

# Medical Administrative Intelligence Assistant

Automating administrative  
workflows in healthcare

**Total Interviews this Week: 1**

**Total Interviews: 37**

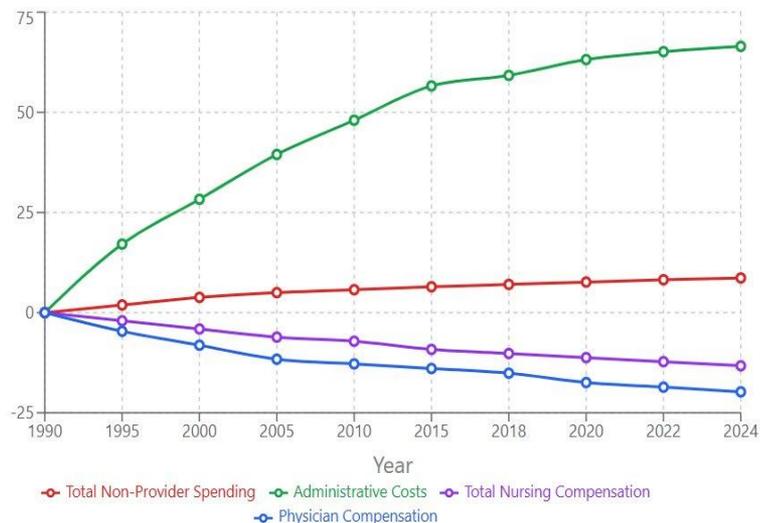


→ Problem

Increasing administrative tasks are making it harder and more expensive to privately practice medicine

Rising healthcare administrative costs force private practices to spend more time and money on administrative tasks- reducing provider-patient time and resources

Cumulative Change in Healthcare Spending Distribution Since 1990



Sources:

- CMS National Health Expenditure Data
- Health Affairs Studies
- JAMA Healthcare Cost Analysis



**MAIA:** AI automation system that integrates with electronic health records (EHRs) to **restore provider time with patients** and **reduce administrative costs** in private medical practices

### Medical Coding

**MAIA** accurately reviews clinician notes, generates medical codes, and submits for payment

### Prior Authorizations

**MAIA** drafts prior authorizations based on context from the EHR

### Clinical Note Drafting

**MAIA** automatically drafts and submits clinician notes upon approval

### Fax Automation and Organization

**MAIA** interacts directly with the EHR to manage fax intake organization for accurate record keeping

### Intelligent Patient Communication

**MAIA** interacts with patients to keep them more involved with updates in their care plans



## Private Medical Practices

### Internal Medicine & Family Medicine

- Prior authorizations require 20 hours/week outside of clinic hours<sup>1</sup>
- 51.4% of physicians experience burnout from “too many bureaucratic tasks”<sup>2</sup>
- Physician burnout costs \$4.6 billion/year<sup>7</sup>
- 40% of physician work time spent on administrative tasks<sup>3</sup>

### Oncology

- Up to 97% of services require prior authorization<sup>4</sup>
- Annual cost of prior authorizations at one academic medical center was \$491,989<sup>5</sup>
- High rate of delayed patient care from PAs

### Hematology & Nephrology

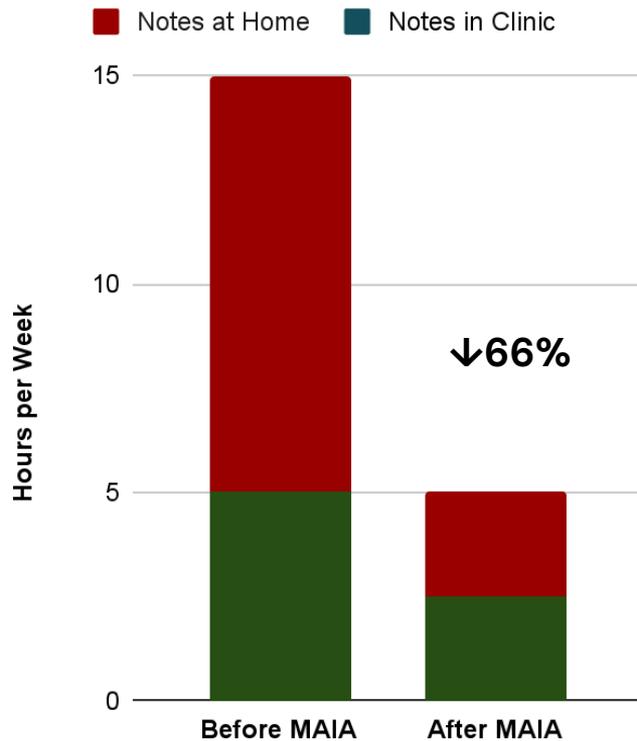
- 7.5 hours of EHR work per 8 hours of scheduled patients<sup>6</sup>
- High patient complexity means extensive documentation
- Complex medication management = more prior authorizations



