

MEDDOCTOR

WHITEPAPER

MTEL

medoctor.com

MEDDOCTOR
The Only Patented Artificial Intelligence Symptom Checker

Do you have a Health Concern?
(Your results in 5 minutes)

My Gender

My Date of Birth

My Symptoms Began

☐ I agree to disclaimer

START MY FREE INTERVIEW

Do You Have Symptoms?

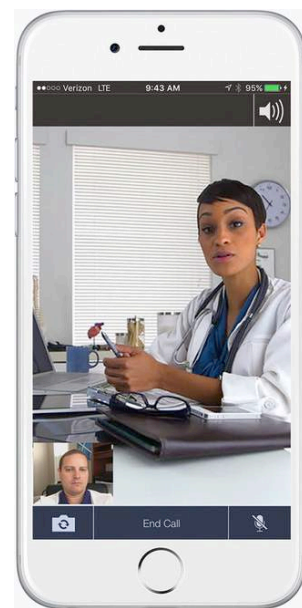
medoctor.com

MEDDOCTOR

HERE ARE YOUR RESULTS:
These are your 3 most likely conditions or diseases with their ICD-9 identification codes, as determined by your answers and the logical process of the MEDDOCTOR system:

| Disease Name | ICD-9 Identification Code |
|--|---------------------------|
| 1. Inflammation of the sinuses Acuity = 2 Urgency = 2 | 473.9 |
| 2. Migraine Acuity = 2 Urgency = 2 | 346.9 |
| 3. Multiple sclerosis Acuity = 4 Urgency = 3 | 340 |

MAKE CHANGES TO MY SYMPTOMS



MEDDOCTOR www.MEDDoctor.com

INTERVIEW REPORT

DATE: 1/1/2014 MY AGE: 40 MY GENDER: FEMALE

HEALTH ASSESSMENT

| 1. Hay fever | ICD-9 477.9 |
|---------------------|-------------|
| 2. Seasonal allergy | ICD-9 477 |
| 3. Common cold | ICD-9 480 |

YOU ANSWERED YES TO THE FOLLOWING QUESTIONS:

YOU ANSWERED NO TO THE FOLLOWING QUESTIONS:

YOU SKIPPED THE FOLLOWING QUESTIONS:

DISCLAIMER:

www.MEDDOCTOR.COM
Developed by 25 America physicians
800 (US) and 4733 (Toll-free) (Canada)
USA: 1-800-776-4733 • 1-800-776-4733 • 1-800-776-4733

MEDDOCTOR www.MEDDoctor.com

INTERVIEW REPORT

DATE: 1/1/2014 MY AGE: 40 MY GENDER: FEMALE

HEALTH ASSESSMENT

| 1. Hay fever | ICD-9 477.9 |
|---------------------|-------------|
| 2. Seasonal allergy | ICD-9 477 |
| 3. Common cold | ICD-9 480 |

YOU ANSWERED YES TO THE FOLLOWING QUESTIONS:

YOU ANSWERED NO TO THE FOLLOWING QUESTIONS:

YOU SKIPPED THE FOLLOWING QUESTIONS:

DISCLAIMER:

www.MEDDOCTOR.COM
Developed by 25 America physicians
800 (US) and 4733 (Toll-free) (Canada)
USA: 1-800-776-4733 • 1-800-776-4733 • 1-800-776-4733

MEDDOCTOR
ONLINE PHARMACY

Table of Contents

| | |
|--|-----------|
| Why we Exist and what Problems we Solve..... | 3 |
| How we solve the Identified Problems | 5 |
| Here is what we have Developed to Solve the Problems | 7 |
| Description | 7 |
| Descriptive Documents | 11 |
| Summary..... | 11 |
| The Competitive Landscape and Use Cases..... | 12 |
| In the AI Diagnosis sector..... | 12 |
| In the BlockChain Health Record sector | 12 |
| In the Online Doctors sector (TeleHealth Patients)..... | 14 |
| In the Online Pharmacy field..... | 16 |
| MEDoctor's Marketing and Current Progress..... | 18 |
| Getting Patients onto MEDoctor..... | 18 |
| Converting Patients to speak to an Online Doctor | 19 |
| Converting Patients to buy in our Online Pharmacy | 19 |
| Integrating the Marketing Efforts of AI, Online Doctors and Pharmacy | 19 |
| Additional Competitive Advantages | 19 |
| The MTEL Token..... | 21 |
| Token Structure and Dynamics | 21 |
| Token Category (non-binding) | 22 |
| The General Timeline | 23 |
| The Token Code Details..... | 24 |
| The Token Allocation | 24 |
| The Tradability of the Tokens on a Token Exchange | 26 |
| The Use of Funds..... | 27 |
| The Roadmap | 29 |
| The Team and Advisors | 30 |
| Other | 31 |

Why we Exist and what Problems we Solve

Today in Primary Healthcare:

The average waiting time to see a General Practitioner or Family Doctor is **17 days**.

The average distance to see him/her is **8.6 miles / 13.8 km**.

The patients hesitate to go and consult when the distance is above **20 miles / 32 km**.

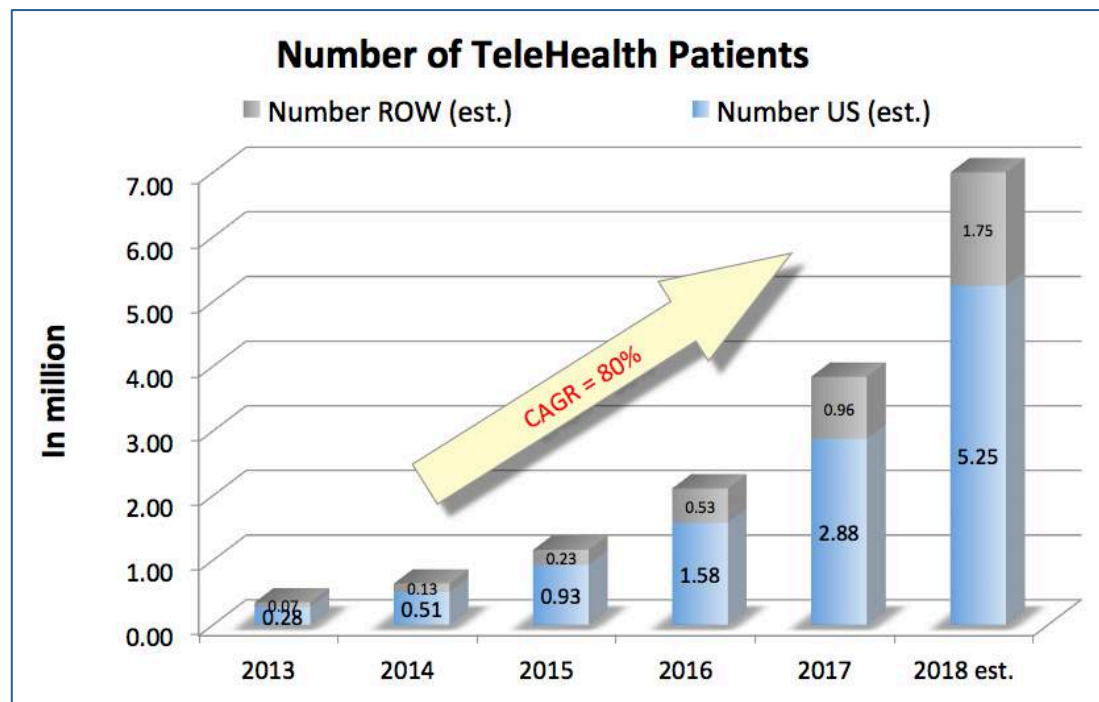
The proportion of patients taking their car is **88%**.

The average round trip (travel, waiting, visit and return) takes **2.2 hours**.

The average cost is **119 US\$**.

The availability of the GP is usually only at **office hours**.

