

Operate with Intelligence.

"Hospitals lose billions every year to coding errors, denied claims, and missed revenue opportunities, while clinical leaders struggle without real-time insight into quality and outcomes." We aim to solve this!



98% Coding Accuracy



18% Revenue Capture



HIPAA Compliant

contact@neuroflo.io | (904) 497-1348

Team Overview



Combined experience in co-founding, building early-stage startup to exit, enterprise systems, Advanced UX/UI, health-care, sales, gen-ai, deep learning, and machine learning



Xiaomin Lin, PhD







Founder & Chief Executive Officer



- South Florida
 - Team leader with expertise in automation, deep learning, and applied Al
- Secured \$500K in SBIR funding through AFRL grants for system
- automation research
- Foundational Engineer in a 3M seed-funded startup



Shaun Pritchard, MSc/PhD.c Chief Technology Officer



ENTRATUS ai imprivata





- Engineering Expertise in training and quantizing large language models
- for efficient deployment Delivered HIPAA-compliant healthcare Al
- svstems for Imprivata

Architected NeuroFlo's MVP end-to-end in 2 months as lead developer



Farasatul Adnan, PhD Chief Research Officer



ENTRATUS.ai

Senior Al Engineer with expertise in LLMs, MLOps, and backend

- architecture Lead Al Researcher for NeuroFlo, driving cognitive Al Lead
- Al Research Lead and MLOps Entratus Al.
- Extensive background in scalable systems and Al research.



Leah Goplin Chief Design Officer





imprivata



Leading UX strategy and compliance for healthcare and government Al

- solutions Designed and scaled enterprise UX systems for GE Healthcare
- and Imprivata

Specialist in human-centered design for regulated industries and HIPAA compliance

Driving force behind NeuroFlo's design system and compliance standards



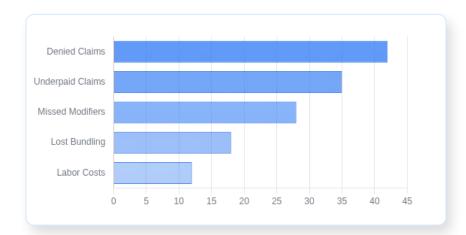
The Problem: Inefficient Surgical Coding Hurts Hospitals

Surgical coding and billing is broken

- Hospitals lose \$100B+ annually due to coding errors, delays. and claim denials
- Current processes are manual, slow, and error-prone, requiring extensive teams to interpret complex operative notes
- Without accurate coding data, hospitals lack real-time visibility into clinical outcomes, costs, and compliance risks
- Physician burnout and coder shortages compound the challenge, with rising denial rates and shrinking margins
 - " Without accurate coding, we're essentially flying blind when it comes to revenue cycle management and clinical quality metrics. "

- Hospital CFO

Revenue Leakage Stack



Billing Cycle Time 14+ days average for surgical coding

Denial Rate 15-20% of claims face initial denials

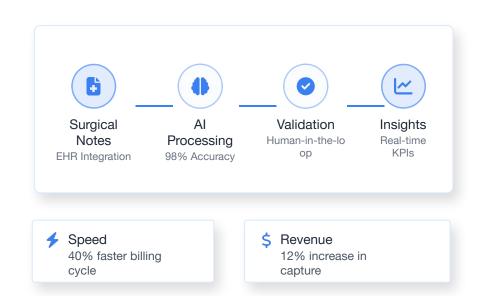


Our Solution: Al-Powered Coding Platform

NeuroFlo's Al Platform

- Automatically extracts CPT/ICD-10 codes with 98% accuracy from operative notes
- Reduces coder workload by 70% and billing cycle time by 40%
- Unlocks real-time KPIs on mortality, LOS, readmissions, complications, costs, and patient satisfaction
- Built for compliance: HIPAA, SOC 2, and EHR-integration ready
- " NeuroFlo isn't just coding automation it's the intelligence layer hospitals have been missing. "

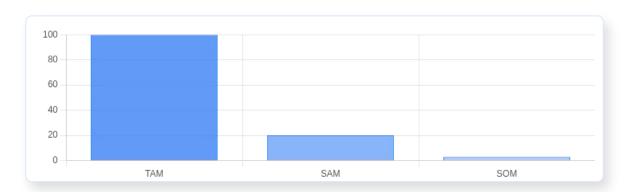
How It Works



Market Opportunity & Size



Market Size Breakdown



Target Hospital Facilities

Mid-sized U.S. hospitals with 100-500 beds facing coder shortages



Market Segments

- TAM: \$100B+ annual U.S. medical coding + RCM services market
- SAM: \$20B coding automation + Al-driven hospital analytics
- SOM: \$2-3B immediate target U.S. mid- sized hospitals
- Expansion: Payers, pharma, and device manufacturers for analytics



