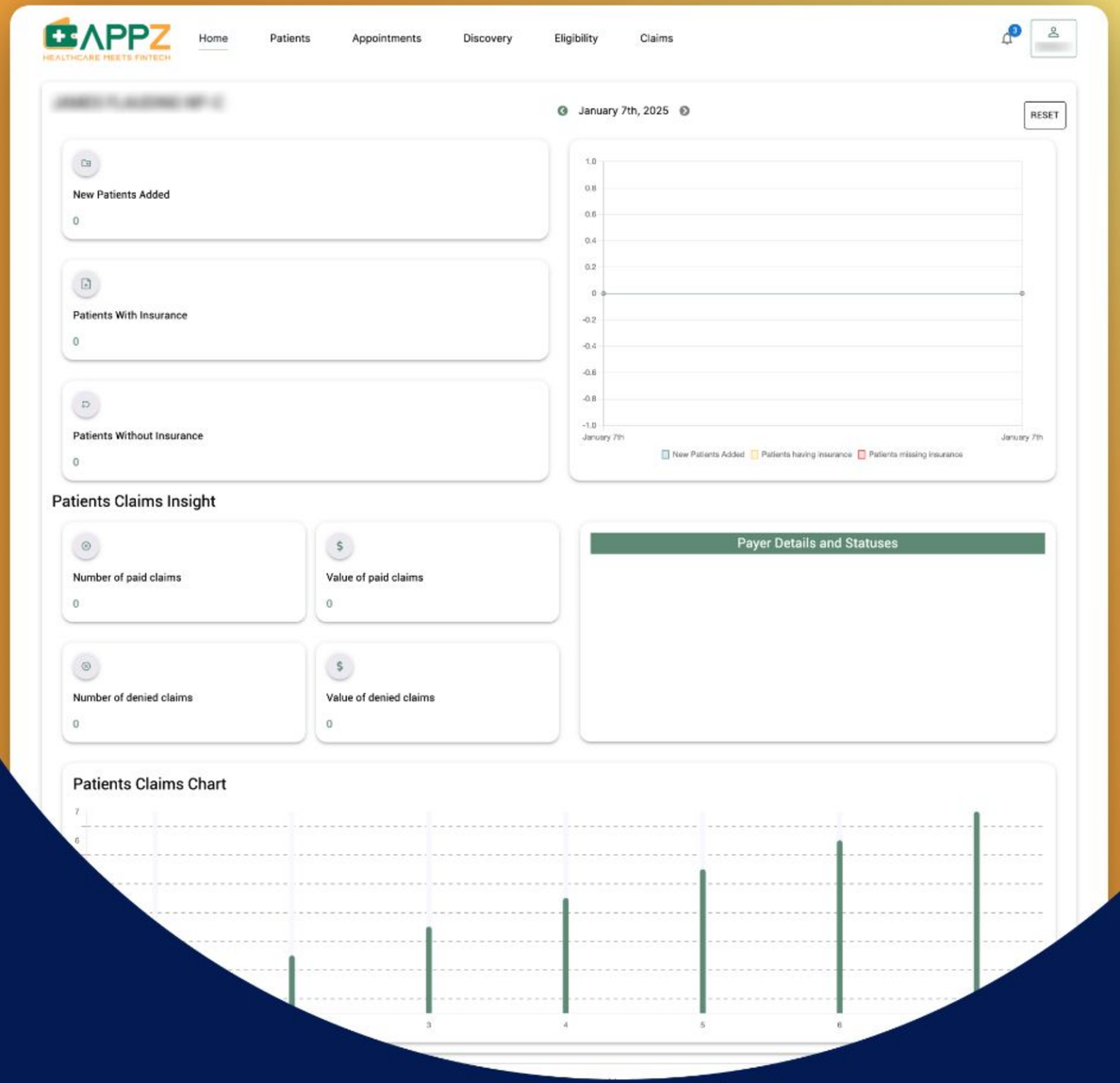
APPZ
HEALTHCARE MEETS FINTECH

Revolutionizing Healthcare with AI



Our Mission And Goal

Our Mission

Recover lost revenue by simplifying, automating, and predicting positive outcomes for healthcare payers.