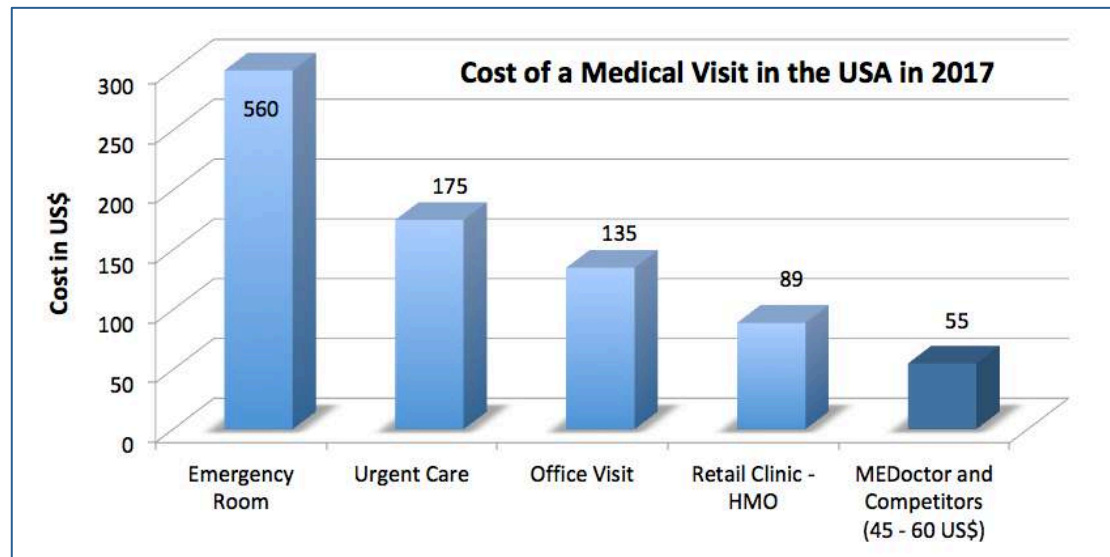
Can we not do better ? Yes, we can. TeleHealth (a.k.a. Telemedicine) solves most of these problems. That is why this new market is grow at a very high rate (near **80%** per annum).



TeleHealth solves many of these problems in the following way:

TeleHealth is immediately available (**no 17-day waiting time**), **no distance** to travel and **no car** to take, **a much shorter time to completion** of a medical visit and a doctor **available at all times**.

Beyond the advantages of practicality, one other main component emerges from telehealth. And that is the cost to the patient of a telehealth visit. Here below are illustrated the different charges applied in average in the US for the different types of healthcare visits.



Telehealth visits are the cheapest. A telehealth visit does not compare to an emergency room visit or an urgent care visit, but it does compare to an office visit or a HMO visit. This distinctive advantage lends credence to the telehealth visits, with a result of a strong adoption curve.

One purpose of MEDoctor is to contribute to solve the previously mentioned problems. MEDoctor can bring a portion of healthcare for free (just the AI diagnosis), while making many services and products more affordable.

Our purpose, our cause and our belief are that want to challenge the status quo in healthcare, where we let the patient take charge of his health destiny. With telehealth solutions, provided amongst others by our artificial intelligence, MEDoctor will allow the patient to take his own informed decisions for better and cheaper healthcare outcomes.

Going forward, MEDoctor's vision is,

"IMMEDIATE DOCTOR'S ATTENTION"

How we solve the Identified Problems

Replacing the current system of paper documentation is essential. The vision of MEDoctor is to remain web-based from the diagnosis of a disease and then to accompany the patient the whole way through their healthcare journey.

Fortunately, we have developed a great technology, an artificial intelligence, allowing the patients to discover by themselves the likely diseases they might have. All this is captured on the Web directly by the patient and for free.

All this is Web-based. And [it starts upstream of the first doctor](#). An upward trend has clearly emerged over the years:

In 1998, less than 30% of US adults “ever looked online for health information”.

In 2007, that number has increased to approximately more than 70%.

In 2016, it increased to 88%.

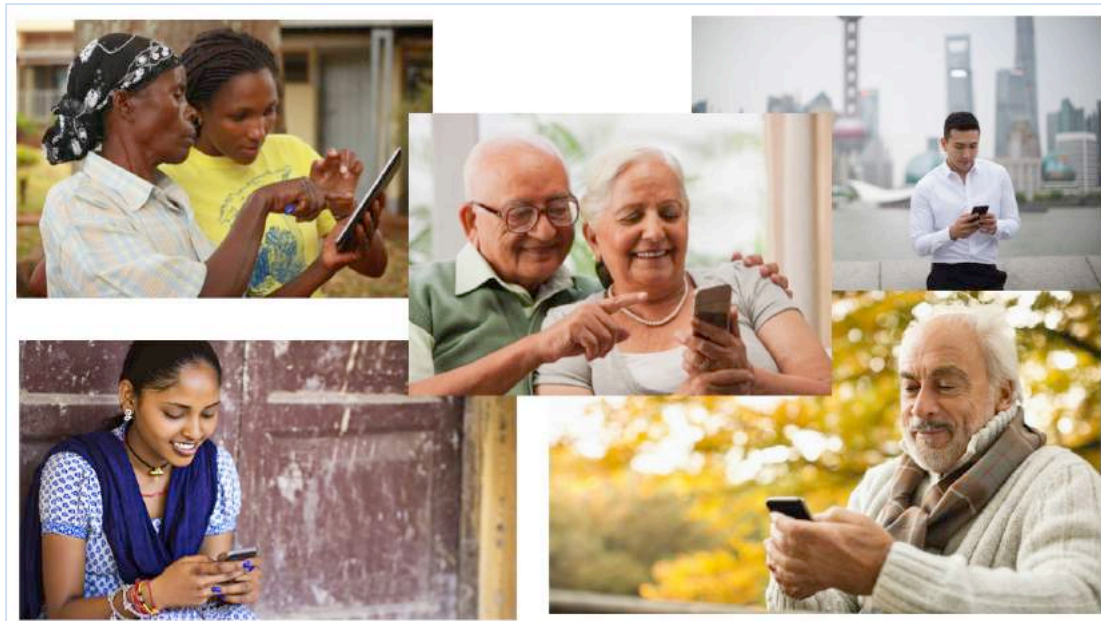
This behavior helps support the premise that Web-based technology continues to grow as an integral part of the patient participation in the healthcare delivery system.

Here is the patient’s path:

- A. MEDoctor advertises via [banner ads](#) in targeted areas. There the patient in need of care will be able to run MEDoctor’s free AI diagnosis.
- B. The patient first receives a DDx (differential diagnosis) report produced by the AI ([free](#)).
- C. The patient has the option to speak online by video with a doctor if he/she decides to ([at an affordable price](#)).
- D. The patient can purchase a prescribed or over the counter medication online ([at discounted prices](#)).
- E. The patient stores everything in their Web-based blockchain personal health record ([free](#)).
- F. Thereafter, the patient can re-enter MEDoctor from any point they choose. This may be via a new AI diagnosis, via their Blockchain personal health record, via a telehealth visit or via the MEDoctor pharmacy ([see below](#)).



MEDoctor wants to provide its services to any patient worldwide. Everyone deserves proper healthcare, including in developing countries and in remote areas, where healthcare is not easily accessible.



Here is what we have Developed to Solve the Problems

Description

MEDoctor has developed an artificial intelligence for diagnosis (which is free for worldwide usage). Based on the company's proprietary 27,560 case study, the MEDoctor AI includes 898 diseases and conditions covering over 99 % of visits primary care physicians. Accessing our website directly from a smartphone or from a PC / Mac, a patient may initiate a diagnosis (DDx), helping them to make the appropriate decision regarding their ailment. They can also obtain a diagnosis for another person. It is accessible 24/7/365 worldwide.

At the beginning of the AI Interview

The smartphone screen displays the MEDoctor website. At the top, the status bar shows 4G, 11:15, and 100% battery. The browser address bar shows medoctor.com. The main heading is "MEDOCTOR The Only Patented Artificial Intelligence Symptom Checker". Below this is the question "Do you have a Health Concern?" with a subtext "(Your results in 5 minutes)". There are three dropdown menus for "My Gender", "My Date of Birth", and "My Symptoms Began". Below these is a checkbox "I agree to disclaimer" and a red button "START MY FREE INTERVIEW". At the bottom, there is a link "Do You Have Symptoms?" and a navigation bar with icons for back, forward, share, book, and tabs.