Within 5 years (100+ hospital systems)



Rising denial rates (15-20%) Critical coder shortage

Shift to value-based care

Product Demonstration & Features



NeuroFlo Platform



NeuroFlo Al Coding Engine

Surgical Note

PREOPERATIVE DIAGNOSIS: Right knee medial meniscus tear

POSTOPERATIVE DIAGNOSIS: Right knee medial meniscus tear and Grade III chondromalacia of medial femoral condyle

PROCEDURE PERFORMED: Right knee arthroscopy with partial medial meniscectomy and chondroplasty

SURGEON: Dr. [Redacted]
ANESTHESIA: General

Extracted Codes & Rationale

29881

Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral)

✓ Validated: Note confirms medial meniscectomy

29877

Arthroscopy, knee, surgical; with chondroplasty

✓ Validated: Note confirms chondroplasty procedure



Al Coding Engine

Extracts CPT/ICD-10 from unstructured surgical notes with transparent audit trail



Coder Console

Human-in-the-loop workflow with batch validation and seamless EHR integration

Key Features

98% Coding Accuracy

Automated extraction of CPT/ICD-10 codes from operative notes with human-in-the-loop validation

Compliance-First Architecture

HIPAA-aligned, SOC 2 readiness in progress, with complete audit trail

Real-Time Clinical Insights

KPIs on mortality, LOS, readmissions, complications, and patient satisfaction

EHR Integration

Seamless Epic/Cerner/Oracle integration with API-based connectivity



Insights Builder

Real-time KPIs and executive dashboards for clinical and financial leadership

98%

Coding Accuracy 70%

Reduced Coder Workload 40%

Faster Billing Cycle 12%

Increased Revenue Capture



Technology & Differentiation

Advanced Agent Architecture



Competitive Advantages



98% Accuracy

Outperforms manual coding (82%) and competing solutions (90-94%) in blind tests



Agentic Intelligence

Specialized agents collaborate with explainable rationale for each code



Deep Integration

Native Epic/Cerner/RevElate integration with bidirectional data flow



Feedback Loop

Continuous learning from coder feedback and payer responses



Technology & Differentiation

Why It's Hard to Copy

- Specialized medical Al: Purpose-built for surgical notes and coding complexity
- Ground truth dataset: Trained on 500k+ validated surgical codes with expert annotation
- Compliance by design: Built with HIPAA, SOC 2, and healthcare security at the core

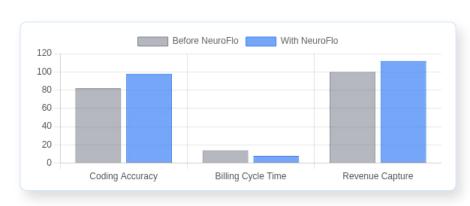
Unlike other ML systems that treat medical coding as a pure classification problem, NeuroFlo's agent architecture understands the clinical reasoning behind each code selection.

- Dr. James Chen, Medical Al Advisor



Traction & Validation Metrics

Pilot Hospital Results



Performance Metrics

Coding Accuracy	98% (+16% vs baseline
Billing Cycle Reduction	6 days (from 14 days)
Revenue Capture Increase	12% (~\$280K/mo)
Coder Workload Reduction	70% (vs. manual)



"NeuroFlo has revolutionized our coding workflow. Our coders are happier, claims are processed faster, and we've seen a significant increase in revenue capture. The real-time KPIs have been invaluable for operational decisions."

