

Question:

How would you approach figuring out what to build?

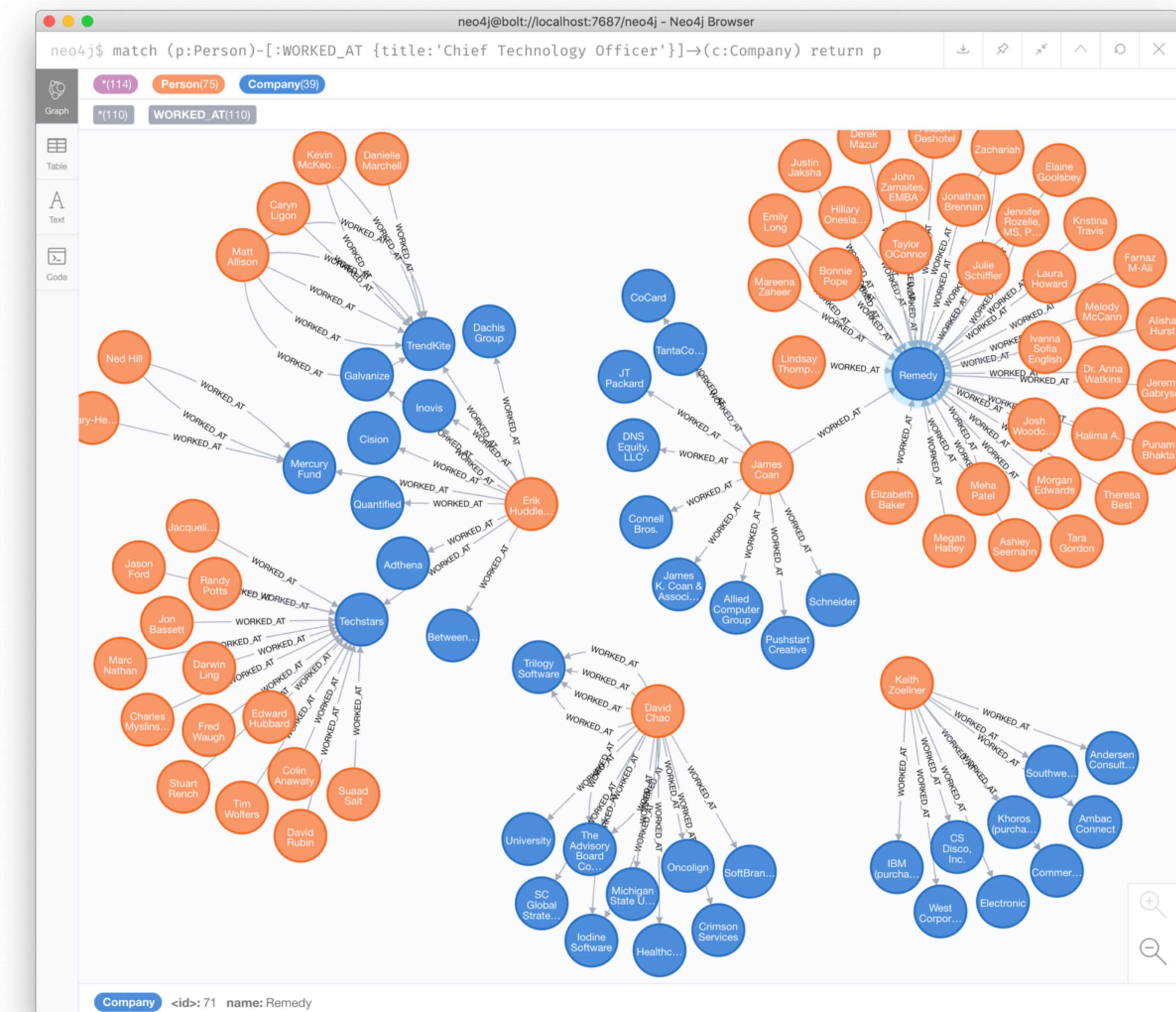
- James

Answer:

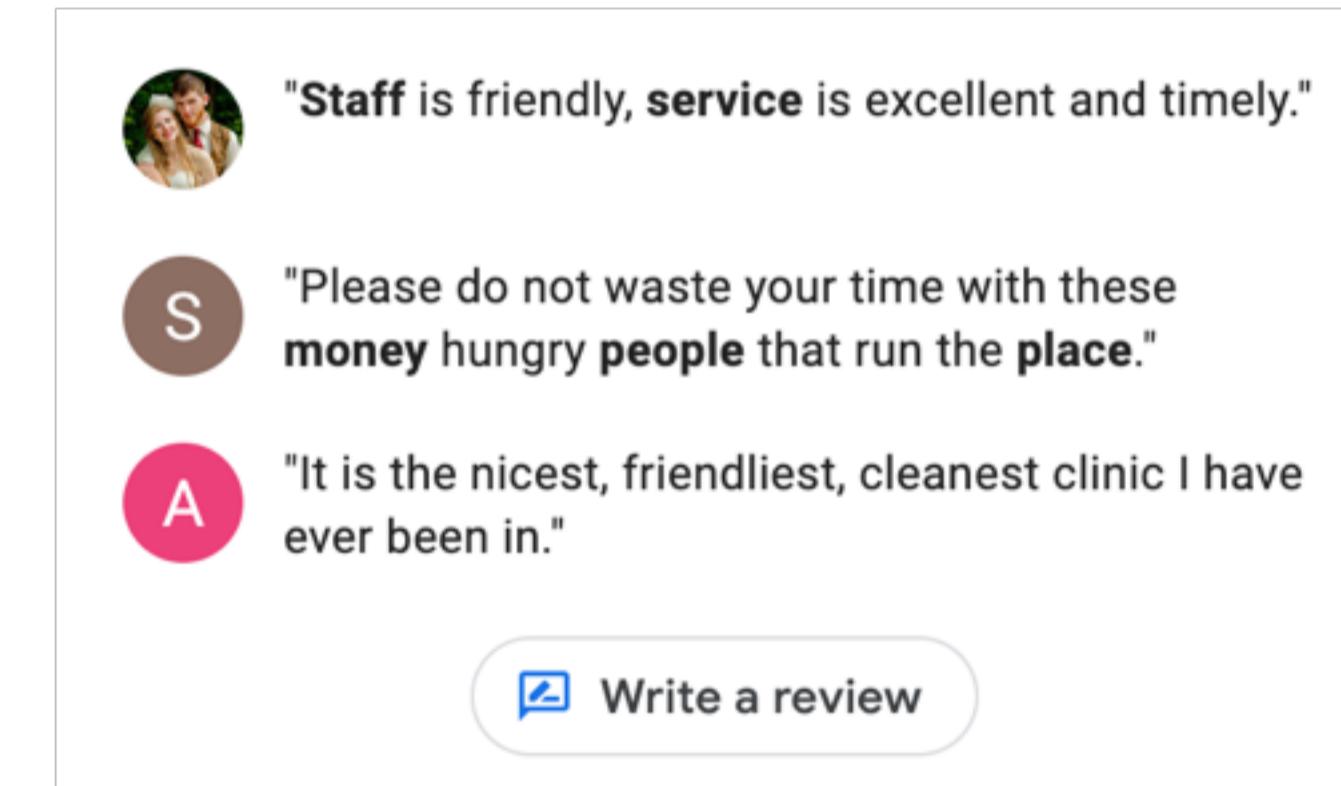
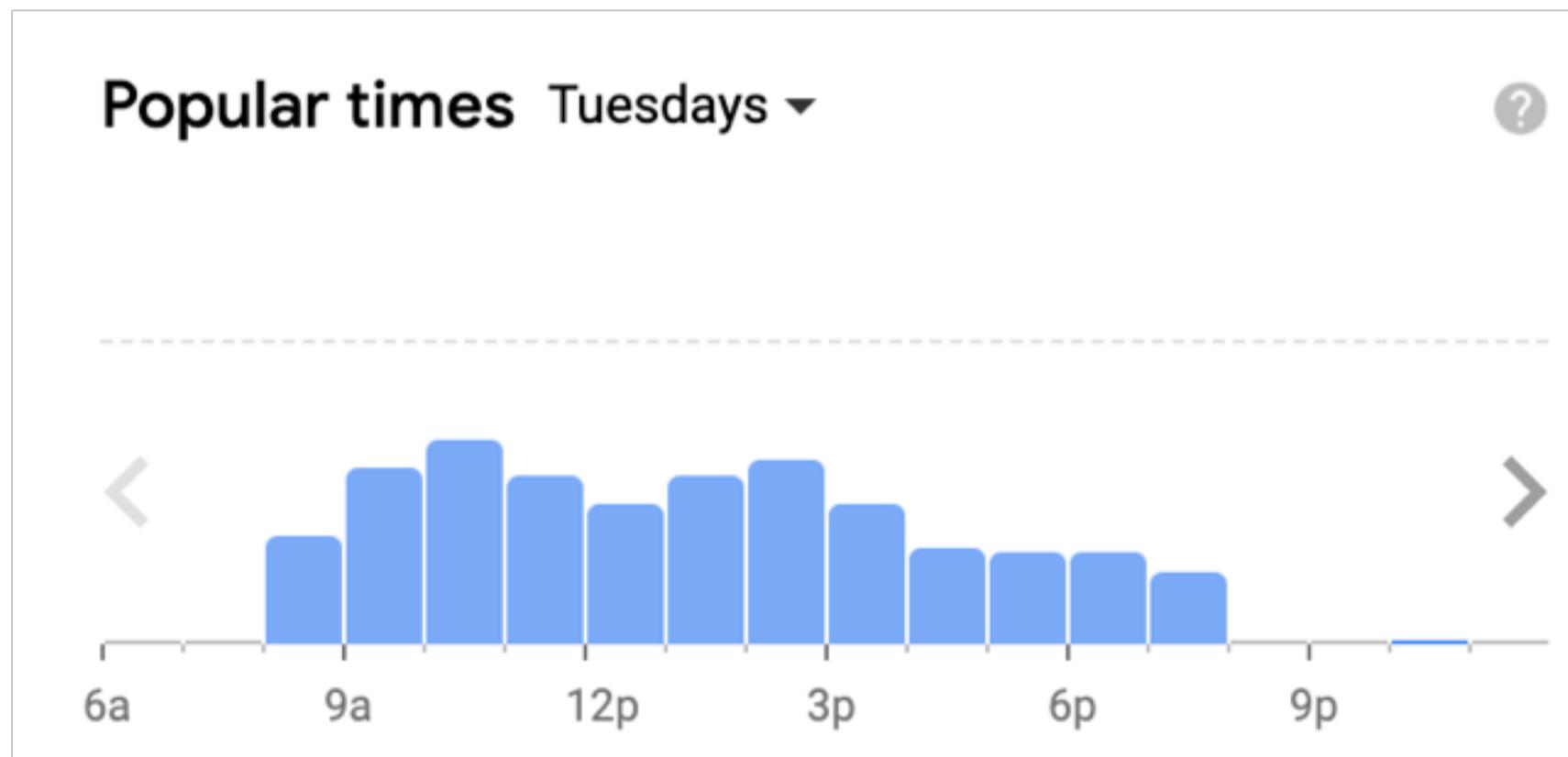
Data first!