After 20 to 60 questions
(4 to 7 minutes)

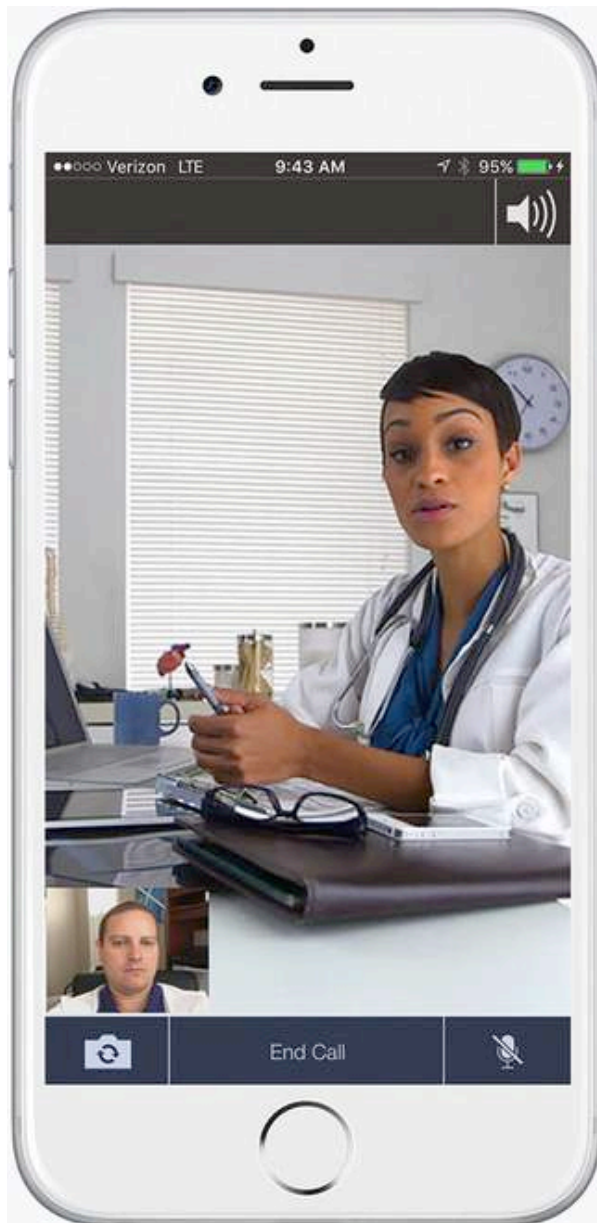
The smartphone screen displays the MEDoctor website showing results. The main heading is "MEDOCTOR HERE ARE YOUR RESULTS:". Below this is the text "These are your 3 most likely conditions or diseases with their ICD-9 identification codes, as determined by your answers and the logical process of the MEDoctor system:". A table lists the results:

| | Disease Name | ICD-9 Identification Code |
|----|-----------------------------|---------------------------|
| 1. | Inflammation of the sinuses | 473.9 |
| | Acuity = 2 Urgency = 2 | |
| 2. | Migraine | 346.9 |
| | Acuity = 2 Urgency = 2 | |
| 3. | Multiple sclerosis | 340 |
| | Acuity = 4 Urgency = 3 | |

Below the table, there are links for "Available Prescription" and images of medication boxes for Augmentin, Tylenol, and Advil. At the bottom, there is a button "MAKE CHANGES TO MY SYMPTOMS" and a navigation bar with icons for back, forward, share, book, and tabs.

One of the immediate choices offered to the patient is to speak with a physician via his / her smartphone. In MEDoctor's network, online doctors, by video can advise the patient, without the patient needing wait days for a consultation or to commute, while still receiving advice from a licensed healthcare professional. He may also receive a prescription and a treatment, if needed.

The Video Interview with the Doctor



To see a doctor the traditional way, the average patient care time is of **2 hours 25 minutes**. This includes travel (**18 minutes in average**), waiting time, visit / treatment time and return time. Just the mean waiting room time to see a physician is **47.4 minutes**.

With MEDoctor, this process is reduced to 6 minutes in average for the AI and 11 minutes in average for the telehealth visit with the doctor. The entire process is done

in 20 minutes or so. In some cases this saving of time can be critical for example: a heart attack occurrence.

The Doctor's Interface



On the other side of the telehealth visit, the doctor has his own console (here above), which displays before him, allowing for a quicker and more accurate diagnosis than other telehealth firms. His console includes the full disclosure of the patient's questions and answers (on the left) and the likely diseases and pertaining medication. Thereby, he does not need to run the interview by restarting a full Q & A process from the beginning. The doctor can just read off of the work produced by the patient a few minutes earlier. He can then seek further precisions from the patient and spend more quality time with him.

The HD video capability is also quite important for the doctor. This allows for a more accurate determination of certain visual symptoms and signs, such as skin, tongue, eyes, etc.

MEDoctor's approach to telehealth is quite competitive, thanks to these features. It increases the throughput of patients. It also offers a better legal protection for the doctor in case of potential medical errors, as all data is stored and retrievable.

With most, if not all, competitors of MEDoctor, the doctor's interface is limited to a video capability. Those doctors are usually not accompanied or assisted by an AI at all. Yet, it is possible that a few of these competitors will develop their own AI in the future.

Once all is done, all the patient's data gets stored into his blockchain personal health record (BPHR). This service is free. It serves to store all the patient's data, but also to store the patient's prescriptions and outcomes, in order, amongst others, to avoid counterfeit drugs. One of the big obstacles facing competing health record storage providers is HIPPA compliance. Medoctor has from the beginning been built with complete compliance to these regulations.

MEDoctor's



Personal Health Record

The opportunity is also given to the patient to purchase his pharmaceutical products at discounted prices on the MEDoctor pharmacy, which is immediately made available to him.



The purpose of MEDoctor is to solve several of these problems, first by using artificial intelligence, but also by keeping everything immediately accessible on the Web at all times. MEDoctor is bringing to any patient worldwide a portion of healthcare for free and reduce the cost of many services and products, while remaining a profitable business.

Descriptive Documents

An in-depth company presentation on a pdf is available at:

<https://www.meddoctor.io/meddoctorwhitepaper.pdf>

and

<https://www.meddoctor.io/meddoctorpresentation.pdf>

A product description video is also available at:

<https://www.youtube.com/watch?v=SjOvqx-cQl8>

Summary

MEDoctor's blockchain personal health record (BPHR) is central to the whole MEDoctor strategy. Therefore, we are paying high attention to its construction, its maintenance and its growth. The following graph shows the importance of MEDoctor's PHR:



Once the BlockChain PHR is created for the patient, he / she can, easily and at all times, get access to the MEDoctor diagnosis AI, to the Online Doctor in the MEDoctor Network or to MEDoctor's Online Pharmacy.

MEDoctor's blockchain personal health record (BPHR) is at all times in full control of the patient. The patient can add elements to the BPHR. But the patient can also at all times delete the entire record, if he / she wishes to.

MEDoctor's blockchain personal health record (BPHR) is also very useful for MEDoctor to encourage the patient at any given time to use the other MEDoctor's services.

The Competitive Landscape and Use Cases

MEDoctor has several competitors in the different sectors. But none of those competitors are present in all the sectors of activity of MEDoctor. These competitors serve as evidence of viable and profitable business models for MEDoctor. We will call these “use cases” to stick with the industry terminology. These competitors are in 4 sectors:

- a. Diagnosis
- b. Health Records on Blockchain
- c. Online Doctors (TeleHealth)
- d. Online Pharmacies

We will go step by step through these essential competitors, who all serve as use cases.

In the AI Diagnosis sector

One can find several competitors to MEDoctor’s AI for narrowing the search down to a few diseases:

WebMD

<https://symptoms.webmd.com/>

Mayo Clinic

<https://www.mayoclinic.org/symptom-checker/select-symptom/itt-20009075>

Isabel Healthcare

<https://www.isabelhealthcare.com/>

Healthline

<https://www.healthline.com/symptom-checker>

EverydayHealth

<https://www.everydayhealth.com/symptom-checker/>

Yet, none of these companies has a patent on their system (more on that later) Neither do they use a proper artificial intelligence algorithm. They often use a fixed questions arborescence, which acts more like a tool to confirm a disease one already has and of which one knows the symptoms.

All these services are free of charge, the same as MEDoctor. These competitors all derive their business from secondary health services through their Website, such as referrals.

In the Blockchain Health Record sector

All these competitors are looking to grab a market share in the field of paid medical records. Have a paying health record, either in cash or in cryptocurrencies, generates revenue for these electronic medical record (EHR) companies. A cost to the patient per patient per month (which can vary a lot), for maintaining a patient record seems to be the market price today in the USA.

Patientory

<https://patientory.com/>

Nice videos. Lots of Twitter marketing.
Raised 7.2 million US\$ via tokens.
<https://medium.com/@patientory/patientorys-initial-coin-offering-nets-7-2-million-3c7543fdb68>

AmChart

<https://amchart.io/>
We don't know about money raised.
Seem to have no product yet.
Video available.

MedicalChain

<https://medicalchain.com/en/>
We don't know who pays for the record.
<https://icobench.com/ico/medicalchain>
Seem to have raised a bunch of money.
We don't know how the PHR is built.
Marketing? Don't know how.
These guys seem to be the best in the field for now.

TrustedHealth

<https://www.trustedhealth.com/>
Seem to have not yet built the product.
Just raising money now.
<https://trustedhealth.io/>

Healthureum

<https://www.healthureum.io/>
It seems that a first portion of their money has been raised via a pre-sale.
Several videos are available.

MedRec

<https://medrec.media.mit.edu/>
Seems to be a big academic job.
Super heavy, in my opinion and unfit for widespread blockchain success.
Project started 3 years ago and they are nowhere today.