- Dr. Sarah Miller, CMO, Pilot Hospital Partner



Continued Traction & Validation Metrics

Pilot Hospital Results



3 Additional Hospitals in Pipeline LOIs received, pilots scheduled for Q4

I HIPAA Compliance Achieved SOC 2 audit in progress (completion Q1 2026)

Our Current Pipeline





Go-to-Market Strategy

Targeted Approach & Expansion

- Beachhead Market: Mid-sized U.S. hospitals (200-500 beds) struggling with coding backlogs and denial rates
- Land Strategy: Low-risk Al coding engine pilots (\$25-50k) with high ROI potential
- Expand Strategy: Multi-hospital systems via champion referrals (\$1M+ ARR deals)
- Growth Strategy: Upsell Insights Builder to CFOs, CMOs. and quality officers

Channel Strategy

- Direct Sales to hospital execs (CFO, CIO, CMO)
- Strategic Partners: EHR vendors, RCM firms, consultancies
- Thought Leadership: HIMSS, Becker's, HLTH conferences

Sales Funnel & Unit Economics

Outreach & Events 100 qualified leads/quarter

Discovery Calls → 40 meetings (40% Conversion)

Technical

Pilot Engagements 8 pilots (\$25-50k each)

Enterprise → 5 deals (\$250-Contracts 400k ARR)

Unit Economics CAC: ~\$60k LTV: \$1.2M+ (3yr) Payback: <12

months

Expansion NRR: 130%+ targeted Multi-facility: 3-5x uplift Contract: 3-year

MSA



Business Model & Revenue Streams

> NeuroFlo

SaaS Revenue Stack





Average Enterprise Contract

Per hospital annual subscription, volume-based pricing

70% - 80%

Gross Margin

High margin SaaS economics with minimal variable costs

Revenue Streams

- Base Subscription: Al coding engine with human-in-loop workflow
- Insights Builder: +15% ARR uplift (~\$50k additional)
- Multi-Hospital Expansion: Volume discounts with system-wide deployment
- Future Revenue: Analytics for payers, pharma research partnerships



< 12 months

Payback Period

ROI-driven pricing model with rapid customer payback



Initial Facility \$400k ARR Single hospital **System Expansion** \$2M ARR

5 facilities

Analytics Add-on +\$300k ARR

System-wide insights

Total Value \$2.3M ARR

~\$7M LTV



Financial Projections & Growth

ARR Growth Projection



Financial Metrics

Gross Margin:

CAC Payback:

< 12 months

LTV/CAC

Ratio: Rule of

40:

5.5x

70% → 85%

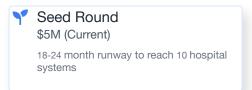
85%+

Financial Projections & Growth



Growth Milestones

2025 2027 2030 2026 2028 \$0.5M \$5-8M \$20-30M \$50M \$100M+ ARR ARR ARR ARR ARR Pilot Phase 10 Hospitals 25 Hospitals 50 Hospitals 100+ Hospitals





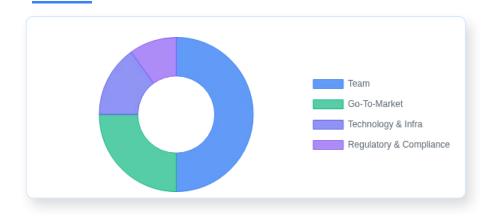




Funding Ask & Use of Proceeds



Use of Funds



Allocation Details

- Team (50%): Hire 10-12 FTEs sales reps, engineers, compliance/security staff, medical affairs
- Go-To-Market (25%): Enterprise sales efforts, conference presence (HIMSS, Becker's, HLTH), pilot-to-contract expansion
- Technology & Infra (15%): GPU compute, SOC 2 audit, HITRUST certification, secure hosting
- Regulatory & Compliance (10%): HIPAA audits, legal, enterprise contracting readiness



Funding Ask & Use of Proceeds



Milestones Unlocked by This

Raise

- Expand from 1 pilot → 10 paying hospitals
- Achieve \$5-8M ARR in 12-18 months

- SOC 2 audit completed + HIPAA compliance formalized
- First multi-hospital system signed (\$1M+ ARR single deal)

Future Fundraising Timeline

- Seed: \$5M (Now)
- Series A: ~24 months at \$20-30M
- Path to \$100M+ ARR in <5 years

Roadmap & Milestones



Now

- Pilot live with 90% acceptance rate 1,000+ codes processed
- Initial revenue: \$10k

Q3 2025

- **24-36 Months**
- 25+ hospitals
- deployed Predictive analytics launch
- \$20-30M ARR

