

// PITCH DECK

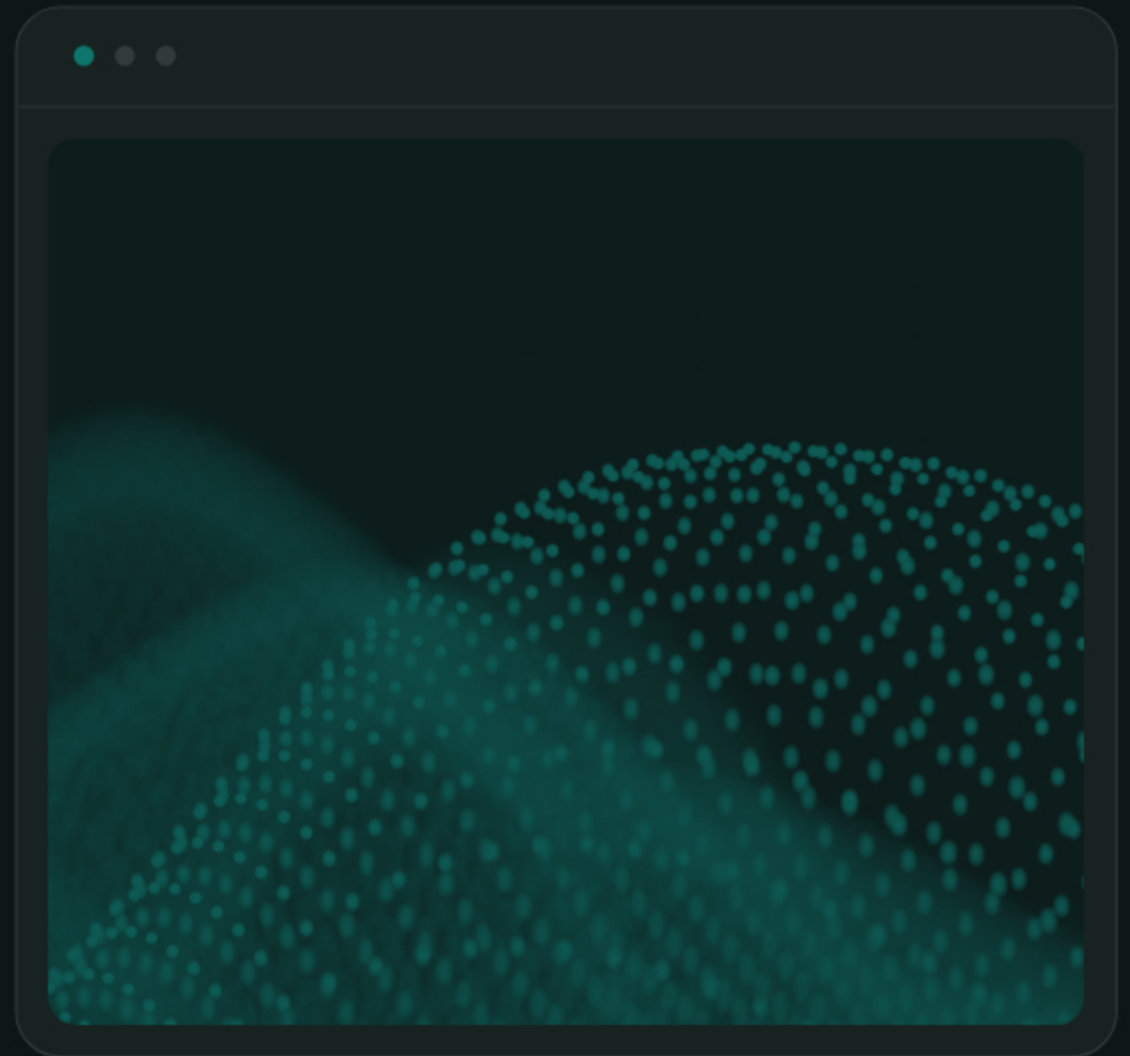
Paramedic

// DATE

10/7/2026

// PRESENTED BY

Claire Martin



// AT A GLANCE

The numbers that matter

// TOTAL ADDRESSABLE MARKET

\$18bn

// SERVICEABLE OBTAINABLE MARKET

\$18M

// REVENUE 2028

\$477k

// EBITDA MARGIN 2028

32%

// EBITDA BREAK-EVEN

2027

// TOTAL FUNDING

\$180k

The problem

01

Non-medical home care coordinators struggle to keep client visits and caregiver schedules synchronized across spreadsheets, calls, texts, and disconnected calendars.

