

Apptly

Powered by **UberDoc**

APPT

Publicly listed · CSE

Priority access to specialist care, outside insurance.

Appropriate care at the appropriate price.

5,000+

Board-certified specialists

55+

Medical specialties

50

States covered

Disclaimer

The information contained within this presentation (the “Presentation”) has been prepared by Apptly Health Technologies Corp. (the “Company”) as of August 2026, unless otherwise indicated, and contains information pertaining to the business, operations and assets of the Company. The contents of this Presentation are strictly confidential. By accepting this Presentation, you agree to keep its contents confidential and not to disclose the information contained herein to any other person, unless and until such information becomes publicly disclosed by the Company. Neither this Presentation nor any copy of it may be taken or transmitted into or distributed in any jurisdiction where such distribution would be contrary to applicable law. Any failure to comply with these restrictions may constitute a violation of applicable securities laws. Recipients are required to inform themselves of, and comply with, all such restrictions and the Company accepts no liability to any person in relation thereto. By receiving a copy of this Presentation, you agree to be bound by the foregoing provisions. The information and opinions contained in this Presentation: (a) are provided as of the date hereof and are subject to change without notice; (b) do not purport to contain all of the information that a prospective investor may desire or that may be necessary to fully and accurately evaluate an investment in the Company; and (c) are not intended to be relied upon as advice to investors or potential investors and do not take into account the investment objectives, financial situation or needs of any investor. In all cases, interested parties should conduct their own investigation and analysis of the investment merits and risks of the Company and satisfy themselves as to the accuracy, reliability and completeness of any information and data provided. An investment in the securities of the Company is speculative and involves a number of risks that should be carefully considered by prospective investors. This Presentation is provided for informational purposes only and does not constitute an offer to sell or a solicitation of an offer to buy any securities of the Company in any jurisdiction. The securities of the Company have not been, and will not be, registered under the United States Securities Act of 1933, as amended, or any state securities laws, and such securities may not be offered or sold in the United States or to U.S. persons unless registered or exempt therefrom.

Cautionary Note Regarding Forward-Looking Information

Certain statements made within this Presentation constitute forward-looking statements and forward-looking information within the meaning of applicable Canadian securities legislation (collectively, “forward-looking information”), which can often be identified by words such as “will”, “may”, “estimate”, “expect”, “plan”, “project”, “intend”, “anticipate”, “believe”, “continue” and similar expressions. Such forward-looking information includes, but is not limited to, statements regarding the Company's business strategy, growth plans, expansion of its healthcare marketplace, growth of its physician network, channel partnerships, operational objectives, market opportunities, future performance and other expectations concerning the Company's business and operations.

Forward-looking information is based on management's current expectations, estimates and assumptions and is subject to known and unknown risks, uncertainties and other important factors that could cause actual results, performance or achievements of the Company to differ materially from those expressed or implied by such forward-looking information. Such risks and uncertainties include, among others, general business, economic, competitive, regulatory and market conditions; risks associated with the development, adoption and commercialization of digital healthcare services, healthcare marketplace solutions and related technologies; the expected performance of the Company's healthcare marketplace, direct-pay specialty care platform, healthcare access network and related services; the timing and success of channel partnerships; the ability to execute on growth initiatives and expansion opportunities; and the ability to obtain financing on acceptable terms when required.

These factors should be considered carefully and readers are cautioned not to place undue reliance on forward-looking information. Although the Company has attempted to identify important factors that could cause actual results to differ materially from those expressed in forward-looking information, there may be other factors that cause results not to be as anticipated, estimated or intended. Forward-looking information contained in this Presentation is based on information available to the Company as of the date hereof and the Company believes such information and assumptions to be reasonable at the time they are made. However, there can be no assurance that such expectations will prove to be correct.

Forward-looking statements contained in this document are made as of the date of this Presentation and, except as required by applicable law, the Company assumes no obligation to update or revise them to reflect new events or circumstances. Historical information contained herein should not be taken as a representation that past trends or activities will continue in the future. No statement in this Presentation is intended to be, nor may be construed as, a forecast of profitability or future financial performance.