Our Goal

Transform the healthcare financial burden, making it more efficient, transparent, and accessible for all patients and doctors, ultimately improving the overall healthcare experience.

Pain Points

Revenue Loss

Doctors are losing revenue due to legacy systems and delays in insurance processing.

Administrative Burden

Constant changes in policies cost doctors thousands of hours each year trying to access accurate insurance data.

Quality of Care

Doctors are burdened with chasing outstanding receivables, which impacts their ability to provide high-quality care.

Our Solution

Insurance Eligibility

Identify patient eligibility for over 3,000 payers.

Insurance Discovery

Find active/ inactive insurance coverage with three data points (FN, LN, DOB).

Claim Status

Detect, monitor, & report the status of insurance claims in real-time.

Prior Authorizations

Search or submit patient prior authorizations digitally for 100+ payers.

AI-Driven Healthcare Management

Holding Insurance Companies Accountable

- Ensure accountability and report on lost revenue.
- Denied claims can take up to 6 months for re-submission.

Key Features

- Reports on lost revenue.
- Integrations with multiple systems.
- Real-time updates and synchronization.

How It Works

Network
3000+ payers in our network Information.

System Integrations
Directly integrated with leading Patient Management Systems (PMS).

Claim Processing Time
As early as 2 weeks for claim adjudication (snail mail = 6+ months).

Continuous Expansion
Regularly enhancing our network by adding new integrations.

Information Availability
Medicare/ Medicaid plan information.

Minimal Data Required
FN, LN, DOB.

Insurance Discovery
Less than 1 minute vs. hours on the phone.

Benefits

Financial Optimization

Increase revenue by reducing denied claims and administrative inefficiencies.

Accelerated Claims Processing

Speeds up claims handling with AI-driven automation.

Integration Ease

Compatible with existing healthcare and insurance systems.

Efficient Verification

Streamlines insurance and patient data verification.

Compliance and Security

Platform built with industry standard compliance and security measures in mind.

Technology Stack

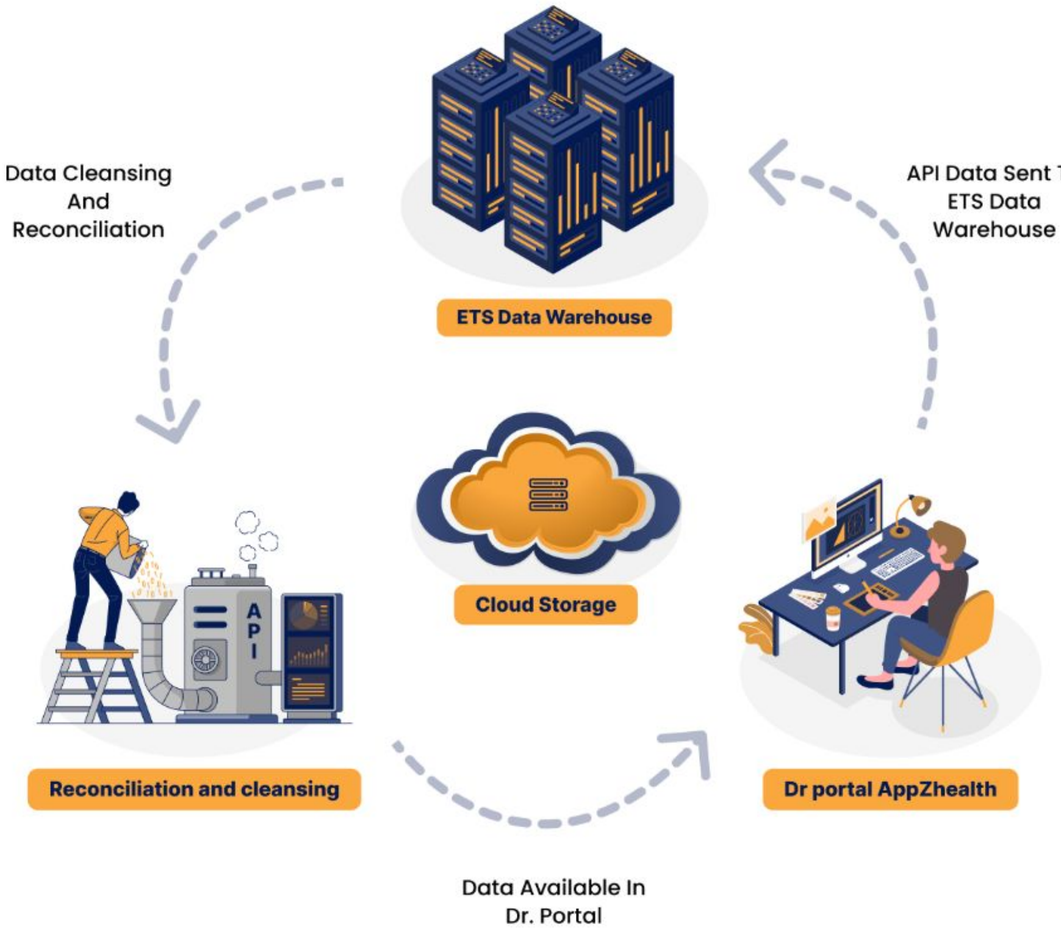
01: Frontend
React.js, MUI, HTML, CSS.

