

THREE THINGS THAT ONLY PRECISION HEALTHCARE TECHNOLOGIES CAN DO FOR YOU, YOUR STAFF & YOUR PATIENTS!

NO UPFRONT OR OUT OF POCKET COST, NO OPERATIONAL CHANGES, GUARANTEED PROFIT IN 30 DAYS!

Start Your One Time Engagement Pilot in 72 Hours!

Introduction - Since 2007 Precision has helped to architect and build value-based measurement and management platforms with CMS/Payers. These algorithms are not in any EHR or dataset, and the only master structure for all payers resides within Precision's platforms. This same system that was built to penalize you can correct your path in the background with your own rules without you changing a thing.

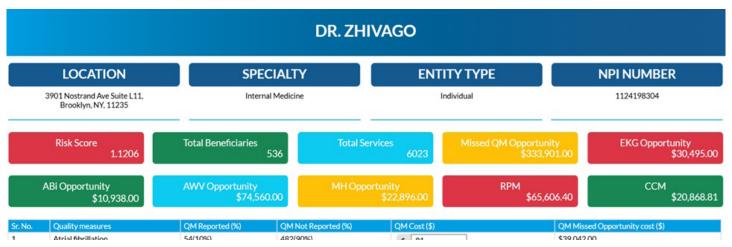
Precision's Proprietary Technology Benefits in Action!



For YOU! – We have live updates of current compliance and quality measures reflected on our "CMS/Payer Report Cards" on 1,061,000 providers including YOURS. You are being penalized for not taking this compliance mandated revenue where medical necessity was found and you failed to act. Without Precision you have no idea what has even been missed. This report includes RAF Score and compliance performance percentages on 16 quality measures needs 60% each.

Example - On one sample CPT code a compliant provider receives \$352, and a noncompliant provider gets \$179. Now we go get that missed revenue for you and you will keep 100% of it! We are paid separately for our Al triage, care coordination and navigation codes.

Below is a typical family practice NPI's CMS/Payer Report Card missing \$333,901 in compliance required services.



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For Your STAFF! – Now that we know these missed mandated care gaps, we need to identify which individual patients need which services and connect them automatically for you. Precision identifies, validates and documents medical necessity and connects to the care electronically in the background automatically. No staff workflow or humans involved.

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For Your PATIENTS! – With a Precision Milliman joint venture, for the first time in history we can give consumers and patients access and control of their own health records. The phone/device app and the self-records download is always FREE, OR they can upgrade to live health records updates. Soon to be gone are paper forms or records requests and transfers as the consumer or patient will simply share their secure health record link with any provider or facility.

<u>IMPORTANT NOTE</u> - We're pleased to work with you to ensure that your data source and/or AI generative workflow partner maximizes their efforts by implementing our AI triage, care coordination and navigation into their services. Without this critical incorporation you will simply fail faster and with less effort.

To request your CMS/Payer Report Card and to see how you can benefit and profit simply for sharing our health records rights initiatives, please contact the sender of this document today! Thank you!

YOUR PILOT PROGRAM OPTIONS



If you like the pilot, simply continue the program!

Record Review Requirements if Billing Insurance – Exactly like a lab report, if you are billing for our services, you and your staff are required to review the PDF results among yourselves, set a plan, and communicate the plan to the patient. This is typically 21+ minutes over seven days of conversation, back and forth communication and scheduling the next steps for the patient. Here are our program choices.

NOTE - You keep 100% of the clinic revenue we drive to your organization or practice

- Our AI Driven Care Coordination & Navigation Codes can be billed separately or not at all
- CMS/Payers Reimburse About \$50. Turn an expense center into a profit center!
- We also pay you \$1 per subscriber per month when your patients or staff engage in our health records services.

Bill claims yourself - \$8 per response. - Don't bill claims - \$5 per response.

Due Net 30 Days

<u>YOUR CMS/Payer Report Card</u> – Missed mandated services you think you are doing that payer data says you are not. Why does it matter? On one sample code a compliant provider receives \$352 in contracted reimbursement and a noncompliant provider receives \$179. We do everything for you including connecting these missed services.

Our Precision Stealth Workflow Intelligence pre-stages and navigates care coordination in the background away from your workflow. You never even see it, but you give us the rules to run it. Below is a typical single provider missing 333,901 in required services. You keep 100% of this revenue as we are compensated separately for our car coordination and navigation codes.



<u>Simple Pricing Methodology</u> – These are REQUIRED Assessments that dictate the medical necessary services follow up within our results. Each successive encounter produces new medial necessities from within those results. Only Precision owns or has access to this technology.

Always a Profit at No Upfront or Out of Pocket Cost

- \$12 Per Paid Response Requires Superbill & Documentation
- \$8 Not Paid Still Benefit with Visits & Patient Attribution
- 10% Billing & Collection We Provide This Service for Our Services
- Payments are Made at 50% of Collected Always a Profit!

BONUS - Other Benefits to Working With Precision!

- Our Consumer Health Records initiatives will likely drive new patients to your practice from the community looking for a local provider.
- To maintain access to their health records they become your "Permanent Patient".
- Our platform also gives you the chance to create a concierge model within your current practice and attract new patients through that model.