An investment in the Company is speculative and involves substantial risk and is suitable only for investors who understand the potential consequences of, and are able to bear, the risk of losing their entire investment. Investors should consult with their own legal, tax, accounting and financial advisors before making any investment decision.

Additional information regarding the Company, including its continuous disclosure filings, financial statements, management's discussion and analysis, and risk factors, is available under the Company's profile on SEDAR+ at www.sedarplus.ca.

Third Party Information

This Presentation includes market and industry data obtained from publicly available sources and other sources believed by the Company to be reliable. Although the Company believes such information to be reliable, it has not independently verified any of the data from third-party sources referred to in this Presentation, nor has it analyzed or verified the underlying reports or assumptions upon which such information is based. Accordingly, the Company makes no representation or warranty as to the accuracy, completeness or reliability of any third-party information contained herein.

THE PROBLEM

U.S. healthcare is broken, for both sides

Patients wait too long and pay too much. Doctors wait too long to be paid. and buried in administrative burden

FOR PATIENTS



90+ day waits

The average wait to see a specialist runs past 90 days, and a referral adds roughly 23 more before the first visit is even booked.



Referral walls

Insurance networks gate access. Patients cannot reach a specialist directly, even when they know exactly who they need to see.



Surprise bills

No price is shown before care. Patients commit blind, then face a bill weeks later with no way to compare cost upfront. Significant rise in uninsured and underinsured people.

FOR PHYSICIANS



55 days to get paid

Physicians wait about 55 days for payment, and roughly one in five claims is denied on first pass, tying up cash and staff.



69% fewer independent practices

Independent practice has collapsed since 1983, down 69%, as administrative load pushes doctors into hospital employment.



Burnout epidemic

Coding, overhead and endless claim battles leading physicians to leave practice, creating critical shortages in both specialty and primary care.

THE SOLUTION

Priority access. Transparent price.

Direct-pay specialist care, in person or telehealth, no referral required. The OpenTable model for medicine.



No referral required

Book any specialist directly. Immediate scheduling, any specialty.



Transparent flat fee

Known upfront. HSA/FSA ready. Medicare-compliant visits from \$50.



In-person or telehealth

Patients choose the modality, all on one platform.



Simple & private

No insurance forms. No data sold. HIPAA compliant.



Doctors paid same day

Payment at booking. No billing cycle, no denials.



Care continues

Follow-up can be through insurance or *Direct Pay*.

Apptly powered by UBERDOC platform

You can now use your HSA Funds for UberDoc



UBERDOC

PATIENTS

PHYSICIANS

Why UberDoc?

How it Works

Specialties

For Investors

About

Sign In



Why Wait?

A certified specialist is ready to see you. No insurance or referral needed.

Vascular Surgery



01810



Not sure what specialist you need?

Just describe your symptoms and let our AI Assistant guide you to the right specialist.

Try AI assistant →



Thank you for reaching out! If this is a true emergency, please call 911 or visit your nearest emergency room.





