



**Atakan
Yavuzarslan**
Blockchain
Physicist &



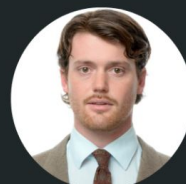
**Mica "MP"
Piscione**
Medical Doctor



Ruben Koch
SC-Security

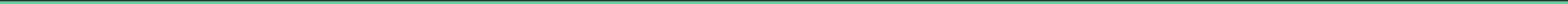


Kerim Zunic
Cryptographer



**Andrew
Piscione**
Crypto
Investor

Bringing **Healthcare On-Chain**,
one medical appointment at a time



Problem

Healthcare is fragile to **disorganization**, and it all starts with the **medical appointment**, a **billion dollar pain-point** no one has solved, yet

13%
NO SHOWS

ON MEDICAL
APPOINTMENT

\$6Bn/year
UNEARNED REVENUE

BY HOSPITALS/CLINICS DUE TO
NO-SHOWS

The Churn rate is mainly caused by patients **forgetting their appointments** due to **lack of incentives** and a **low quality/fragmented UX**

**ONLY IN EUROPE, PER MONTH*

Why No One Solved it?

Many have tried with Web 2 approaches, but there are several problems that all of these solutions have in common



Doctolib



Doctoralia

- ✗ UN-EFFICIENT LEDGERS
- ✗ LACK OF INCENTIVE MECHANISMS/ ALIGNMENT THAT INVOLVE THE DOCTOR (MAIN GATEKEEPER)
- ✗ SILOED INFORMATION
- ✗ BAD UX/ FRAGMENTED SERVICE
- ✗ MISSING REAL PAIN POINTS

Opportunity

Solving this can have huge implications **in the real world**, and become a **opening door for the next 1Bn Web 3 Users**, with a product EVERYONE needs and Web2 did not solve..

\$6Bn/year
UNEARNED REVENUE

BY HOSPITALS/CLINICS IN
EUROPE/YEAR DUE TO NO-SHOWS



\$1.7Bn/year
SAVED w/SOLUTIONS

*GIVING 8% Discount on
Appointment And REDUCING
No-Shows by 30%*

\$100M/year
ARCHANGEL REVENUE

*CHARGING 1% Fee and
getting 20% of the
Market as First Movers*

#500M
NEW WEB3 USERS

ACTIVE USERS CREATING LENS
IDENTITY WALLETS



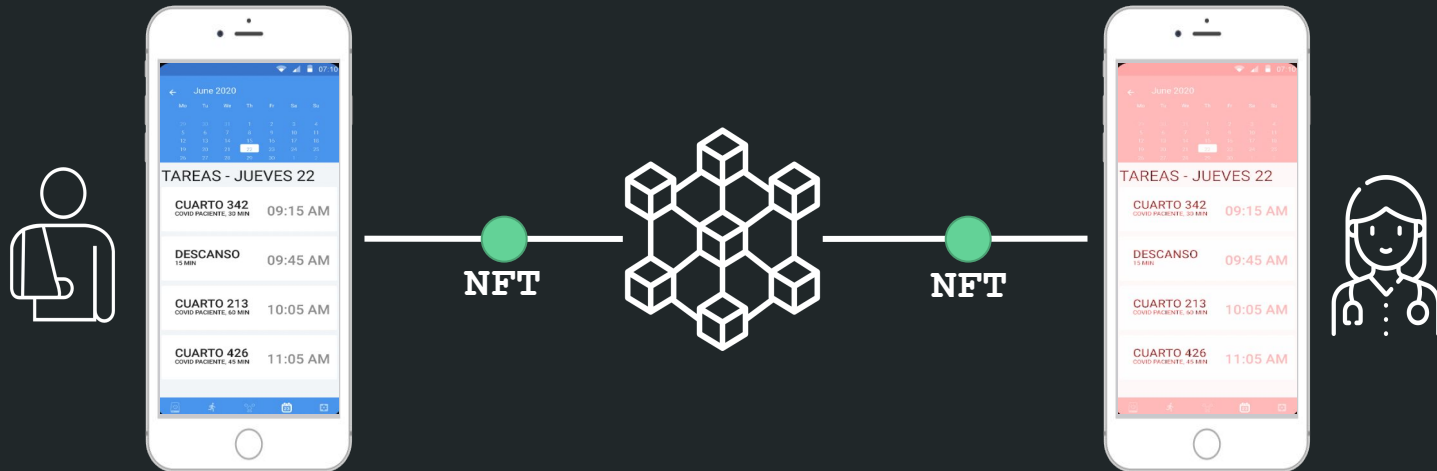
Opportunity for Public
Goods..**Stake a pool and
gift a doctor appointment**