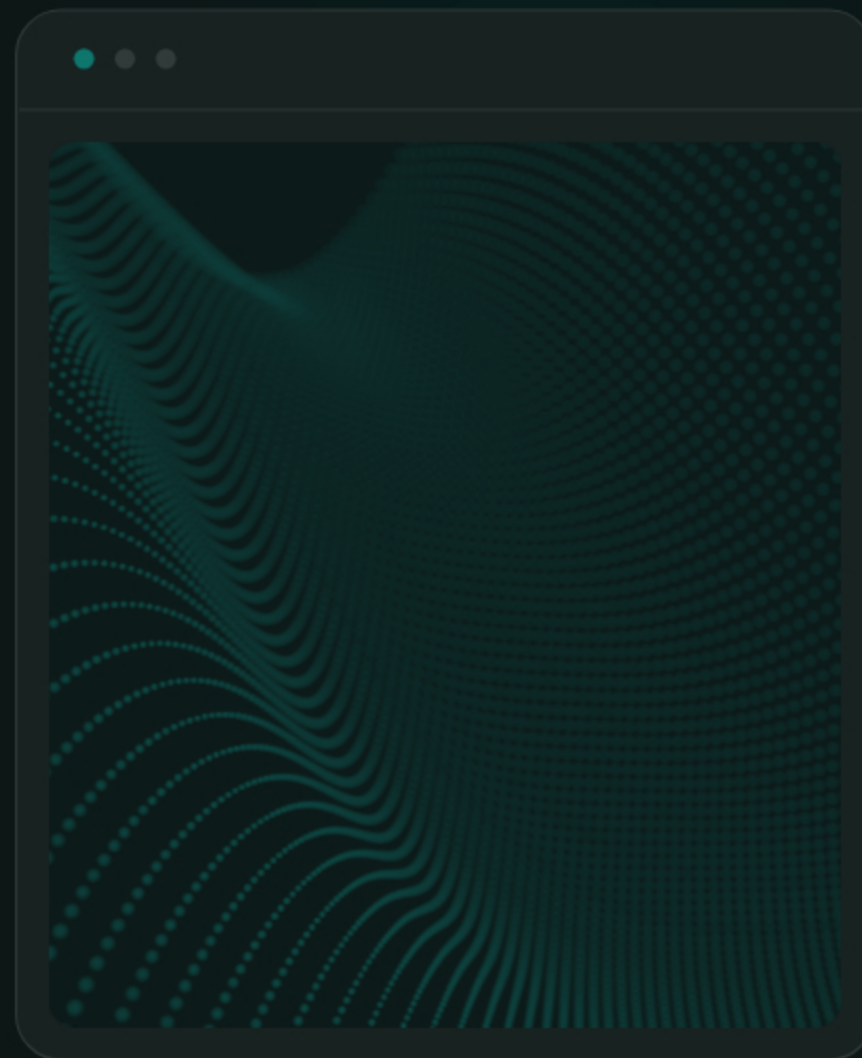
02

Agencies lose billable revenue because delivered hours, documentation, EVV records, authorizations, and payer requirements are not connected.

03

Agencies struggle to maintain enough caregiver availability to cover scheduled visits, respond to call-outs, and fill open shifts.

A non-medical home-care-first SaaS platform that connects recurring scheduling, caregiver availability, family booking, mobile visit management, EVV, documentation, Medicaid-waiver billing, and private-pay invoicing in one fast-to-adopt workflow.



The solution

01 Recurring home-care scheduling with caregiver assignment, conflict detection, call-out handling, and open-shift management

02 Caregiver mobile access to current schedules, visit details, confirmations, clock-in/out, and exception reporting

03 Online family booking, visit requests, confirmations, and schedule-change notifications

04 Caregiver availability tracking and basic matching by qualifications, location, and client needs

05 Connected visit records linking scheduled visits, delivered time, documentation, EVV, and billing status

06 EVV capture and exception queues for missing or mismatched visit records

07 Medicaid-waiver authorization-aware billing and private-pay invoicing

08 Messaging and notifications for caregivers, clients, families, and coordinators

09 Document management with expiry reminders for client, caregiver, authorization, and visit records

10 One-day guided setup and progressive adoption from scheduling to connected billing operations

A market growing 6.4% a year

ANNUAL MARKET GROWTH

+6.4%

Compound annual growth rate of the market

WHAT DRIVES IT

Regulation: EVV requirements apply to covered Medicaid personal-care and home-health services under the 21st Century Cures Act.