MEDoctor has a free personal health record. MEDoctor can afford to keep it free for the patient, given that MEDoctor generates its revenues from other sources, such as the online doctor visits and the pharmaceutical products. MEDoctor's team believes that no patients should be paying for their health record. But this seems not to be the choice of some of its competitors described above.

MEDoctor does not know what the customer acquisition costs are today for its competitors in the personal health record sector. These are estimated at 50 to 80 US\$ per new patient account, by experience, having been in that field in the past. By comparison, the customer acquisition cost at MEDoctor for 1 blockchain personal health record is 1.00 US\$ in average. This is a very strong leading edge. Details will be provided in a following chapter.

In the Online Doctors sector (TeleHealth Patients)

In the field of doctor online doctors, also called telehealth or telemedicine, we have the following companies providing services:

American Well

<https://www.americanwell.com/>

Doctor-On-Demand

<https://www.doctorondemand.com/>

Teladoc

<https://www.teladoc.com/>

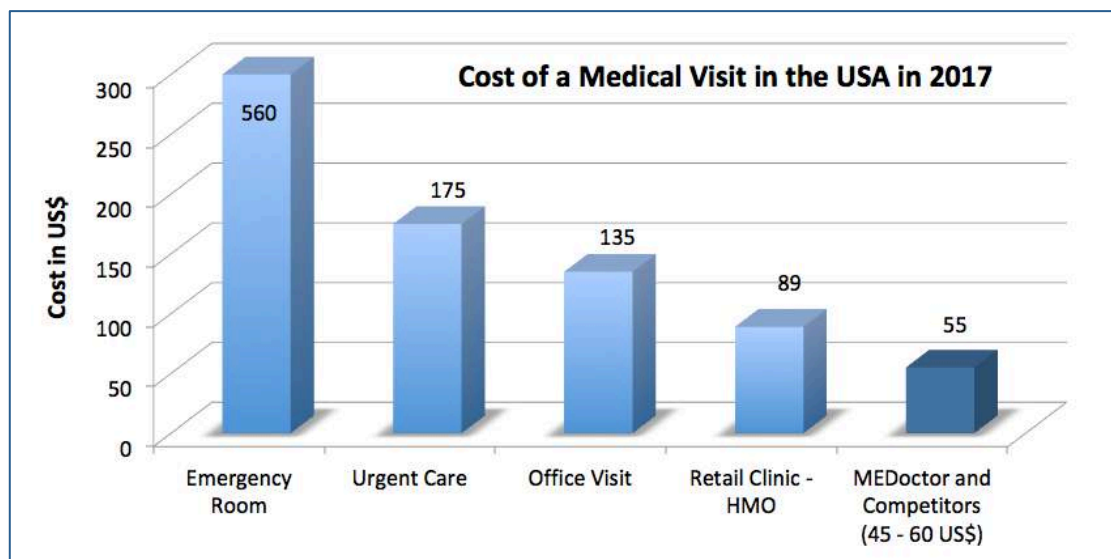
MD Live

<https://www.mdlive.com/>

HealthTap

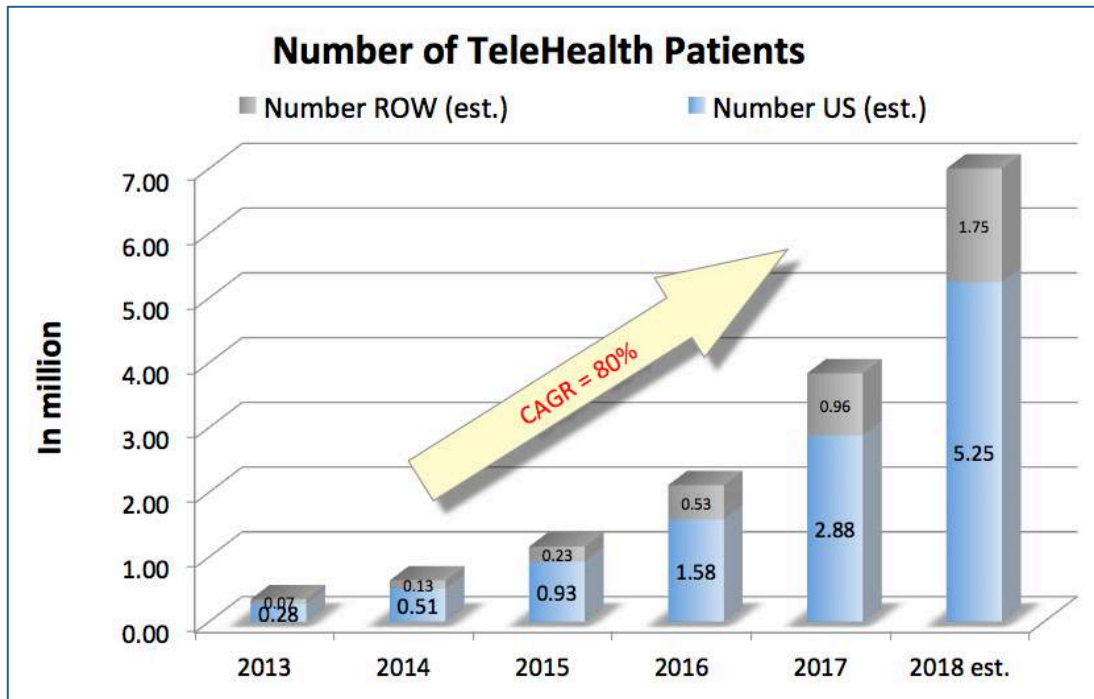
<https://www.healthtap.com/>

All these companies are telehealth providers. They have several corporate clients to date. They all charge 45 to 60 US\$ per patient telehealth visit.



Prices in other countries are: UK 15 £ (but just for a booking without delay), India 900 rupees. We are exploring other geographical areas.

The market of telehealth patients is interesting nevertheless, given that it is growing at roughly 80% CAGR per annum in number of visits. It is estimated that 7 million such visits will have occurred worldwide in 2018, essentially provided by the companies above, of which over 5 million visits in the USA alone. So, we are not inventing a new business. But we are improving on an existing one and want to jump on this bandwagon and take advantage of this continuous 80% compounded annual growth rate in number of visits.



Yet, none of these companies has the capability of providing the following interface to their online doctors. This is a strong competitive advantage.

MEDoctor www.MEDoctor.com

INTERVIEW REPORT

HEALTH ASSESSMENT

1. Hay fever ICD-9 473.9
2. Seasonal allergy ICD-9 477
3. Common cold ICD-9 460

Disease Name **ICD-9 Identification Code**

1. Inflammation of the sinuses 473.9
Acuity = 2 Urgency = 2

2. Migraine 346.9
Acuity = 2 Urgency = 2

3. Multiple sclerosis 340
Acuity = 4 Urgency = 3

Other Drugs to Treat your Symptoms

1. Pain Tylenol
2. Sore throat Vicks NyQuil
3. Nausea Zofran
4. Fatigue Modafinil
5. Dizziness Dramamine

Disease Validation

Disease 1 ☐ Disease 2 ☐ Disease 3 ☐ Other ☐

Treatment / Prescription

Patient Email Address **Send to Patient**

Sick Note

Patient Email Address **Send to Patient**

Dr. George Wilson, MD
123, Liphill Drive
43210, BigTown, NC, USA
+1 270 234 5670

Only MEDoctor can do it, where all this patient data is collected by the patient, upstream of the doctor and then provided to him. This is the unmatched advantage of MEDoctor.

In the picture above is the interface on the doctor's side, when speaking to the patient. The online doctor receives the patient's symptoms, already recorded by the patient beforehand. He receives the diseases, and also the possibilities of medication.

The doctor can then validate a disease, write a prescription, write a sick note or write simply communicate a treatment to the patient.

From there, the patient can chose to buy his medication through our online pharmacy or not. Our MEDoctor pharmacy will issue discounts to incite patients to purchase through our online pharmacy.

In the Online Pharmacy field

There are multitudes of online pharmacies. Some are large and some are smaller. The main names are:

- CVS
- www.cvs.com
-
- Walgreens
- www.walgreens.com
- www.drugstore.com
-
- DirectRx
- <https://www.directrx.com/>
-
- FamilyMeds
- <http://www.familymeds.com/>
-

These pharmacies are definitely competitors. MEDoctor's advantage remains in the fact that the patient has his medical record with MEDoctor, allowing for the displaying of medication possibilities to the patient and the doctor. This substantially reduces the marketing costs to access the patient and deliver his pharmaceutical products.

Also, when the doctor prescribes medication to a patient, the prescription happens online and the patient can then order the drug immediately from the MEDoctor Pharmacy. But MEDoctor has the advantage to be able to issue discounts immediately to the patient, to encourage him to purchase the product through the MEDoctor Pharmacy.