**ONLY IN EUROPE, PER MONTH*



E-Dreams for Medical Appointments, on steroids.

Digital medical clinic aggregator/ marketplace, where patients can not only book, but also sell their medical appointments online, **using NFTs.**



Solution

NFT-Marketplace for doctor-appointments. Patients can trade their appointment on a NFT-marketplace.

Prepaid appointments as NFTs, tradeable on a NFT-marketplace. Doctors have guaranteed revenue and reduced operational costs of managing appointments, patients have reduced costs

- ✗ UN-EFFICIENT LEDGERS
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- ✗ MISSING REAL PAIN POINTS

- ✓ INCREASING TIME EFFICIENCY
- ✓ INCREASING CAPITAL EFFICIENCY
- ✓ AGGREGATED RESULTS FOR APPOINTMENTS
- ✓ INCREASING THE SYNCHRONY

Quick Demo

Location

Treatment

Date

September 2022

Week

Sun 11

Mon 12

Tue 13

Wed 14

0 000

10 000

20 000

30 000

40 000

50 000

60 000

70 000

80 000

90 000

100 000

Offers

Doctor Miki

400\$

Buy

Doctor Kerim

300\$

Buy

Doctor Ruben

100\$

Buy

Doctor Michael

200\$

Buy

Doctor Andrew

250\$

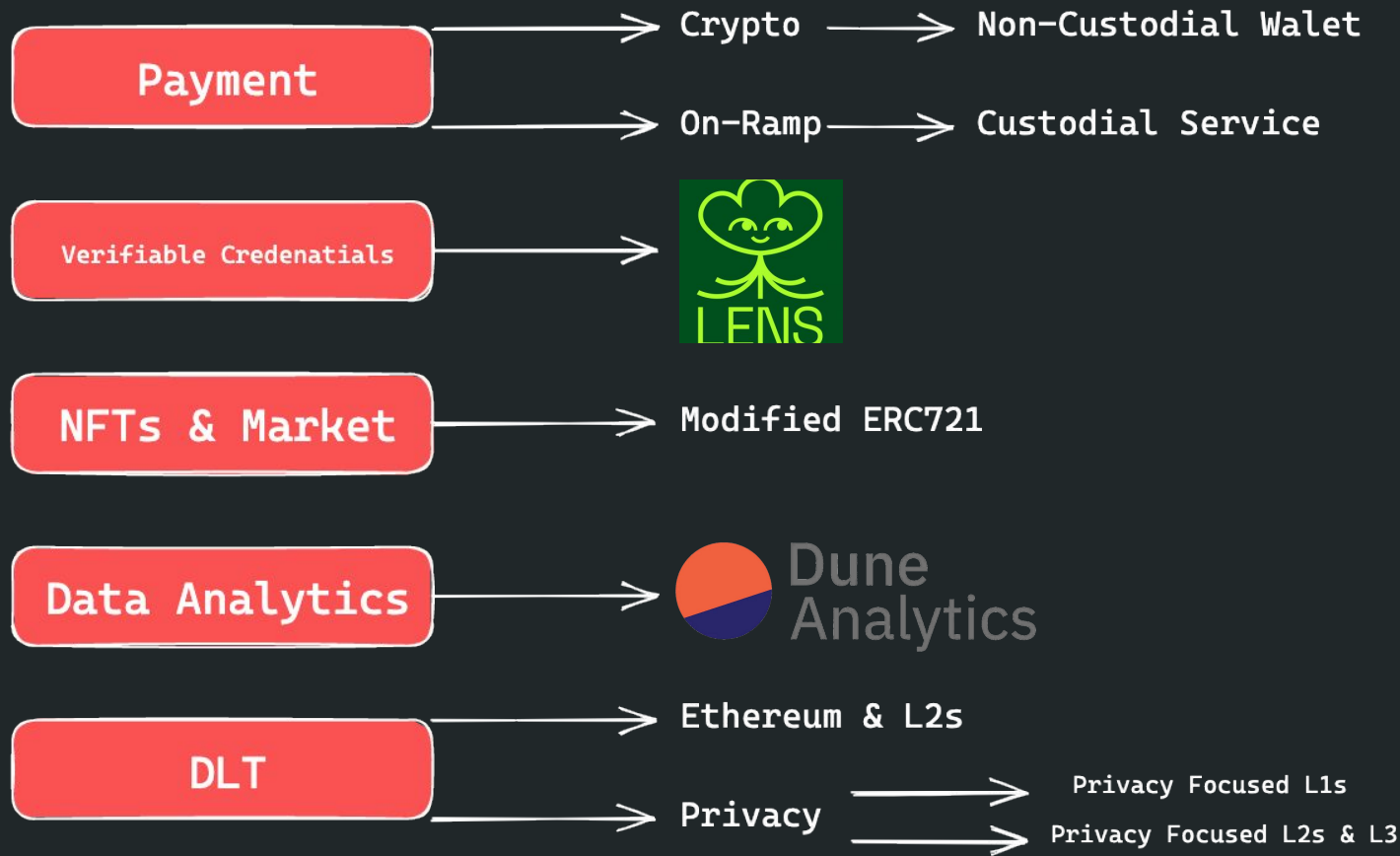
Buy

My Appointments

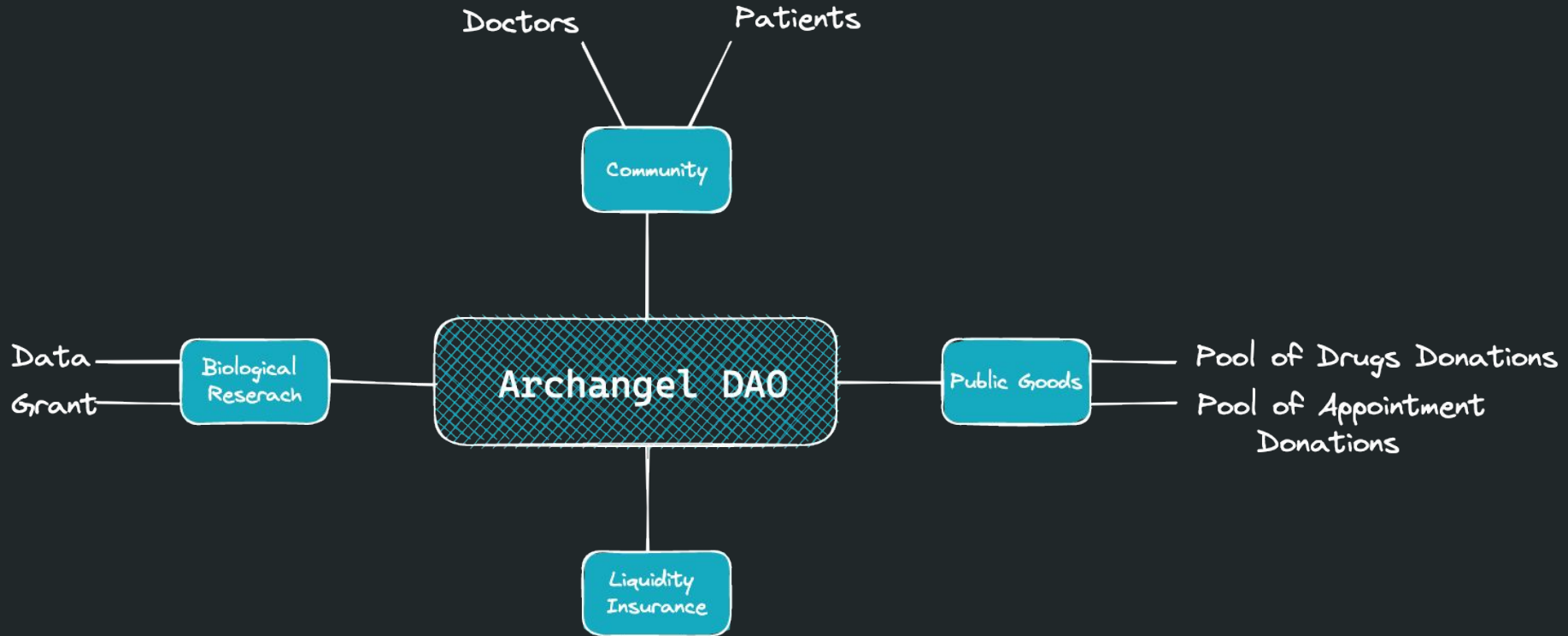
Doctor Atakan