Technology: Mobile caregiver applications, cloud scheduling, automated exception queues, and integrated billing enable more efficient operations.

Economics: Labor scarcity increases the cost of missed visits, unfilled shifts, manual reconciliation, and administrative work.

Demographics and society: Aging-related demand is expanding the need for home-based services and personal-care workers.

WHERE IT IS GOING

Home-care services are forecast to grow at a 6.4% CAGR through 2035, supporting agency expansion and software demand.

Home-health and personal-care aide employment is projected to increase 20.7% from 2023 to 2033, intensifying scheduling, availability, and retention challenges.

Agencies are shifting from spreadsheets, phone calls, and paper records toward mobile scheduling, online booking, documentation, and integrated billing.

Mixed private-pay and Medicaid-waiver operations are increasing workflow complexity around authorizations, EVV, documentation, and claims.

\$18M within reach in a \$18bn market

// TOTAL ADDRESSABLE MARKET

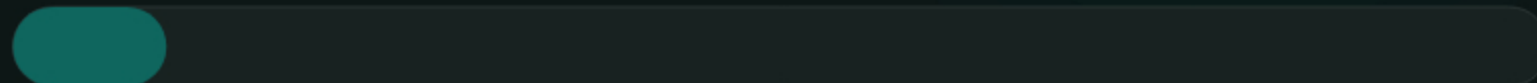
\$18bn



2025 U.S. home-care services market proxy, including both medical and non-medical services. Future Market Insights estimates growth from \$18,256.4 million in 2025 to \$33,472.9 million in 2035.

// SERVICEABLE AVAILABLE MARKET

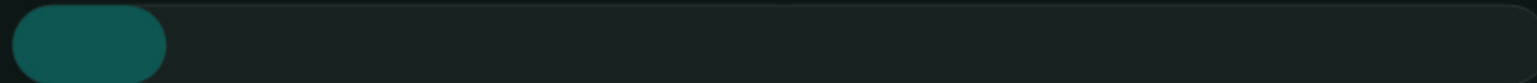
\$1.8bn



Illustrative serviceable-market estimate equal to 10% of the broad U.S. home-care services proxy, representing non-medical agencies requiring scheduling, caregiver coordination, EVV, documentation, and billing software. A precise public dollar figure for this software segment was not available; this is a planning estimate, not a reported market size.

// SERVICEABLE OBTAINABLE MARKET

\$18M



Illustrative initial obtainable revenue pool equal to 1% of the estimated SAM, corresponding to an early penetration target among independent mixed-payer agencies with one to three locations and approximately 20–100 caregivers. At \$708–\$1,668 per agency annually, this represents an initial target of approximately 11,000–26,000 agency-equivalent subscriptions...

// BARS NOT TO SCALE

Where we stand



COMPETITORS

- 01 AxisCare
- 02 AlayaCare
- 03 WellSky Personal Care
- 04 eCaring
- 05 Caregiver Scheduling by Logicly

5 alternatives on the market

COMPETITOR	STRENGTHS	WEAKNESSES
AxisCare	Mature schedule-to-revenue integration, broad feature set, and established home-care positioning.	Breadth and implementation requirements may feel complex for smaller owner-led agencies; standard public pricing is not disclosed.
AlayaCare	Strong multi-state, multi-branch, workforce, and revenue-cycle capabilities.	Likely over-capable and more complex for smaller agencies seeking one-day setup; value-based pricing is less transparent.
WellSky Personal Care	Established personal-care functionality, compliance support, and substantial market credibility.	Likely enterprise-oriented buying process and limited public pricing transparency.
eCaring	Single-login workflow, affordability positioning, and support for startups through multi-location agencies.	Personalized pricing reduces transparency; broader feature scope may still require implementation effort.
Caregiver Scheduling by Logicly	Clear segment focus, rapid roster import, offline or telephonic EVV, and tiered caregiver-based pricing.	Narrower operating and revenue-cycle scope than broader all-in-one platforms.

Porter's five forces

01

Rivalry — High

AxisCare, AlayaCare, WellSky Personal Care, eCaring, and Logicly already offer overlapping scheduling, mobile, EVV, documentation, and billing capabilities. Paramedic must compete on focus, usability, speed to adoption, and...

