encounters per month across 5 clinics

Competitors can't buy this. Only domain depth of experience and hard fought battles produce stellar outcomes for users.

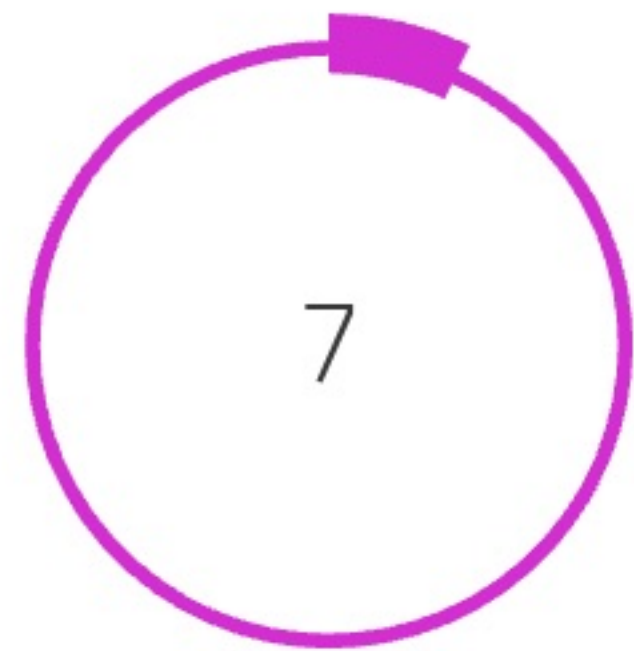
# diversified revenue model

3-revenue streams create predictable, scalable growth across market segments.



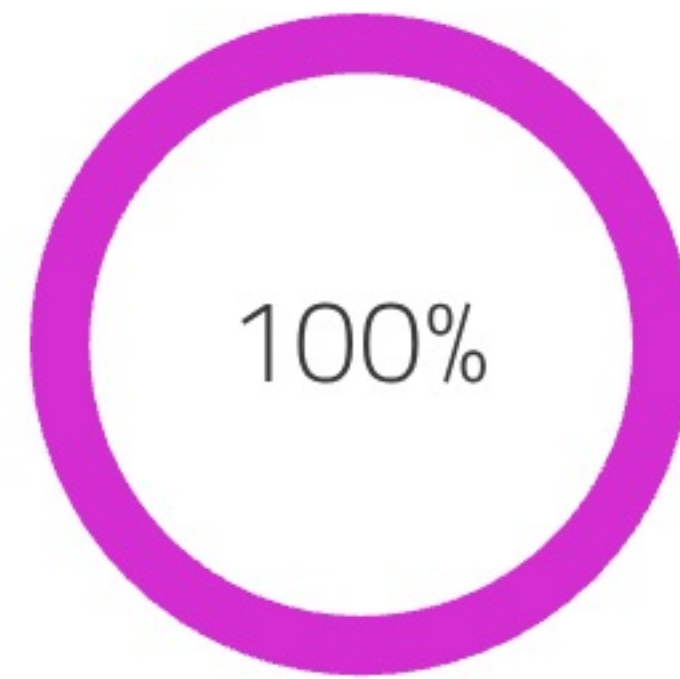
# proven protocol & operational IP systems traction

saara's protocol playbooks have demonstrated transformative results across multiple practice types and locations.



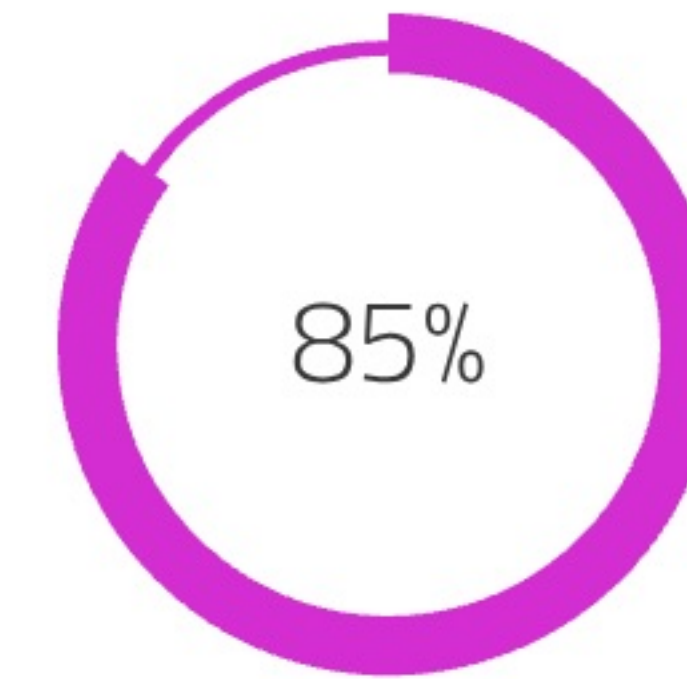
## Active Protocol Pilots

4 groups, 7 practices, 1 enterprise rollout



## Revenue Capture

full profit capture

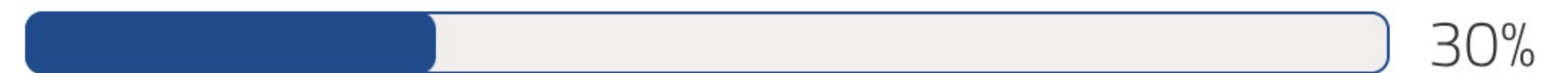


## Compliance Errors Down

Dramatic reductions in billing & coding errors

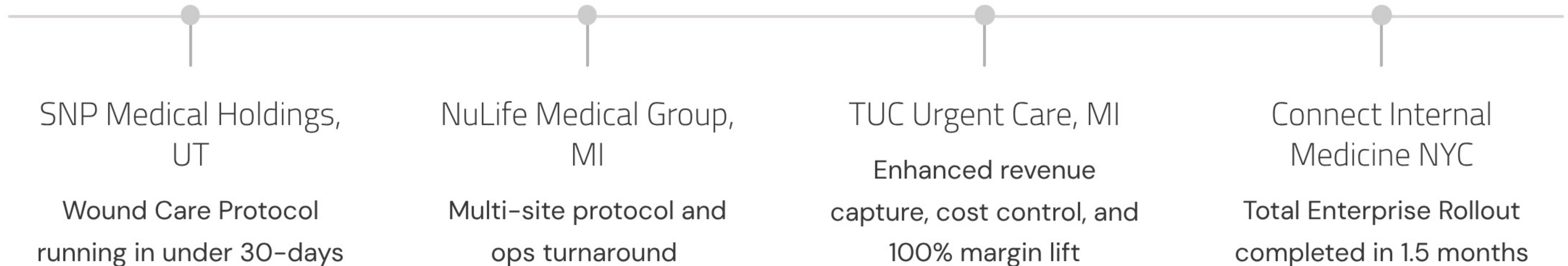


**1,000+ hours reclaimed**



**up to 30% margin lift from baseline**

### Success Stories



 **Growing Momentum:** 50+ clinics waitlisted for beta and MVP

# strategic GTM

*every stage builds on momentum from the last...*



## phase 1:

### Specialty Practice Networks

- Centralized decision making
- "High-Pain" Category
- Shorter sales cycles

## phase 2:

### PE-backed Medical Networks

- Accelerated time to exit and bigger multiples
- Centralized decision making

## phase 3:

### Broader Market Penetration

- Solo practices/small physician groups

**GTM SALES FOCUS**– Build **"ATOMIC NETWORKS"** inside of specialty networks.

**GO DEEP.** Solve the most painful problem with proprietary workflows. Then, solve for the next.

# proforma: P&L snapshot

\$142.2M

Projected Revenue

\$108.2M

EBITDA

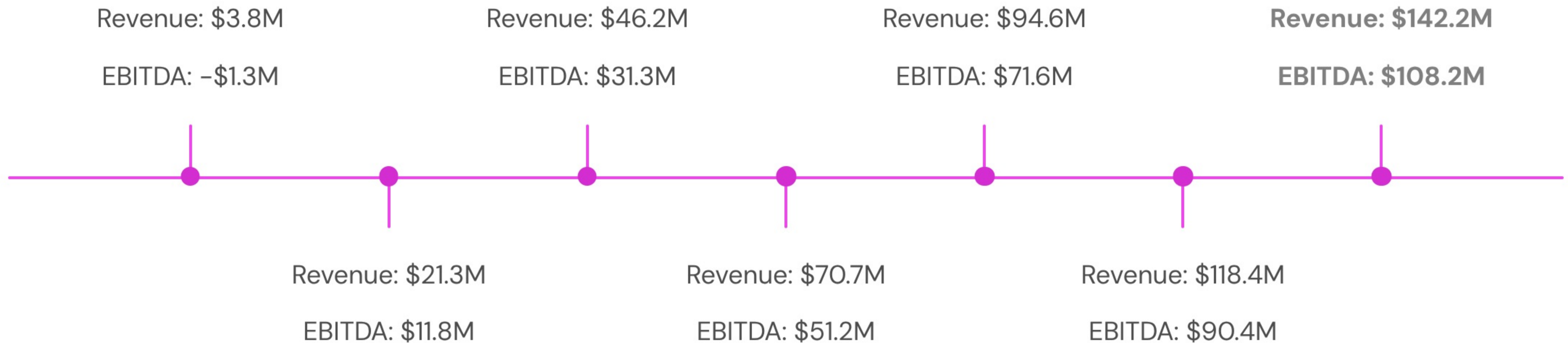
\$88.4M

Yr. 6 2032 Net Income

~9 mo.