We are not very different from other online pharmacies. Yet, we drive business to our own pharmacy through targeted discounts.



In the USA, opioid over-dosing has become a major issue. MEDoctor will be working with our pharmaceutical vendors to monitor usage trends and prescriptions written to help diminish this problem.

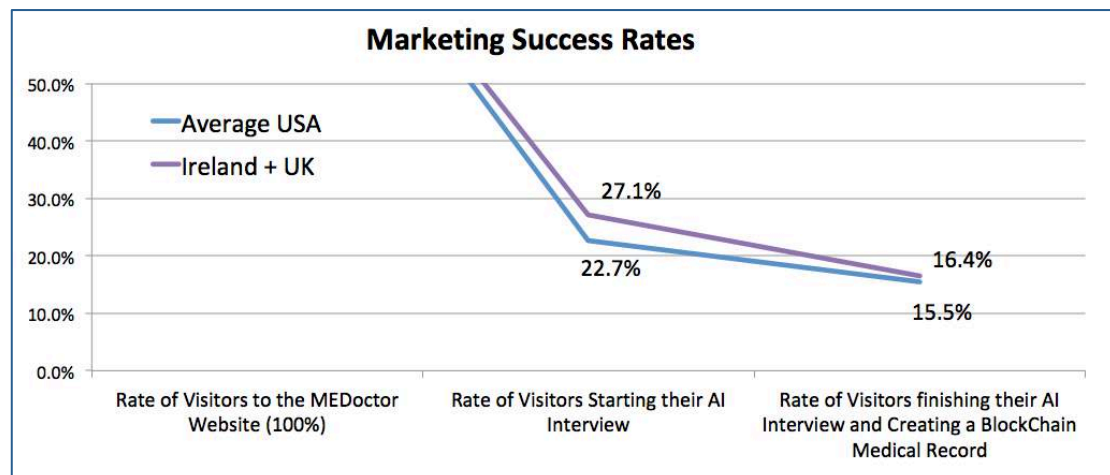
Last, but not least, one of MEDoctor's goals is to fight counterfeit drugs. Often, patients run the risk of purchasing counterfeit drugs, when ordering online. MEDoctor's online pharmacy has a policy of zero fake drugs going through its network.

MEDoctor's Marketing and Current Progress

MEDoctor has conducted several marketing tests, in order to help patients onto www.MEDoctor.com. This exercise is only possible, when a company has a finished product, or at least a minimum viable product (MVP). This also defines MEDoctor as a company and not just as project, to the contrary of 90% of all competitors. The marketing tests done by our marketing team show very promising results as shown below. Yet, we continue our Ui / Ux efforts to continuously improve on the product and its acceptance.

Getting Patients onto MEDoctor

We do essentially Google Adwords to generate traffic to the www.MEDoctor.com Website. On the Website, the patient does have only one choice, which is to start an interview. Thereby, the conversion rate (the percentage of patients) of patients starting the interview is quite high. For 100 potential patients coming to the Website, essentially via smartphone, 22 to 27 of them actually initiate an AI interview. And then, between 15 and 16 of them actually complete an interview, in spite of the 30 to 50 questions asked during the process.



Our marketing method, via Google Adwords, is quite efficient for that purpose. Our click on a banner ad costs us approximately 0.16 US\$ at the present day in the USA. So with a rate of completion of 15.5% in average, the cost to a completed interview and the population of a blockchain medical record costs us only in the vicinity of 1.00 US\$ ($= 0.16 / 0.155 = 1.03$ US\$). This makes it the cheapest blockchain personal health record one can find in the Web today.

The meaning of this number is of high importance. It allows to build out 1'000'000 MEDoctor BlockChain Personal Health Records for the humble sum of 1'000'000 US\$.

With our ongoing efforts to improve Ui / Ux, we are convinced to be able to reduce this Customer Acquisition Cost (CAC) to near 0.70 US\$ and set ourselves out of reach from our competitors. MEDoctor's blockchain personal health record (BPHR) is also very useful for MEDoctor to encourage the patient at any given time to use the other MEDoctor's services.

Converting Patients to speak to an Online Doctor

Our ongoing marketing work also directs us toward improving the conversion rate of patients with a health record (and having completed at least 1 AI diagnosis) to get in contact with a doctor online. As we are making progress in that process, we keep this conversion rate confidential.

Converting Patients to buy in our Online Pharmacy

At this stage, the patient has conducted a diagnosis via MEDoctor's AI, recorded automatically his health data in his personal health record and spoken to a doctor via our telehealth capability.

Now is the time for the doctor to prescribe to the patient one or several pharmaceutical products. The patient will receive his prescription via pdf to his email address and at the same time have it stored in his blockchain personal health record. The patient has the choice to purchase his medication at the nearest pharmacy or to purchase it at a discount on our online pharmacy.

We are constantly working on improving on this delivery of service and ensuring the patient is rather keen on purchasing the products through MEDoctor's online pharmacy. Nevertheless, we are keeping these conversion rates confidential.

Integrating the Marketing Efforts of AI, Online Doctors and Pharmacy

Unlike our competitors who all are making expenses to generate sales, each one in his field, at MEDoctor, we are benefitting of a strong cross-selling advantage.

Indeed, MEDoctor needs to generate a strong sales effort only once, for the patients first telehealth visit and first purchase on the online pharmacy. But once made a member of MEDoctor's community, via his AI diagnosis and via his blockchain personal health record, he will be easier to convince to stay within the community, where an online doctor is always present and his pharmacy is at his disposal 24 / 7 / 365.

MEDoctor believes that its cross-selling capabilities and its blockchain personal health record will be paramount for its competitive edge.

Additional Competitive Advantages

The Patents:

The law firm of Foley and Lardner, the largest healthcare law firm in the USA, was engaged to prepare a PCT patent application for the company's proprietary technology. The preliminary international patent application was filed in May 2006 after some initial work was performed. On December 12, 2006 the company received patent #7,149,756 from the US Patent and Trademark Office. The patent number from the European Patent Office (EPO) is #EP 1284639 B1 and was issued in July 2008.

The title of the company's patent is:

“System and Method for Determining the Probable Existence of Disease”.

Besides the company's patents, copyrights have also been indicated on the company's website and other property, where appropriate. MEDoctor, Inc., owns all intellectual property the parent company. Assignments of Technology and Confidentiality Agreements have been obtained from all employees and independent contractors who have worked on the company's system.

Symptom checkers requiring users to “plug in” symptoms may be inaccurate or incomplete and costly systems, like Watson, may not be cost-effective, because they require use by medical professionals. The MEDoctor System is completely different, because, using advanced mathematics, our system creates the symptom questions from our vast symptoms database. MEDoctor patients only answer “Yes / No” to our brief symptom questions. MEDoctor saves the physician's time by using the patient's time in advance.

The Cost of Replication of MEDoctor's Artificial intelligence:

As MEDoctor was recently developing its artificial intelligence, the budget has been laid out as if the company had built the entire technology from the beginning. The cost to build our AI technology, including the related patents, would have been 23,000,000 USD approximately. Here below a table illustrates this budget.

| | | | 12 months | 30 months | |
|--------------------------------|-----------------------|-------------|------------------|------------------|-------------------|
| Personnel | headcount | ann. salary | | | |
| Managers, incl. AI Specialists | 8 | 200'000 | 1'600'000 | 4'000'000 | |
| Medical Staff | 20 | 150'000 | 3'000'000 | 7'500'000 | |
| Programmers | 15 | 80'000 | 1'200'000 | 3'000'000 | 14'500'000 |
| Overhead | | add. costs | | | |
| Managers | | 35% | 560'000 | 1'400'000 | |
| Medical Staff | | 35% | 1'050'000 | 2'625'000 | |
| Programmers | | 35% | 420'000 | 1'050'000 | 5'075'000 |
| Office | | | | | |
| Telecommunications | per employee per year | 2'500 | 107'500 | 268'750 | |
| Rent | per employee per year | 4'500 | 193'500 | 483'750 | |
| Other | per employee per year | 1'200 | 51'600 | 129'000 | 881'500 |
| Transportation | | | | | |
| Travel | per employee per year | 4'000 | 172'000 | 430'000 | 430'000 |
| Technology & Legal | | | | | |
| PCs, Servers, Networks | per employee per year | 4'000 | 172'000 | 430'000 | |
| Software and Databases | | | 150'000 | 375'000 | |
| Legal & Patents | | | 300'000 | 750'000 | 1'555'000 |
| Medical Libraries | | | 300'000 | | 500'000 |
| Translations | | | 100'000 | | 200'000 |
| | | | | | 23'141'500 |

MEDoctor, thanks to a few shortcuts in the process and thanks to the experience previously gathered by its managers who all have previously operated in similar AI environments, the actual cost for the technology has been brought down to 3.2 million USD, plus a large portion paid in equity to the inventors. Nevertheless, a competitor, willing to build the same technology, will spend a considerable time and financial efforts at replicating the technology.

