



# HEALTHCARE AI SOLUTIONS





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# **AGENDA**

Overview → Executive Summary → Market Analysis → Product Offerings →  
Competitive Analysis → GTM → Financials → Structure → Risks →  
Appendix

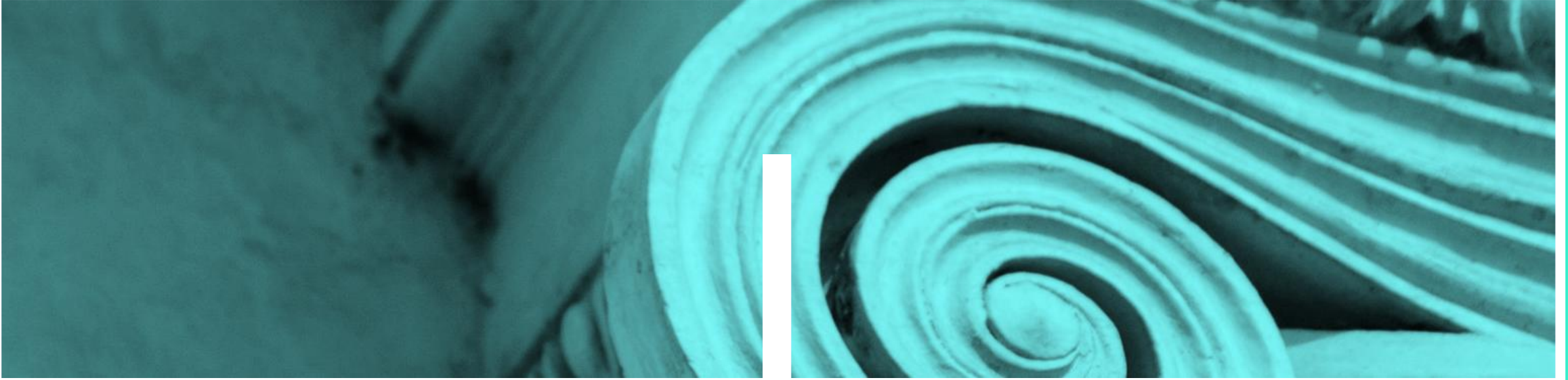


# COMPANY OVERVIEW

Talisman Solutions, established in 2004, stands at the forefront of healthcare revenue cycle management, transforming complex financial processes into seamless, strategic assets for providers.

Leveraging cutting-edge AI and deep industry expertise, Talisman streamlines Healthcare Operations from patient registration to payment prediction, empowering organizations to focus on care while optimizing efficiency and security.

Guided by unshakable integrity, relentless innovation, and a commitment to excellence, Talisman delivers results that redefine what's possible in healthcare RCM—faster, smarter, and with peace of mind.



# **EXECUTIVE SUMMARY**

# EXECUTIVE SUMMARY

We deliver Intelligent, Embedded AI Solutions that transform Healthcare Operations!

- Strong market tailwinds driving AI-Enabled RCM growth
- Status quo disruption by the One Big Beautiful Bill Act (USA)
- 20+ Yrs. of Healthcare Technology, Operations, and AI Expertise
- Scalable Agentic AI model for Payers & Healthcare Facilities
- Product Offerings tailored for target Markets & customers
- Base Low-cost and optimized Global Delivery Model
- Go-to-Market optimized for Growth & Capital Efficiency
- Offerings designed for data security & local compliance
- Dedicated IP & clean cap table through local entities



**It's Go Time!**

# EXECUTIVE SUMMARY



## SECTOR FIT & TIMING ADVANTAGE

- Recession-resilient and rapidly expanding global healthcare market
- Aging population, regulatory mandates, and digital transformation accelerating demand
- Financial + administrative layers of healthcare are overdue for reinvention



## URGENCY & OPPORTUNITY

- “Big Bold Beautiful Bill” creating urgent top-down cost containment mandates
- Hospitals face net revenue reductions driving AI & ops modernization
- AI disruption + LLMs = inflection point for scalable automation



## UNIQUE TECH + OPS EDGE

- Powerful AI engine at the core of fraud, medical necessity, and other offerings
- Agentic AI platform + 20 years of RCM domain expertise
- Hybrid “AI + traditional tech + ops” model with global delivery efficiency



## CUSTOMER-CENTRIC GTM

- Voice-of-customer design drives relevance across payer & provider markets
- Modular, PHI-secure, FHIR-ready platform with rapid deployment
- Pilots-to-scale GTM model aligned with strategic priorities



## SCALABLE GROWTH ENGINE

- Expansion playbook spans hospitals, TPAs, payers, and geographies
- Envious pace of product delivery via AI-powered tools
- Multi-region, multi-product, revenue streams



## SUSTAINABLE ADVANTAGE

- Lean ops model with onshore-offshore hybrid execution
- AI automation reduces costs while boosting precision
- Designed to displace legacy vendors and operate at a lower cost structure

# MARKET ANALYSIS



# MARKET TAILWINDS

Trifacta has created a perfect storm to enable a highly attractive market



## EVOLVING PAYER + PROVIDER CRISES

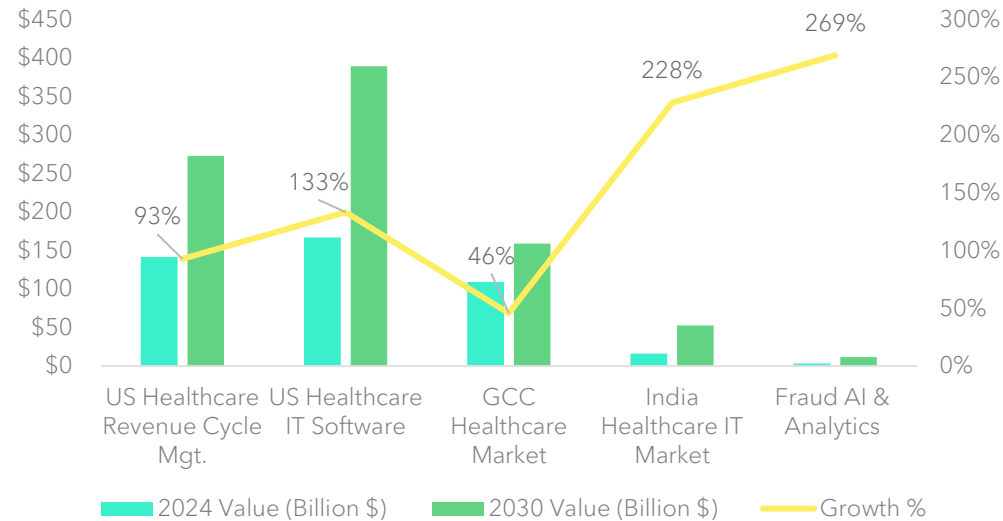
### PROVIDERS

- Workforce crisis and staffing shortages
- Financial strain from cost increases (16% in 2024) and regulatory mandates

### PAYERS

- Liquidity crisis - 86% drop in cash flow operations
- Margin compression from rising medical costs and increased regulatory scrutiny

## Market Growth (2024–2030)



## AI-ENABLED TECH TRANSFORMATION

- **CLINICAL DECISION SUPPORT** - AI embedded in real-time clinical decision-making processes
- **ADMINISTRATIVE AUTOMATION** for tasks such as pre-authorization, scheduling, documentation, etc.