What kind of data, you might ask?

Well, there's relationship data.



Behavior data and language data.



P&L data.

SUMMARY CONSOLIDATED FINANCIAL AND OTHER DATA			
The following tables summarize our consolidated financial and other data. The summary consolidated statements of operations data for the years ended December 31, 2017 and 2018 have been derived from our audited consolidated financial statements included elsewhere in this prospectus. The summary consolidated statements of operations data for the nine months ended September 30, 2018 and 2019, and the summary consolidated balance sheet data as of September 30, 2019, are derived from our unaudited interim consolidated financial statements included elsewhere in this prospectus. We have prepared the unaudited interim consolidated financial statements on the same basis as the audited financial statements and have included, in our opinion, all adjustments, consisting only of normal recurring adjustments that we consider necessary for a fair statement of the financial information set forth in those statements. Our historical results are not necessarily indicative of the results that may be expected for any other period in the future and our interim results for the nine months ended September 30, 2019 are not necessarily indicative of results to be expected for the full year ending December 31, 2019, or any other period.			
You should read the consolidated financial and other data set forth below in conjunction with our consolidated financial statements and the accompanying notes, the information in "Selected Consolidated Financial and Other Data" and the information in "Management's Discussion and Analysis of Financial Condition and Results of Operations" contained elsewhere in this prospectus.			
	Year Ended December 31, 2017	Year Ended December 31, 2018	Nine Months Ended September 30, 2018
Consolidated Statements of Operations Data:			
Net revenue			
Operating expenses:			
Cost of care, exclusive of depreciation and amortization shown separately below			
Sales and marketing			
General and administrative			
Depreciation and amortization			
Total operating expenses			
Loss from operations			
Other income (expense), net:			
Interest income			
Interest expense			
Change in fair value of redeemable convertible preferred warrant liability			
Total other income (expense), net			
Loss before income taxes			
Provision for income taxes			
Net loss			
Less: Net loss attributable to noncontrolling interests			
Net loss attributable to 1Life Healthcare, Inc. stockholders			
Net loss per share attributable to 1Life Healthcare, Inc. stockholders—basic and diluted ⁽¹⁾			
Weighted average common shares outstanding, basic and diluted			
Pro forma net loss per share attributable to 1Life Healthcare, Inc. stockholders—basic and diluted ⁽¹⁾			
Pro forma weighted average common shares outstanding—basic and diluted			

As filed with the U.S. Securities and Exchange Commission on January 3, 2020.

Registration No. 333-

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM S-1
REGISTRATION STATEMENT
UNDER
THE SECURITIES ACT OF 1933

1LIFE HEALTHCARE, INC.
(Exact name of Registrant as specified in its charter)

Delaware
(State or other jurisdiction of incorporation or organization)

8011
(Primary Standard Industrial Classification Code Number)
One Embarcadero Center, Suite 1900
San Francisco, CA 94111
(415) 658-6792

76-0707204
(I.R.S. Employer Identification Number)

(Address, including zip code, and telephone number, including area code, of Registrant's principal executive offices)

Amir Dan Rubin
Chair, Chief Executive Officer and President
1Life Healthcare, Inc.
One Embarcadero Center, Suite 1900
San Francisco, CA 94111
(415) 658-6792

(Name, address, including zip code, and telephone number, including area code, of agent for service)

Matthew B. Hemington John T. McKenna Cooley LLP 3175 Hanover Street Palo Alto, CA 94304 (650) 843-5000	Lisa A. Mango General Counsel 1Life Healthcare, Inc. One Embarcadero Center, Suite 1900 San Francisco, CA 94111 (415) 658-6792	Alan F. Denenberg Davis Polk & Wardwell LLP 1600 El Camino Road Menlo Park, CA 94025 (650) 752-2000
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Copies to:
If any of the securities being registered on this form are to be offered on a delayed or continuous basis pursuant to Rule 415 under the Securities Act of 1933, check the following box.

If this form is filed to register additional securities for an offering pursuant to Rule 462(b) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering.

If this form is a post-effective amendment filed pursuant to Rule 462(c) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering.

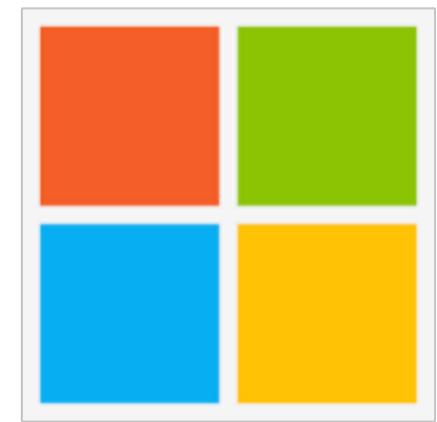
If this form is a post-effective amendment filed pursuant to Rule 462(d) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering.

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer
Non-accelerated filer

Accelerated filer
Smaller reporting company
Emerging growth company

Expert data.



BCG

Experience data.



Big Data.



Question:

How have you approached similiar problems in the past?

- James

Answer:

Automation.

Conversational scheduling automation enables consistency at scale.

Remedy Health

👋 Hi James, Dr. Gabrys is 30 minutes away. Are you ready to get treatment?

Patient

I'm actually still at the pharmacy. Can you give me an hour?

Remedy Health

No problem, and thanks for letting us know!