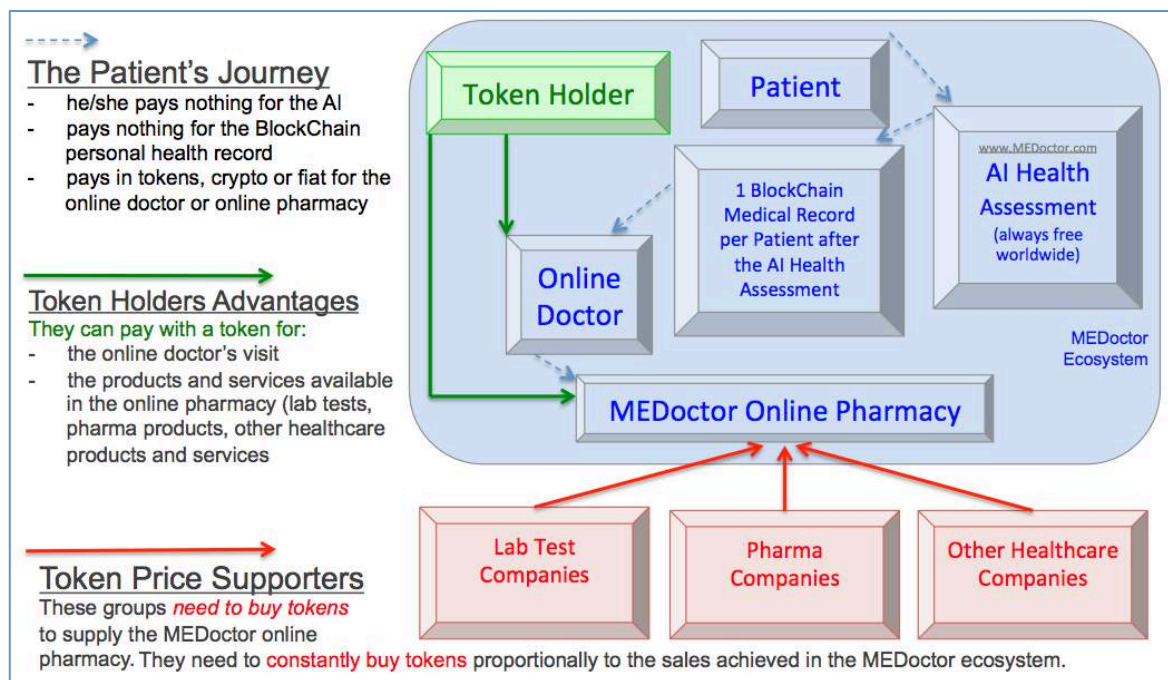
The MTEL Token

- Token Name: MEDoctor Telemedicine
- Symbol: MTEL
- Decimal Places: 10
- Classification: Ethereum ERC-20
- Token Supply: 1,000,000,000
- Legal Framework: Switzerland

MEDoctor welcomes pioneers to join our developments from its inception. We are issuing 1,000,000,000 MEDoctor Telemedicine Tokens, with approximately two-thirds available for crowdsale. These tokens will be exchange listed and facilitate interaction with all the actors in the MEDoctor ecosystem.

Token Structure and Dynamics

- The tokens are supplied to the Token Holders.



- The token holders can purchase various services offered by MEDoctor, which are: the visit to the online doctor, the lab tests, the pharmacy products and other products being supplied through the ecosystem (**green**).
- The pharma companies, lab test companies and other suppliers of medical products (**red**), will become Authorized Suppliers. A portion of the sales achieved by the MEDoctor Online Pharmacy will serve to repurchase tokens, thereby creating constant buying. One of the reasons for the Online Pharmacy is the company's willingness to fight counterfeit drugs and products.

- The tokens held by the Token Holders will be used for purchasing MEDoctor's products and services. Once done and the tokens are in possession of the Company, those tokens are burned.
- The tokens can also be sold by the Token Holders over time and thereby can put selling pressure on its price.
- For creating buying pressure, MEDoctor is introducing several mechanisms.
 - A. The first one is to use a portion of the sales generated by the Online Pharmacy to repurchase tokens. Once repurchased, they are then burned.
 - B. Geographical distributor agreements will be granted to Token Holders or groups, if they repurchase MTEL tokens beyond a certain threshold. Once that is done, those tokens will also be burned.

Token Category (non-binding)

The MTEL token is what is called a pre-payment token (the elements described here are non-binding, only the official token subscription document has such binding characteristics) The is a sub-category of what one calls a utility token. A pre-payment token is a token, which "pre-pays" for the goods or services of the company. MEDoctor's MTEL token is an advance payment for all the present and future goods and services offered by the company, its subsidiaries and affiliates.

The equivalent kinds of tokens are in circulation since decades in all aspects of the economy. Any pre-payment for a good or service have been in existence in many sectors of the economy. The MTEL Token is the equivalent of purchasing a ticket in advance to go and see a sporting event or an entertainment event. A pre-payment is requested by the client, whether partial or in full, sometimes many months in advance for the product or service. Also, there is no guarantee that the product or service will be available during the planned timeframe or even available at all.

The MTEL Tokens are not shares in the company, neither are they a bond or fixed-income yielding. The tokens do not come with any voting right in the company or any of its subsidiaries. Behind the token, there are no underlying assets. In summary, the MTEL token does not fit into the categories of payment/security tokens or asset tokens. The MTEL pre-payment token is definitely a product reserved for the company's clients and not for investors of any kind. It is not a security under that definition.

The format of the MTEL token puts it in the category of rules and regulations governed by GDPR (General Data Protection Regulation). It is not a security and it is thereby not subordinated to the US SEC or to any equivalent in any other country. As a consequence, the MTEL token is treated as consumer good in the different countries where such rules apply. This includes eventual pre-payment reimbursement, in full or partial, in case of non-delivery of the goods or services attached to the MTEL token.

The advantages of a the pre-payment token are multiple, such as tradability, transferability, value of the service, limited need to KYC / AML, lower regulatory costs and lower marketing costs. A future advantage resides in the fact that the company can make a securities offering to MTEL token holders at advantageous conditions.

The General Timeline

Here is the general timeline for the entire token sale process. The various steps are well explained. The dates are still subjects to a few changes. A few of the points (in red) are explained further below.

| Price per Token US\$ 1.00 | | | | | | | | | | | |
|---------------------------------|-----------------|--------------|-------------|------------|--------------|---|---|-----------------------------------|--------------------------------|---------------------------------|---------------------------------|
| Start Date | Airdrop | Pre-ICO | | | Public ICO | | | Tradability of Tokens on Exchange | Operations Incentives | Management Incentives | Locked Tokens |
| | | 1 | 2 | 3 | 1 | 2 | 3 | | | | |
| | Aug 1st | Sept 1st | Sept 10th | Sept 20th | Oct 10th | | | December 1st | at 3 Months after Trading Date | at 18 Months after Trading Date | at 24 Months after Trading Date |
| People | Bounty Advisors | Participants | | | Participants | | | | Business Development Teams | Management Team | Business Development Teams |
| Remarks | Free | 30% | 20% | 10% | | | | | Free | Free | Free |
| Tokens Bonus | | | | | | | | | | | |
| Tokens | | 1'000'000 | 3'000'000 | 5'000'000 | 41'000'000 | | | | | | |
| Bonus (Free) Tokens | | 300'000 | 600'000 | 500'000 | - | | | | 5'000'000 (4) | 8'000'000 (5) | 926M (6) |
| Bounty + Referral (Free) Tokens | 7'200'000 (1) | 50'000 (2) | 150'000 (3) | 250'000 | 2'050'000 | | | | | | |
| Total Tokens | 7'200'000 | 1'350'000 | 3'750'000 | 5'750'000 | 43'050'000 | | | | 5'000'000 | 8'000'000 | 926M |
| in % of total | 9.72% | 1.82% | 5.06% | 7.76% | 58.10% | | | | 6.75% | 10.80% | |
| Cumulative Tokens | 7'200'000 | 8'550'000 | 12'300'000 | 18'050'000 | 61'100'000 | | | | 66'100'000 | 74'100'000 | 1000M |
| Funds Raised US\$ | - | 1'000'000 | 3'000'000 | 5'000'000 | 41'000'000 | | | | | | |
| Cumulative Funds Raised US\$ | - | 1'000'000 | 4'000'000 | 9'000'000 | 50'000'000 | | | | | | |

- (1) We have decided to allocate roughly 10% of the total tokens to the airdrop beneficiaries. We very much believe that the airdrop contributors perform a very important initial task of advertising and getting the company to be known. Our goal is to bring the number of followers on our Telegram or Facebook or BitcoinTalk groups to around 30'000. The total of Airdrop tokens will be 7'200'000.
- (2) In pre-ICO 1, the bonus is 30%. In pre-ICO 2, the bonus is 20%. And in pre-ICO 3, the bonus is 10%.
- (3) Every Airdrop beneficiary receives an additional 3% tokens for every token sale he generates. The total number of tokens distributed during the pre-ICO phases is 14.64%.
- (4) Three months after the tokens are tradable, the company will pay business developers. For this, the business developers will be paid in cash, but also can be paid in tokens. 5'000'000 tokens are set aside for paying these business developers for their contribution.
- (5) Tokens will be reserved for the management team. But these tokens are locked for 18 months after the first trading date. These token will be allocated to the top managers of the company. We will apply performance rules for these token allocations.
- (6) There will be reserve of 925.9 million tokens for future developments, these will be issued progressively only 30 months after the first trading date.