Break-Even Post-MVP

## Revenue vs. EBITDA Growth Trajectory (yrs. 1-6)



- Traditional SaaS style EBITDA margins + low touch, high leverage commission awards
- Break-Even potential @\$490K/mo. top-line revenue (or ~7-9 months post-MVP)

# saara offering summary

"saara is the agentic COO for healthcare ops"

 **Ask**

**\$3M**

Seed Raise

priced preferred equity

**\$7.5M**

pre-money

valuation

 **What We WILL Do...**

- Build and release Saara beta + MVP to waitlist
- Fortify Saara's Engine & Proprietary Protocol Issues
- **Generate \$21M** in top-line revenue by end of 2027

## Market Opportunity

**\$400B+**

U.S. AI Tech Market

projected 2032

**44%**

CAGR

2025-2032

**\$142M**

Saara Subscription +  
Commissions Revenue

by 2032

**973.4M+**

Saara 9x EBITDA  
Valuation

at 2032

## Exit Outlook & Strategy

We remain open to all potential exit strategies. We are seeking the right lead investor fit to guide us in our valuation and exit plan.

Join us in building an entirely new category of HealthTech!

S a a r a

investor relations

Sean Filson, Founder

sean@saaralabs.health

agentic

proprietary multi-  
specialty medical  
protocols

autonomous  
conductor and  
executor

Addendums: ***Let's Take a Closer Look...***

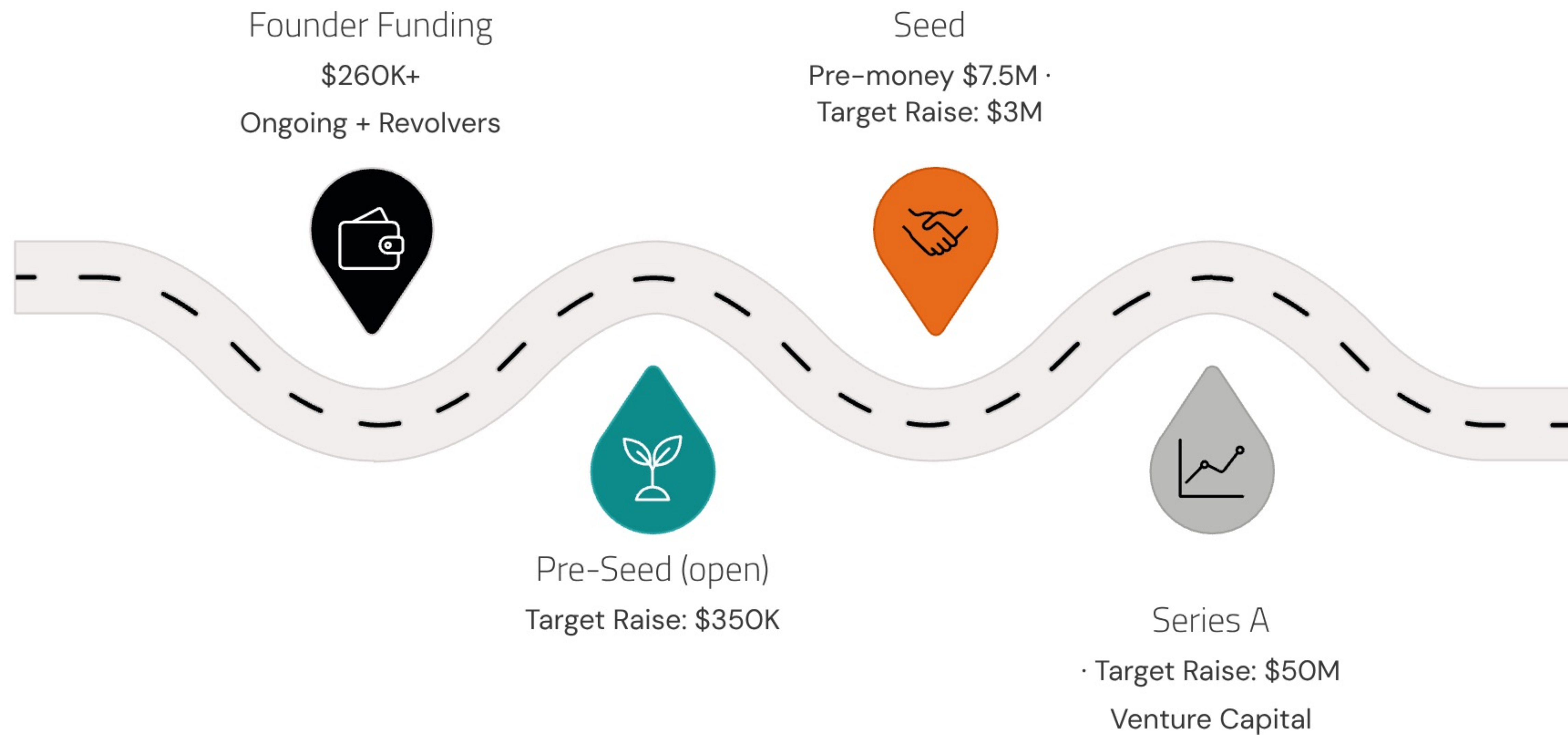


# Proforma: Detailed P&A Snapshot

(Generated August of 2025)

| SAARA_OS<br>Financial Statements- Annual    |     | 2026        | 2027       | 2028       | 2029       | 2030       | 2031        | 2032        |
|---|-----|-------------|------------|------------|------------|------------|-------------|-------------|
|   |     | Year 0      | Year 1     | Year 2     | Year 3     | Year 4     | Year 5      | Year 6      |
|   |     | Revenue     | USD        | 3,810,327  | 21,398,671 | 46,248,620 | 70,784,919  | 94,693,918  |
| Revenue Source: Monthly Subscriptions       | USD | 596,000     | 3,552,900  | 7,884,900  | 12,198,150 | 16,473,900 | 20,738,400  | 25,009,150  |
| Revenue Source: Supply-Chain Commissions    | USD | 3,214,327   | 17,845,771 | 38,363,720 | 58,586,769 | 78,220,018 | 97,676,327  | 117,230,936 |
| COGS  | USD | 899,965     | 2,131,846  | 4,231,670  | 6,338,953  | 8,377,053  | 10,410,798  | 12,452,907  |
| Server/Infrastructure Costs                 | USD | 130,554     | 272,352    | 324,840    | 358,340    | 372,840    | 398,040     | 423,240     |
| Payment Processing + RLOC Expense           | USD | 4,585       | 54,600     | 170,940    | 281,820    | 392,700    | 503,580     | 614,460     |
| Other COGS (Contractors, Tech Support etc.) | USD | 764,826     | 1,804,894  | 3,735,890  | 5,698,793  | 7,611,513  | 9,509,178   | 11,415,207  |
| Gross Profit                                | USD | 2,910,362   | 19,266,825 | 42,016,950 | 64,445,965 | 86,316,864 | 108,003,929 | 129,787,179 |
| Gross margin                                | %   | 76.4%       | 90.0%      | 90.9%      | 91.0%      | 91.2%      | 91.2%       | 91.2%       |
| SG&A  | USD | 4,279,336   | 7,370,135  | 10,624,967 | 13,192,851 | 14,673,412 | 17,530,631  | 21,525,302  |
| Payroll                                     | USD | 4,122,833   | 6,646,725  | 9,440,882  | 10,794,614 | 12,043,394 | 13,350,414  | 16,649,085  |
| Marketing & Growth                          | USD | 55,000      | 249,997    | 570,985    | 1,575,937  | 1,575,937  | 2,775,937   | 3,375,937   |
| Advisory & Professional Services            | USD | 68,543      | 119,833    | 220,320    | 271,320    | 287,300    | 313,300     | 265,300     |
| Rent  | USD | 0           | 264,000    | 264,000    | 312,000    | 367,000    | 432,000     | 432,000     |
| Tech Support & Services                     | USD | 400         | 4,200      | 7,400      | 9,600      | 12,000     | 12,000      | 24,000      |
| Insurance                                   | USD | 3,600       | 7,200      | 14,400     | 28,800     | 28,800     | 28,800      | 28,800      |
| Utilities                                   | USD | 6,000       | 6,000      | 10,800     | 20,400     | 22,800     | 30,000      | 30,000      |
| Other Expenses                              | USD | 22,960      | 72,180     | 96,180     | 180,180    | 336,180    | 588,180     | 720,180     |
| TOTAL OPEX                                  | USD | 5,179,301   | 9,501,980  | 14,856,637 | 19,531,804 | 23,050,465 | 27,941,429  | 33,978,209  |
| EBITDA                                      | USD | (1,368,974) | 11,896,690 | 31,391,983 | 51,253,114 | 71,643,453 | 90,473,297  | 108,261,877 |
| EBITDA margin                               | %   | 0.0%        | 55.6%      | 67.9%      | 72.4%      | 75.7%      | 76.4%       | 76.1%       |
| D&A   | USD | 17,083      | 27,417     | 43,000     | 53,116     | 61,665     | 71,349      | 94,791      |
| EBIT  | USD | (1,386,058) | 11,869,274 | 31,348,983 | 51,199,999 | 71,581,787 | 90,401,948  | 108,167,086 |
| EBIT margin                                 | %   | 0.0%        | 55.5%      | 67.8%      | 72.3%      | 75.6%      | 76.3%       | 76.0%       |
| Interest expense                            | USD | 333         | 0          | 0          | 0          | 0          | 0           | 0           |
| Income taxes                                | USD | 45,594      | 271,797    | 3,596,504  | 8,868,646  | 14,234,125 | 19,736,476  | 19,763,901  |
| Net income                                  | USD | (1,431,985) | 11,597,477 | 27,752,479 | 42,331,352 | 57,347,663 | 70,665,473  | 88,403,185  |
| Net margin                                  | %   | 0.0%        | 54.2%      | 60.0%      | 59.8%      | 60.6%      | 59.7%       | 62.2%       |

# Saara - Fundraising Journey



## Founder Funding

- \$260K+
- Ongoing Founder Funding
- \$300K/month in personally guaranteed revolving lines of credit made available to company.