02: Backend
.NET Framework and .NET Core.

03: Database
PostgreSQL w/JSONB to allow ML for AI models.

04: Integrations
FHIR APIs to 2k+ payers, 2 clearing houses, 1 PM system.

05: Cloud Services
AWS, Cloudflare, Auth0, Slack, GitHub.



Market Analysis

Total Addressable Market (TAM)

1M+ active physicians in the United States today.

Serviceable Addressable Market (SAM)

850K+ active physicians in patient care.

200K+ primary care physicians.

20K+ active surgical and related specialists.

Confusion with Denied Claims:

Denied claims are increasing YoY, from 11% in 2020, to nearly 32% in 2024.

Significant Financial Impact:

Average cost to rework a denial is $55.77. Total admin cost has reached nearly $20B.

Go-To-Market Strategy

Key Offerings

Sell Insurance Discovery and Denied Claim Reports.

Expand prior authorization offering.

Pilot Program

Compare Patient Results
Implement pilot programs to gather data and improve solutions.

90 Day Target

Accounts Goal: Secure 5-10 new accounts.

Revenue Goal: 1-2 practices $3M+ in revenue.

Sales Initiatives

Demo Scheduling: Demos are being scheduled weekly.

Internal Referrals: Leverage Executive team's network.

How We Add Value

Automated Data Syncing

- Seamlessly integrates patient data across platforms.

Enhanced Revenue Opportunities

- Leverages automated processes to reduce delays and errors, boosting financial outcomes.

Streamlined Operations

- Simplifies complex processes, allowing staff to focus on patient care rather than administrative tasks.

Predictive Analytics

- Utilizes data to forecast trends and improve decision-making.

Eliminating Key Obstacles

- **Reduced Wait Times**
  Minimizes delays in data processing and insurance verification.
- **Error Reduction**
  Implement AI to lower the incidence of data entry errors.
- **Operational Overhead**
  Cuts down the need for manual intervention, reducing labor costs.
- **Compliance Hassles**
  Ensures regulatory compliance automatically, reducing legal risks.

Accomplishments

Pilot Programs

Insurance Discovery Pilot Client Converted.

Prior Authorization Pilot Underway.

Downstream Network

100+ practices in pipeline from billing company partners.

Payer APIs

APIs to 3000+ insurance payers.

AWS Activate Credits

Received $5000 credits through AWS Activate.

Roadmap

Available Now

- Insurance Discovery
- Insurance Eligibility
- Claim Status & Reports
- Prior Authorizations Submit
- Prior Authorization Lookup
- Patient Sync
- Bulk Processing
- Scheduled Processing
- Patient Payments

{Q1 - Q2}

- Data Reporting Enhancements
- Additional Clearing Houses
- Machine Learning Phase 1
- Launch Prior Authorizations

{Q3 - Q4}

- Deductible Management for AI Cost Estimator
- AI Phase 1 - Planning & Design
- Machine Learning Phase 2
- Data Reporting Enhancements

About the Team

Farhan Chaudry
Founder/ CEO

- Previous Founder & CTO of HelloPatients.
- Serial Healthcare Entrepreneur.
- Jumpstart Foundry Cohort (2020) Finalist & Winner of $150K.
- Personal history with eligibility and patient responsibility post claim adjudication.