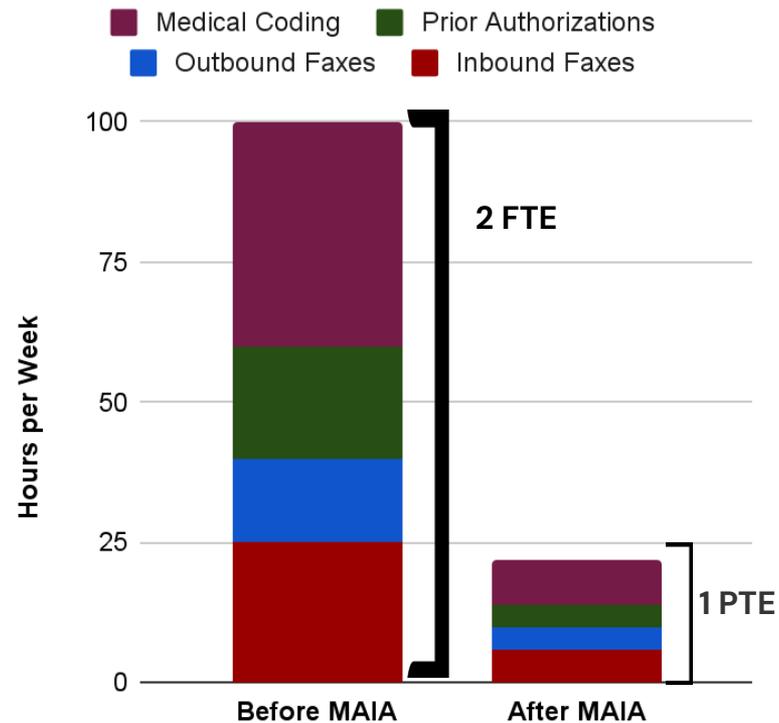
A **MAIA**-centric service for private medical practices to **reduce administrative time and cost** by automating high volume workflows