## Pre-Seed (limited)

- **Issue:** Convertible Note @2%
- **Valuation Cap:** \$5M
- **Target Raise:** \$350,000
- **Raised:** \$285,000
- **Remaining:** ~\$65K
- **Est. Post-money valuation:** \$5.35M

## Seed (open)

- **Issue:** Priced Equity Preferred
- **Pre-money valuation:** \$7.5M
- **Target Raise:** \$3M
- **Raised:** \$0
- **Remaining:** TBD
- **Est. Post-money valuation:** \$10.5M

# Saara Quick FAQ's

## What Saara IS — and What It Is NOT

- ✓ **Saara IS** the *only* AI-powered platform built to run profitable, compliant private practices in real-time — starting with a simple chat.
- ✗ **Saara is NOT** an EMR, billing tool, or basic chatbot, and Saara isn't just another sedentary medical tool. It watches how clinics use their current tools, learns what works best in unique situations, and builds custom shortcuts automatically to help get work done faster — all in one place. Instead of logging into 5 different systems, staff can just ask Saara, and Saara goes right to work in the background, drawing in the information it needs, parsing that information for relevance, and returning output to users that is easily understandable and digestible to get the job done. Over time, Saara can even replace other tools, making things simpler, smoother, and way less stressful.
- ✓ **Saara IS** a living, learning system that adapts to each user's workflows, making every employee 10x more efficient over time.
- ✗ **Saara is NOT** a "feature dump" platform that forces teams to learn complex systems or configure everything from scratch.
- ✓ **Saara IS** pre-loaded with validated clinical playbooks, supply chain integrations, and billing pathways that drive margin *immediately*.
- ✗ **Saara is NOT** a training firm, static SOP library, or generic AI wrapper built on top of someone else's model.
- ✓ **Saara IS** a full-stack operating system for private practice operations — built from the ground up by clinicians, operators, and tech experts.
- ✗ **Saara is NOT** just a point solution for one department. It helps the whole organization run better — from front desk to final payment.
- ✓ **Saara IS** designed to work with the tools a clinic already has — and slowly replaces them, but only when and where it makes sense to.

# Competitive *Differentiators*

## Other Solutions

Automate back-office tasks → inbox, faxes, orders, billing workflows, data warehousing

## Saara

"Chat First"—runs the *entire economic, operational, and clinical engine* → protocol-driven economics, coding optimization, supply chain, compliance, P&L impact & more

| Category                 | "Other Tools" in the Healthcare Space          | Saara   |
|--------------------------|--|---|
| Core Identity            | Back office ops / Basic, disconnected Chatbots | AI COO / Agentic Operating Layer  |
| Scope                    | Horizontal (any clinic)                        | Vertical by vertical (specialty medicine)   |
| Primary Function         | Partial Automation + admin tasks               | Design & orchestrate clinical + operational & financial workflows + custom agent creation |
| Protocols                | None   | Proprietary WCOS, Regenerative, / Integrative Medicine, CCM, RPM, Mental Health etc.      |
| Economic Impact          | Efficiency                                     | Profitability Engine + Predictive Revenue Optimization                                    |
| Supply Chain Integration | None   | Fully integrated, specialty-specific vendors & biologics                                  |
| Target User              | Admin staff                                    | Executives, clinicians, MSOs, multi-site networks, medical distributors, PE networks      |

# THE SOLUTION - *exemplified.*



## Saara's onboard interactive AI consultant/assistant

- Dr. Osmond has some questions shortly before a patient visit. He opens his laptop to find his own personal COO Saara waiting to help.

Dr. Osmond, MD prompt:

Can I start a wound graft on this patient with a 6.4cm diabetic foot ulcer today? Also, what are the clinical and billing rules for using exosomes for a Medicare patient?

Stella

Yes, if proper documentation shows failure of standard care over 30+ days. If you can upload your charts, notes, photos and plan of care in our chat, I'll generate the SOAP note template, and flag the necessary Q-code guidance. Once you've approved, I'll get that over to your Medical Assistant for processing and submission. Here's the compliant protocol based on MAC region LCA: CMS does not reimburse exosomes, but this is a good cash patient candidate — I'll prepare the ABN form and cash pricing. Would you now like to upload your notes for the patient for a more comprehensive, step-by-step plan of care to provide optimal outcProduct Code: 1101-0303  
Size: 3cm x 3cm (9cm)  
Billing Units: 9

This selection provides just over the surface area needed (6.4cm), ensuring full coverage and trimmability without overspending billing units. Appropriate for Medicare and commercial payer documentation.

Next Steps:  
Q-Code: Use Q4161 for reimbursement under the CMS-approved graft code.  
Documentation has been prepared for:  
•Failed standard care documentation (30+ days)  
•Prior wound size tracking and progression  
•Graft justification with image correlation  
•CPT pairing: 15271 for application under 100cm

Ready to:  
-Generate CMS-1500 form with ICD-10 + CPT + Q4161 code  
-Alert your MA to pull product 1101-0303  
-Route your documentation to the coding specialist for real-time review

Let me know how you'd like to proceed or if you'd prefer a second recommendation based on supply stock or wound shape.omes, ensure compliance and maximum reimbursement support? I can also run your plan of care, graft choice, and other planned services by our certified coding specialist for approval prior to treating and submitting to Medicare and Commercial Payers - I'm ready, let me know how you'd like me to proceed

Dr. Osmond

Yes, do all of that please! First though, based on my notes and photos attached here, what graft options are ultimately appropriate or optimal for this patient at current time?

Stella

Thank you, Dr. Osmond — I've reviewed the wound measurements (6.4cm), your attached photos, and notes. Based on clinical appropriateness, MAC LCDs, and Medicare guidelines for Q4300, and medically necessary compliance guidelines, here are your optimal graft options today

- Bio-ConneKt Wound Matrix - Q4161
- Product Code: 1101-0303
- Size: 3cm x 3cm (9cm<sup>2</sup>)
- Billing Units: 9

| Product Code | Size          | Billing Units | Best Use  |
|--------------|---------------|---------------|---|
| 1101-0303    | 3cm x 3cm     | 9             | Closest match (9cm <sup>2</sup> ); allows edge trimming; ideal choice |
| 1101-0202    | 2cm x 2cm     | 4             | Undersized; may leave wound margin exposed                            |
| 1101-0404    | 4cm x 4cm     | 16            | Oversized; acceptable if irregular shape or undermining               |
| 1101-0505    | 5cm x 5cm     | 25            | Larger than needed; not cost-optimal unless needed for coverage       |
| 1101-1515    | 1.5cm x 1.5cm | 2             | Too small   |
| 1101-0607    | 6cm x 7cm     | 42            | Oversized; not appropriate unless severe undermining present          |

This selection provides just over the surface area needed (6.4cm), ensuring full coverage and trimmability without overspending billing units. Appropriate for Medicare and commercial payer documentation.

Next Steps:  
Q-Code: Use Q4161 for reimbursement under the CMS-approved graft code.  
Documentation has been prepared for:  
•Failed standard care documentation (30+ days)  
•Prior wound size tracking and progression  
•Graft justification with image correlation  
•CPT pairing: 15271 for application under 100cm

Ready to:  
-Generate CMS-1500 form with ICD-10 + CPT + Q4161 code  
-Alert your MA to pull product 1101-0303  
-Route your documentation to the coding specialist for real-time review

Let me know how you'd like to proceed or if you'd prefer a second recommendation based on supply stock or wound shape.omes, ensure compliance and maximum reimbursement support? I can also run your plan of care, graft choice, and other planned services...

# The Mission is the Vision

**"One platform for all of healthcare — from start to sweat free collection."**

Saara exists to unify and transform healthcare delivery—empowering clinicians with one intelligent platform that drives optimal patient outcomes, eliminates operational waste, and ensures every ethical care organization thrives through sustainable, compliant, and profitable care models.

Saara is building the only system clinics will ever need — one AI-powered platform to deliver, track, and sustain great care, profitably.

Our north star to create the essential, unified, intelligent infrastructure for modern healthcare delivery, and become the foundation for care delivery that not only works, but the last healthcare system we will ever need.