Sid Fingerhut
President/ CRO

- Founder & CEO of Phoenix Quality Manufacturing.
- Experienced leader with a strong background in budgeting, sales, entrepreneurship, and CRM.

David Warren
CMO

- 15+ years of experience helping brands and startups launch and scale products.
- Led innovative campaigns for clients like Samsung, Hilton, and the US Air Force.

A Team Of Highly Skilled Developers

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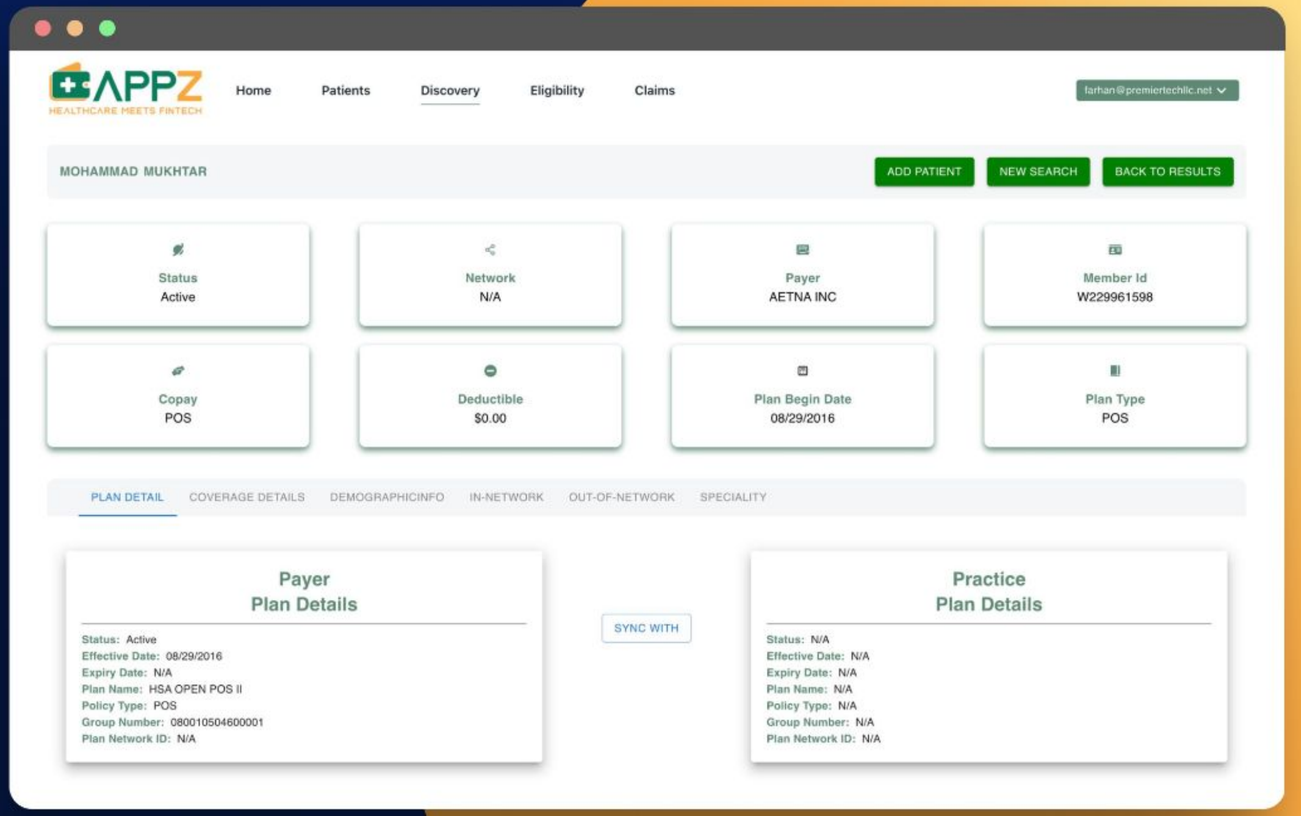
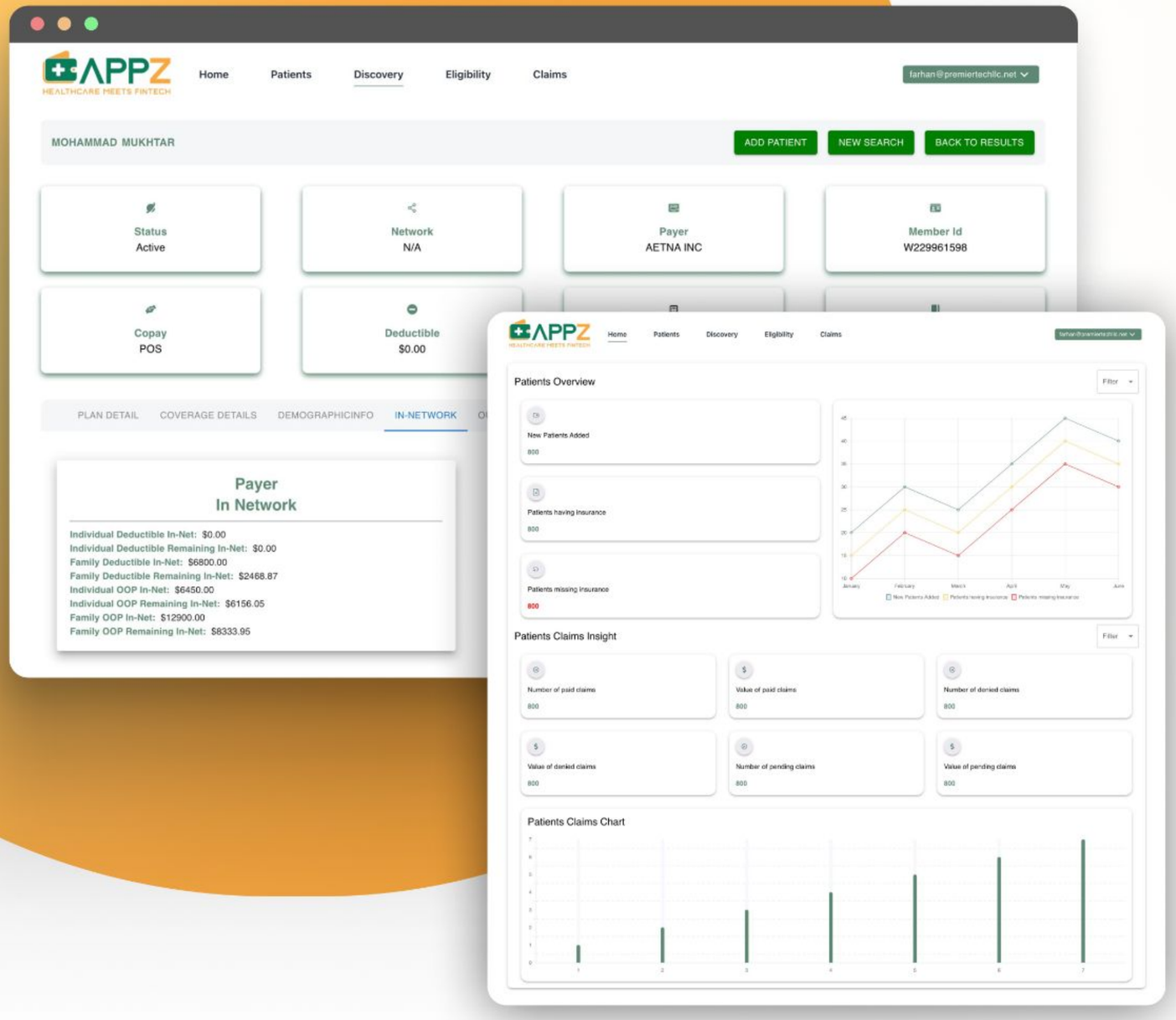
Appendix

Insurance Discovery

Simplify insurance discovery using just 3 key data points: First Name, Last Name, and DOB, reducing complexity and saving valuable time for healthcare providers.