Paula Muto MD

In-Person

Telehealth

Vascular Surgery, General Surgery

📍 Muto Vein, 2 McDonald Circle, Andover, Massachusetts

\$250

Consultation fee

📍 3.0 mi

🕒 Available Times

Tue, Jul 21

8:00 AM

8:15 AM

8:30 AM

+4 more

Tue, Jul 28

8:00 AM

8:15 AM

8:30 AM

+4 more

Show all availability ▾



Calin Vasiliu MD

In-Person

Vascular Surgery

📍 Westford Vein & Aesthetics, 5A Cornerstone Square, Westford, Massachusetts

\$250

Consultation fee

📍 15.0 mi

🕒 Available Times

Mon, Jul 27

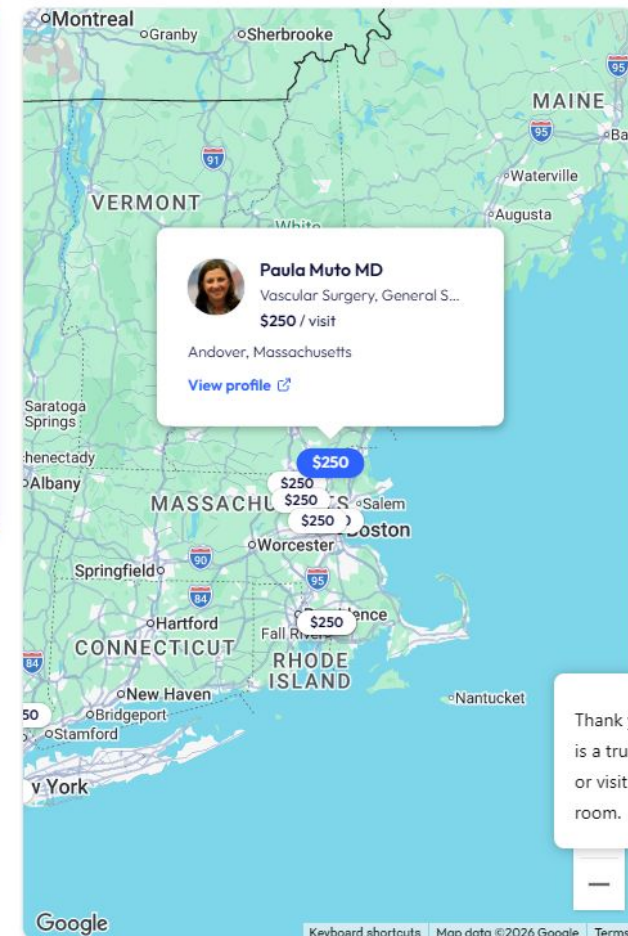
8:00 AM

8:30 AM

9:00 AM

+2 more

Mon, Aug 3



Thank you for reaching out! If this is a true emergency, please call 911 or visit your nearest emergency room.