Your updated ETA is 1:15pm

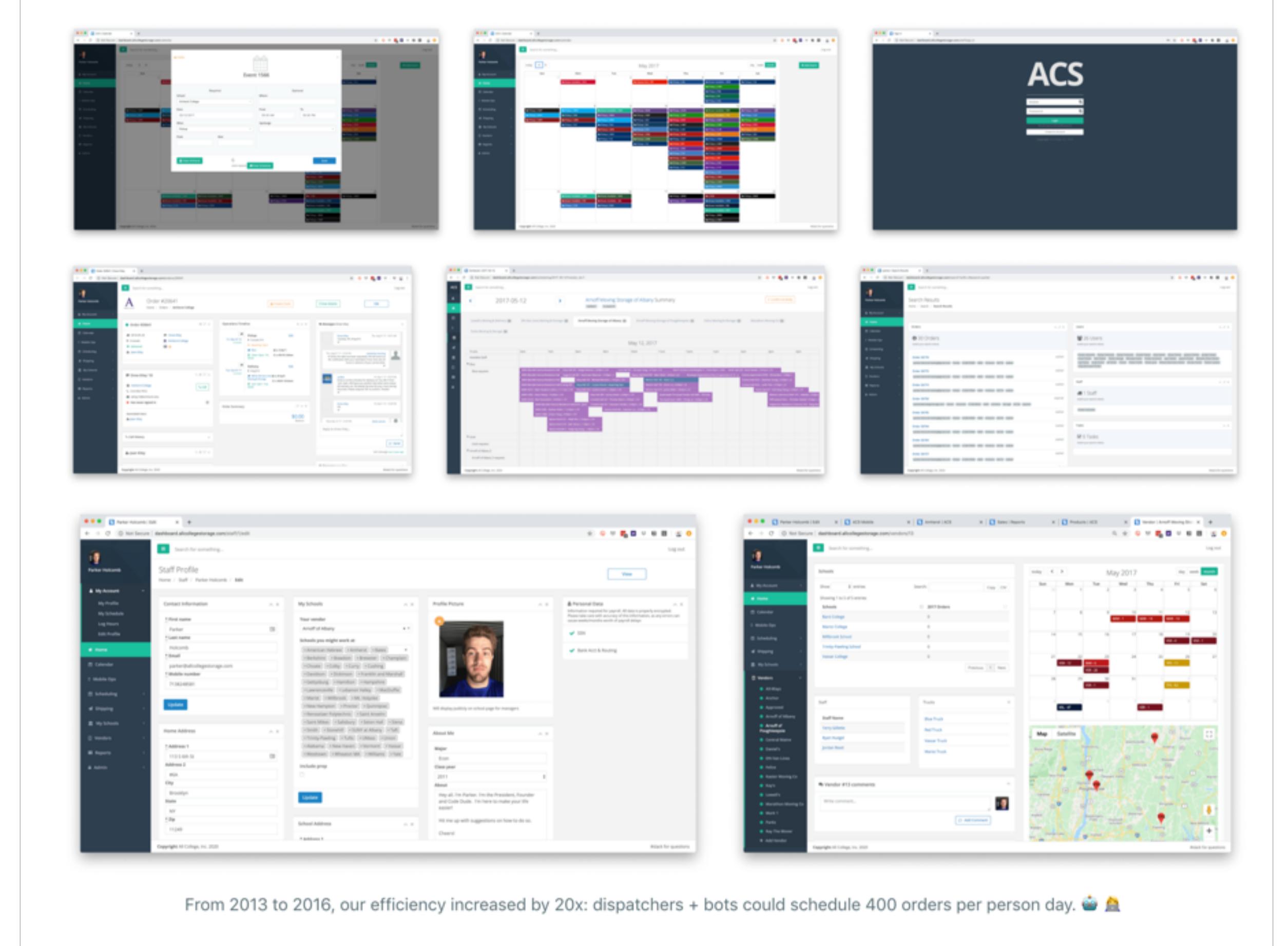
Patient

🙌 Amazing! Thank you!

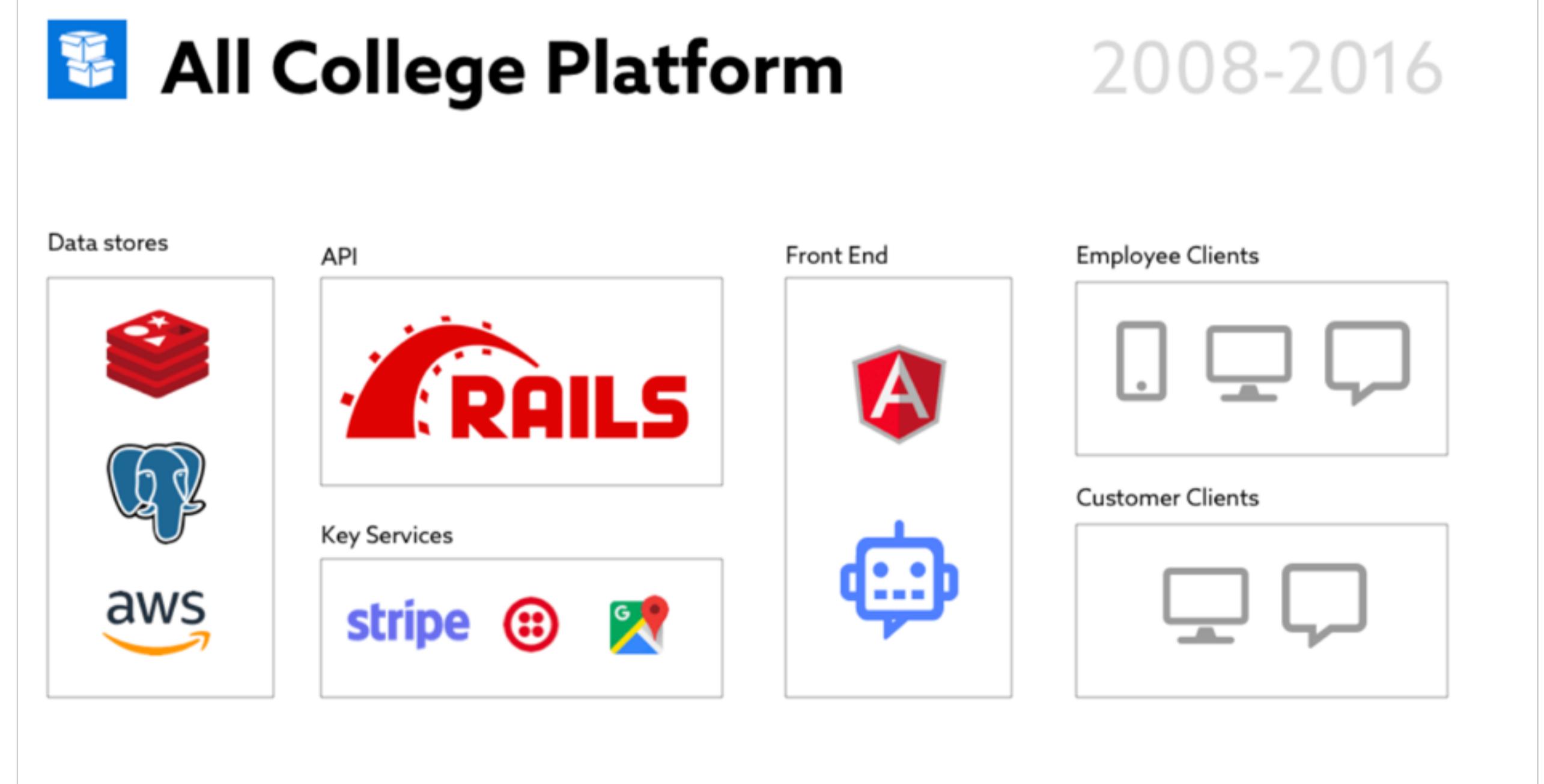
Proven out across:



Scheduling and dispatch automation empowers your team to focus on the high impact work.



From 2013 to 2016, our efficiency increased by 20x: dispatchers + bots could schedule 400 orders per person day. 🎉 🎉



Document and transcription automation makes everything searchable.