Sell

Technology



Long Term Vision Architecture



Team



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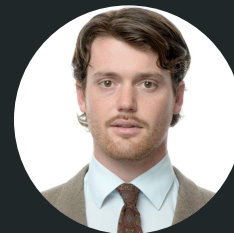
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Investor



Go+ Security



Heidelberg
University Hospital



Next Steps - Roadmap to MVP, Launch and



ETH83RLIN
to the power of 3

"Edreams"

Platform for medical appointments

B2B2C solution
no-shows in medical appointments

NFTizeid
appointments

Sell, buy
NFTs

Q1 & Q2
2022

Q3 2022

Q1 2023

Q3 2023

Q1 2024

- Hire developer
- Product ideation
- Team formation
- Market Research

- Hire CTO and 2 developers
- Partner with 15 top Health systems (private clinics)
- Launch MVP with 10 sellers
- Target 10,000 unique visitors

- Hire CPO and 8 developers

- Launch Archangel

- Target decrease of x % of no-shows per year

ANNEX

Sources

<https://www.jameda.de/>

<https://www.doctolib.de/>

Business Model

Fee of

Hypothesis

- 1) The Churn goes down because of the discount and not due to the presentation itself **(user is web2 and no web3)**
- 2) We could sell all the NFTs that people dont use to prospective patients: (reciclaje de appointments perfecto)...liquidez