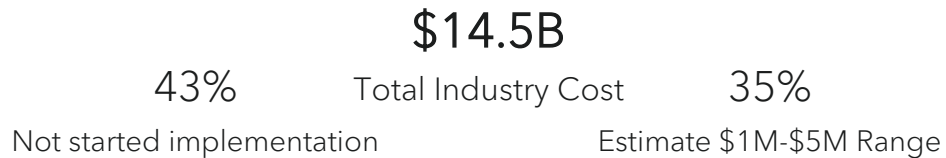
## REGULATORY MANDATES

- **ONE BIG BEAUTIFUL ACT (US, 2025)** - big cuts in Medicaid and increased eligibility requirements
- **CMS RULE on Interoperability and Prior Authorization (CMS-0057-F)**
- **EHDS REGULATION (EU, 2025)** - requiring implementation of pan-EU digital infrastructure

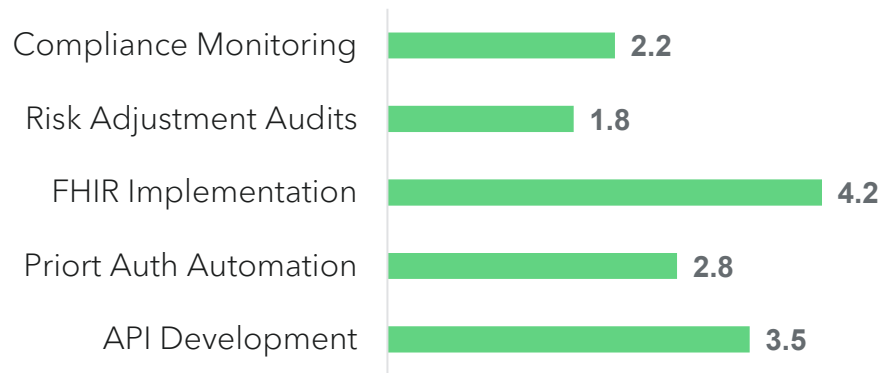
# REGULATORY IMPACT

Payer and provider challenges will be further exacerbated by the burden from regulations

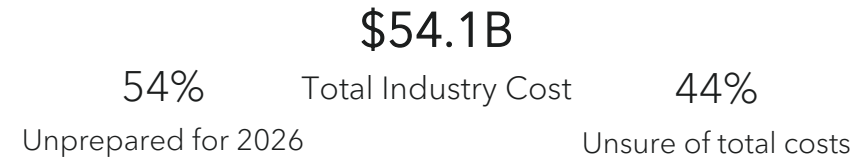
## PAYERS



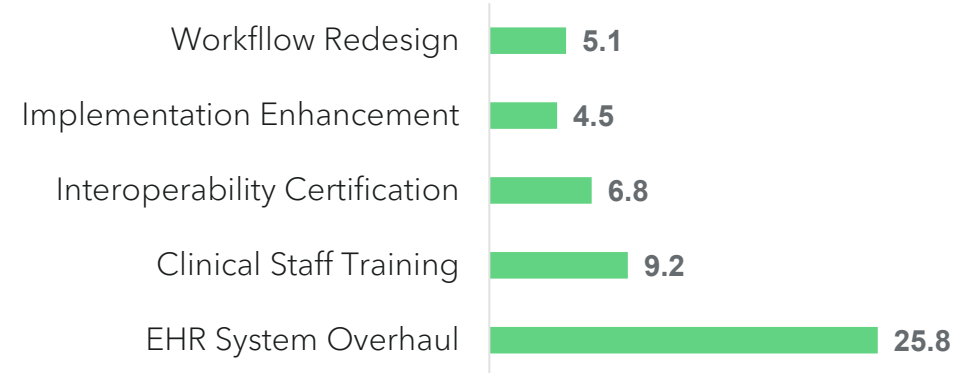
### Payer Regulatory Costs 2025 – 2027 (\$B)



## PROVIDERS



### Provider Regulatory Costs 2025 – 2027 (\$B)



### Regulatory Burden Timeline and Milestones

**2025 → \$18.2B burden**

- API Development
- EHR System Planning
- Documentation Upgrades

**2026 → \$32.1B burden**

- Prior Auth Automation
- EHR System Deployment
- Extensive Staff Training

**2027 → \$18.3B burden**

- FHIR Full Deployment
- Workflow Optimization
- Certification Completion

# AI-LED TECHNOLOGY IMPACT

Alleviating the challenges faced by the healthcare ecosystem

## CHALLENGES

**Financial Crisis**  
-86% Cash Flow  
*Payer Operations Decline*

**Operational Burden**  
54% Unprepared  
*For 2026 Requirements*

**Regulatory Pressure**  
\$1M - \$5M in Costs  
*Per Organization*



## THE AI-LED REVOLUTION

### Revenue Lifecycle

- 46% of hospitals use AI in RCM operations
- 63% reduction in claims review times
- \$9.8B in potential savings through AI automation

\$26.7B ('24) → \$187.7B ('30)  
Projected Healthcare AI Market

### Key Areas of AI Impact

#### Clinical Operations

- AI processes 100+ documents in 1.5 minutes
- 22% decrease in prior authorization denials
- 40% increase in coder productivity

#### Admin Efficiency

- 15% - 30% productivity increase across call centers
- 30-35 hours saved weekly, reducing appeals
- 80% hospitals use AI for operational efficiency

### Market Projections

24 % CAGR till 2034  
AI RCM Market

\$150M - \$300M Admin Savings  
\$380M - \$970M Cost Savings  
per \$10B payer revenue

Sources: AKASA/HFMA Survey, Iodine customer data, TruBridge analysis, Cleveland Clinic announcement, AHA Revenue Cycle Report <sup>7</sup>McKinsey 2023, Deloitte Health Outlook, Grand View Research, Toward Healthcare, McKinsey Analysis, Qventus/Healthcare IT News, Journal of American College of Radiology, Fresno health system case study

# MARKET VALIDATION

Healthcare AI is the Hottest sector in Healthcare

## EXPLOSIVE MARKET GROWTH

- \$26.6B → \$187.7B (2030) at 38.6% CAGR (Fastest-growing in all of Healthcare Tech)
- 62% of digital health funding in H1 2025 (\$3.95B)
- 83% valuation premium vs non-AI Health Tech (Avg. round: \$34.4M vs \$18.8M)