UBERDOC NETWORK

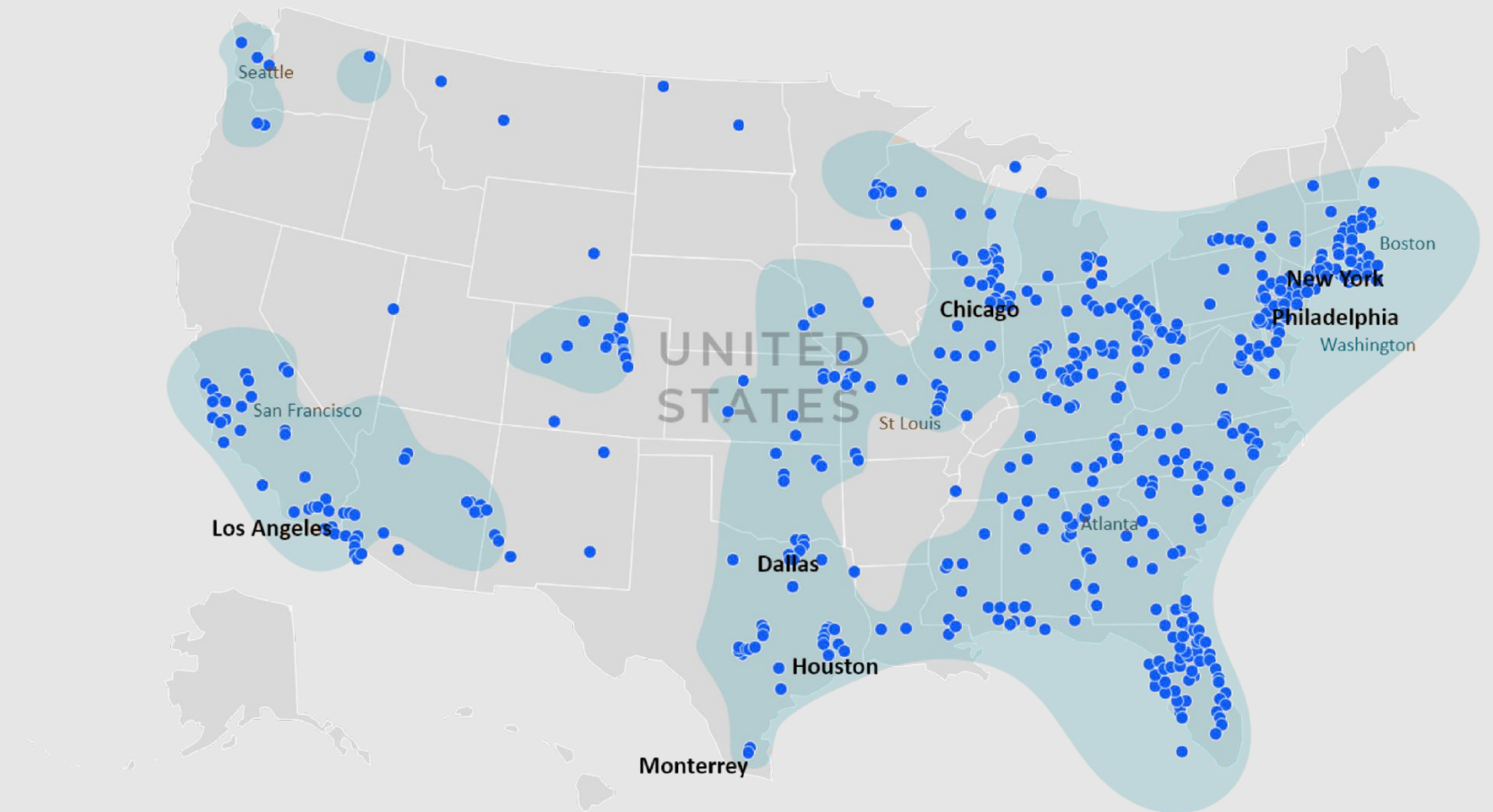
5,000+
Specialists

Board certified, credentialed
doctors from top institutions

55 Specialties*

From primary care to
pediatric oncology

Total addressable market:
1,078,681 practicing physicians,
consisting of **576,464** specialists
and **502,217** primaries



MARKET OPPORTUNITY

A \$1 trillion market, ripe for disruption

Direct-pay is the fastest-growing segment of U.S. healthcare, and UberDoc sits at its center.

\$1 Trillion

Total Addressable Market U.S. physician & clinician services

\$49 Billion

Serviceable Addressable Market High-deductible & uninsured, 1/3 of the U.S.

\$1.1 Billion

Serviceable Obtainable Market Acquirable in the next 2 to 3 years

CONTRACTED REVENUE TODAY

\$7.5M+ already generating revenue, pre-scale

860M+ annual U.S. physician visits (CDC)

1.08M practicing U.S. physicians

1% of SOM = ~\$11M annual revenue

UNIT ECONOMICS

Every doctor is a growth engine

Each physician brings an existing panel of 2,000 to 5,000 patients. That panel is our acquisition channel, at near-zero cost.

THE MATH, PER DOCTOR

Average patient panel	2,000 to 5,000
Weekly visit volume	~50 / week
Direct-pay opportunity (2%)	1 patient / week
Annual direct-pay visits	~50 / year
Average fee per visit	\$200 to \$300
UberDoc net (20 to 50%)	\$40 to \$150
Revenue per active doctor	\$2,000 to \$7,500/yr

SCALE: 5,000 → 10,000 DOCTORS

250,000
visits / year at 5,000 active doctors
\$18.75M
revenue at \$250 avg, 30% net
>\$37.5M
recurring at 10,000 active doctors

Six revenue streams, one network

Demand validated with multiple anchor customer groups. This is not a niche.



Direct to Consumer

\$200 to \$300 / visit · nets 20 to 50%

Patients booking directly. The fastest-growing segment.