(mercado para gente que quiere antes y también los que no tienen, osea hay liquidez)

Problem

Healthcare is fragile to **disorganization**, and it all starts with the **medical appointment**

13% of medical appointments in hospital/clinics in Europe are NO SHOWS, which represent

$$\begin{array}{ccccccc} \text{SIZE OF THE} & & & & \text{TOTAL} & & \text{REVENUE FROM} \\ \text{PROBLEM} & = & \boxed{\text{NO-SHOW}} & * & \text{APPOINTMENTS} & * & \text{APPOINTMENT} \\ (\$) & & \text{RATE} & & (\#) & & (\$) \\ & & (\%) & & & & \end{array}$$

The Churn rate is mainly cost by patients **forgetting their appointments.**

Tokenomics/ Incentive Mechanism

Patient	Marketplace	Doctor	Problem	Solution	Comment



Data in, personalized schedules out

Input



Medical Worker

Continuous Usage

- Clock In & Out
- Satisfaction Survey
- Training Completed



Hospital

DataBase Migration

- COVID-19 Layout
- Hours/worker
- Med. Worker info
 - Age
 - Specialization
 - Capabilities

ARCHANGEL Matching Algorithm

Output

Where & When

- Real-Time personalized calendar & schedule

Workload tracking

- Tasks/Hours completed

COVID-19 related

- Calendar & Task protective restrictions
- Special staffing model