## INVESTMENT-WORTHY FUNDAMENTALS

- 6-10x revenue multiples in diagnostics & RCM AI
- Clear ROI: Claims denials ↓70%, clinical productivity ↑40%
- Exit-readiness:
  - ✓ *Tempus AI*: \$6.1B IPO (2024)
  - ✓ *Abridge*: \$212M raised; now enterprise scale

## KEY SUCCESS FACTORS

### What Drives Premium Valuations

- ✓ Proven ROI: Companies showing 15%+ improvements
- ✓ Enterprise Traction: 50+ health system customers
- ✓ AI Differentiation: Proprietary models/data advantages
- ✓ Scalable Technology: Platform approach vs point solutions

### Revenue Model Preferences

- ✓ B2B SaaS: Most scalable, highest multiples
- ✓ Outcome-based: Growing trend, aligns with value-based care
- ✓ Per-transaction: Good for high-volume applications
- ✓ Licensing: Works for proprietary AI models

**Healthcare AI is capturing 62% of all digital health funding in H1 2025 (\$3.95B out of \$6.4B total). AI companies command 83% premium valuations (\$34.4M vs \$18.8M average rounds) and 6-8x revenue multiples. The market is exploding from \$26.6B (2024) to \$187.7B (2030) at 38.6% CAGR.**

# PRODUCT OFFERINGS



# OUR OFFERINGS

Our solutions leverage state-of-the-art AI technologies to drive operational efficiencies and financial benefits to both Payers and Providers

## PAYER SOLUTIONS

### Fraud & Abuse Detection

AI-driven fraud, waste, and abuse (FWA) detection engine that flags anomalous billing patterns, identifies upcoding or unbundling risks, and enhances audit accuracy across payer-provider workflows

### Utilization & Case Management

AI-powered platform automating clinical reviews, medical necessity decisions, and real-time case tracking to improve care coordination and reduce manual intervention

## PROVIDER SOLUTIONS

### Revenue Lifecycle Management

Comprehensive delivery of RCM services, Medical coding and billing, AR audits, pre-auth, payer communication, and TPA support, ensuring compliance, accuracy, and operational efficiency

### Physician and Provider Tools

AI Powered modular tools including Revenue Prediction Models, SOAP Notes taking, ICD coding engines, and plug-and-play EHR utilities, designed to scale across diverse healthcare settings

## HEALTHCARE AI SERVICES

Customized AI-enabled solutions for providers and payers to streamline implementation and operations of their AI-based tools and infrastructure

### System Integration

Integration of off-the-shelf and bespoke digital solutions used by Payers and Providers

### Regulatory Compliance

Compliance validation of software solutions and workflows to ensure compliance with latest and ongoing regulatory changes

### Interoperability Validation

Validation of interoperability of software integrations for compliance with standards such as FHIR and HL7

### Security Services

Geography-specific security services to prevent vulnerabilities and maintain compliance with local security mandates

# SALIENT SOLUTION FEATURES

Our unique AI model includes a rich set of features & easy extensibility to numerous use cases

## NATIVE EHR INTEGRATION

Our solution natively integrates into all major EHRs such as Epic and Cerner using SMART over FHIR, providing seamless access to clinical, financial and operational data while addressing rapid digital transformation in healthcare delivery

## EXTENSIBLE AGENTIC ENGINE

Extensible Agentic engine rapidly adapts to support new Use Cases and operational workflows for payers and providers, capturing expanding addressable markets with double-digit CAGR growth

## FUTUREPROOF ARCHITECTURE

Leverages cutting-edge tools like LangChain and LangGraph enabling seamless adoption of new AI models, positioned for ideal timing to capture compounding growth opportunities

## HUMAN-IN-THE-LOOP (HIL)

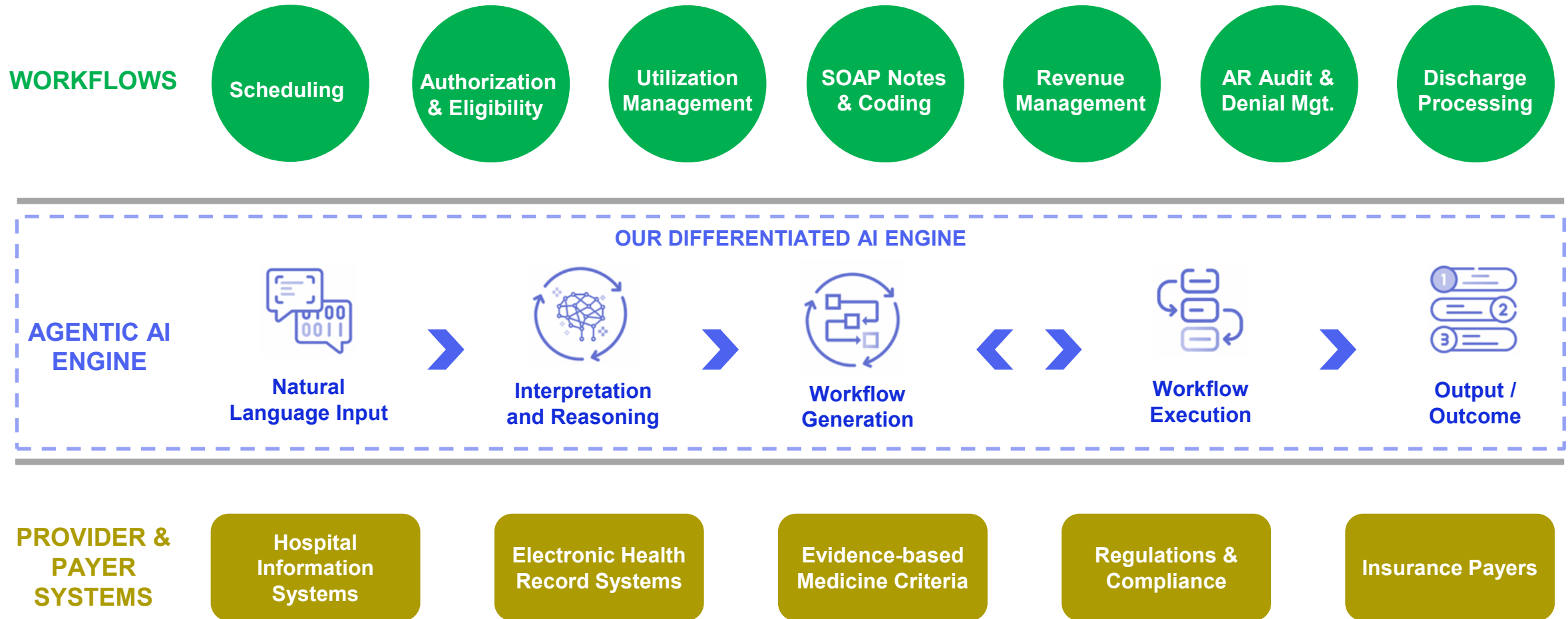
We introduce human-in-the-loop to ensure AI-provided results are validated and corrected prior to use, addressing trust deficits and persistent fraud that inflates healthcare spending. Available as Services offering