02

Threat of new entrants — Moderate

Cloud SaaS development is accessible, but EVV compliance, payer integrations, privacy, audit trails, and state-specific workflows create meaningful barriers.

03

Threat of substitutes — Moderate to high

Spreadsheets, shared calendars, calls, texts, paper timesheets, separate EVV systems, and billing tools remain familiar and inexpensive alternatives.

04

Supplier power — Moderate

Cloud, SMS, payment, EVV aggregation, and payer-interface providers can influence costs and integration dependencies.

05

Buyer power — High

Agencies can compare established platforms, stay with manual processes, or adopt modular tools. Low switching costs and price sensitivity are particularly strong among smaller agencies.

How we make money

REVENUE STREAMS

01 **Essential recurring subscription**

\$59 per agency per month for scheduling, online family booking, and caregiver schedule access.

02 **Advanced recurring subscription**

\$139 per agency per month for messaging, invoicing, document management, EVV, and payer-related workflows.

03 **Paid implementation**

Optional migration, multi-branch configuration, and payer-rule setup for complex or multi-location accounts.

04 **Paid integrations and premium modules**

Future recurring or setup fees for payroll, accounting, EVV aggregators, advanced reporting, credential tracking, authorization forecasting, and multi-location controls.

CUSTOMER SEGMENTS

Independent non-medical home-care agencies with one to three locations

Mixed-payer agencies serving Medicaid-waiver and private-pay clients

Private-pay companion-care and senior-support agencies

Multi-location home-care operators and franchise networks

How we win customers

2026

Founder-led outbound using targeted email, phone, and LinkedIn prospecting to owners, operations leaders, and schedulers at one-to-three-location mixed-payer agencies.

Launch association webinars and educational content with state home-care associations and Medicaid-provider groups around missed visits, EVV reconciliation, and spreadsheet replacement.

Offer the \$1 first month with a guided one-day setup, measuring activation through a recurring schedule, caregiver assignment, family booking, and delivered visit.

Build referral relationships with home-care consultants, Medicaid-billing specialists, payroll firms, EVV advisers, and agency coaches.

2027

Scale the highest-converting outbound and referral segments using customer case studies that quantify fewer missed visits, faster open-shift coverage, and reduced billing exceptions.

Develop SEO and state-specific content for home-care scheduling software, Medicaid-waiver billing, EVV reconciliation, and replacing spreadsheets.

Test tightly targeted paid search for scheduling, EVV, and home-care billing terms while excluding skilled-nursing and broad clinical-software traffic.

Introduce customer referral incentives and partner enablement materials for consultants, billing firms, and payroll providers.

2028

Expand from independent mixed-payer agencies into private-pay agencies using local SEO, owner communities, practical operational resources, and selected paid search.

Launch account-based marketing to named multi-location and franchise networks using proof from Priority 1 customers and personalized outreach to regional operations and finance leaders.

Sponsor relevant industry conferences and deepen partnerships with EVV aggregators, payroll and accounting vendors, franchise consultants, and home-care technology advisers.

Use expansion campaigns to convert successful customers from Essential to Advanced and add branches, integrations, and premium modules where operational usage supports it.

Who we serve

Agency owner or managing director

BEHAVIOUR

Owner-led buyer who responds to visible operational triggers such as expansion, missed visits, payer denials, or a new Medicaid contract.

PAIN POINTS

- Scheduling remains dependent on spreadsheets and calls
- Payer denials and unbilled hours are difficult to trace
- Limited budget and concern about implementation disruption

GOALS

- Reduce missed visits and administrative burden
- Improve cash collection and agency profitability
- Adopt software quickly without a large IT team

Scheduler or care coordinator

BEHAVIOUR

Daily power user who values exception-first workflows, mobile visibility, and fast schedule changes.

PAIN POINTS

- Disconnected calendars and frequent last-minute changes
- No reliable real-time caregiver availability
- Manual follow-up consumes much of the workday

GOALS

- Maintain an accurate schedule
- Fill call-outs and open shifts quickly
- Keep caregivers and families informed

Billing manager or office administrator

BEHAVIOUR

Influences Advanced-plan adoption and evaluates whether the product improves revenue-cycle reliability.