Doctor to Patient

\$150 to \$300 / visit · nets 20 to 40%

Physicians serve out-of-network patients from existing panels.



Physician SaaS

\$99 to \$199 / month per license

Booking, profile & scheduling. \$6M ARR to \$12M+ at 10K docs.



Employer & TPA Direct

PEPM or flat contract

Self-insured employers, direct-contracted via Emphera Health.



Government & Institutional

Contracted per exam · recurring

MA disability, fit-for-duty federal, VA. Already live.



Marketplace Products

% revenue share · 55 verticals

Labs, imaging, longevity & integrative products on-platform.

Earning a seat at the table

The agencies serving veterans , active duty military duty and Americans with disabilities came to us.



FEDERAL ADVISORY

Appointed to the National Committee on Vital and Health Statistics

Our founder was appointed to the NCVHS— an official federal advisory body to the U.S. Department of Health & Human Services — helping shape the nation's health data and policy.

No procurement process awards this. It's an invitation to help govern — the federal government's strongest endorsement of the model.



State of Massachusetts

Disability exam contract

High-volume appointment facilitation for state disability determinations.



Fit-for-Duty Federal

Government exam program

Federal fitness-for-duty exams — recurring, high-volume, replicable nationally.



Veterans & Active Duty

Specialty exam access

Contracted specialty exams that determine and sustain veterans' disability benefits.

“ Policymakers, agencies, veterans' advocates, employers, physicians and patients all reached the same conclusion: **it works, it's needed, it's where healthcare is going. Better ,faster and more affordable**

THE MOAT

55 specialties, a moat no one can replicate

Each specialty unlocks targeted products, partners and affiliate channels. The network is the defensibility.

55 SPECIALTY VERTICALS, SAMPLE

Cardiology

Remote monitoring & devices

Dermatology

Telederm, skincare, cosmetic

Endocrinology

CGM, metabolic & longevity

Rheumatology

Biologics support & lab testing

Orthopedics

PT networks, surgical prep, DME

Neurology

Cognitive & sleep diagnostics

OB/GYN

Fertility & women's health

Psychiatry

Mental health apps & therapy

+ 47 more specialties, each its own product & partner opportunity.

GROWTH PILLARS



Strategic partners

DPC, longevity & surgery centers bring their patients.



Specialty products

Curated marketplace per vertical, revenue share.



Affiliate marketing

Commission affiliates per vertical promote UberDoc.



Google profile takeover

Booking embedded where patients already search.

Emphera Health — the Employer & TPA gateway

Emphera Health connects UberDoc's national direct-pay network to TPAs and self-funded employers nationwide.

WHAT THE PARTNERSHIP DELIVERS

- Direct contracting and bundled, guaranteed pricing for employers and TPAs.
- Reaches 40M+ lives, roughly 25% of the self-funded employer market.
- Technology and direct-pay pricing for employers, enabling value-based care.
- Adds outpatient clinical and surgical services through the platform with 5-10% revenue share.
- UberDoc is the tip of the spear: entry to direct-pay specialists, then to surgicenters.

THE OPPORTUNITY

40M+

employer & TPA lives
reached via Emphera

25%

of the self-funded
employer market

**Tip of the
Spear**

gateway to specialists &
surgicenters

Fastest-Growing

fastest-growing
outpatient care segment

Where UberDoc wins vs. the field

Others solve pieces. Read down the UberDoc column: it is the only one that holds the full stack.

	UberDoc	ZocDoc	Sesame	Solv	Hospital portals
Specialist network, all 50 states					
Transparent flat-fee, direct-pay					
Government & B2G contracts					
Employer DPO + marketplace					
Any specialist, any system					
	 Full	 Partial	 None		

THE PRODUCT

Book a doctor, right from Google

UberDoc embeds a Book APPT button into each physician's Google Business Profile to manage all of their direct pay appointments.

01

Take over the search result

The Book APPT button sits inside each doctor's Google profile. Search their name, booking is the first thing you see.