## SECURITY & REGULATORY COMPLIANCE

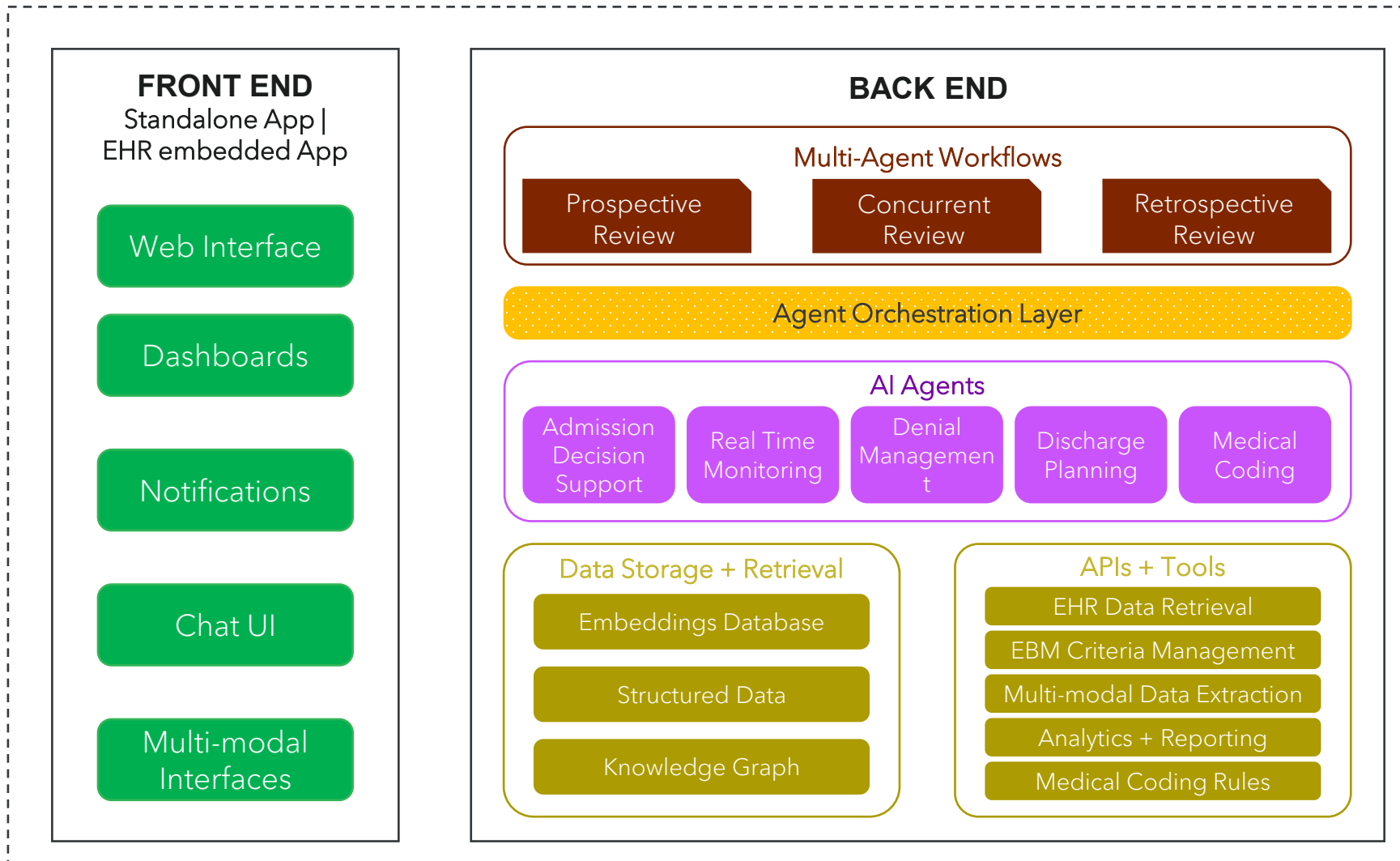
Built with Security-by-Design mindset ensuring HIPPA and GDPR compliance, addressing data vulnerabilities while meeting intensifying regulatory audit pressures and attracting enterprise support

# SOLUTION ARCHITECTURE

Our solution is powered by an accurate, efficient, and regulatory-compliant Agentic AI engine which flexibly supports multiple use cases and keeps pace with the rapidly advancing AI market



# TECHNICAL ARCHITECTURE





## EXTERNAL INTEGRATIONS





EHR Vendors  
(via SMART on FHIR)