PAIN POINTS

- EVV, timesheets, authorizations, and billing systems do not align
- Missing service data creates unbilled hours and delays
- Manual payer-portal work is repetitive and error-prone

GOALS

- Convert delivered visits into complete claims and invoices
- Reduce denials and reconciliation time
- Maintain audit-ready records

Who we serve, continued

Caregiver or personal-care aide

BEHAVIOUR

Mobile field user whose adoption depends on a simple app, reliable notifications, and minimal data entry.

PAIN POINTS

- Outdated schedules and fragmented communication
- Open shifts and call-outs are difficult to coordinate
- Paper or duplicate documentation creates extra work

GOALS

- See current visits on a phone
- Confirm or document visits accurately
- Receive timely schedule and shift updates

Client or family member

BEHAVIOUR

Secondary user engaging through online booking, confirmations, notifications, and family communication tools.

PAIN POINTS

- Reliance on phone calls for booking and changes
- Uncertainty when schedules shift
- Limited visibility into visit arrangements

GOALS

- Request and confirm visits
- Know who is scheduled and when
- Receive clear updates about changes

Branch or regional manager

BEHAVIOUR

Later-stage buyer requiring reporting, permissions, integrations, and evidence from smaller agency deployments.

PAIN POINTS

- Inconsistent processes across branches
- Limited oversight of open shifts and billing exceptions
- Longer procurement and migration concerns

GOALS

- Standardize operations across locations
- Monitor staffing, service delivery, and revenue exceptions
- Scale without adding proportional administrative staff

The team



CM

Claire Martin

CEO, co-founder



HB

Hugo Bernard

CTO, co-founder



IM

Ines Moore

Head of Sales

\$477k revenue in 2028

REVENUE 2028

\$477k

EBITDA MARGIN 2028

32%

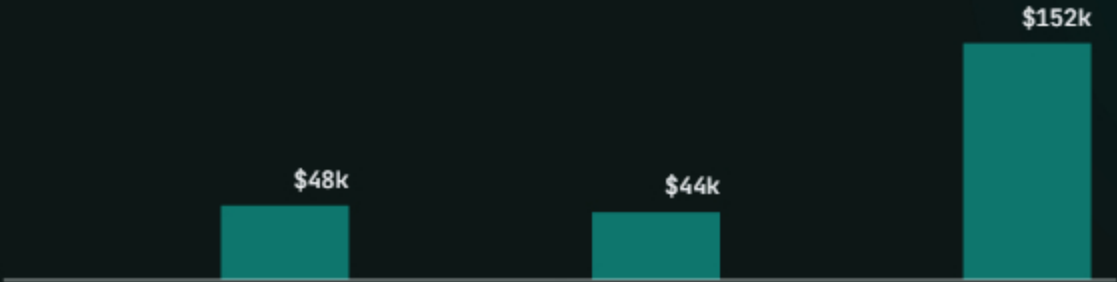
EBITDA BREAK-EVEN

2027

	2026	2027	2028
Revenue	\$31k	\$203k	\$477k
Gross margin	\$29k 94%	\$190k 94%	\$447k 94%
Operating expenses	\$161k	\$185k	\$294k
EBITDA	-\$131k -419%	\$5k 2.6%	\$153k 32%
EBIT	-\$131k	\$4k	\$151k
Net profit	-\$131k -419%	\$3k 1.3%	\$114k 24%

\$152k in cash at the end of 2028

CLOSING CASH



	2026	2027	2028
Opening cash	0	\$48k	\$44k
Operating cash flow	-\$132k	\$2k	\$109k
Financing cash flow	\$180k	0	0
Investment cash flow	0	-\$6k	0
Closing cash	\$48k	\$44k	\$152k