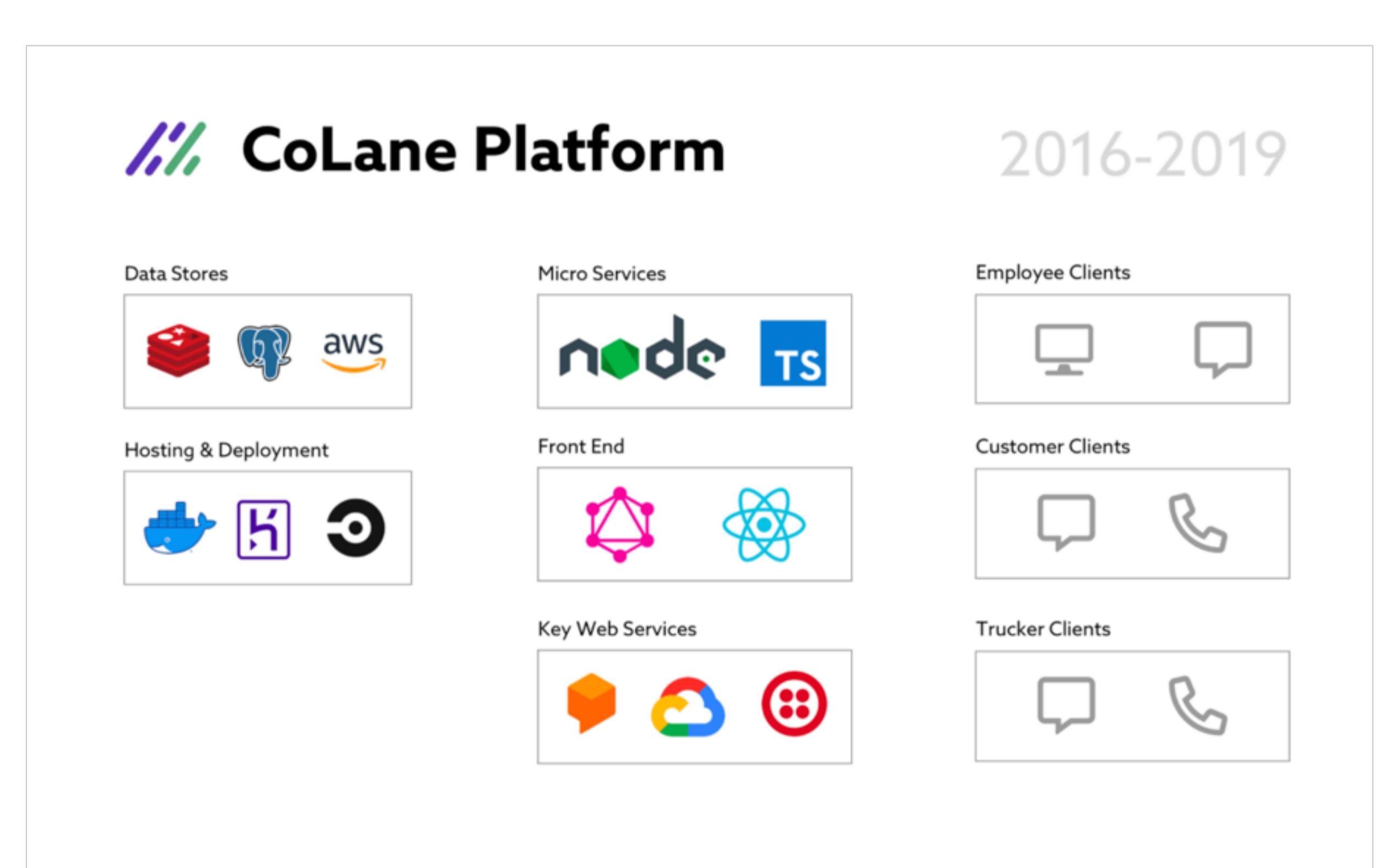
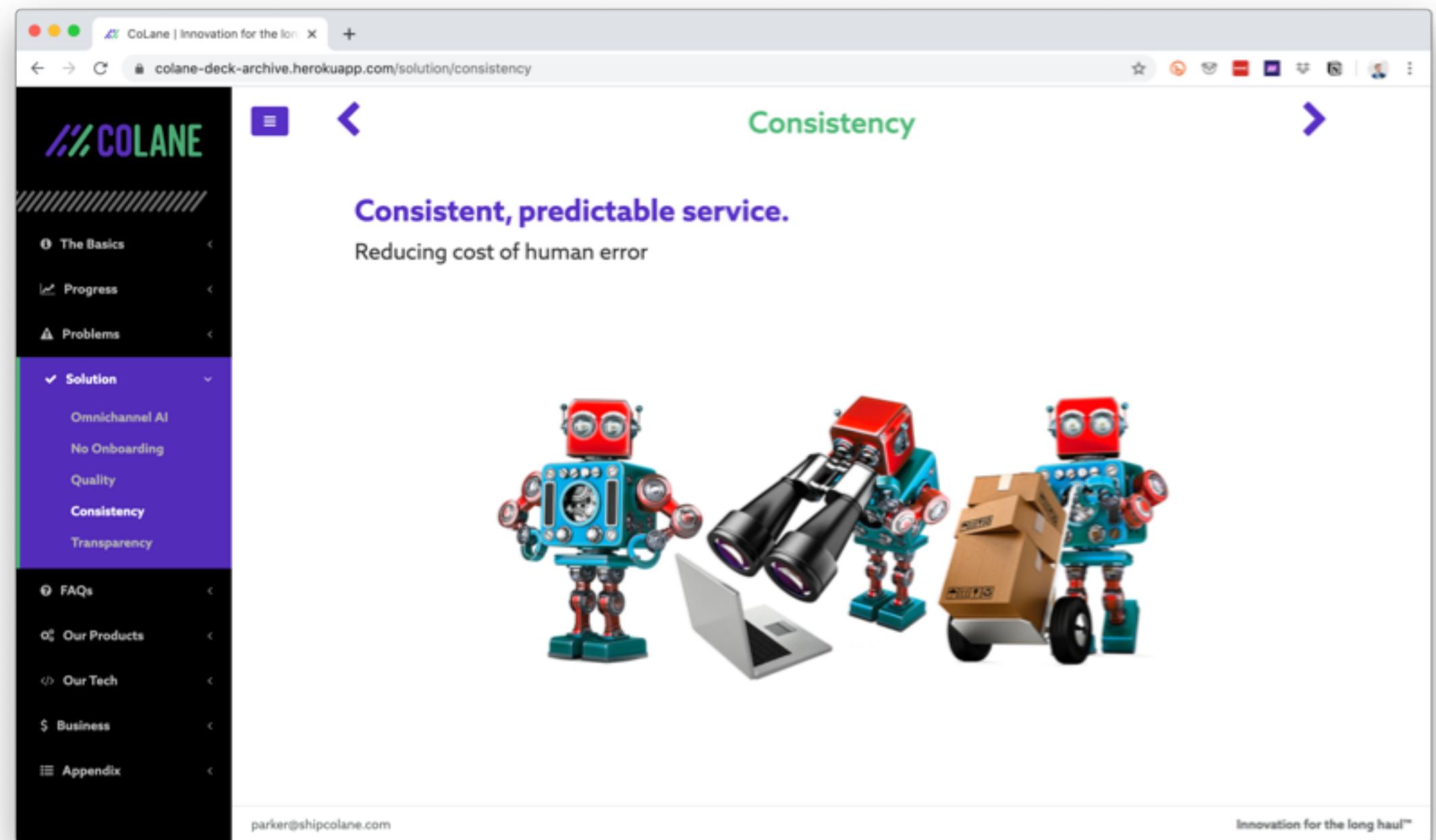


<https://www.youtube.com/watch?v=EH5-jew-Fyo>

2012-2016

The page features the eHighLighter logo at the top left. To the right is a large smartphone displaying the app's interface with a highlighted section of text. Below the phone are three main sections: ".NET Server for OCR" (with icons for C# and Microsoft SQL Server), "Key Integrations" (with icons for Google Drive and GitHub), and "Mobile Development" (with icons for Xcode and Objective-C). The background has a light blue gradient.

Workflow Automation enforces consistency and enables continuous improvement.



**Discovery automation
pairs beautifully with
conversation automation
to find the right match.**

The screenshot shows the Colane website with the heading "TruckMatch™ allows us to source from 372,451 fleets". It features a search bar and a map of the United States with a play button overlay. A graph on the right shows a bell curve with the text "83% of capacity associated with fleets fewer than 20 trucks".

The screenshot shows the Colane website with the heading "Always Learning". It displays a list of companies and their contact information, followed by a sidebar with checkboxes for "Relationship Established", "Available Now", "Equipment Updated", "Contact Updated", and "Lanes Preferences".

Question:

How would you approach partner-clinic acquisition?

- James

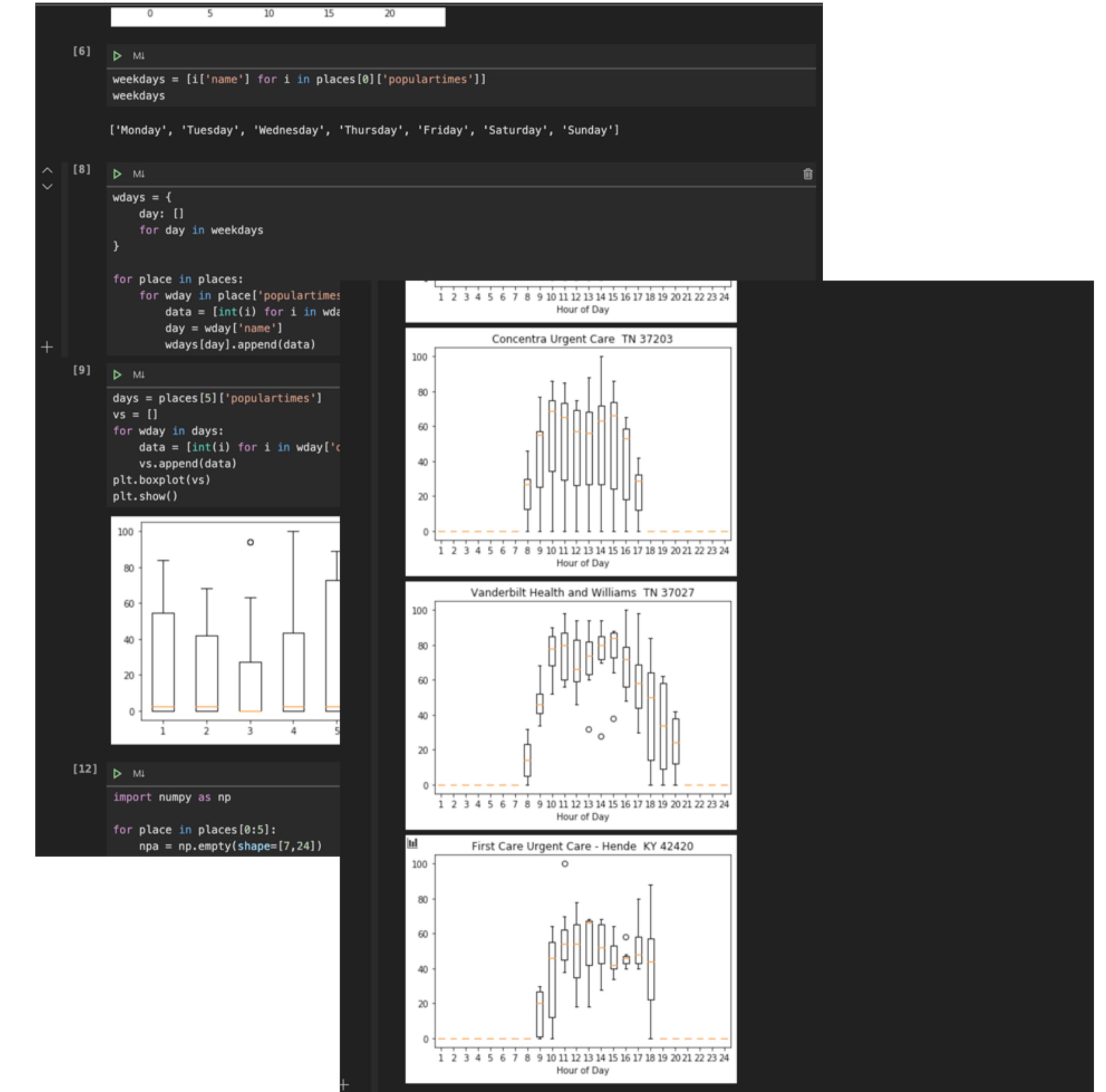
Answer:

Make it effortless for clinics.