Medical Information Providers

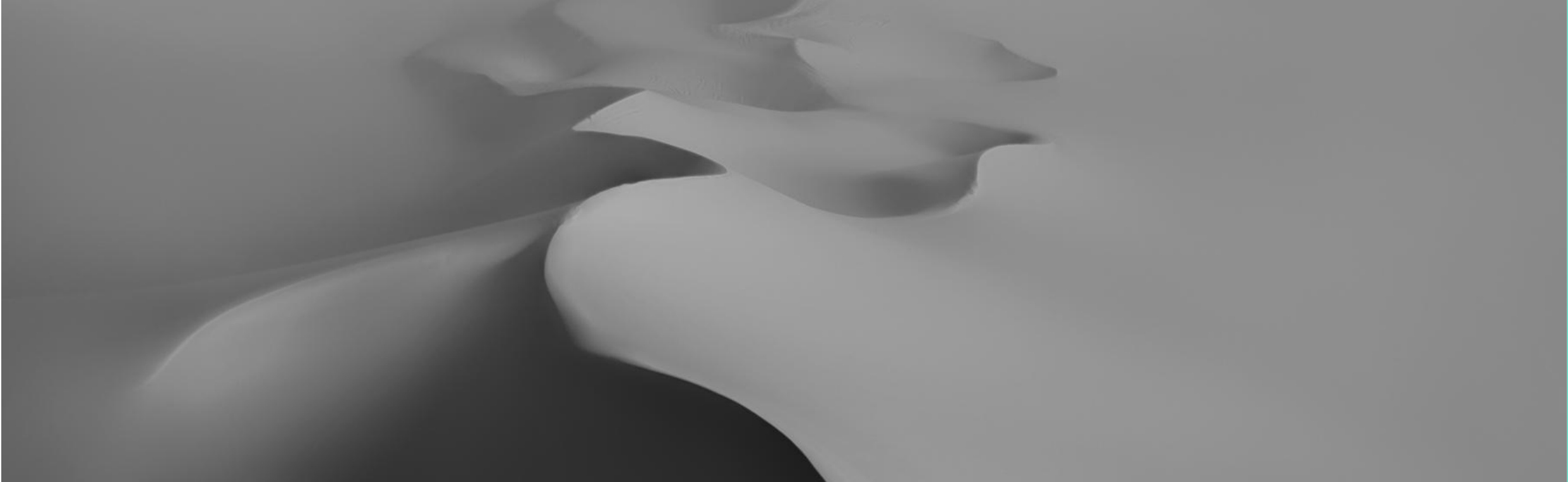
 

Large Language Models

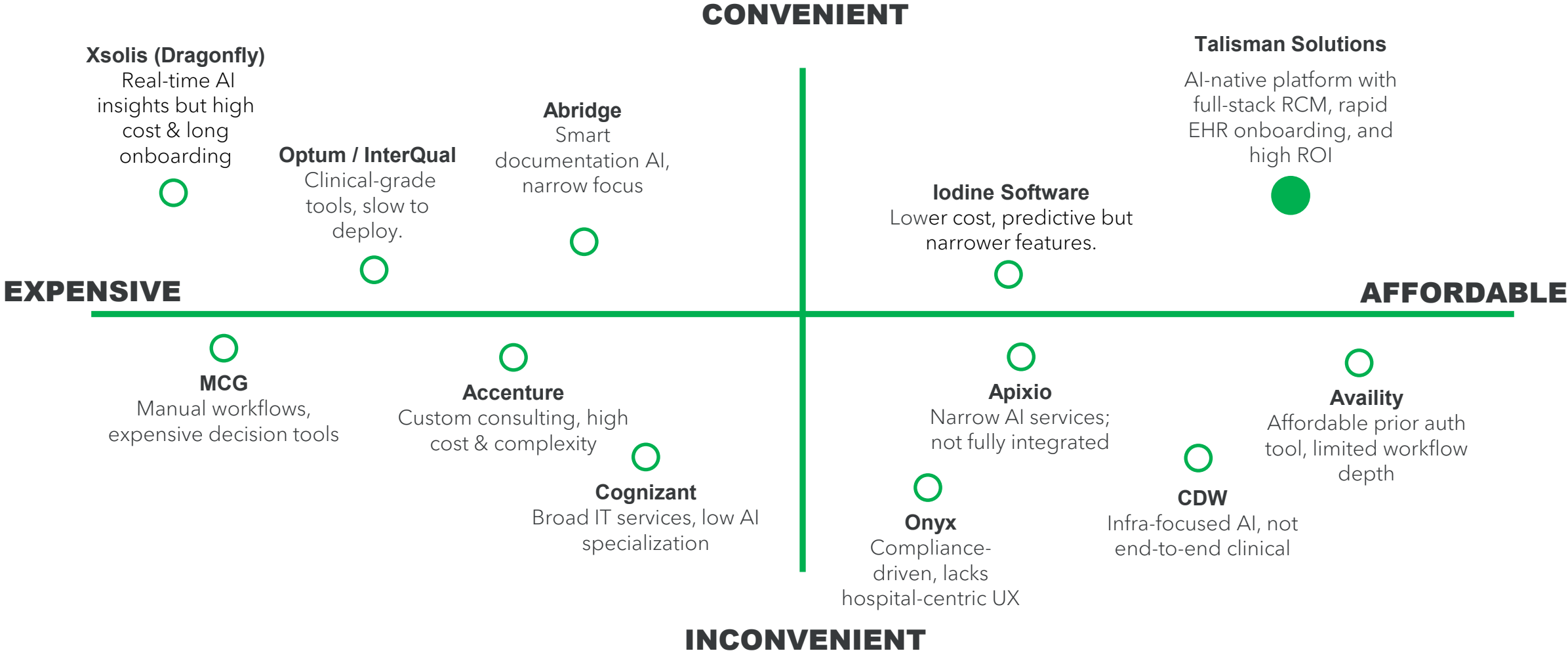
Other External Tools

 **Hugging Face**



# **COMPETITIVE LANDSCAPE**

# OUR COMPETITIVE POSITIONING



Abridge, Whose AI App Takes Notes for Doctors, Valued at \$5.3 Billion ([Link](#))

# COMPETITIVE ADVANTAGES

01

## COMPETITIVE LANDSCAPE

Market for AI solutions comprises of established players e.g., MCG, InterQual as well as AI-native startups

02

## MARKET LEADERS

Established players are AI-enabling their offerings and capitalizing on established base - but typically are much more expensive

03

## DIGITAL INFRASTRUCTURE

Cloud-native health records, cross-border data integration, and smart scheduling

04

## SOLUTION BREADTH

Comprehensive platform spanning fraud detection, utilization management, and clinical workflows across healthcare domains versus single-use competitors

05

## AI-NATIVE COMPETITION

AI-native startups e.g., Onyx and Apixio are more affordable, but are narrower in focus and/or do not seamlessly integrate into provider / payer tools

06

## VALUE PROPOSITION

Our unique approach allows us to support a broader market portfolio, while keeping the solution affordable

07

## GLOBAL SCALABILITY

Modular tech deployable across diverse markets and regulatory ecosystems

**OUR PRODUCT OFFERINGS DELIVER ALL THIS AND A LOT MORE!**

# COMPETITIVE ANALYHSIS



## VRIO ANALYSIS

Value	Rarity	Imitability (Hard)	Organization
Yes (9/10)	Yes (8/10)	No (7/10)	Yes (9/10)



**STRONG COMPETITIVE ADVANTAGE**

By leveraging AI and low-cost resources, we will deliver strong value to the market. Our solutions for the healthcare revenue cycle are rare and hard to imitate. 20+ years of experience have enabled us to design sustainable and profitable organizational capabilities



## SWOT ANALYSIS

STRENGTHS

Our Brand, History, & Cost Advantages  
 Moderate switching costs due to integration complexity  
 Healthcare AI product offerings  
 Early mover advantage  
 Cost Advantage

Lack of funding to scale the marketing and sales  
 The AI model is not 100% accurate, so we have added a human in the loop to our solution  
 Skillset and availability of offshore clinicians

WEAKNESSES

OPPORTUNITIES

Strong market need for our offerings  
 Partnerships with Hospital information systems & EHRs  
 CMS (US Payer) push for automation ([CMS-0057-F](#))  
 Strong need & political will to cut healthcare costs  
 Multiple new use cases for payers/providers

Bigger competitors with a lot more resources can imitate  
 Limited access to data to further train our AI model  
 AI is evolving quickly - there is no way to accurately predict the disruptions it may cause to the Healthcare industry

THREATS

# COMPETITIVE ANALYSIS



## PORTER'S FIVE FORCES ANALYSIS

### THREAT OF NEW ENTRANTS – LOW ✓

- Established Market Presence (20+ years serving providers) in multiple geographies
- High capital investment, HIPAA/HITRUST compliance requirements
- Domain expertise and access to large, high-quality healthcare datasets

### BARGAINING POWER OF SUPPLIERS – LOW ✓

- Limited Funding (creates dependency on fewer suppliers/partners)
- Offshore Dependencies (geography-specific skills offshore can be a challenge)

### Industry Rivalry – Moderate ✓

Incumbent vendors have access to more data and customers, while rapid AI advances and regulatory uncertainty create competitive pressure across all players facing similar accuracy limitations.