**"Insurance companies and vendors have armies to look after their investments. Now practices, providers and their patients have a tool to look after theirs."**

# Revenue Model - *expanded.*

Saara derives revenue from two main sources in addition to custom integrations and tailored enterprise rollouts:

1. **Recurring Subscriptions**
2. **Supply-Chain Commissions**
3. **Enterprise Integrations**, configurations & rollouts

\$25M

Recurring Subscriptions (ARR)

By year 6

- BASE: \$850/mo.
- HIGH-GROWTH: \$2,500/mo.+
- ENTERPRISE: \$16,500/mo.+

\$117M+

Annual Earned Commissions

By year 6

**AVG. 10% COMMISSIONS**

(on all goods and services exemplified  
and featured through Saara)

5%-33% of product sales volume value  
for eligible protocols

\$491K

Projected Monthly Sales at

**Break-Even Point**

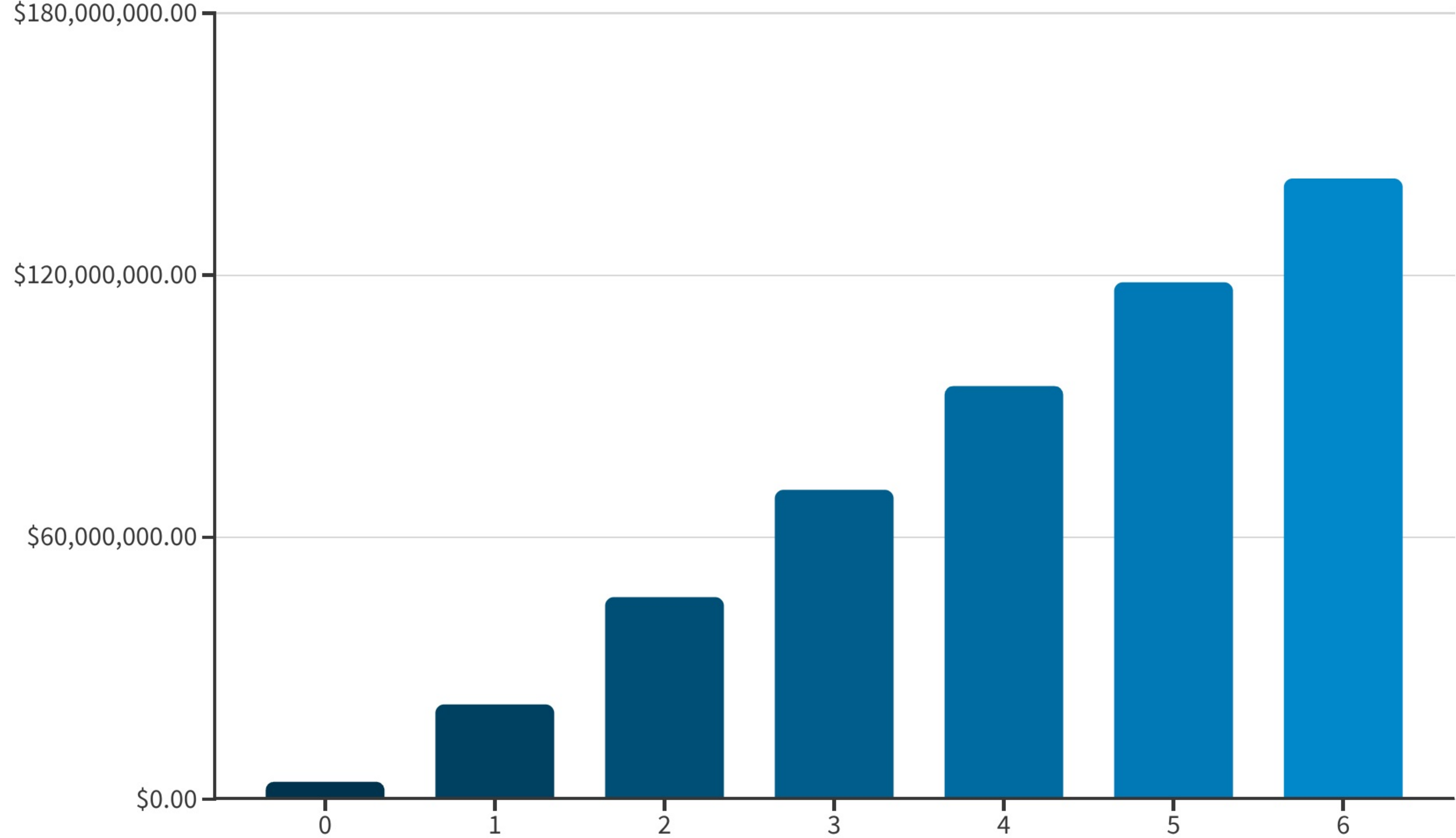
(Est. Q2 2027)

\*B/E based on first month positive Net  
Income, exclusive of prior investment

# Revenue & EBITDA Growth Trajectory

2026-2032 (PROJECTED)

Revenue / EBITDA Margin %



# TAM / SAM / SOM - Deep Dive

Market Breakdown: TAM/SAM/SOM

| Segment             | TAM (Total Market) | SAM (Serviceable) | SOM (Realistically Captured by 2032) |
|---------------------|--------------------|-------------------|--------------------------------------|
| Solo Practices      | 252,000 clinics    | 1,125 clinics     | 377 clinics                          |
| Growth Clinics      | 40,000 clinics     | 1,600 clinics     | 748 clinics                          |
| Enterprise Networks | 8,000 networks     | 2,000 networks    | 45–50 networks (435 user-months)     |

\*SOM values based on conservative, startup-friendly growth modeling from 2026 to 2032

## 2032 Revenue by Segment (SOM Only)

| Segment             | 2032 Activity     | Monthly SaaS Fee | Annual SaaS Revenue | Commission Revenue | Total Revenue Contribution |
|---------------------|-------------------|------------------|---------------------|--------------------|----------------------------|
| Solo Practices      | 4,194 user-months | \$823.62         | \$3.5M              | \$13.1M            | \$16.6M                    |
| Growth Clinics      | 8,316 user-months | \$2,470.86       | \$20.6M             | \$94.6M            | \$115.2M                   |
| Enterprise Networks | 435 user-months   | \$16,472.38      | \$0.9M              | \$9.5M             | \$10.4M                    |
| <b>Total</b>        | —                 | —                | <b>\$25.0M</b>      | <b>\$117.2M</b>    | <b>\$142.2M</b>            |

## TAM LOGIC, CALCULATIONS & SOURCES

TAM: 300,000 Private | 50,000 High-Growth | 10,000 Enterprise

A. 300,000 Independent Private Practices (Core Tier) Source logic: Definitive Healthcare and AMA both report between 230,000–330,000 physician group practices in the U.S. as of 2024. 60% are small groups or independent practices (non-hospital-employed). This includes solo, small group, and specialty-based private practices. We selected 300,000 as a reasonable midpoint for U.S. privately managed practices across medicine, allied health, and niche service lines (e.g. regenerative, wound, hormone, etc). Sources: AMA Physician Practice Benchmark Survey (2024) Definitive Healthcare’s Physician Group Practice Database Kaiser Family Foundation (KFF) Physician Ownership trends

B. 50,000 High-Growth Clinics & Multi-Location Groups (Growth Tier) Source logic: This tier represents the fastest-growing, service-diversifying practices, especially those entering cash-based care, biologics, advanced modalities. This includes: Clinics with more than 1 location Cash-based / concierge hybrids Regenerative, aesthetics, hormone, and integrative care clinics Per industry mapping (via IBISWorld, McKinsey healthcare innovation briefs, and startup ecosystem reports), these “scaling” niche service line clinics are estimated at 15–20% of total private clinics. We conservatively estimated ~50,000 U.S. practices fall into this “growth behavior” cohort.

**Sources:** McKinsey & Company: “The Next Frontier of Care Delivery” IBISWorld: Ambulatory Healthcare & Integrative Practice Reports Rock Health & Pitchbook: Health Innovation Ecosystem Data C. 10,000 Enterprise Networks (Enterprise Tier) Source logic: Includes: PE-backed MSOs Multi-location DSOs National mobile wound care groups Independent distribution groups (e.g. Venture, BioWound) Multi-specialty facility chains (SNFs, ALFs, urgent care) PE groups alone now own or operate >40,000 clinical sites across ~2,000 MSOs. DSOs & PE-backed networks typically roll up 10–200 locations each. Distributors are more limited (~100–500 national groups). With overlap and consolidation, 10,000 was used as an upper bound for distinct enterprise clients that: Deploy at multi-site scale Are able to license StealthOS platform under enterprise deals Sources: Pitchbook & Bain: Healthcare PE Reports (2023–2024) White Coat Investor: DSO and PE roll-up numbers L.E.K. Consulting: U.S. Dental & PE Investment Outlook HME News: MSO consolidation trends.