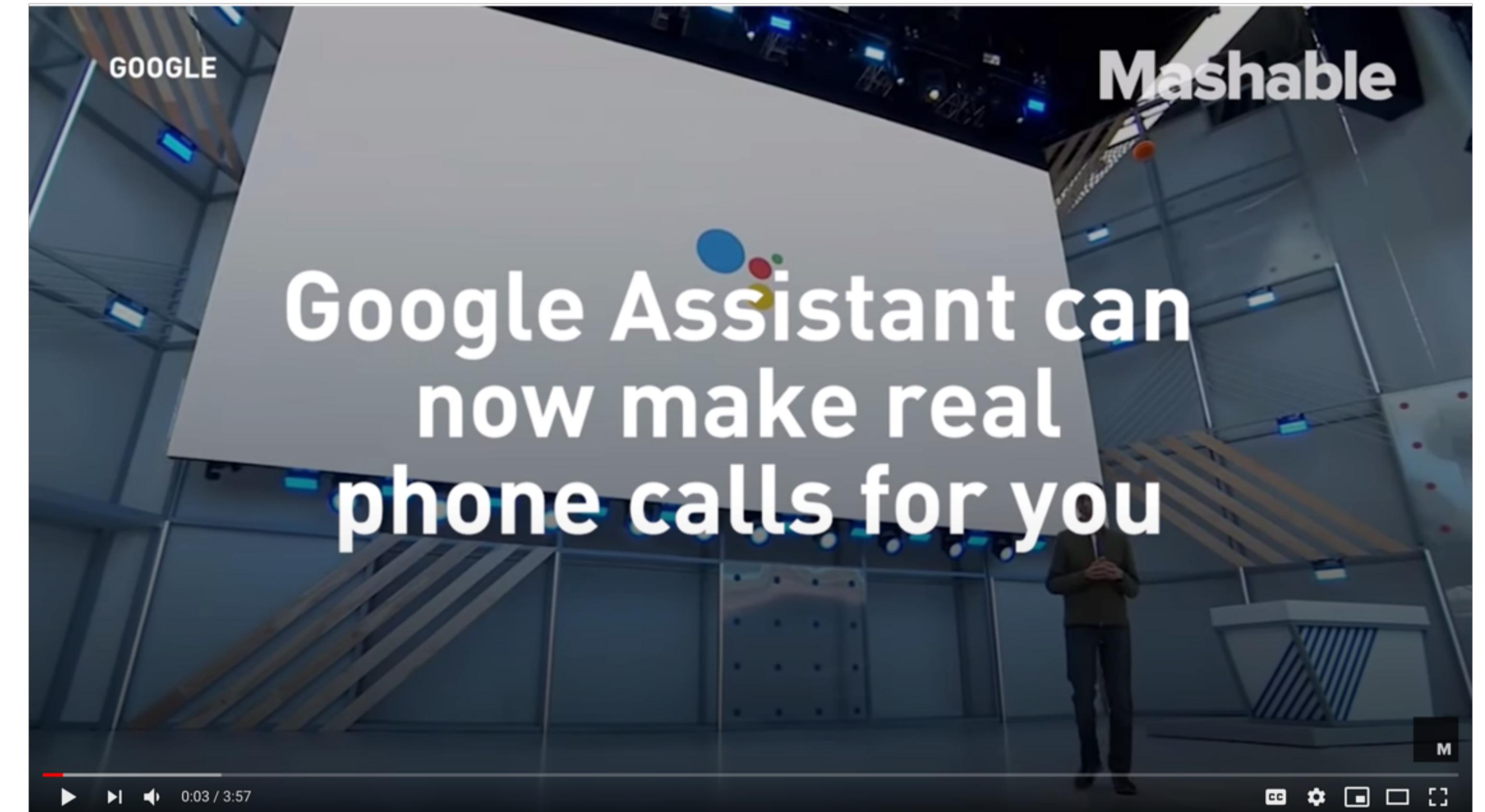
Discovery Algorithms find the right clinics.



Relevant Experience



Call Ahead Bots:
find availability &
let them know a
patient is en route.



https://youtu.be/JvbHu_bVa_g

**Pre-fill *their* form with AI
then just fax it to them.**



Relevant Experience

11216 Sunrise Blvd. E Ste 3-203
Puyallup, WA 98374
Ph: 253-664-6519 Fax: 253-664-0673

Patient's Name _____
Address _____
Home Phone # _____
Date of Birth _____
Race: Caucasian, African Amer

Employer _____

Marital Status: S M
Name of Spouse _____

Emergency Contact (if other than
Relationship: _____)

How did you hear about us?

Primary Insurance:
Name of Insurance Company _____
Name of policyholder _____
Self Spouse Parent
ID or Claim # _____

Secondary Insurance:
Name of Insurance Company _____
Name of policyholder _____
Self Spouse Parent
ID or Claim # _____

Attorney Name _____

Have you ever been adjusted by
Appox. date of last visit _____

I understand and agree the health care provider
clearly understand and agree that a
balance will be billed directly to me.
I also understand that if I suspend or
discontinue treatment, _____

2016 Patient Information Intake Form

Welcome To Our Clinic. Please Print and Complete All Parts

Today's Date _____ Reason for Visit _____

Patient Information _____

Name _____

Physical Address _____

Mailing Address/ PO _____

Home Phone _____

Date of Birth _____

Social Security # _____

Spouse _____

Employer _____

Relationship to Responsible Party: _____

Responsible Party: _____

Name _____

Address _____

Home Phone _____

Emergency Contact _____

Name _____

Address _____

Insurance Information _____

Primary Insurance _____

Secondary Insurance _____

Pharmacy Information _____

Primary Pharmacy _____

Secondary Pharmacy _____

PLEASE SIGN BOTH

I authorize payment of future claims.

X _____

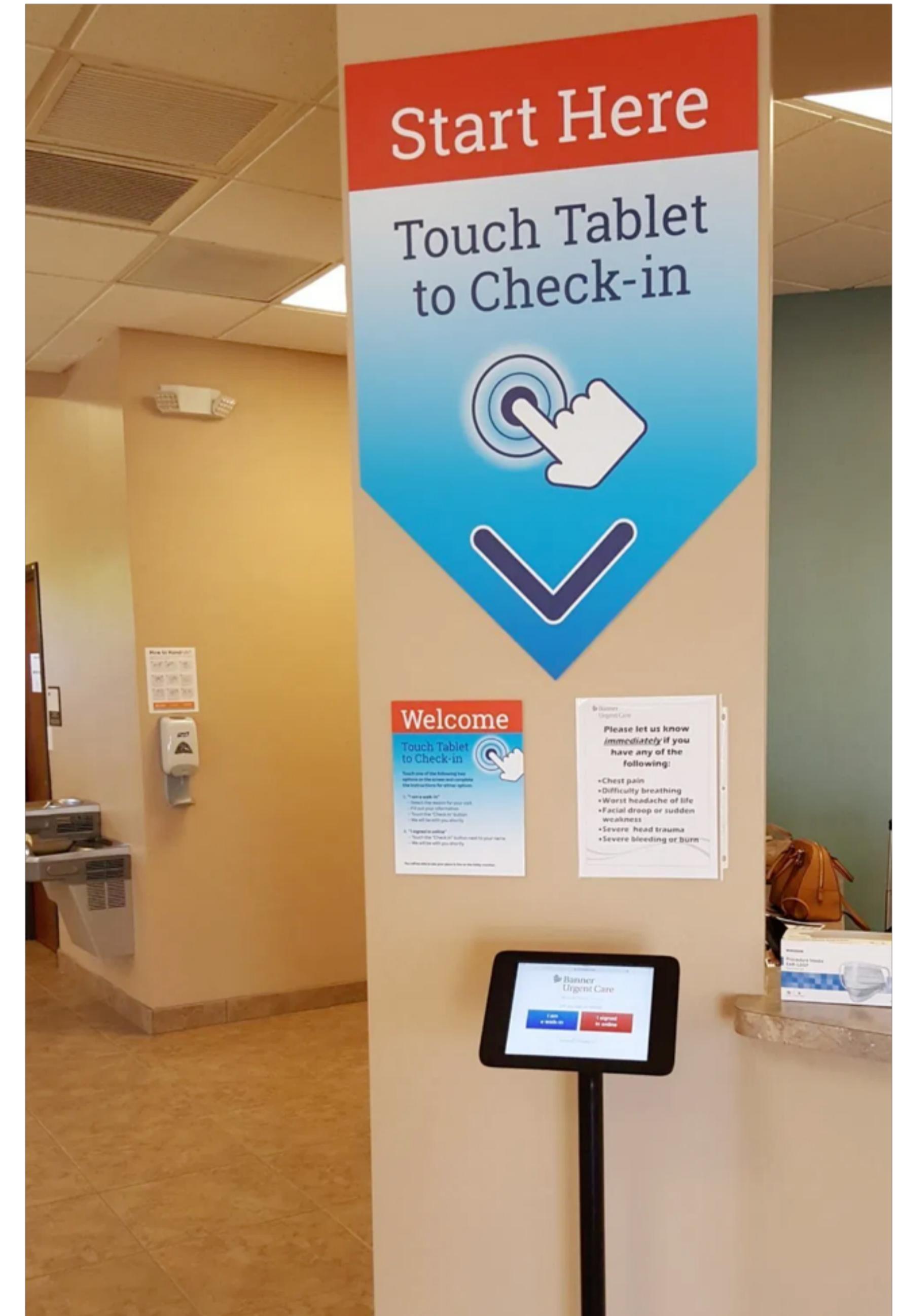
I authorize the release of information.