### BARGAINING POWER OF BUYERS – MODERATE ✓

- Cost Advantage (affordable solution for customers of all sizes)
- Market Demand (strong demand exists, giving some power back to you)
- Customer Base Expansion potential

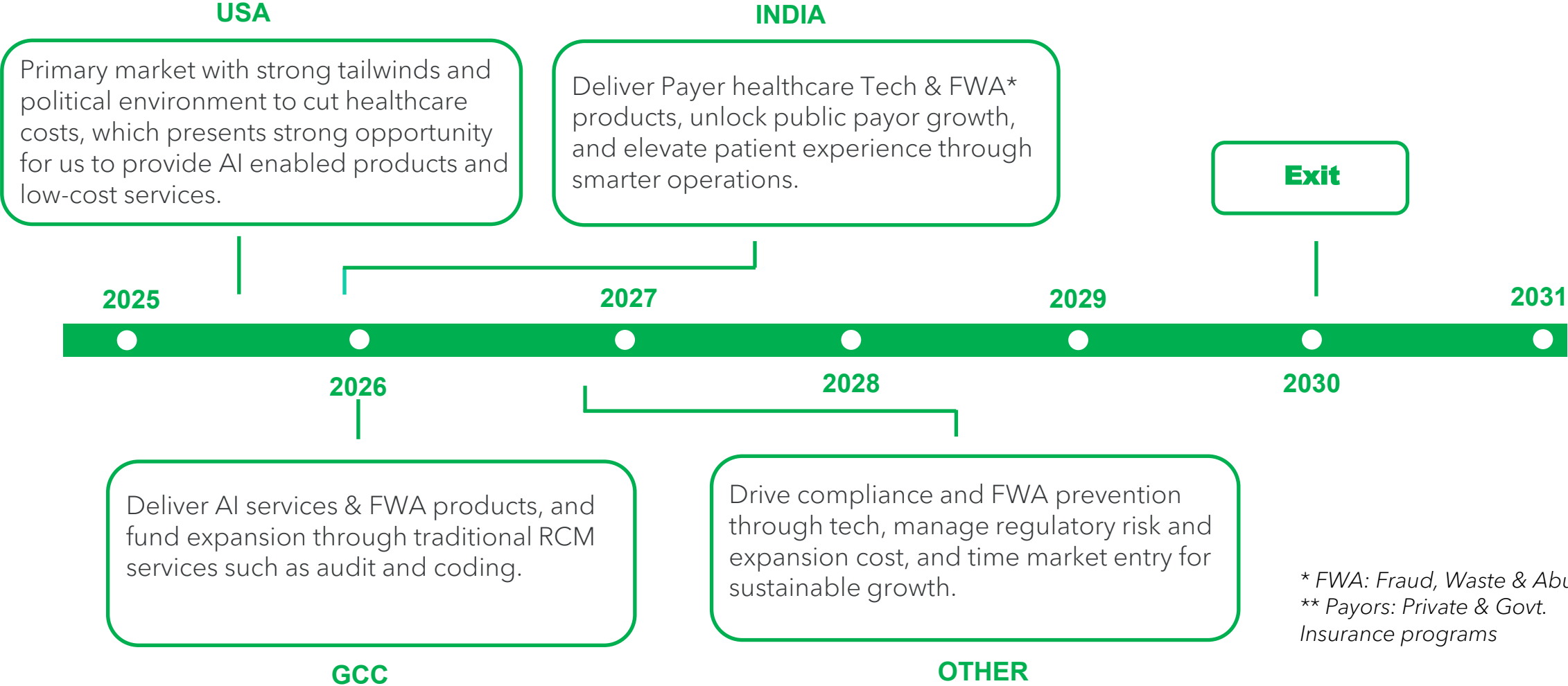
### THREAT OF SUBSTITUTES – LOW ✓

- Differentiated Solution (Agentic AI-based future-proof solution)
- Broad Offering Portfolio (unique mix of products/services)
- AI Advances (you're keeping pace, making substitutes less viable)