## Doctor's Time Saved on Notes



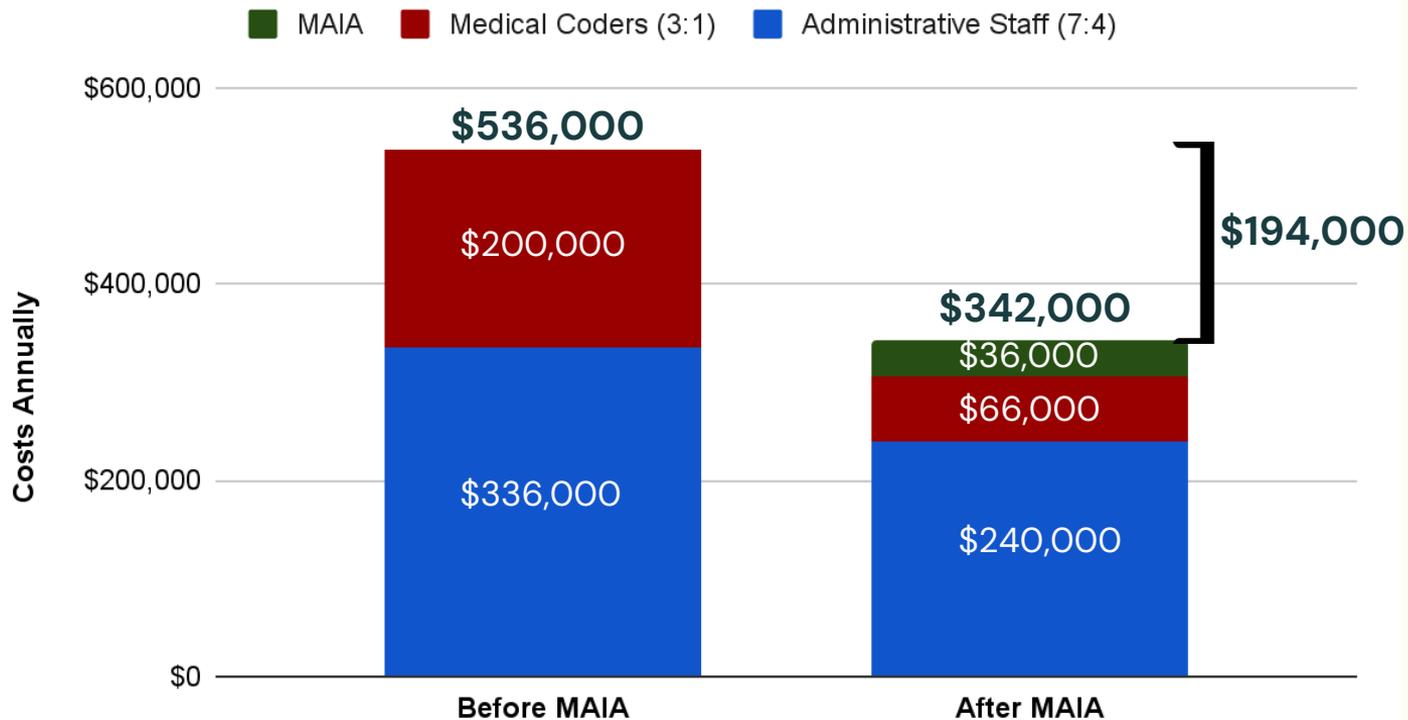
## Administrative Staff Workload





## → Monetary Savings for Private Practices

### Annual Cost of Administrative Support for 15,000 Patients





→ Go to Market

### Phase 1

**Identify  
Lighthouse  
Practices**

Identify 5-10  
struggling private  
practices—implement  
MAIA—revenue split  
from their savings

### Phase 2

**Clinical  
Champion  
Network**

Recruit residents  
and physicians—use  
doctors to build  
trust and market  
how great MAIA is

### Phase 3

**EHR Wedge  
Layer**

Partner with EHRs  
lacking AI  
functionality—expand  
into their customer  
base

### Phase 4

**Practice Broker  
Alliance**

Partner with  
practice brokers—  
implement MAIA to  
increase the value  
of a practice before  
selling

- **Dependency on MAIA**
- **Proactive outreach— Health IT companies**
- **Custom LLM instruction walkthroughs**
- **Be responsive to issues**



→ The Market

**\$349.49 Billion<sup>1</sup>**

The U.S. medical practice market-  
\$349.49B

Private practices-42.2% (\$174B)

**\$174 Billion**

Customer archetypes-42% (\$73B)

**\$73 Billion**

**~89,400 Private Practices<sup>2</sup>**

**Patient Volume**  
On average across all specialties, a  
physician sees 3.25 patients/hour<sup>3</sup>-  
6,240 patients/year

**\$40M ARR**

**Revenue**  
Assuming full use of  
agentic suite-MAIA costs  
\$2.40/patient-at 3%  
market capture



## Subscription Based Credit Economy

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### Plans

Basic: \$1,500 / mo - 1,000 credits

Growth: \$3,000 / mo - 2,500 credits

Advanced: \$6,000 mo - 6,000 credits

Enterprise: Custom pricing

### Pricing

Inbound Fax - 0.2 credits/document

Outbound Fax - 0.15 credit/document

Outbound AI Call - 0.5 credit/call

Medical Coding - 0.75 credits/document

Prior Authorization - 1.25 credits/auth

Clinical Documentation - 0.075 credits/note



### Reasoning

- Recurring revenue
- Low friction to using more tools
- Incentive to maximize usage
- No unused services
- Works with diverse workloads



## H4D Project P&L

	Year 1	Year 2	Year 3
ASP (credits)	\$ 1.23	\$ 1.23	\$ 1.23
Unit Cost (credits)	\$ 0.32	\$ 0.32	\$ 0.32
Units Sold (credits)	1,061,525	2,123,050	4,246,100
Unit Growth Rate		100.00%	100.00%

<b>Revenue</b>	\$1,305,676	\$ 2,611,352	\$ 5,222,703
<b>Variable Cost</b>	\$ 339,688	\$ 679,376	\$ 1,358,752
<b>Margin \$</b>	\$ 965,988	\$ 1,931,976	\$ 3,863,951
<b>Margin %</b>	74.0%	74.0%	74.0%

Fixed Costs			
<b>Sales</b>	\$ -	\$ 300,000	\$ 300,000
<b>Marketing</b>	\$ -	\$ 25,000	\$ 25,000
<b>Research &amp; Development</b>	\$ 200,000	\$ 250,000	\$ 300,000
<b>Administrative</b>	\$ 100,000	\$ 25,000	\$ 25,000
<b>Total Fixed Costs</b>	\$ 300,000	\$ 600,000	\$ 650,000