02

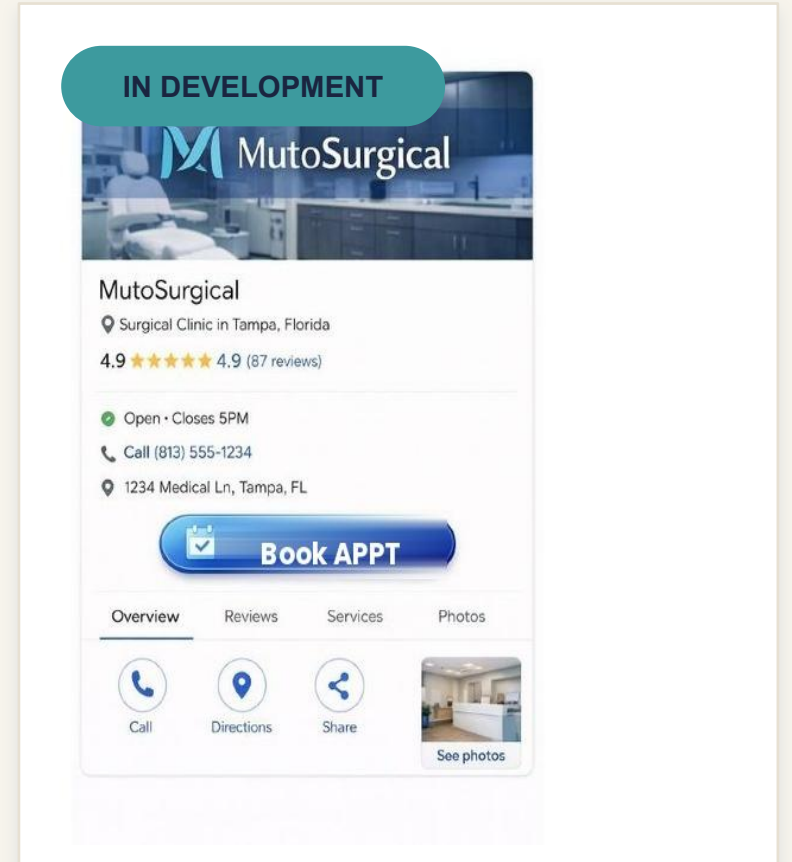
One click. Done.

Pick a time, pay upfront, confirm. No phone call, no referral form, no insurance friction.

03

The hybrid model

Doctors keep their insurance practice and add a direct-pay lane, new revenue from patients who can't wait.



Google profile integration shown is a product preview, in development.

WHY NOW

The window is open, and defensible

Hospitals and insurance networks cannot replicate what we have built. Timing, density and regulatory fit compound.



Hospitals can't compete

Legacy revenue-cycle software exists to maximize insurance billing. No path to legal cash-pay isolation.



AI-powered matching

Intelligent specialty matching and automated acquisition. The operating system for direct-pay care.



Network density

5,000+ specialists, 55 specialties, all 50 states, credentialed and live. Years and \$10Ms to replicate.



Regulatory fit

Medicare-compliant from \$50, HSA/FSA ready, HIPAA cash-pay. Founder on NCVHS, advisory to HHS.



Multi-channel lock-in

Four validated segments: DTC, government, employers, partners. Diversification single-use platforms can't match.



Market tailwinds

Cost Plus, federal price-transparency mandates, the ICHRA explosion and the longevity boom, all aligned.