# GO TO MARKET PLAN



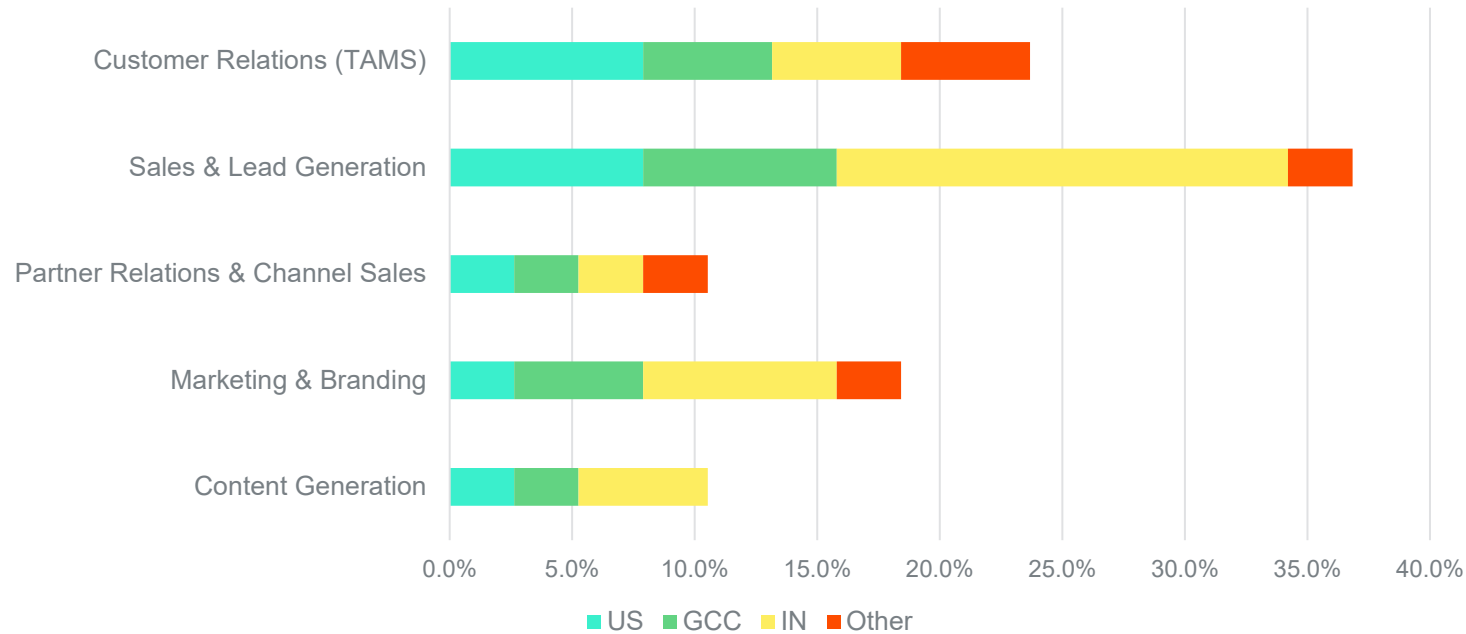
# GO TO MARKET PLAN



\* FWA: Fraud, Waste & Abuse  
 \*\* Payors: Private & Govt. Insurance programs

# SALES & MARKETING PLAN

Spend Distribution



## SEGMENTED FOCUS FOR GROWTH

- Service lines optimized for buyer personas across markets, unlocking precise value delivery and strong regional alignment.
- Maintaining the thought leadership status by regularly pushing quality content through articles, podcasts, webinars, & conferences.
- Multi-channel approach to maximize customer reach, brand familiarity, and conversion rates

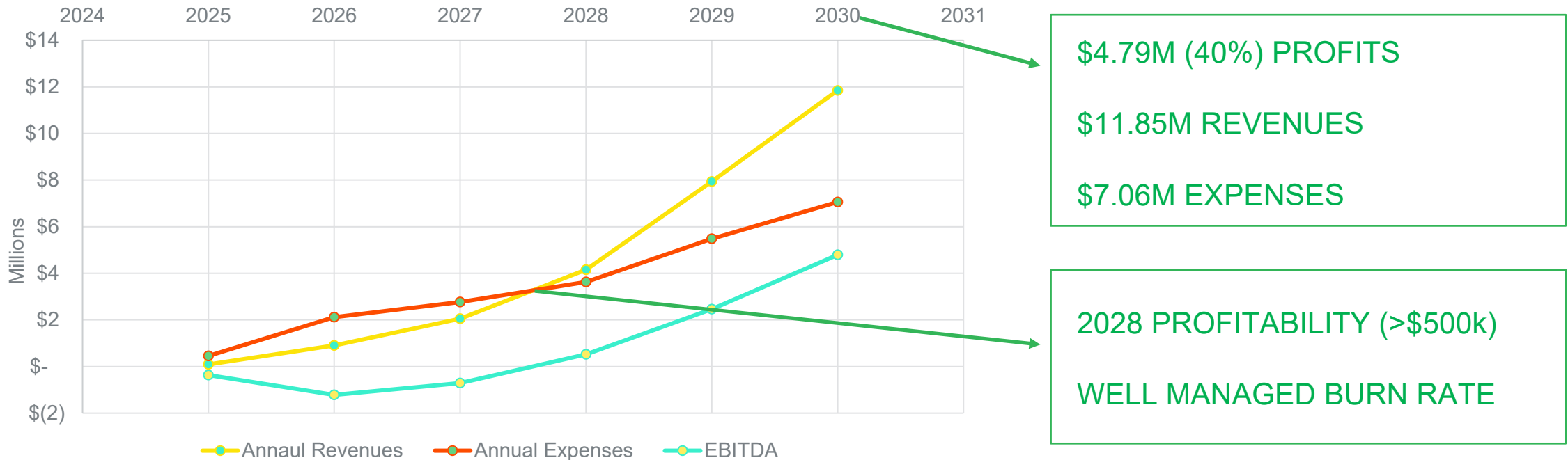
## RESOURCE ALLOCATION STRATEGY

- Relationships-driven growth strategy through complementary service providers, delivering cost efficiency & resource sharing
- Cost-effective offshore talent for lead generation and back-office sales operations to maximize return on sales spend
- Revenue assurance and upselling, leveraging the strong client relations of the on-site Technical Account Managers