# ARPU (Average Revenue Per User/Month)

## 2026 (yr. 0):

| Segment             | Total Revenue  | User-Months | ARPU (per user-month) |
|---------------------|----------------|-------------|-----------------------|
| Solo Practices      | \$262,080      | 70          | \$3,744               |
| Growth Clinics      | \$1,590,210.89 | 136         | \$11,693              |
| Enterprise Networks | \$1,958,036.00 | 19          | \$103,055             |
| Blended             | \$3,810,326.89 | 225         | \$16,935              |

## 2032 (yr. 6):

| Segment             | Total Revenue | User-Months | ARPU (per user-month) |
|---------------------|---------------|-------------|-----------------------|
| Solo Practices      | \$15,702,336  | 4,194       | \$3,744               |
| Growth Clinics      | \$116,348,400 | 8,316       | \$13,990.91           |
| Enterprise Networks | \$10,189,350  | 435         | \$23,423.79           |
| Blended             | \$142,240,086 | 12,945      | \$10,988.03           |

### Key ARPU Notes:

- **User-months** calculated by summing monthly active users in each category from Jan–Dec 2026 & Jan–Dec 2032 respectively.
- **ARPU** includes both SaaS subscription and commissions revenue.
- **Enterprise ARPU** is highest due to higher-value vendor marketplace usage and network-wide compliance/reporting automation.
- **Growth Clinics** are the financial engine — highest ARPU x volume.
- **Solo ARPU remains strong** due to bundled automation + commission capture (e.g., PRP kits, biologics, DME orders).

# ARPU Calculation Key Cheat Sheet

**Goal:** Calculate **Average Revenue Per User (ARPU)** correctly when customers ramp over time.

## Step 1: Identify the Time Period

(example: **Calendar Year 2032**).

You are measuring **average monetization during that year**, not at the end of the year.

## Step 2: Get Total Revenue for That Period

(Growth User Segment Example)

From the Saara pro forma model:

- **Total Growth Segment Revenue (2032) = \$117,230,936**

This includes:

- SaaS subscription revenue
- Commission / marketplace revenue (for that segment only)

## Step 3: List Monthly Active Users (Growth User Segment Example)

From the Growth user row in the Saara pro forma (Revenue Assumptions):

| Month | Active Growth Clinics  |
|-------|--|
| Jan   | 620  |
| Feb   | 640  |
| Mar   | 665  |
| Apr   | 690  |
| May   | 715  |
| Jun   | 740  |
| Jul   | 765  |
| Aug   | 790  |
| Sep   | 815  |
| Oct   | 840  |
| Nov   | 865  |
| Dec   | 901  |
|       | <i>(These are <b>total active users each month</b>, not new adds.)</i> |

## Step 4: Convert Monthly Users into User-Months

Add them together:

$$620 + 640 + 665 + 690 + 715 + 740 + 765 + 790 + 815 + 840 + 865 + 901 = \mathbf{8,316}$$

👉 **8,316 = Total Growth user-months in 2032**

This means:

“Across the year, Growth Users collectively used the platform for 8,316 billable months.”

## Step 5: Apply the ARPU Formula

$$\text{ARPU} = \text{Total Revenue} / \text{Total User-Months}$$

$$\text{Growth Users ARPU} = \$117,230,936 / 8,316 = \$14,096 \text{ per clinic per month}$$

## Sanity Check

If you try to calculate as follows...

$$\$117,230,936 / 901 \times (12)$$

That would be **wrong**, because:

- Saara didn't have 901 clinics all year
- That would **overstate ARPU**

**The Saara calculation method:**

- Reflects ramping adoption
- Matches revenue timing
- Is diligence-correct

# ARPU Logic

## Key Definitions for Clarity:

- **User-Months** = Total active accounts served over the 12 months of 2032. Not new additions per month.
- **Enterprise SOM of 435 user-months** reflects ~45–50 active networks by Dec 2032, not 435 monthly accounts.
- **Commissions** driven from embedded vendor and marketplace revenue streams for supplies, DME, biologics, etc.

## Key Strategic Takeaways for Investors:

- **Startup-Conservative Model:** Less than 1% of TAM captured across all segments.
- **Deep Revenue per Unit:** High ARPU, especially in Growth and Enterprise tiers, due to critical infrastructure value and workflow automation.
- **Dual Monetization Channels:** SaaS + Commission model ensures diversified, high-margin, scalable income.
- **Enterprise Growth is Layered:** Model assumes gradual onboarding of networks, not mass-market overnight success.
- **Real Usage Drives Revenue:** All financials tied to actual ramped user data by month from 2026 to 2032.

## Why This Model is Realistic:

- **Built for Real Markets:** Healthcare is slow-moving, and adoption cycles are long. This model respects that.
- **Strong Go-to-Market Focus:** Targeting Growth Clinics and Enterprise Networks with clear ROI story and painkiller value proposition.
- **No Overreach:** SOM projections under 1% of TAM — intentionally leaving upside for future fundraising.
- **Revenue-Weighted Scaling:** Model doesn't rely on mass solo-practice adoption. Growth focused where spend and urgency are highest.
- **Investment / Backable Fundamentals:** Predictable subscription pricing + embedded marketplace margin = scalable, sticky revenue.

# Competitive Landscape Detail:

| Competitor/Platform   | What they do / strength   | Where they overlap / threaten   | Weakness / gap vs. StealthOS   |
|---|---|---|--|
| <a href="#">Athenhealth</a> / Athena One  | Full-stack EMR + medical billing + practice management  | billing, claims, scheduling, some compliance tools  | They don't embed specialty protocol playbooks + legal entity / <a href="#">MSO</a> setup + AI audit guardrails as core |
| <a href="#">Advanced MD</a> / <a href="#">Tebra</a> / <a href="#">DrChrono</a> , <a href="#">Practice Fusion</a> / <a href="#">RXNT</a> | Popular EMR / practice management systems for small practices   | They are entrenched in many practices, so switching cost is high; many handle claims, scheduling, billing | Mostly generic, not optimized for <a href="#">high-value</a> specialty protocols or compliance + growth orchestration  |
| <a href="#">Healthicity</a>   | Compliance / risk management / audit software for healthcare  | They provide compliance guardrails, incident reporting, risk management tools in healthcare               | They don't provide full clinical protocol, billing automation, or practice operations modules                          |
| <a href="#">NAVEX</a>   | Compliance, conflict disclosures, policy software in regulated industries, including healthcare                       | Parts of their compliance stack overlap with compliance risk tooling                                      | Not tailored for clinical operations or practice revenue / scale   |
| <a href="#">MedTrainer</a>  | Healthcare compliance management — policy, incident tracking, training, contract management                           | Overlaps in the compliance / operational risk space   | Doesn't run clinical protocols or supply chain / <a href="#">MSO</a> orchestration                                     |
| <a href="#">Compliancy Group</a>  | Focused on healthcare compliance, policy, risk management tools   | They're a direct competitor in compliance tooling for practices   | Lacks the clinical + billing + operations orchestration layers   |
| <a href="#">Episource</a> (Optum subsidiary)  | Risk adjustment, coding services, analytics, medical record retrieval, encounter coding                               | Their coding / audit / risk engine overlaps with portions of your billing & compliance module             | Focus on payer / provider groups, not specialized practice orchestration with protocol playbooks                       |
| <a href="#">MSO</a> / Practice Support / Consulting Firms   | Many boutique/commercial <a href="#">MSOs</a> offer services (billing, compliance, vendor networks) as human services | They compete as manual / <a href="#">service-based</a> alternatives to your digital platform              | Expensive, less scalable, less automated; limited tech leverage  |
| Large EMR / Health IT incumbents (Epic, <a href="#">Cerner</a> , etc.)  | Deeply entrenched in hospitals, large systems   | Their scale means they could branch downward or build modules   | Not typically serving smaller practices with turnkey protocol + compliance strategy; also high switching cost          |
| AI / compliance startups / regulatory tech firms  | e.g. <a href="#">Conductor AI</a> (compliance / automation in regulatory domain)                                      | If they generalize into healthcare, could threaten compliance / automation layers                         | They lack domain specificity in clinical protocols / health operations   |

# Liability Considerations

**Saara OS is an operational assistant — not a diagnostic tool or medical provider.**

We are not reinventing the "legal wheel" of the HealthTech system. We deliver real-time, protocol-based support, "agentic workers", and documentation guidance sourced from vetted clinical and billing standards verified by the leaders that make the regulatory rules.

**All final clinical decisions remain the responsibility of the licensed provider.**

Built-in guardrails, disclaimers, boilerplate software user agreements and transparency ensure providers stay in control, and effectively minimizing legal exposure.

## ***Risk avoidance tools:***

- Boilerplate software agreements and licensing contracts
- Disclaimers and disclosures, including degree of certainty certifications & reporting
- Malpractice Insurance coverage for clinical subject matter experts
- General Liability and Cyber Insurance policies

# Regulatory Compliance & Security – "An Ace in the Hole"

## Compliant by Design

End-to-end cloud encryption, secure access controls, and protected PHI workflows ensure full HIPAA compliance.

### Audit-Ready Documentation & Regulatory-Grade Medical Protocols

- Selected protocols by specialty constantly update to align with CMS, Medicare, and commercial payer guidelines & practice contracts — minimizing risk of denials or audit exposure.
- Protocols are unique & proprietary—built to balance compliance and maximum practice profitability.
- Every action is traceable, with smart prompts to ensure documentation meets billing and legal standards.



## World's Foremost Expert in Coding, Compliance & Revenue

*"Dr. Lehrman, Saara Senior Advisor and Consultant also serves as a liaison to the AMA CPT® Editorial Panel which functions to create, edit, and delete CPT codes. He is a Diplomate of the American Board of Foot and Ankle Surgery, Fellow of the American Society of Podiatric Surgeons, and is recognized as a "Master" by the American Professional Wound Care Association."*

Saara recruits top subject matter experts at the source that make the rules to challenge and train its brain.