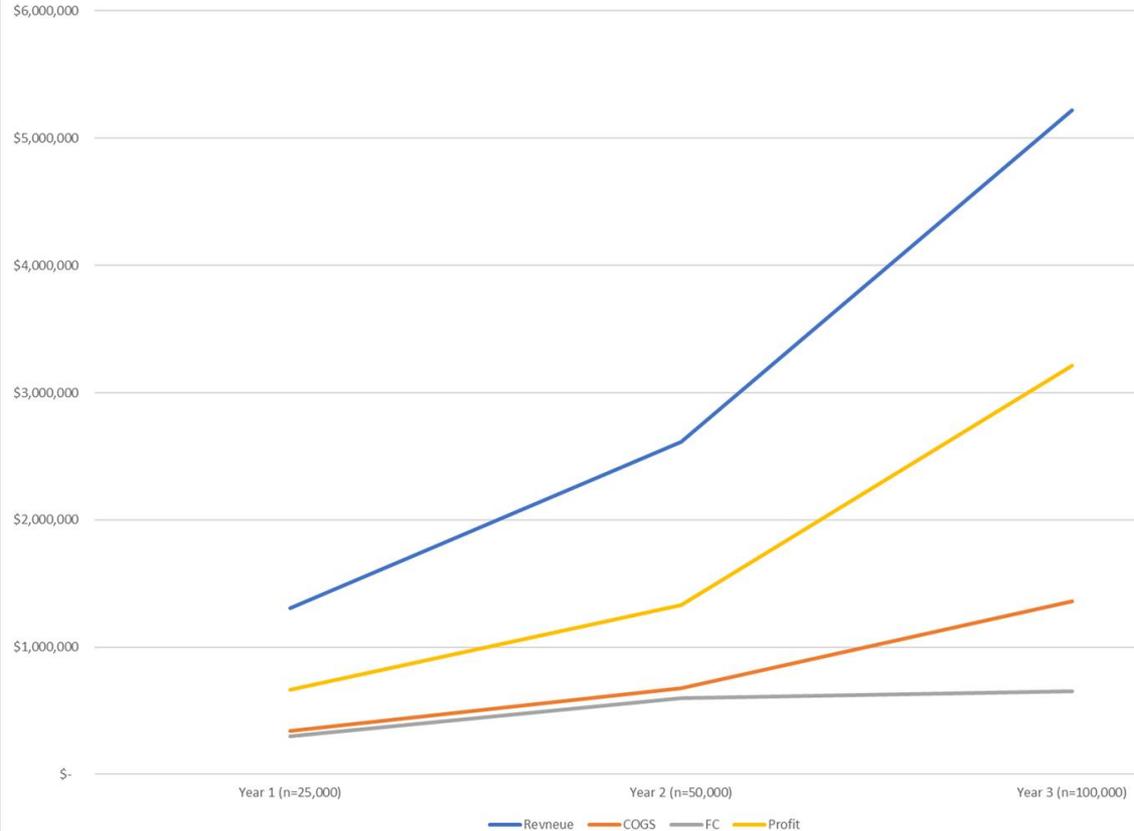
<b>Net Income</b>	\$ 665,988	\$ 1,331,976	\$ 3,213,951
<b>Taxes</b>	\$ 139,857	\$ 279,715	\$ 674,930
<b>After Tax Income</b>	\$ 526,130	\$ 1,052,261	\$ 2,539,021

<b>Corp Tax Rate</b>	21%	21%	21%
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	Year 1 (n=25,000)	Year 2 (n=50,000)	Year 3 (n=100,000)
<b>Revenue</b>	\$1,305,676	\$ 2,611,352	\$ 5,222,703
<b>COGS</b>	\$ 339,688	\$ 679,376	\$ 1,358,752
<b>FC</b>	\$ 300,000	\$ 600,000	\$ 650,000
<b>Profit</b>	\$ 665,988	\$ 1,331,976	\$ 3,213,951

Units sold calculated by patient  
volume\*credit cost\*ASP

## MAIA P&L





→ Vision

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MAIA's agentic capabilities will **reduce costs and time** associated with administrative tasks for **private medical practices**

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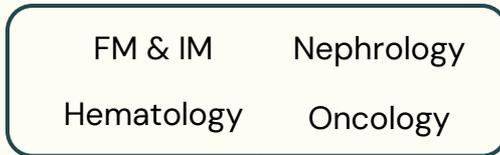
**MAIA  
Expansion**



**Users**

Integrate **VLM** for **surgical specialties**

More non-surgical specialties





# → Key Partners and Channels

## Partners



Doctors



EHRs

## Channels



Word of Mouth



Pharmaceutical Companies



Insurance Companies



Health-Centric IT companies



Medical Practice Brokers



→ Competition

Suki



Microsoft Dragon Copilot

Note drafting- some with EHR integration- still too much clicking

abridge

EHR Integration



Olive

Availity authAI

Assured

Tools not used in daily administrative work

Comprehensive Suite

SULLY<sup>AI</sup>

Covers clinical duties- low accuracy



## → Why us?

### Comprehensive administrative automation–

addresses the full workflow that competitors fragment into separate tools

- Multi-agent orchestration:
  - **Master coordinator**–manages and routes tasks to subagents
  - **Specialized subagents**–domain experts for each administrative function
  - **Quality & Compliance**– validates outputs before submission
  - **Knowledge Hub**– deep EHR integration with adaptive learning–customization happens in days not months

### MAIA is integrated, intelligent, and practice specific–

mirrors the support a corporation can afford but for