# FINANCIAL PROJECTIONS

# FINANCIAL PROJECTIONS

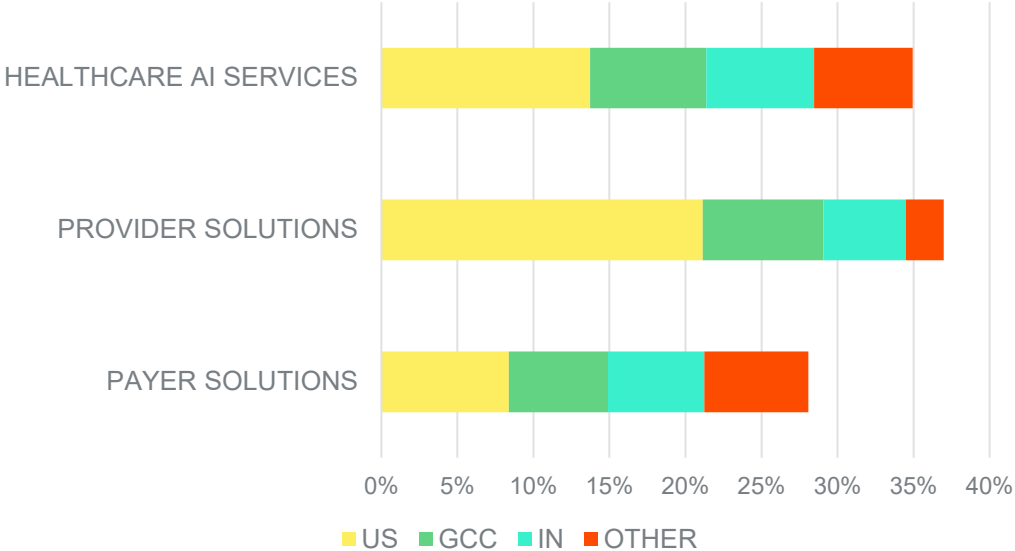


## KEY FINANCIAL HIGHLIGHTS:

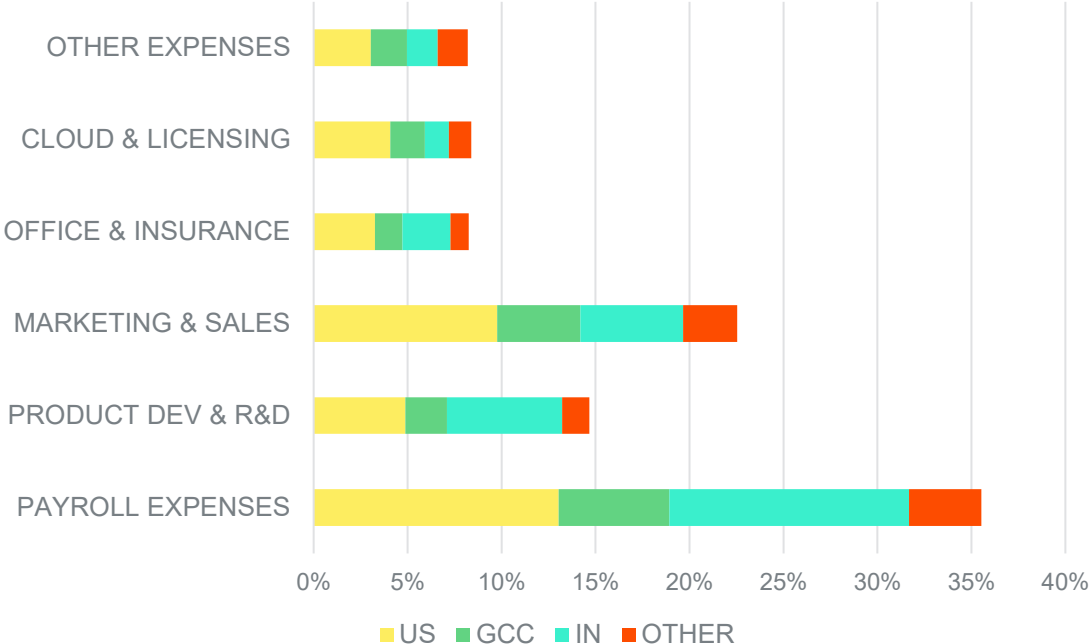
- Achieves profitability by 2028 with \$526K EBITDA, growing to \$4.79M (40% margin) by 2030
- Strong unit economics with customer acquisition cost declining from \$47K (2026) to \$9.4K (2030)
- Diversified revenues across markets, including US (43%), GCC (22%), India (19%), & Other (16%)
- Balanced revenues across service lines, including fraud/waste (22%), healthcare operations (21%), and AI/IT services (23%)

# FINANCIALS BREAKDOWN

REVENUES BY SERVICE LINES



Expenses by Categories



**DIVERSIFIED REVENUE BASE BY PRODUCT LINE AND GEO-LOCATION**

**EXPENSES OPTIMIZED FOR GROWTH & PROFITABILITY**

# ORG STRUCTURE & TEAM



# PROPOSED STRUCTURE

## Talisman Solutions, Inc. (USA)

USA C-Corporation, operating since October 2004

## Al Saqar Middle East Investment PSC

Investment firm, established in 2014 and licensed in Abu Dhabi

## New U.S. C-Corporation

New incubator focused on Healthcare AI-enabled solutions, providing a clean equity cap table and intellectual property rights for investor participation

## TSIRCM India Pvt. Ltd.

India is the fourth largest economy and rapidly growing. Leverage the current wholly owned subsidiary to capitalize on the insatiable appetite for Healthcare modernization

## New UAE Company

Abu Dhabi Stock PrJSC. or Branch company for expanding Healthcare AI enabled operations in GCC countries

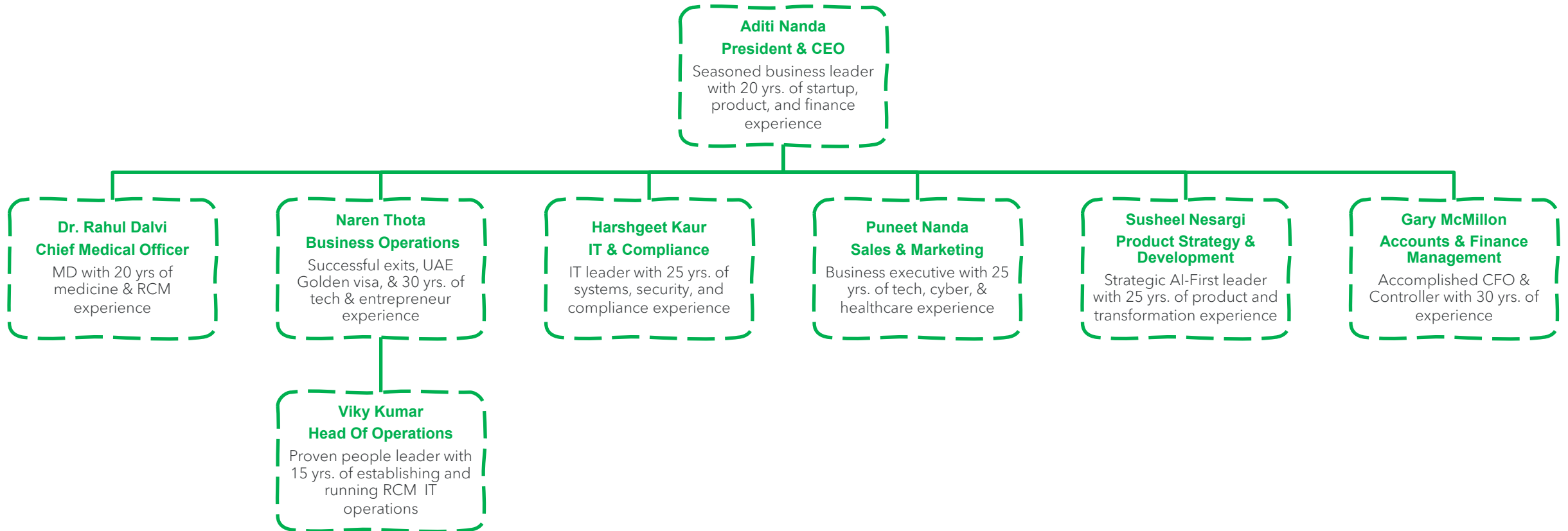
## Canada, UK, EU, ...

Further monetize the healthcare AI products by expanding to global markets using channel sales and local partnerships

# THE MANAGEMENT TEAM

## An Unfair Advantage

The dream team of experienced industry executives with proven track records to deliver on all the aspects required to capitalize on a once-in-a-lifetime market opportunity!





# OVERCOMING RISKS

etary Information. Unauthorized use or disclosure is prohibited.

# RISK REGISTER

RISK	MITIGATION
Too much geographic diversity	Management team has experience managing parallel initiative for large global organizations
Delays in sales and revenues	Shift additional resources and spend to sales and marketing efforts
Cashflow issues (Burn rate not sustainable)	The current plan minimizes the burn rate by leveraging lower-cost resources and the right mix of online vs. people sales costs.
Rapid AI enhancements shifts the market for our products and services	The current plan and solution architecture accounts for rapid pivots if such a need arises
Data quality issues (Garbage in, garbage out)	Yes, the quality and accuracy of our AI tooling depend on the quality and accuracy of the data provided to it. We can support various input formats and solutions, such as OCR, to support different data formats. Our solution also provides the confidence level of the output, which gives a clear indicator of our confidence of the accuracy of the result.
AI Model hallucinations	AI is advancing rapidly, but it is still not 100%. Our agentic architecture incorporates frequent validation and other best practices to prevent hallucinations. In addition, our solution incorporates a human-in-the-loop in the final step to manually validate where required.

# THANK YOU

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