## Enterprise-Level Security

Planned SOC 2 and Black Box Testing—aligned infrastructure with role-based permissions, multi-factor authentication, and secure cloud hosting.

## Safety-First AI

All AI inputs/outputs are clinically reviewed and role-specific — **acting as assistive guidance with a high-level of confidence, not autonomous diagnosis or ultimate treatment decision-making.** Licensed, practicing clinicians still make the final call and are responsible for plans of care delivered.

## Patient Privacy Embedded

Strict PHI segmentation, access logs, and AI training exclusion of sensitive data keep patient privacy at the center of the system.

# Integrations & Database Connectivity

- **EMR API connections**

*Integrations as a Service (IaaS) support providers for predominant private practice EMR systems:*

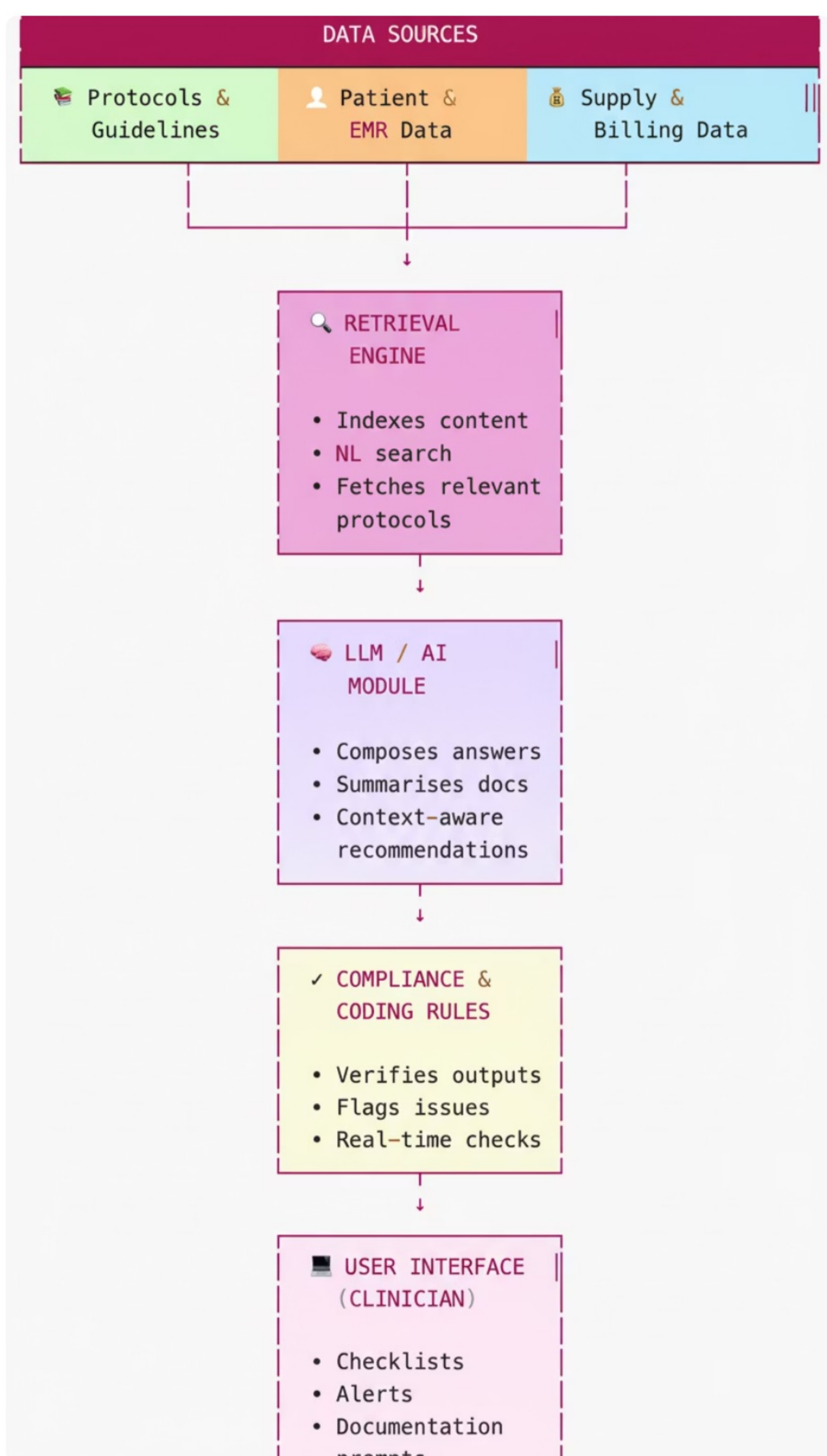
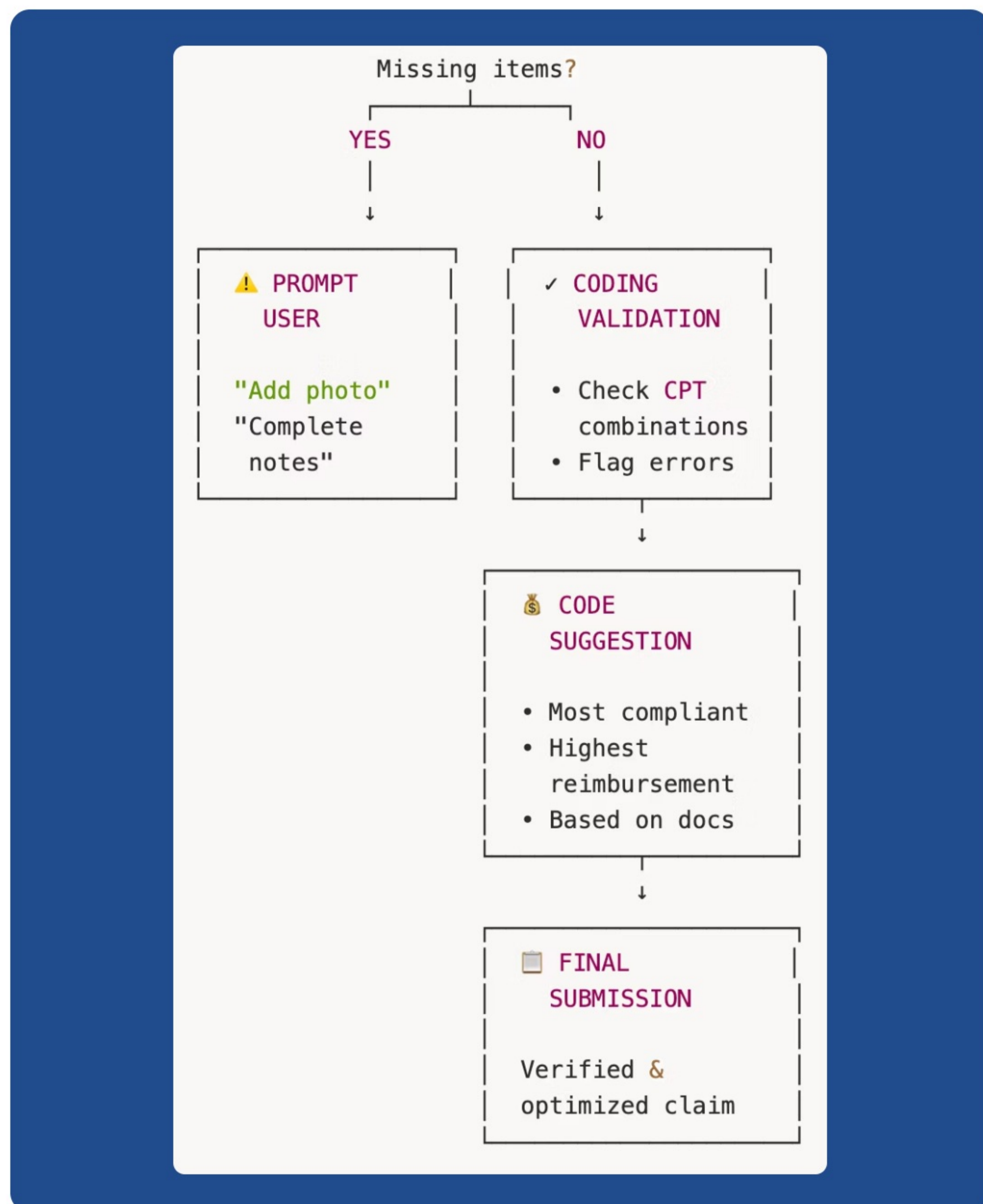
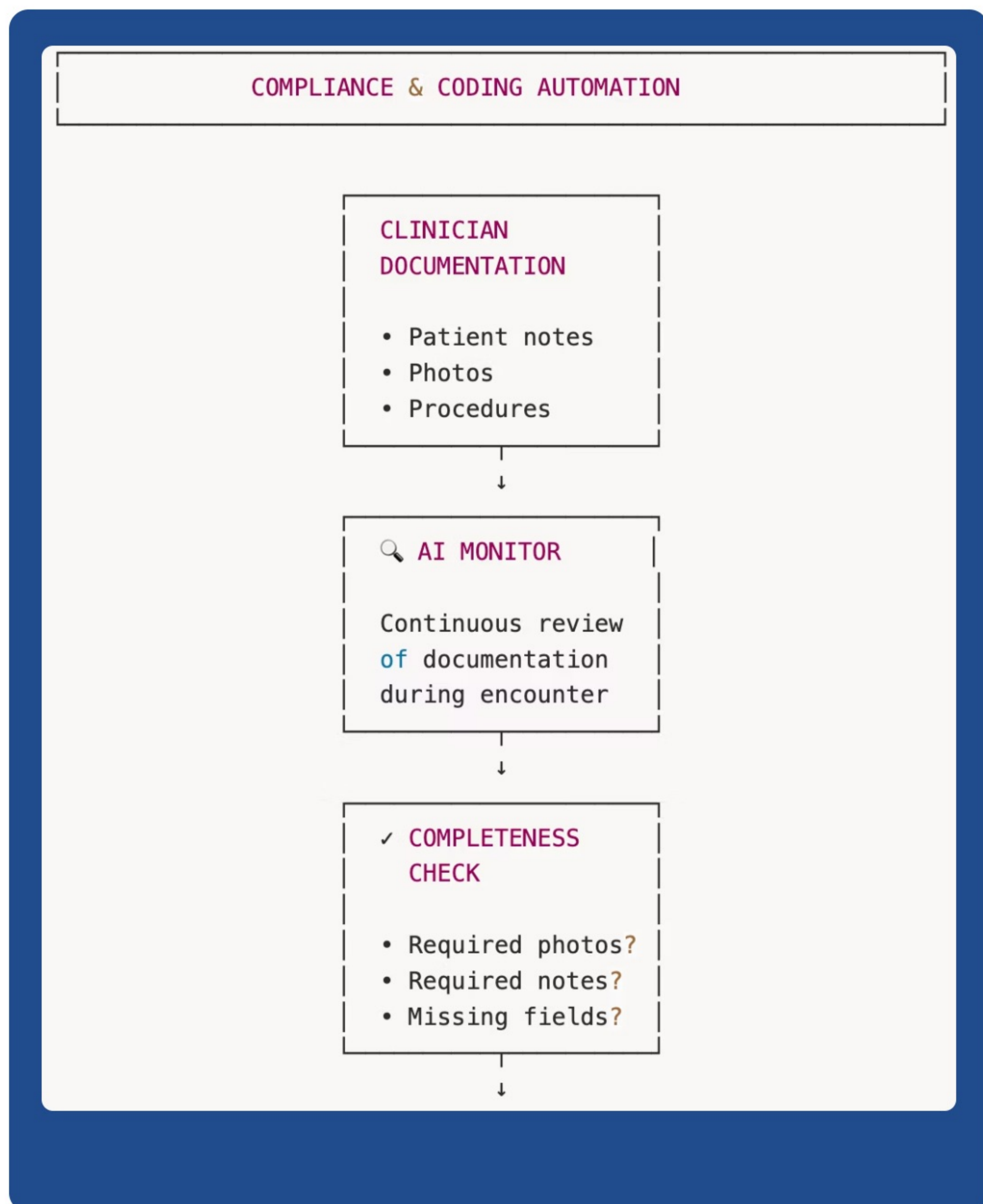
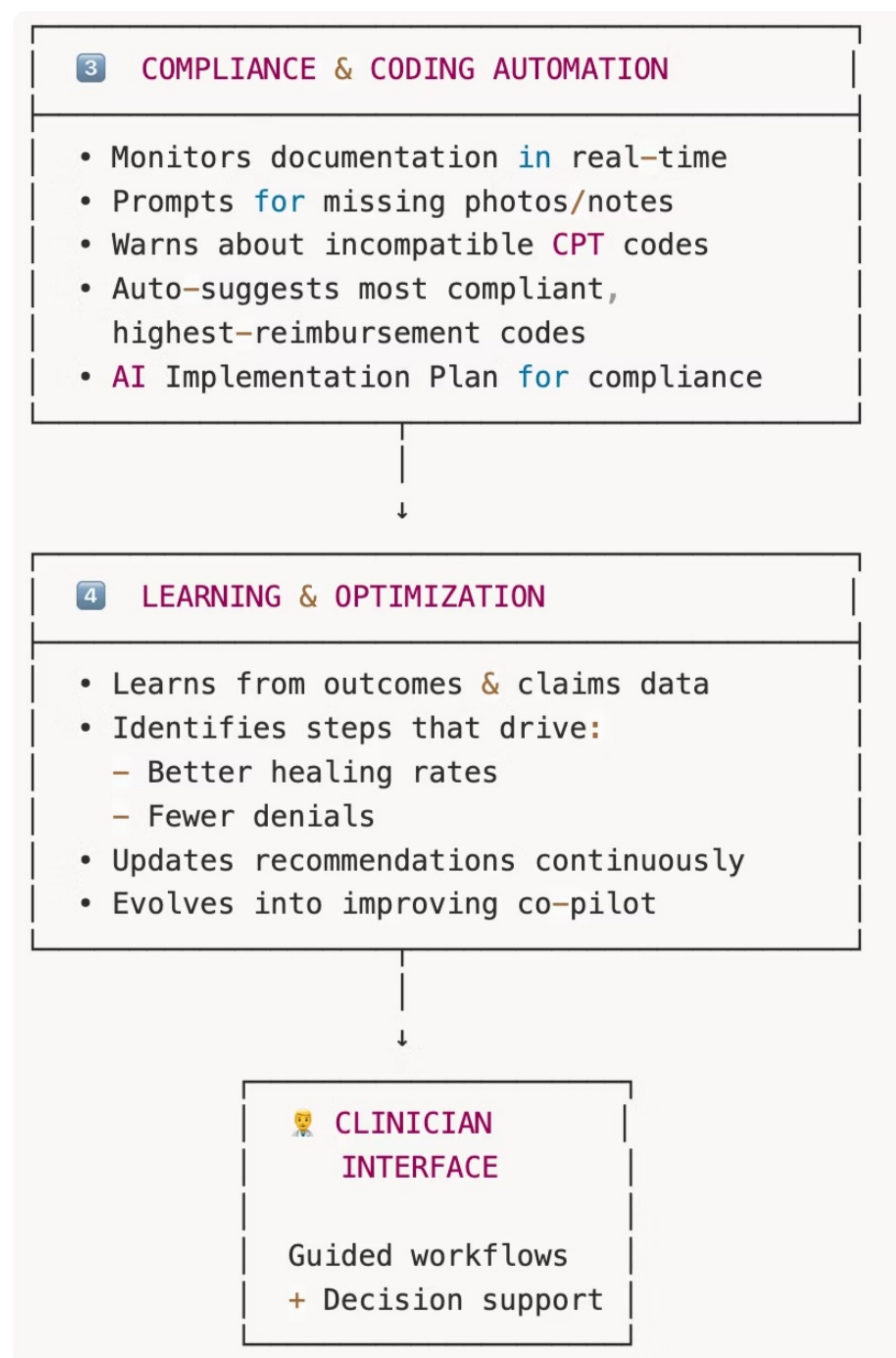
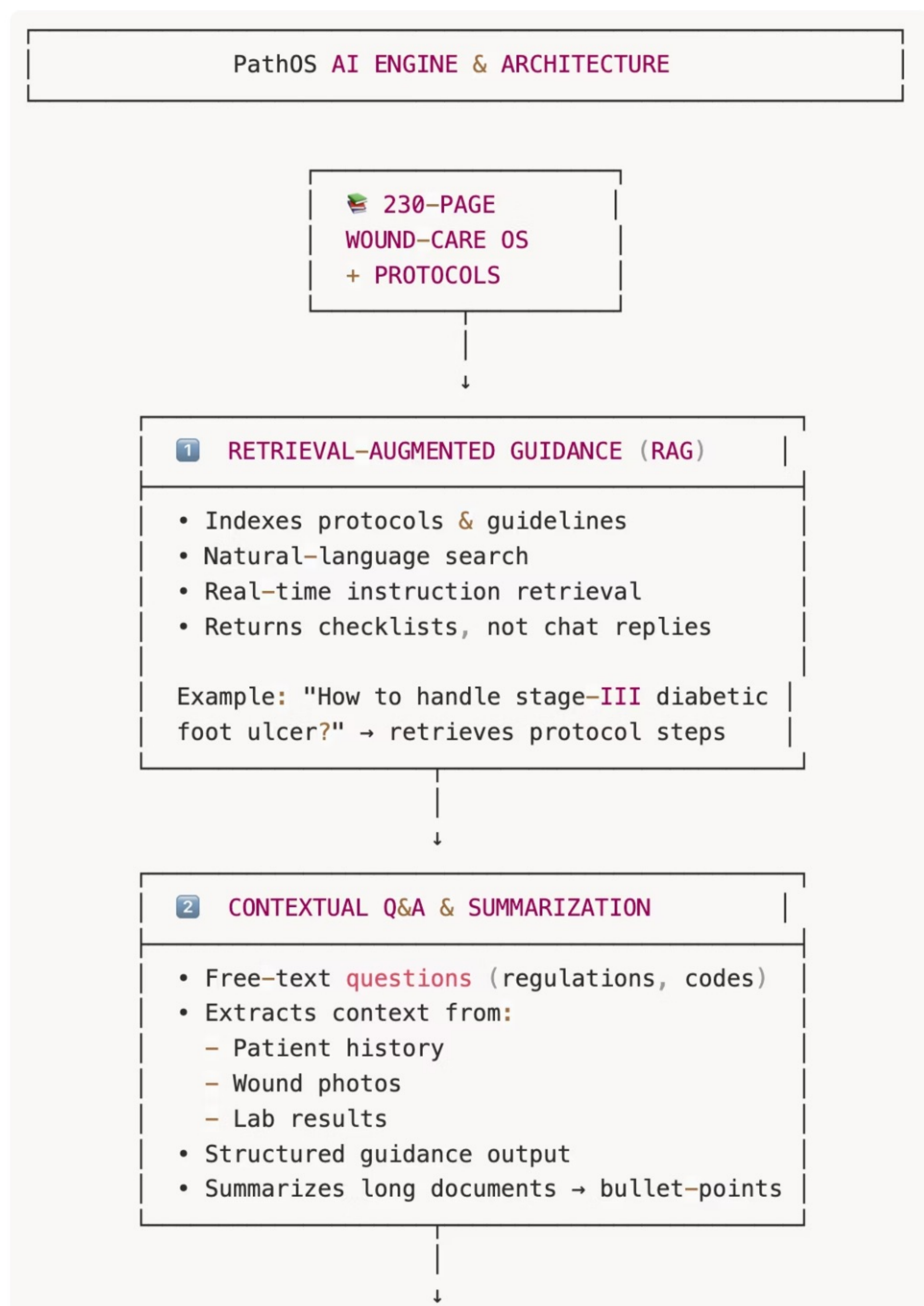
- Redox: Cloud-based API platform designed for secure, scalable EHR interoperability and data exchange.
  - Kong: API gateway and management platform used in healthcare to build and secure API-driven workflows and integrations.