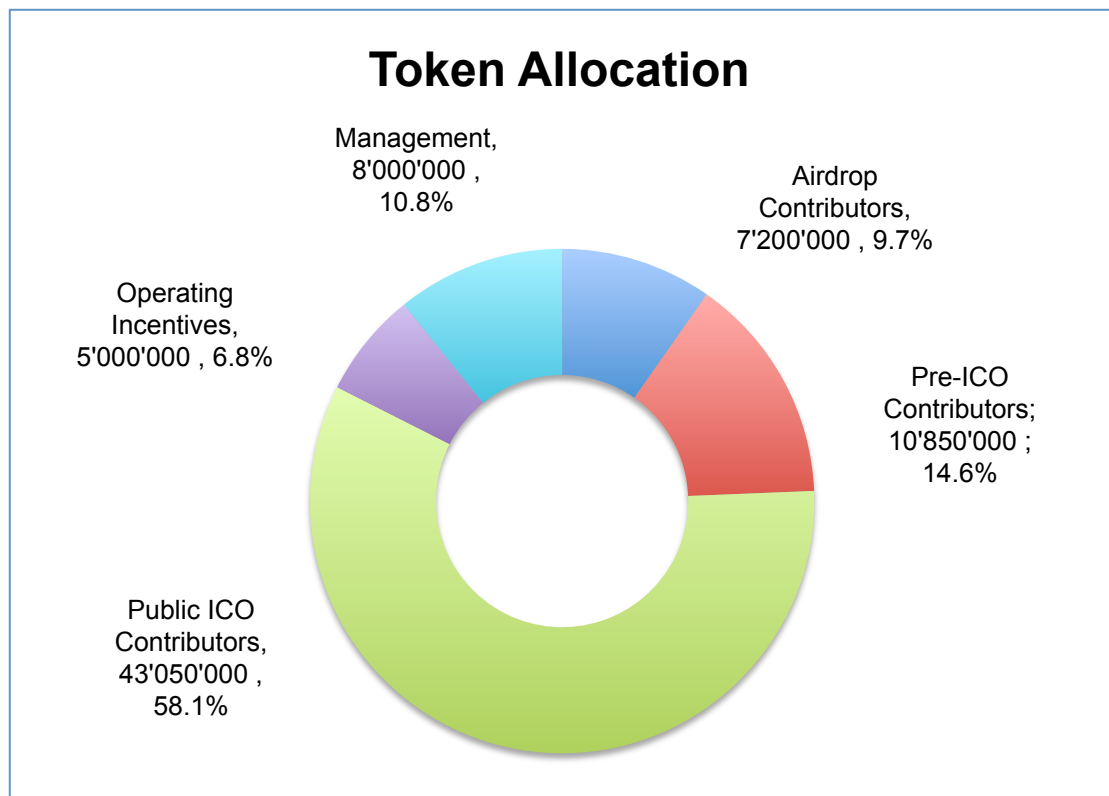
The Token Code Details

All the details will be visible on the token code and on the public smartcontract code. The MTEL token and its smartcontract will be visible in a close future via a link.

The Token Allocation

Following the table above, we intend to make a generous portion of the MEDoctor Telemedicine Tokens (MTEL) available to the airdrop beneficiaries. Another generous portion of tokens will be allocated the ICO beneficiaries.

Then, later on, a portion of the tokens will go to the business developers. The management teams will be granted tokens only at a later stage.



(1) Tokens for Airdrop Contributors: Following the table and timeline above, the Airdrop Contributors will receive 7'200'000 tokens. This phase will start around August 1st, 2018.

(2) Tokens for Pre-ICO Contributors: They will receive 10'850'000 tokens (or 14.6% of total tokens). It will happen in 3 phases. This phase will start around September 1st, 2018. The actual date is not a fixed date, as this phase will only start once the previous phase is completed.

(3) Tokens for Public ICO Contributors: The ICO contributors constitute the essential portion of the token sale. . This phase will start around September 20th, 2018. The actual date is not a fixed date, as this phase will only start once the previous phase is completed.

(4) Tokens for Operating Incentives: The Company will issue tokens for people and groups developing the business of MEDoctor. These are initially the online doctors. But other groups will also be included. This phase will start 3 months after first trading date.

(5) Tokens for the Management Team: The management team will receive tokens, based on performance. These token will only be issued on merit and spread over time, in order to create employee and management faithfulness. This phase will start 18 months after 1st trading date.

The Tradability of the Tokens on a Token Exchange

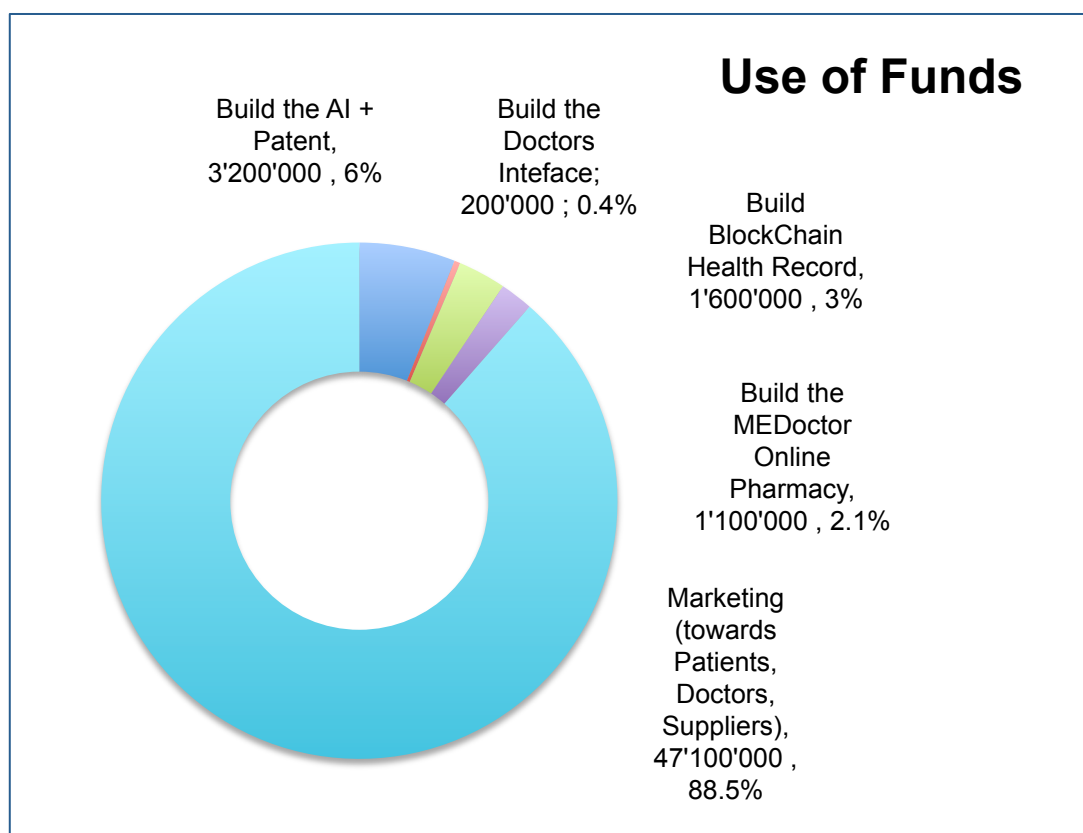
It is planned that the tokens will be tradable on an exchange, at the latest after the finalization of the ICO being contemplated by MEDoctor. The exchange(s) is (are) not yet defined, on which the tokens will be traded or tradable. It is not excluded that the tokens could also be tradable directly on a MEDoctor Website. The choice of the exchange(s) will be dictated by the circumstances. As one knows, such exchanges are at times quite volatile, as much as they can be created and can disappear. Such choice of exchange(s), can be multiple and changing. But in summary, MEDoctor will strive to always have a proper and liquid exchange for its MTEL tokens.