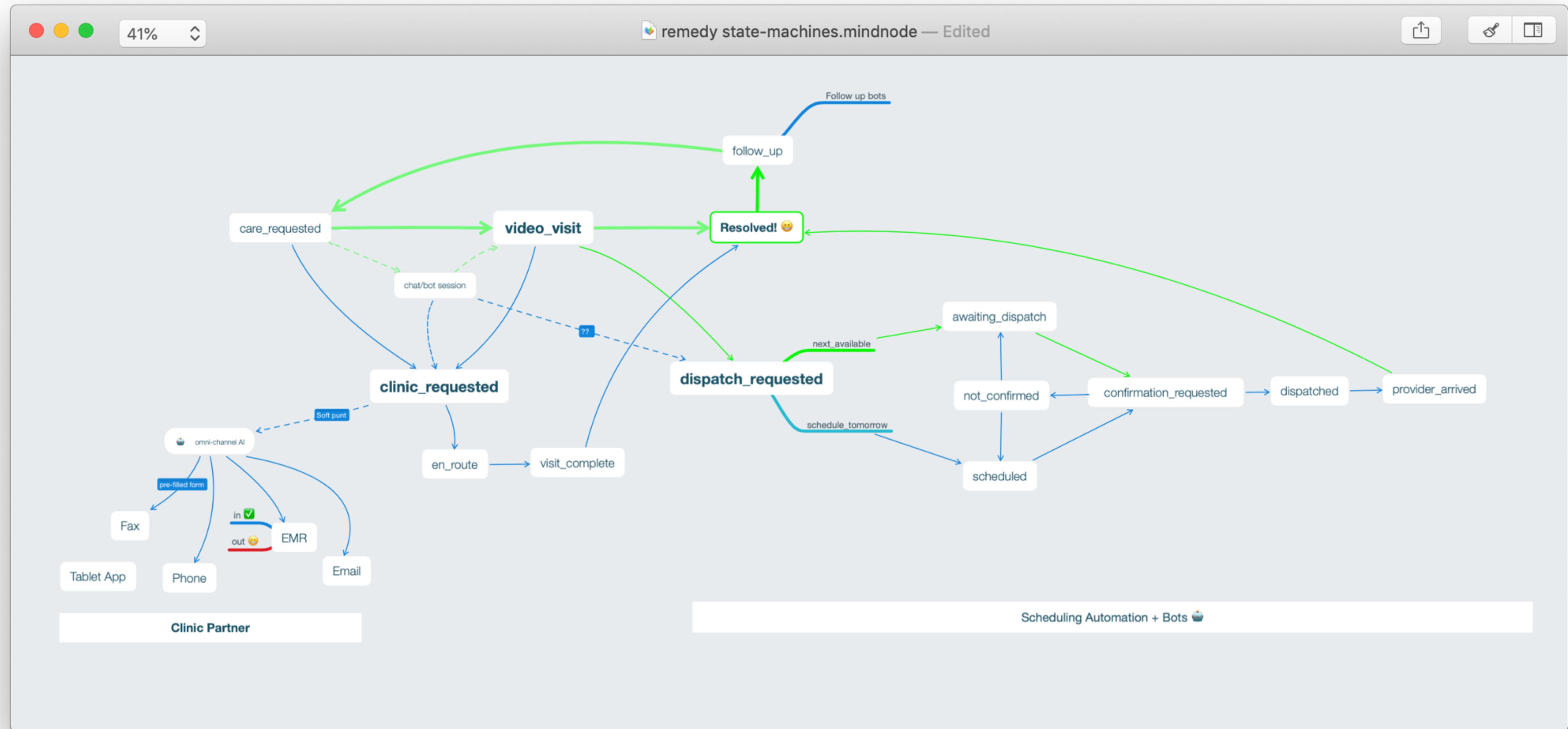
X _____

PATIENT INFORMATION			
Last Name _____	First Name _____	MI _____	MR _____
Mailing Address _____	City _____	State _____	Zip _____
Physical Address _____	City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____	Day _____	Night _____
Busy _____			
Single _____ Married _____			
Employer _____			
Can we call you at work? Yes _____ No _____			
Leawood Family Care, P.A. NEW PATIENT REGISTRATION FORM			
Patient Name: _____			
Address: _____ _____			
Social Sec #: _____			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date: _____ Age: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed How did you learn about us?: <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Yellow Pages			
Physician: _____			
Home Phone: _____		Work Phone: _____	
Employer: _____		Occupation: _____	
Emergency Contact: _____		Relationship: _____	
Home Phone: (_____) _____		Work Phone: (_____) _____	
Who is financially responsible for payment for these services? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Workers Comp <input type="checkbox"/> Other: _____			
Responsible Party or Bill To Information: Full Name: _____ Relationship: _____			
Address: _____			
City: _____ State: _____ Zip: _____			
Home Phone: (_____) _____		Work Phone: (_____) _____	
Birth Date: _____		Age: _____ Social Sec. #: _____	
Employer: _____			
Insurance Information: Please have your insurance card(s) handy so that we may scan the information into your record. If your primary insurance is an HMO, please, provide the name of your primary care physician.			
Dr.: _____		Phone: (_____) _____	
Assignment Of Benefits and Authorization To Release Medical Information			
I request that payment of authorized benefits Medicare, Medicaid, and/or any Insurance Carrier listed, be made to me or on my behalf to the provider listed on this form, for any services furnished to me by my physician/supplier. I authorize any holder of medical information about me to release it to the Division of Family Services, the Health Care Financing Administration, listed insurer(s), and/or agents of these companies, and/or the listed responsible person(s), any information needed to determine these benefits or the benefits for other related services.			
Signature: _____		Date: _____	

Tablet Check-In? Create our own, or partner with existing platforms, maybe.

*Something to think about:
Use same app to have providers upload patient outcomes?*