  - Boomi: Integration Platform-as-a-Service (iPaaS) provider enabling API integration, lifecycle management and cloud-based connectivity.
  - Google "Cloud Healthcare API": A fully managed service supporting FHIR, HL7v2, DICOM for data ingress/egress and making integration easier.
  - Mirth Corporation (Mirth Connect): An established interface engine in healthcare for integrating and connecting health information systems.
- **Database Connectivity**
    - Centers for Medicare & Medicaid Services (CMS)
    - UpToDate (Wolters Kluwer) – Evidence-based clinical decision support tool used by over 2 million providers. • Constantly updated; widely trusted in hospitals and practices.
    - National Institutes of Health (NIH)
      - Includes PubMed, ClinicalTrials.gov, and MedlinePlus. • NIH is the cornerstone of government-backed clinical research.
    - Centers for Disease Control and Prevention (CDC)
    - Agency for Healthcare Research and Quality (AHRQ)
    - Provider of U.S. Preventive Services Task Force (USPSTF)
    - Specialty Societies & Boards (e.g., AAD, AAFP, ACC, ADA) – specialty-specific standards of care.
  - **Saara predicts** future treatment, care and coding trends that deliver maximum returns to providers and patients
    - Saara contracts the best professionals for the job to be done. **We employ experts at the source to feed our AI.**