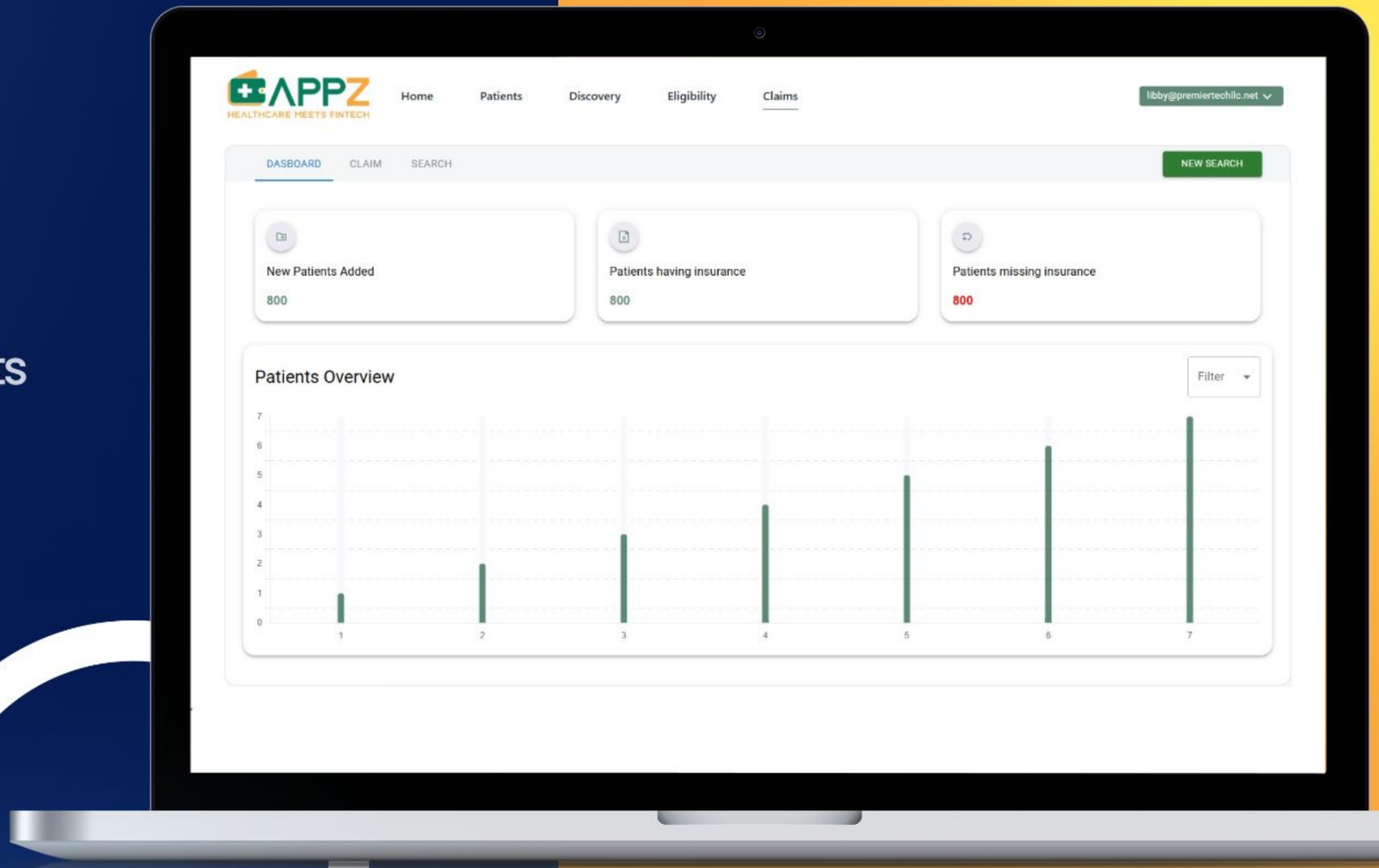


Insurance Eligibility

Verify eligibility benefits over 3000 payers seamlessly. We provide real-time access to benefits information, streamlining administrative tasks and expediting patient care