State machine draft

@James - would love to get your help on this one

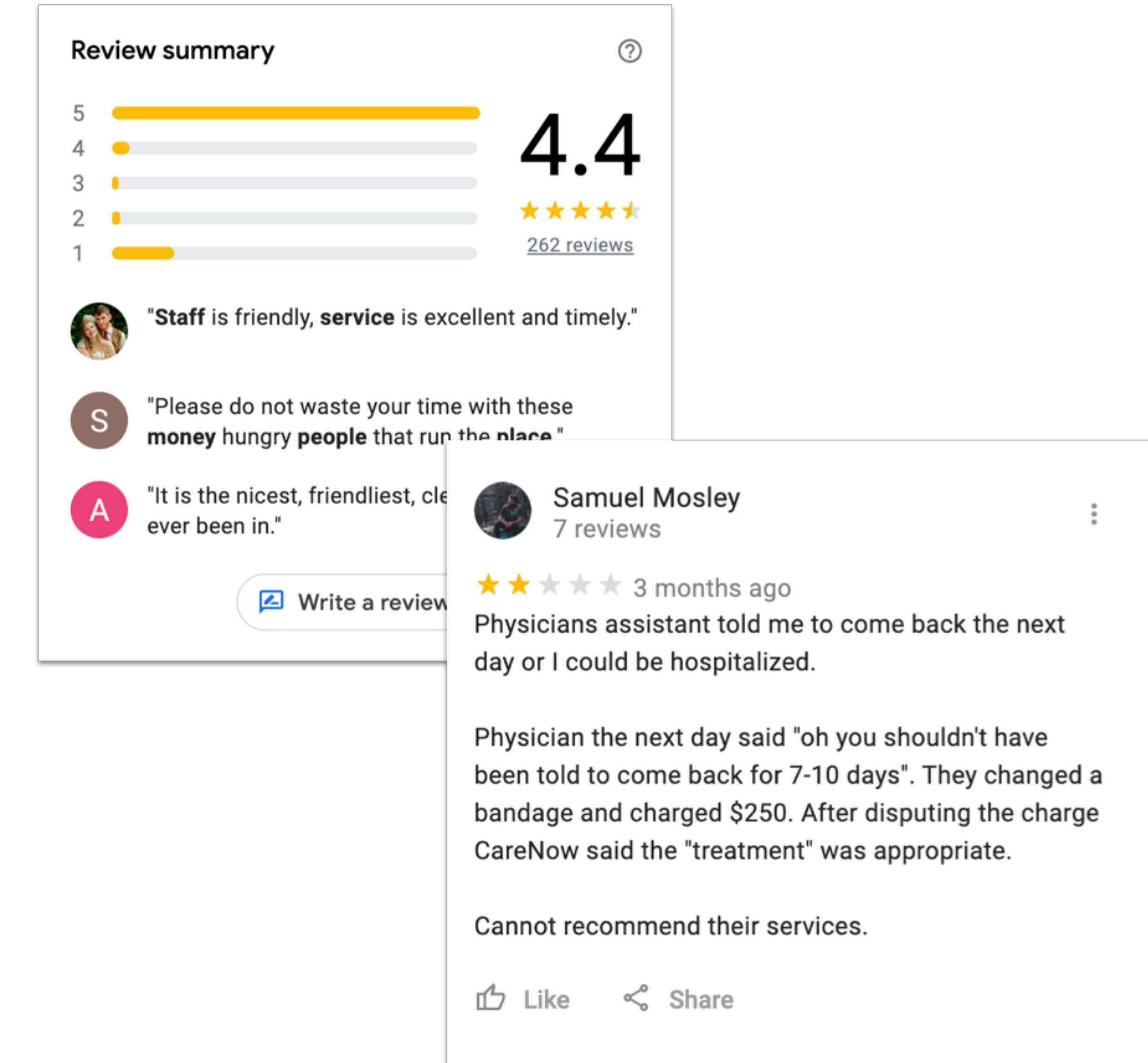
Ok now let's play!

How can we help our clinic-partners? 🤔

Here's one thought:
**Clinics care a whole lot
about keeping wait
times low.**

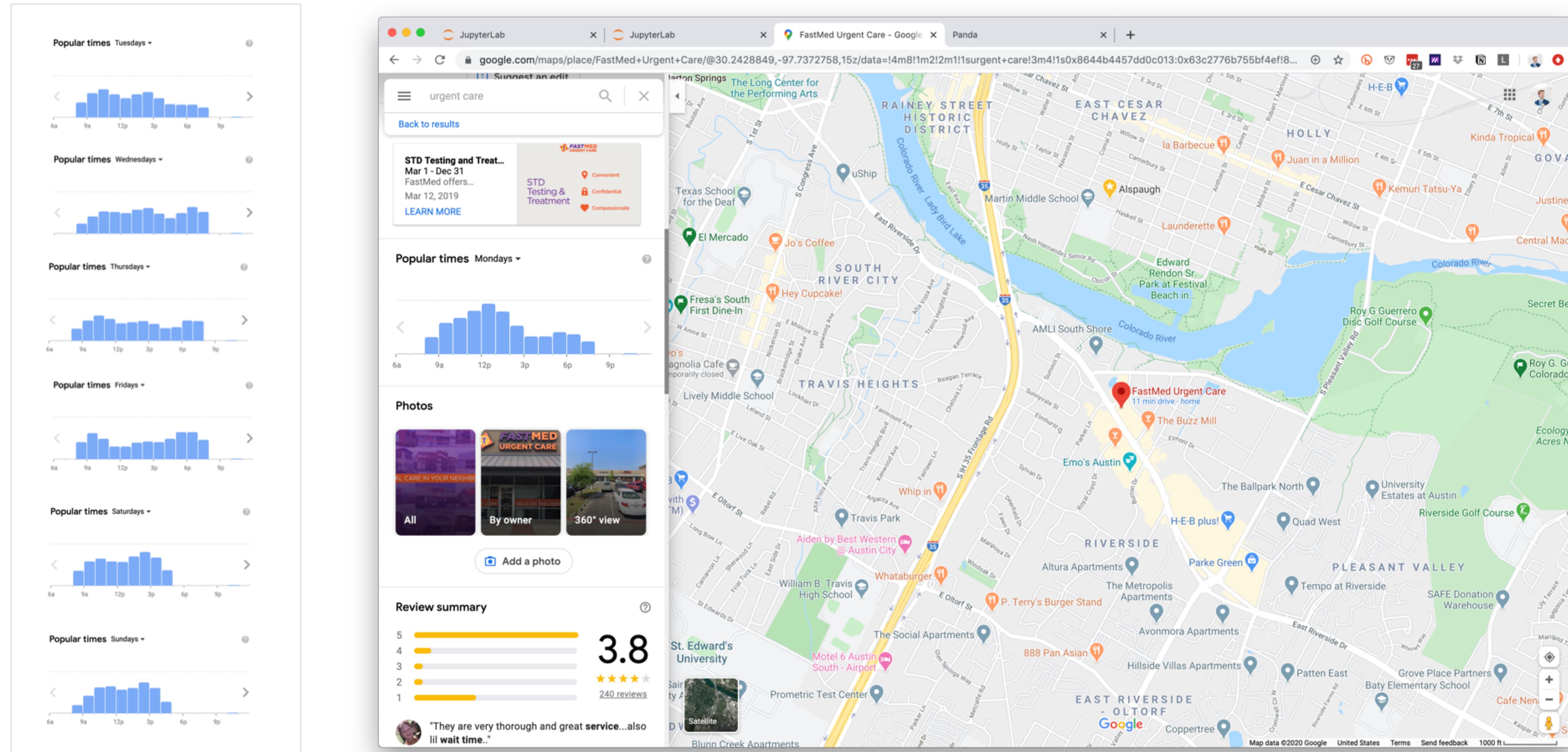


Being urgently available is urgently important to these businesses.



What if we could deliver patients at the right time?

Maybe we can find the answers in foot traffic data.

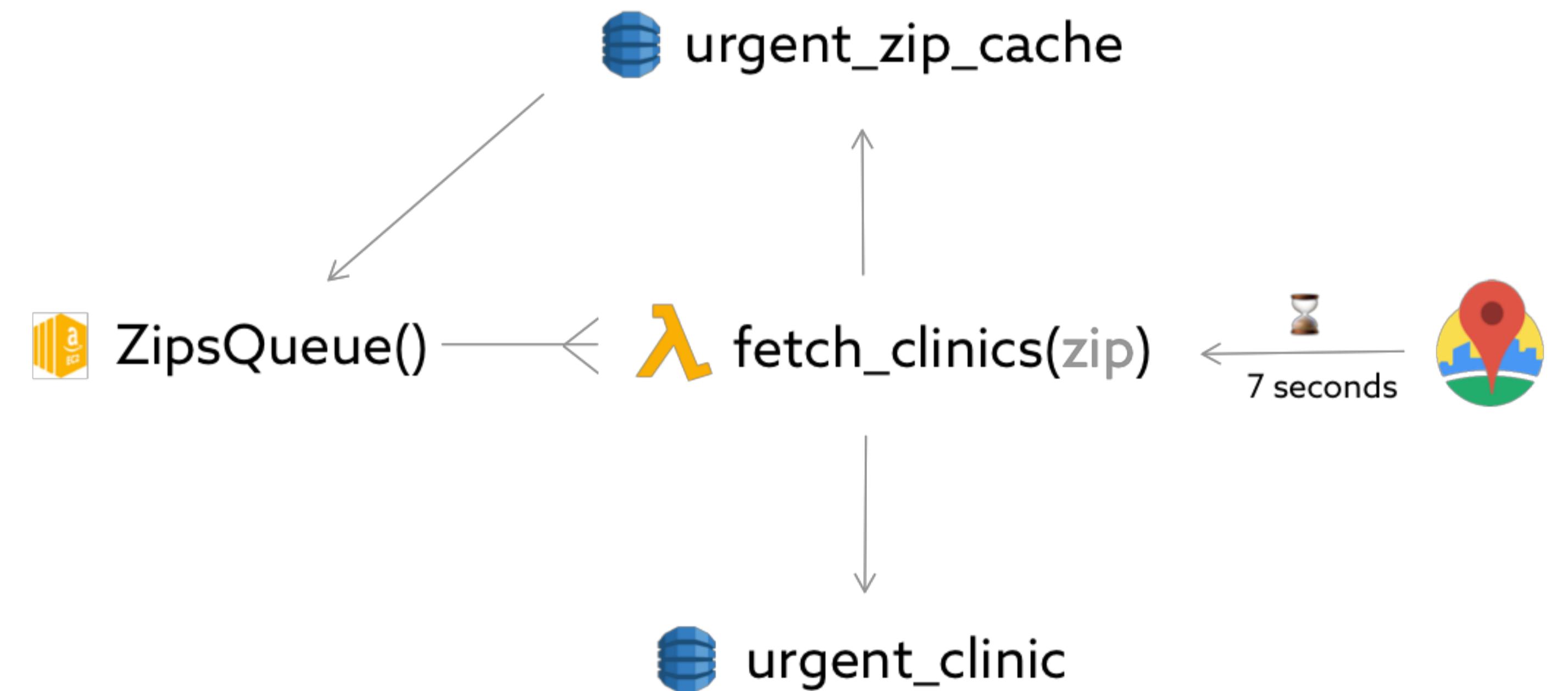


So I built a system.