# The AI Component - *Explained.*

1. **Retrieval-Augmented Guidance** — At the core is a Retrieval-Augmented Generation (RAG) Engine that indexes the 230-page wound-care operating system and any future protocols. It uses natural-language search to pull the right instructions in real time. For example, when a nurse asks "How should I handle a stage-III diabetic foot ulcer?" the AI retrieves the relevant protocol steps and presents them as a checklist—not a general chat reply. This ensures answers are grounded in the latest curated guidelines, not hallucinated advice.
  2. **Contextual Q&A & Summarization** — Clinicians can ask free-text questions about regulations, billing codes, or treatment options. The AI extracts context from patient data (history, wound photos, lab results) and responds with structured guidance, highlighting required forms or coding codes. It can also summarize long documents—such as lab reports or payer updates—into bullet-point briefs for quick review.
  3. **Compliance & Coding Automation** — The AI monitors documentation as a clinician works through an encounter. If a required photo or note is missing, it prompts the user. If a coder selects an incompatible CPT code combination, it warns them. It automatically suggests the most compliant, highest-reimbursement code based on documented procedures. The proposal's technical planning explicitly calls out this compliance-verification function: an "AI Implementation Plan" will specify components that power protocol recommendations and compliance checks.
  4. **Learning & Optimization** — Over time, the engine learns from outcomes and claims data. It highlights which steps drive better healing rates or fewer denials, then updates recommendations accordingly. This turns the OS into a continually improving co-pilot rather than a static reference.
- **Domain Expertise** – The AI deployed in this platform is fine-tuned on domain-specific data: e.g. wound-care protocols, reimbursement policies and EMR integrations. Mention that the technical planning includes drafting an AI implementation plan for protocol recommendations and compliance verification. This reassures investors that we aren't relying on a generic LLM but on a tailored solution built with clinicians and billing experts.
  - **Benefits with Numbers** – AI improves patient outcomes and practice financials: e.g. reduced claim denials, faster training of new staff, or higher throughput.
  - **Differentiated from Simple Automations** – The AI isn't just auto-complete or suggestion buttons. It actively reads documents, extracts structured data (via OCR/NLP), and provides decision support. It proactively verifies compliance and surfaces insights from the "inside" team, keeping the OS updated as reimbursement and coding rules change.

# AI Component Flows

The AI component is a "retrieval-augmented, compliance-focused co-pilot", built with domain expertise— this goes far beyond the "chatbot" hype. This pipeline demonstrates that the AI is not a simple chatbot; it integrates structured knowledge retrieval with generative reasoning and compliance checks to deliver grounded, clinician-ready recommendations.



**Data Sources:** Protocols & Guidelines, Patient & EMR Data, and Supply & Billing Data are ingested into the system. These provide the knowledge base for the AI, ensuring it has access to evidence-based protocols and up-to-date operational information.

**Retrieval Engine:** This component indexes and searches the data sources using natural language queries. When a clinician asks a question or navigates a workflow, the retrieval engine fetches the most relevant content. (Retrieval-Augmented Generation).

**LLM / AI Module:** The large language model takes the retrieved content and composes context-aware responses. It can summarize documents, answer clinical questions, and provide treatment recommendations that align with approved protocols.

**Compliance & Coding Rules:** A specialized rules engine checks the AI's outputs against coding standards and compliance requirements, flagging issues in real time. The proposal explicitly notes that the alpha project will include an AI implementation plan for protocol recommendations and compliance verification.

**User Interface (Clinician):** Finally, the outputs from the retrieval engine, LLM module, and compliance engine are surfaced through a clinician-facing interface. This ensures that doctors, nurses and administrators receive actionable guidance, alerts and documentation prompts during their workflow.

# Saara's Integrated Supply Chain

## Integrated–Supply-Chain Tools + Pre-negotiated Savings for Platform Users

Savings of  
**\$1000/mo.**

Digital  
Marketing  
Management

**50%**  
Savings

Specialty EMR Systems

**32%+**  
Overall savings

Medical Products and  
Consumables  
(Connected GPO)

**2%**  
Overall savings

Medical Billing  
Services

- Options unique to each protocol & plan of care
- Vetted for compliance and optimal patient outcomes
- Pre-negotiated, heavily discounted rates from vetted, ethical supply-chain partners.

☐ The Saara Dream team has already signed contracts with Marketing, Billing, EMR, Major Medical Distributors, as well as the nation's largest GPO.

We've negotiated rates that typically save users a minimum of \$12,500 on average/month (*protocol & specialty dependent*)

# Saara "Alpha" Phase Roadmap

## Alpha Sprint

A focused design phase to scale Saara and create an alpha prototype, providing a compelling visual and functional demonstration to secure more clients and follow-on investment.

**Project Scope:** Rather than attempting to build the entire Saara OS platform at once, this initial phase will focus on creating a high-fidelity prototype with limited but fully functional core features that demonstrate the platform's value proposition. Key Deliverables: Comprehensive UI/UX design system and prototypes Functional frontend prototype of core platform features Technical architecture documentation User research findings and product roadmap

Timeline: 2-3 months intensive research, design, and frontend build.

## Alpha Development — Investor Snapshot

### Project Scope

Build and deliver a high-fidelity, AI-powered healthcare OS prototype that demonstrates Saara's core capabilities: setup automation, guided protocols, compliance guardrails, and financial optimization.

### Total Budget

- 💰 \$150K for the Alpha Prototype (1-2 month sprint)
- 💰 \$150K for beta 1.0 (2-3 month sprint)
- 💰 \$1M for MVP delivery (6-7 month build)

### Key Deliverables

- Fully interactive prototype of core clinical workflows (wound care focus)
- Setup wizard, protocol navigator, compliance module, and analytics mockups
- Functional frontend with simulated data + backend architecture plan
- HIPAA-ready security framework + EMR integration roadmap

### Use of Funds

- 🧠 UX/UI Design System
- 🧠 Research & Workflow Validation
- 💻 Frontend Build (React/Next.js + iOS companion)
- 🔒 Compliance, Security, and Integrations
- 🤖 RAG AI ingestion, NLP, and compliance automation logic
- 🛠️ QA, Testing, and Pilot Deployment for early adopters (solving for 100% consistent accuracy of responses)

### Why?

This phase gets us from concept to demo — enabling pilots, investor demos, and validation of Saara's market fit while laying the technical foundation for scale.