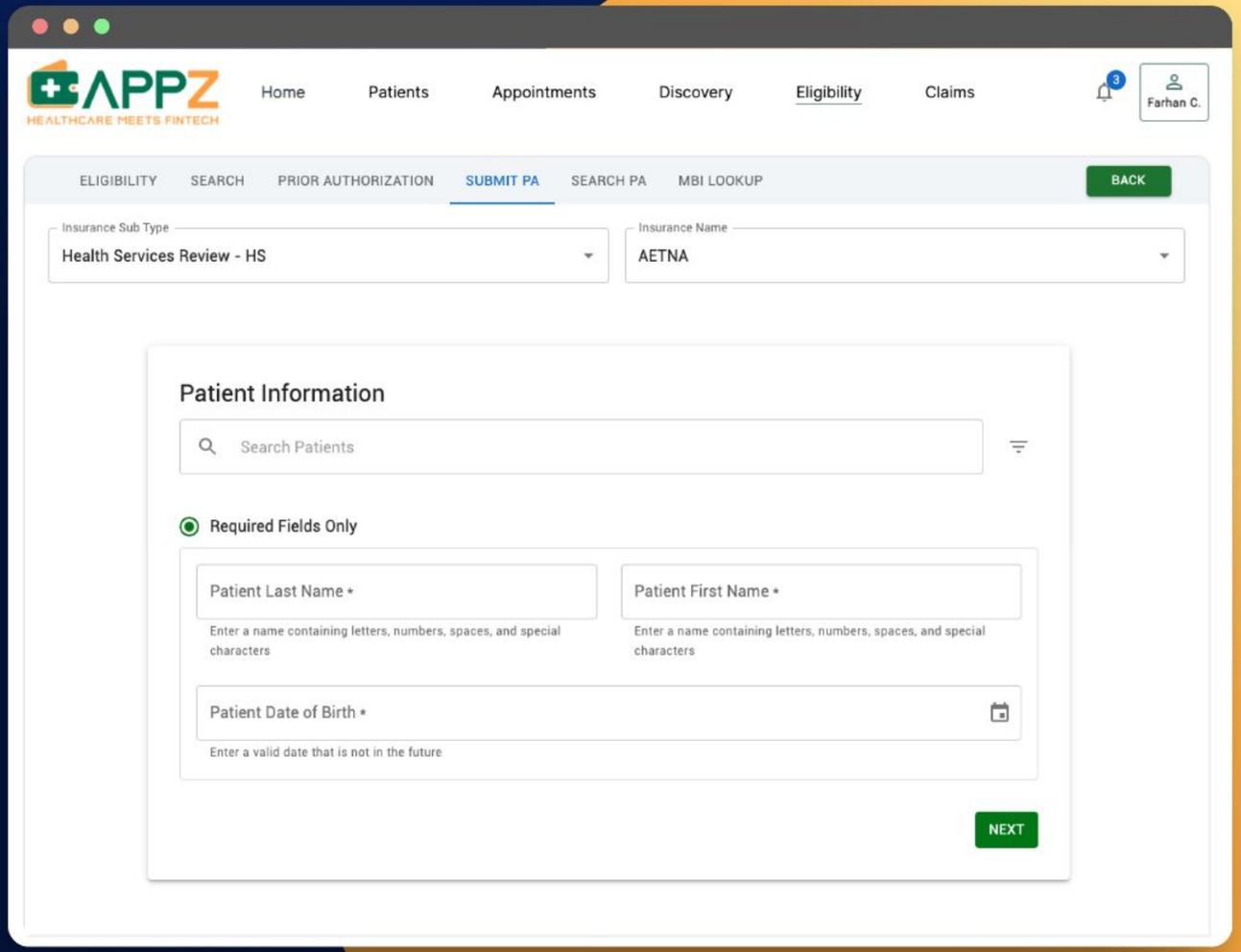
Claim Status

Search real-time status of insurance claims. Find missing revenue with denied claims reports and AI.



Prior Authorizations

Submit prior authorizations across 100+ payers. Our platform is smart enough to tell you what to enter based on each payer!