 /parquar/clinic-fetcher

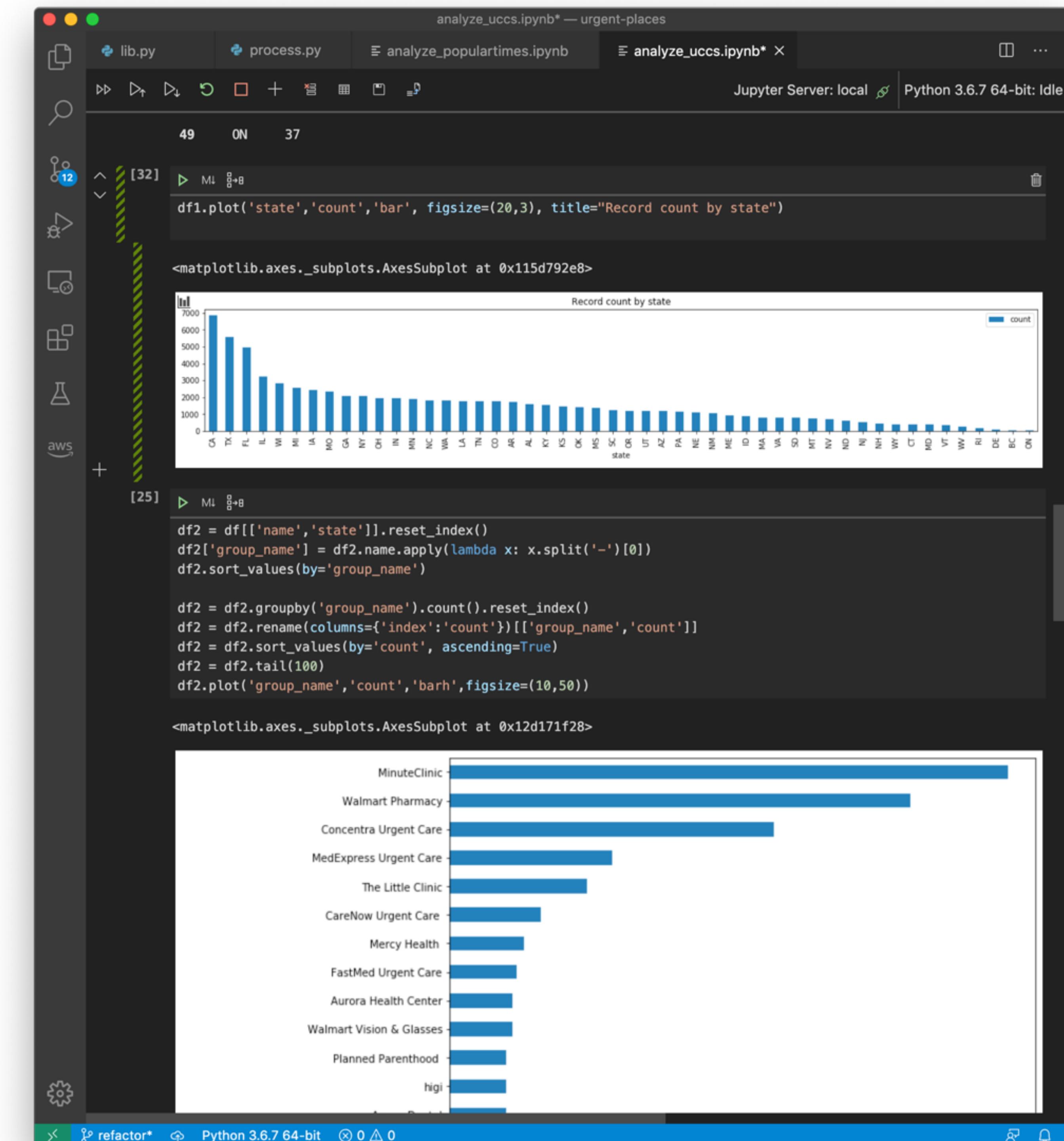
Which asynchronously
searched every US zip
code for “urgent care”



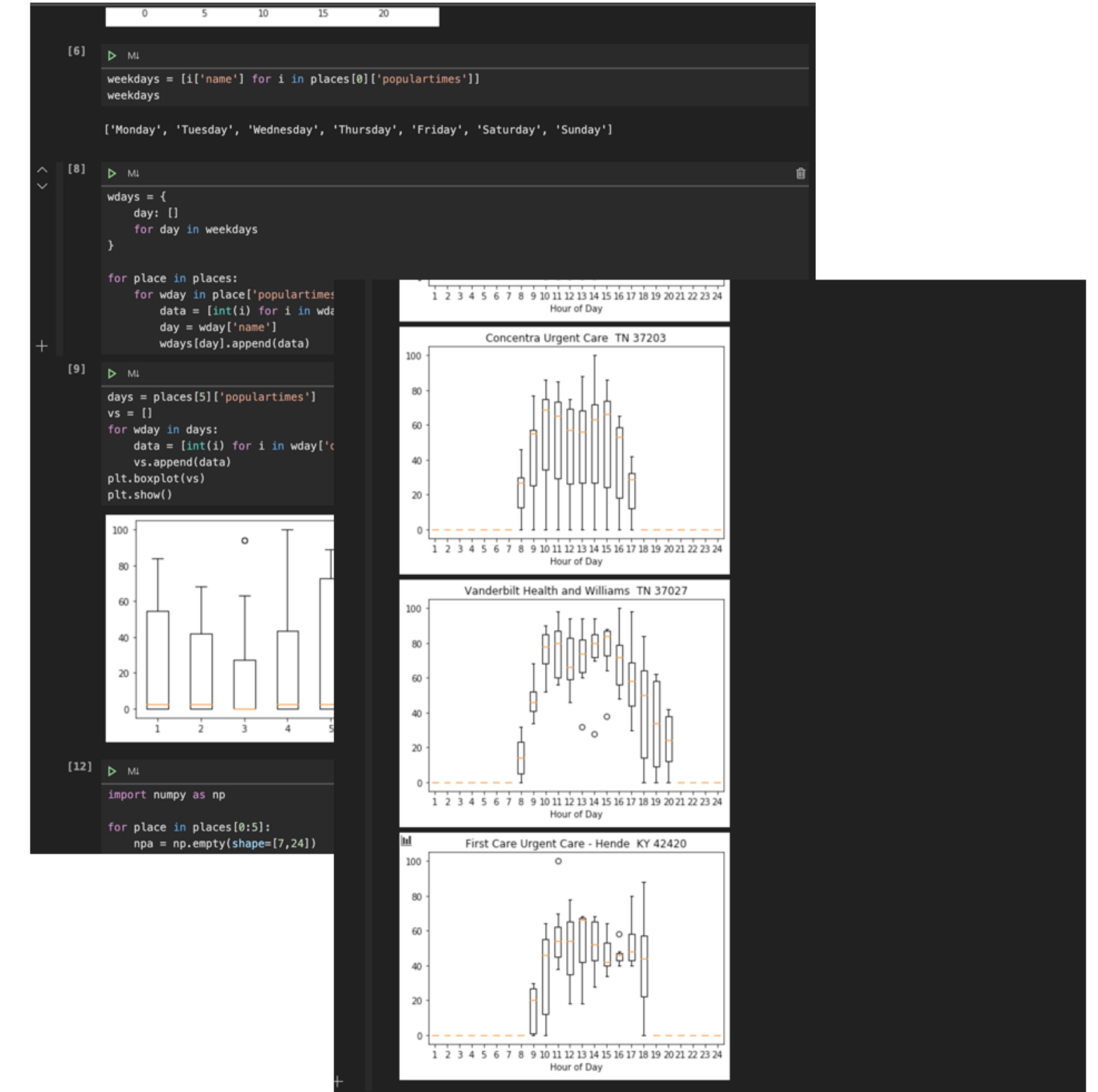
...because a
synchronous process
would take 3.4 days.

```
all_zips: 41565
zips_cache: 11375
zips_queue: 30192
Fetched 60 results for 00501 in 7 seconds
Fetched 60 results for 00544 in 7 seconds
Fetched 60 results for 01001 in 7 seconds
Fetched 38 results for 01002 in 4 seconds
Fetched 51 results for 01003 in 7 seconds
```

Now that we have all the data...



We should work
together to find patterns
that matter!



Last thought...

When can we start?