The Use of Funds

In the past, 3.2 Million US\$ approximately were raised for building out the technology of MEDoctor. The actual cost to build out the technology was in itself much higher, given that a large portion of the work was paid in sweat equity, were many of the developers received shares against their work. It is generally estimated by us that building the MEDoctor's artificial intelligence would have been 14 to 23 million US\$, had all the employees have been paid fully on standard salaries (see our numbers above).

We have integrated the previous money raised, at its face value, in order to render a proper and complete image of the allocation of funds.

The allocation is as here below.



Total Funds Raised: 53'200'000 US\$.

Funds for Building the AI and Patent: We have built the AI with 30 doctors and several AI professionals. This expense was 3.2 million US\$. The AI is already in operation.

Funds for Building the Online Doctor's Interface: We have received quotes ranging for 18,000 US\$ to 85,000 US\$ to build it. We doubled that maximum amount and rounded it out to 200,000 US\$.

Funds for building the BlockChain Health Record: We have received quotes ranging from 380,000 US\$ to 760,000 US\$. We doubled that maximum amount and rounded it out to 1,600,000 US\$.

Funds for building the Online Pharmacy: We have received quotes ranging from 260,000 US\$ to 500,000 US\$. We doubled that maximum amount and rounded it out to 1,100,000 US\$.

Funds for Marketing: Marketing expenses consist of all expenses going in direction of business development. This includes also the improvements to the early versions of the different interfaces built they are included in Marketing expenses, as they are intended to improve usability and sales. Within these expenses, we can break them down into 3 general categories. We have marketing expenses in favor of:

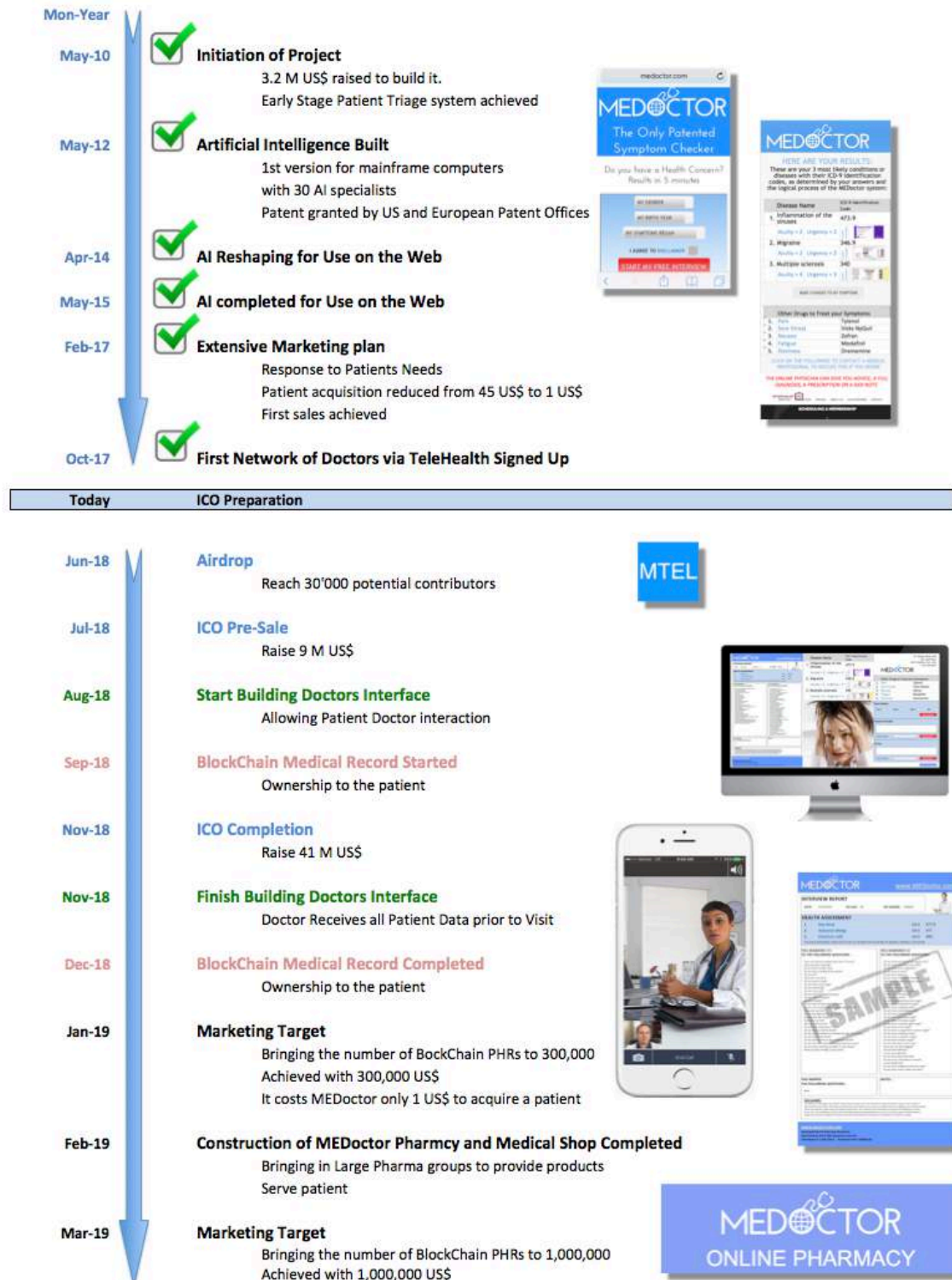
- Patient developments
- Online Doctor developments
- Pharmacy developments

At the same time, we want to become quickly leader in the first identified markets, where we already expensed and within which we have already spent exploratory marketing funds. These countries are USA, Canada, UK, Ireland, South Africa, Nigeria, Zambia, Kenya, Tanzania, Australia, New Zealand, Philippines, and certain regions of India. The purpose of these choices are that the language of these countries is English and/or that a large portion of the population speaks English. This reduces the cost of development quite considerably.

Further developments will include additional languages, where Spanish will certainly be the next candidate.

The Roadmap

MEDoctor has already reached several milestones in its developments. One of those milestones was to raise 3.2 million US\$ to built out the AI which is in use today. Yet, several steps still need to be achieved, which are illustrated in the roadmap below.



The Team and Advisors

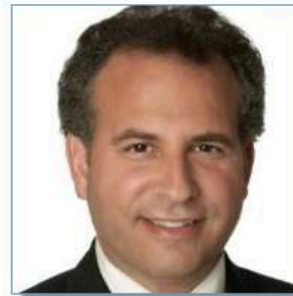
The team behind the building of the present artificial intelligence are a team that does not need to prove itself. They have already raised 3.2 million US\$ to develop the unique technology of MEDoctor. Not only was it financed and then developed. But it also got patented. Here below, we let you discover the management team.



Charles Kelly
CEO
Jacksonville, FL, USA



Sean Kelly
COO
Geneva, Switzerland



Jeff Miller
Miller Communications
New York, NY, USA



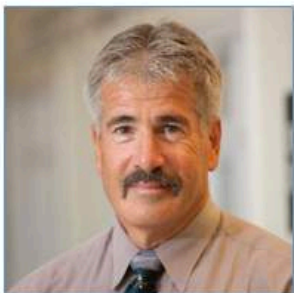
George Kelly
Chief Marketing Officer
Fort Myers, FL, USA



Rick Kozlenko
SBS Food Group
San Francisco, CA, USA



Peter Emblad
MD, Kaiser Permanente
San Francisco, CA, USA



Paul Auerbach
MD, FACEP
Stanford University Medical Center
Stanford, CA, USA



Yunkap Kwankam
PhD, Former Director E-Health
World Health Organization (WHO)
Geneva, Switzerland

We are also hiring a good team of advisors, which is growing constantly. We are looking to have advisors in all parts of the world. This is indeed important to us, as our product and system is usable in any country in the world. The advisors we have today in our team are listed below. Also keep in mind that this list is growing constantly and is subject to regular updates.

Other

In the very near future the management team at MEDoctor sees our vision becoming a reality. It is after encountering many roadblocks along the way, we are proud to have gotten to the point where we are sure that it is going to become a large, and very successful enterprise. While participants may enjoy financial rewards they will surely have satisfaction in doing a good thing for humanity. Come and join us, this is going to be a wonderful, and beneficial endeavor.