Care Today. Payment Today.

Healthcare payments today are slow, complicated, and uncertain. Providers deliver care, but then wait 30, 60, sometimes 90 days to get reimbursed. Claims bounce back for missing codes, unclear coverage, or payer rules hidden in black boxes. Patients are left with surprise bills, and providers spend more time on administration than on care.

Prometheus Chains fixes this by moving the **rules and the money onto the same rails**, so the entire payment cycle can happen instantly and transparently:

- **Rules engine owned by the payer.** The entity funding care — whether an insurer, an employer, or another sponsor — publishes its rules. Example: "One annual visit per member." These rules aren't hidden; they're coded directly into the system.

- **Defined networks.** The payer lists the providers they've credentialed and the members they cover. Everyone knows up front who is in and who is out.

- **Digital bank account.** The payer funds a secure account tied to those rules. This ensures that when care is delivered, money is already in place to cover it.

- **Claim submission and instant check.** When a provider submits a claim, the rules engine immediately verifies:

    1. Is the provider authorized?

    2. Is the patient covered?

    3. Does this claim meet the published rules?

- **Automatic decision.** If everything checks out, the system instructs the digital bank to pay the claim — usually within seconds. If not, the claim is declined with a clear reason why.

The result: Instead of 90 days of uncertainty, providers see funds in their account as the patient leaves the office. Patients see a clear receipt. And payers know their rules are enforced exactly as written, without hidden complexity.