Capital Structure

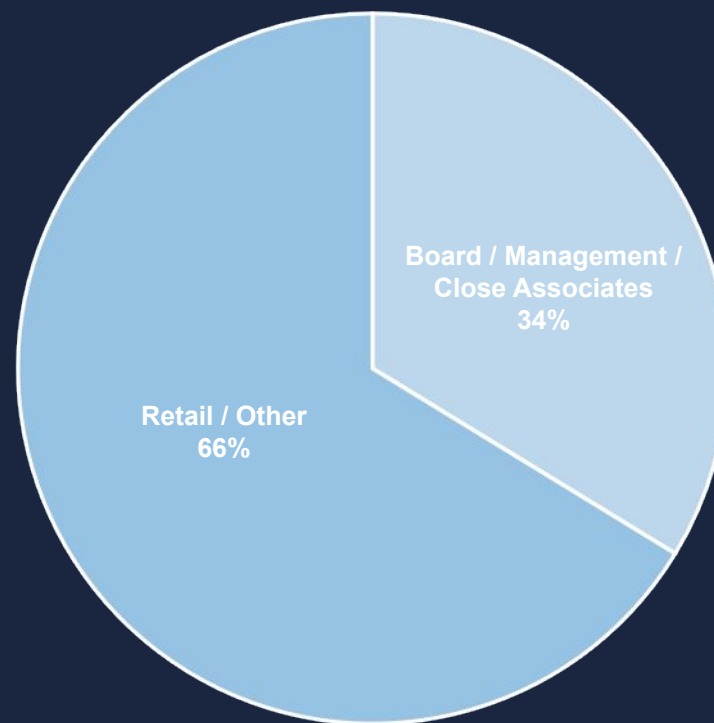
Scale the physician base, the consumer channel and the marketplace — on infrastructure that's already live.

CAPITAL STRUCTURE

Common Shares Issued	61.8M
Incentive Stock Options*	6.7M
Restricted Share Units*	0.9M
Warrants	4.3M

TOTAL FULLY DILUTED 73.7M

SHAREHOLDER DISTRIBUTION



THE VISION

The default front door to direct-pay care

Where patients, doctors, employers and government go for appropriate care at the appropriate price, and the network is already built.

860M+

annual U.S. physician visits

5,000+

physicians on platform today

\$18.75M

projected revenue at 5K active
docs

55

specialty verticals to monetize

Policymakers aligned. Contracts signed. Doctors here. Patients searching.

We built it. Now let's scale it. — *Dr. Paula Muto, M.D., Founder & CEO*

TEAM

Board

Physician-founded, woman-led. Operators across healthcare, product, capital markets and venture.



Dr. Paula Muto, M.D.

CEO, Founder & Board Chair

Practicing vascular surgeon who built UberDoc from clinical insight to a public platform. Appointed to NCVHS, federal advisory to HHS.



Craig Zevin

Director, Consumer Technology

Growth operator in digital health & SaaS. Former COO at UberDoc; prior McKinsey & Google.



Max Whiffin

Director, Capital Markets

Corporate development and venture finance leader at NorthBay Capital. Instrumental in UberDoc's CSE listing.



John Dvor

Director, Strategic Partnerships

Co-founder, Tufts Health Ventures (\$250M). Key exits: Iora (\$2.1B), Auris (\$5.75B). 20+ years in VC and biotech.

ADVISORS

Advisory board

Backed by operators, directors and world-class clinician advisors in direct-pay healthcare.



Dr. Eric Bricker, M.D.

Healthcare Finance

Co-founder & CMO of Compass (1.8M members, acquired by Alight). Founder, AHealthcareZ.



**Dr. Diana Girnita, M.D.,
Ph.D.**

Rheumatology · Direct-Pay

Founder & CEO of Rheumatologist OnCall, the first direct-pay rheumatology telehealth platform.



**Dr. Cristin Dickerson,
M.D.**

Radiology · Transparency

Founder & CEO of Green Imaging, national affordable imaging. Author of Aligned.



Paul Johnson

**Venture Capital · Digital
Health**

GP at Flex Capital. Founder of Lemonaid Health, built to a \$400M acquisition by 23andMe.



Dr. Fred Liss, M.D.

**Orthopedics ·
Physician-Led**

Founder of HURT! and GP at PhyCap Fund. Board-certified surgeon & physician advocate.

Apptly

- ✓ **The doctors are already here.**
- ✓ **The patients are already searching.**
- ✓ **The contracts are already signed.**
- ✓ **The policymakers are already aligned.**
- ✓ **The technology is already built.**

We built it. Now let's scale it.