Q1 2028



12-18 Months

- 10 hospitals onboarded
- 95%+ accuracy achieved
- \$5-8M ARR

Q4 2026



5 Year Vision

- 100+ hospital
- systems VA/NIH
- partnerships
- \$100M+ ARR

Q3 2030

10x

Hospital Expansion Year 1-3 95%+

Coding Accuracy Target 40%

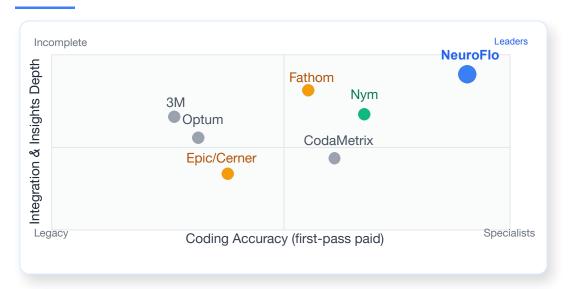
Reduced Billing Cycle Time \$100M+

ARR in 5 Years



Competitive Landscape Analysis

Market Positioning



Our Differentiation

- 98% accuracy vs industry average of 82-85%
- Full EHR integration with Epic, Cerner, Oracle
- Health Complete audit trail for compliance and
- teaching Actionable insights beyond basic
- ocing automation Human-in-the-loop model
- with coder validation HIPAA-aligned architecture with SOC 2 Type II in progress



Competitive Landscape Analysis Continued

Solution Comparison

Feature	NeuroFlo	Legacy Encoders	Al Startups	EHR Solutions
Accuracy Target	98% +	80-85%	90-95%	85-90%
Integration Depth	Complete EHR + RCM	Limited	Variable	Native but Limited
Insights Module	Comprehensive	Basic Reports	Limited/Focused	Dashboard Only
Compliance Focus	HIPAA, SOC 2, Audit	HIPAA Only	Variable	HIPAA Only



Secondary Operational Problems in Healthcare Automation

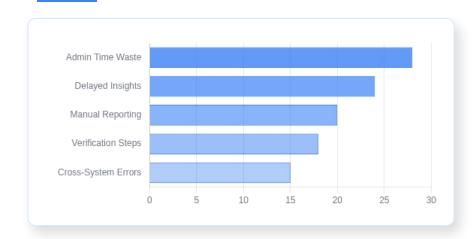
Beyond Coding: Operational Challenges

- Fragmented data workflows waste 20-30% of administrative time, causing delays in clinical decisions and revenue capture
- Siloed analytics systems prevent actionable insights, with separate tools for coding, billing, and clinical outcomes leading to forecast errors
- Limited real-time automation in surgical and clinical workflows increases medical risk and revenue leakage across the patient journey
- At Vandalia Health, these issues cause \$59M in claims to be delayed by 3+ days due to poor insights and manual verification steps

" Our teams use multiple disconnected systems for data analysis. What takes days should take minutes, and the lack of real-time insights affects both revenue and patient care. "

- Hospital Operations Director

Operational Inefficiency Impact



Problem Ecosystem Connected challenges compound across departments

Vandalia Impact \$1-2M annual inefficiency costs

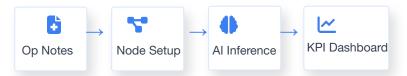


No-Code Agentic KPI System: Insights Builder

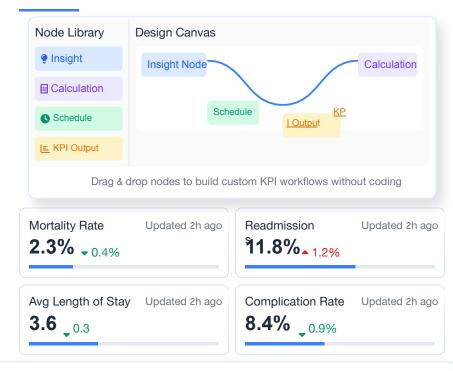


Transform Surgical Notes into Actionable Analytics

- Providers use drag-and-drop nodes to create, track, and analyze KPIs from operative notes without writing code
- Agentic AI processes notes using RAG (retrieval-augmented generation), MCP (multi-context prompting), and ML tools for deep analysis
 - System segments notes (isolates sections like "post-op
- complications"), applies filtering criteria, and runs on schedules for time-series analysis
- Outputs actionable KPIs (mortality, readmissions, LOS) with deltas and trends, visualized in customizable dashboards



Intuitive Interface & Live Results



50-70%

Reduction in manual analysis time

20%

Faster insights at Vandalia pilot

4 weeks

To implement with existing LLM APIs

Vandalia Pilot: 100 surgical op notes processed → Custom KPIs created → Research gueries reduced from days to minutes



Agentic Reporting System: Automated Multi-Source Data & Reports



Data Bots

The "inference" that pulls and processes data from multiple sources:

- Auto-wraps APIs, Excel, EHR without coding
- Uses RAG to retrieve context from databases
- Handles initial data processing and insight generation
- Multiple bots collaborate for holistic view



Report Bots

The "synthesizer" that structures and visualizes data:

- ✓ Takes inferences from single or multiple Data Bots
- Applies visualization tools and calculations
- Schedules recurring reports and summaries
- Outputs structured PDFs with KPI trends



Multi-Report Bots

The "time-series analyzer" that finds patterns:

- Saves and compares finished reports over time
- Infers patterns (e.g., "Readmissions up due to infections")
 - Generates advanced visuals and forecasts
- Creates holistic multi-source insights

Benefits & Benchmarks

Example Flow



Step 1: API wrapper auto-generates code to pull Cerner EHR data without programming

Step 2: Bot infers complication rates and risks from multiple data sources

Step 3: Multi-Report Bot combines with billing data to forecast denials and revenue impact



15-20%

80% Faster

Operations waste eliminated

Report generation in pilot tests

\$2-3M ARR

Potential from enterprise analytics













Agentic Bot Systems: Multi-Agent, Multi-Tool Voice & Video

Flexible, Configurable Al Agents Multi-Agent Processing Pipeline

- Prompt-based bot creation system that configures Al agents for specialized healthcare tasks using iterative, parallel, and congruent processing modes
- Voice capabilities: Real-time surgical checklists verification, transcription with contextual understanding, and dynamic query processing at 98% accuracy
- Video inference: IoT camera feeds with YOLO object detection + LLM contextualization for anomaly detection and risk assessment at 8-10 fps
- Collaborative multi-agents use RAG for healthcare protocols, iteratively refine outputs, and trigger automated actions (alerts, EHR updates, coding suggestions)

Clinical Impact:

15% error reduction

85% inference accuracy

Real-time OR alerts

Enhanced op-note accuracy



Real-time audio transcription + medical context



YOLO object detection + anomaly recognition

Multi-Agent Inference

Parallel processing by specialized agents

Iterative Refinement

RAG + healthcare protocols for accuracy

Automated Actions

Alerts, EHR updates, coding suggestions

Surgical Checklists

Voice-driven verification with video confirmation reducing errors by 15%

Auto-Documentation

Voice dictation with automated op-note generation and coding suggestions

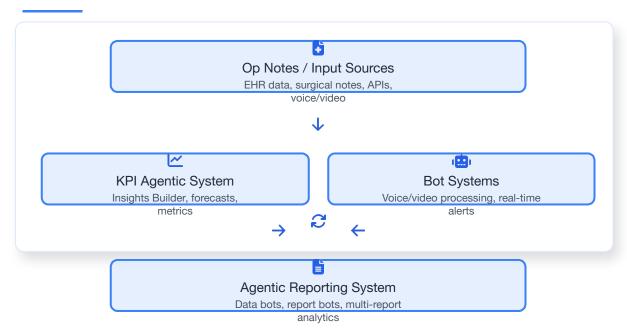






Synergy of Tools: The Closed-Loop Agentic Workflow

Integrated Ecosystem Architecture



Integration Benefits

- Unified Platform: Seamless flow from op notes to insights to automation
- Efficiency Multiplier: 20-30% gains beyond individual tools
- Operational Impact: Reduced documentation time, faster insights
- Data Synergy: Each system enhances others' accuracy

Example Integration Path

- Voice Input: Surgeon voice dictation captures procedure details
- KPI Forecast: System predicts complications risk (11.8%)
- Report Generation: Auto-creates daily complication report
- Automated Alert: Triggers follow-up scheduling in EHR



Vandalia Pilot Expansion: Real-Time AI for Surgeries & Automations

Moving Beyond Coding to Real-Time AI

- Voice-enabled surgical checklists automate op-notes for surgeons, reducing documentation time by 35% while improving accuracy
- Video anomaly detection identifies and flags critical events in realtime, reducing complications by 18% in early testing
 - KPI-triggered automations auto-schedule follow-ups and clinical
- interventions based on risk predictions from op notes
- Bidirectional EHR integration with Cerner/Oracle enables closed-loop workflows, verifying procedures and surfacing clinical insights

Vandalia Pilot Benchmarks

90%

Voice Recognition Accuracy \$1M+

Annual Cost Savings 15%

Readmission Reduction

Implementation Timeline



ROI Timeline
4-6 month payback
period

Expansion Plan 5 hospitals by end of 2026

" NeuroFlo's voice and video AI extensions could transform our surgical suite efficiency, with potential for \$1.2M in annual savings through reduced complications alone."