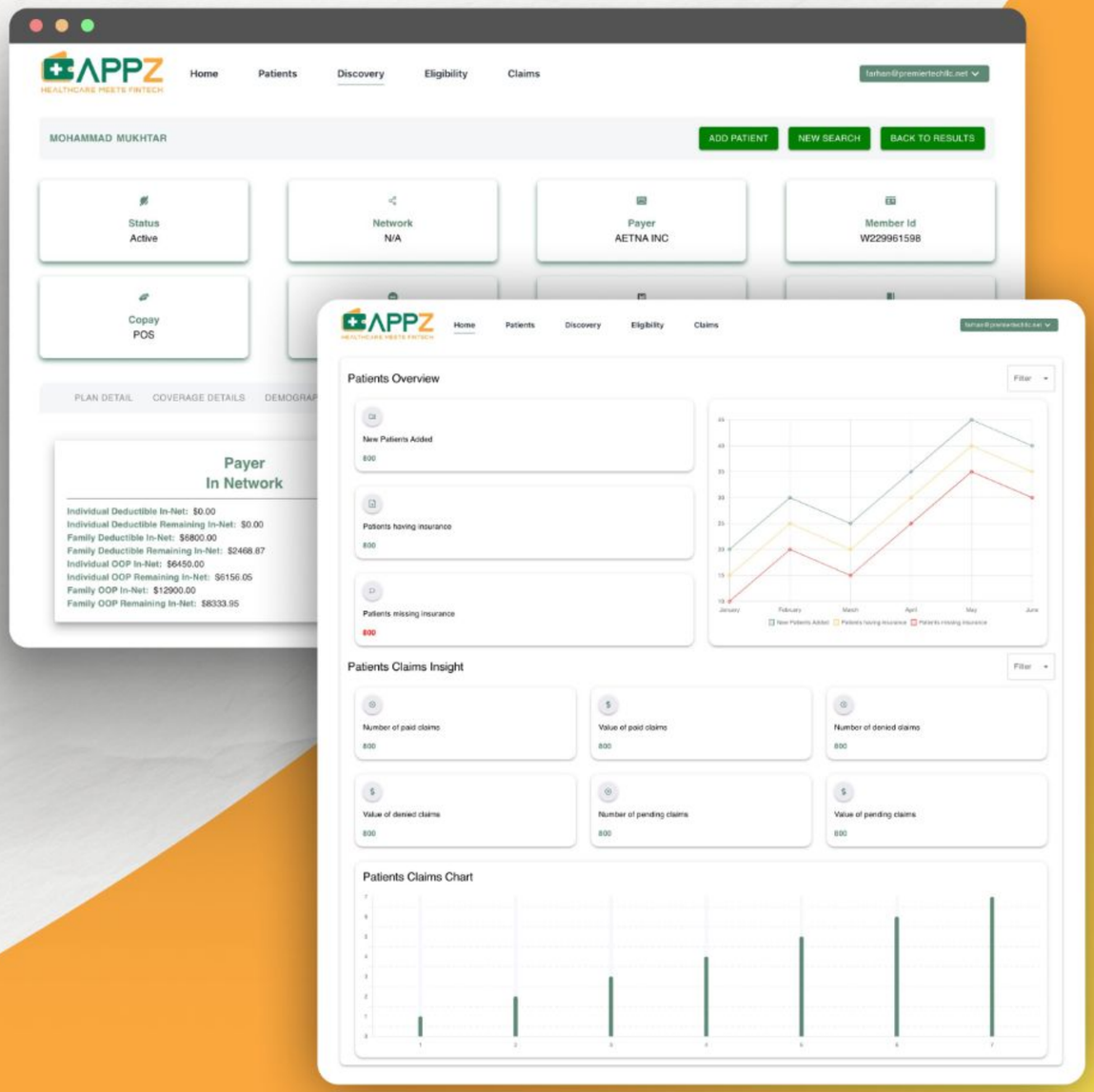
Integrations & Patient Sync

> With us, integrating patient data is seamless. Our platform syncs patient information in real-time, ensuring smooth integration with your existing systems.

Say goodbye to manual data entry and hello to efficiency!

Collect Payments

- With us, collecting payments is easy.
- We automate co-pay calculations for insured patients.
- Secure card payments are available for uninsured patients.
- Simple and convenient!



Email And Support

- Training & How Tos
- Self Service Ticket Portal
- Support@appzhealth.com
- Emergency Hotline Available