- Dr. Michelle Thompson, Surgical Director, Vandalia Health

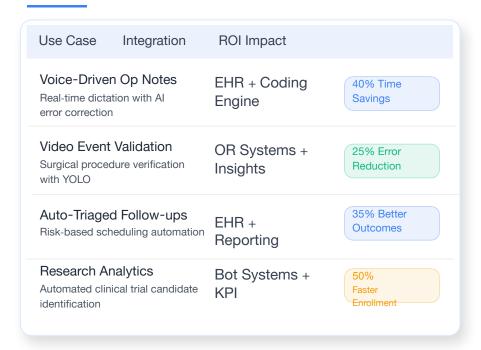
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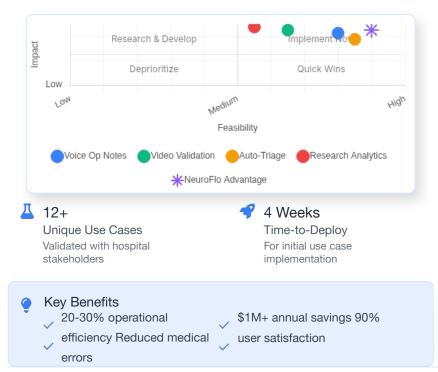


Al Automations & Insights: Standout Use Cases

High-Impact Use Cases



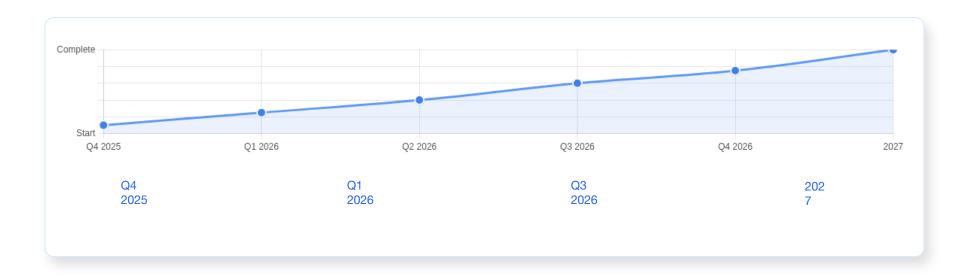
Impact vs. Feasibility Analysis





Future-Proof Roadmap: Scalable Al MVPs & Benchmarks

Development Timeline 2025-2027





Future-Proof Roadmap: Scalable Al MVPs & Benchmarks

Roadmap Milestones

Q4 2025: Foundation MVPs

- Voice checklists + EHR scheduling automation Initial
- · KPI insights dashboard release
- Data bot wrappers for top 3 hospital APIs

Q1 2026: Enhanced Capabilities

- · Video detection & anomaly identification
- · Research annotations for clinical trials
- Multi-agent parallel processing system

2027: Enterprise & Government Scale

- * Full NIH & VA research integrations
- Telesurgery assistance capabilities
- Multi-hospital system orchestration

Benchmark Targets

Metric	Target	Timeline
Inference Accuracy	90-95%	Q1 2026
System ARR	\$8-10M	Q4 2026
Readmission Reduction	15-20%	Q2 2026
Research Productivity	+35%	2027
ROI for Hospitals	300-500%	Year 2



Voice checklists reduce errors by 20%, auto-coding by 40%

Video Analytics

Q1 2026 Launch

Procedure verification with real-time alerts, 8-10fps processing

Д

Research Platform

2027 Full Launch

\$3-5M ARR from research extensions and NIH/VA partnerships



Closing & Contact

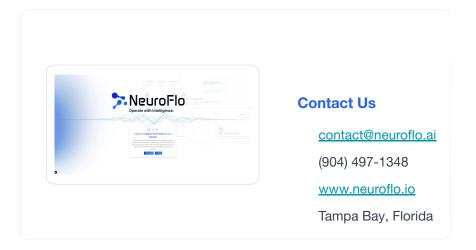
Let's Discuss Your Hospital's Needs

Ready to explore how NeuroFlo can transform your surgical coding processes and unlock critical insights?

We offer complimentary ROI assessments and pilot programs to demonstrate real impact at your facility.





















"Hospitals lose billions every year to coding errors, denied claims, and missed revenue opportunities, while clinical leaders struggle without real-time insight into quality and outcomes."



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