Raising \$180k

TOTAL FUNDING

\$180k



● EQUITY

\$180k

INVESTOR SHARE

26%

INSTRUMENT

AMOUNT TERMS

Seed round

\$180k Equity · for 26%

Valued at \$679k today

METHOD: EBITDA MULTIPLE



INVESTOR RETURN OVER THE FORECAST

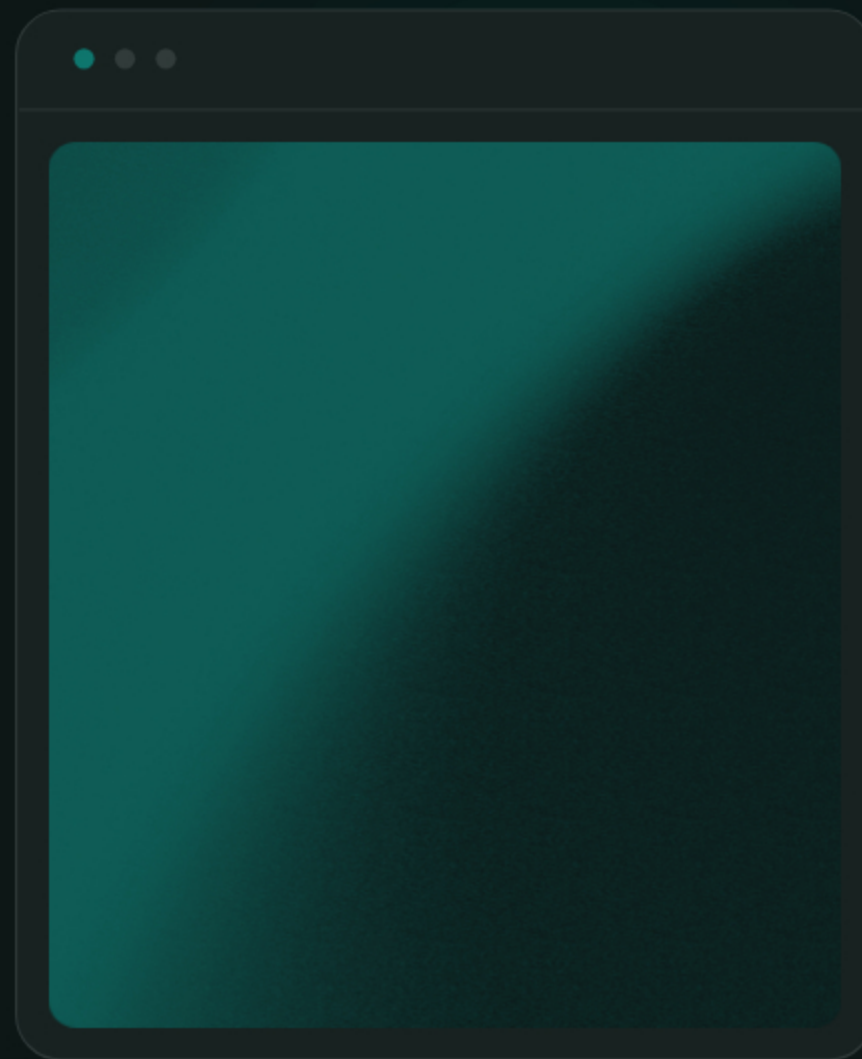
25% a year, 1.95× the initial investment

// NEXT STEP

Let's build.

Paramedic • Claire Martin

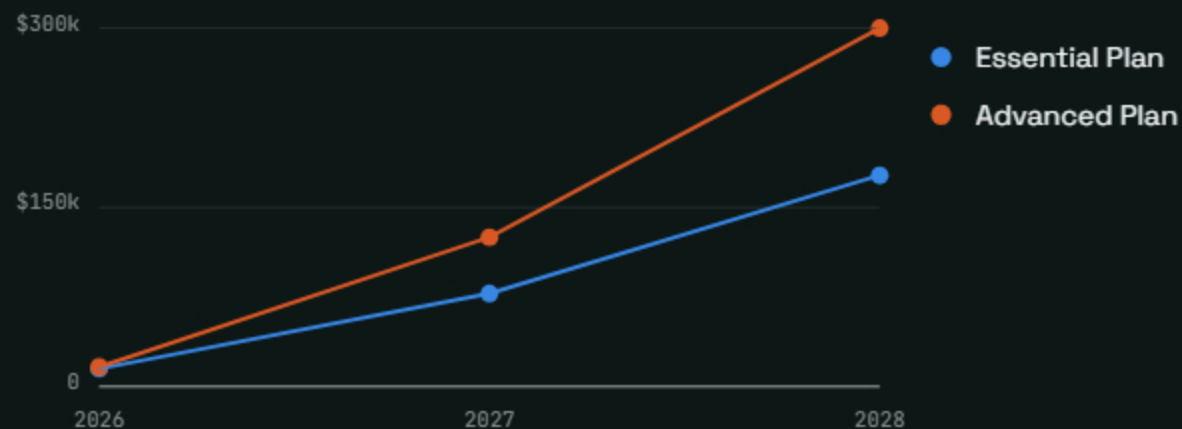
**Detailed forecasts,
analyses and sources.**



Sales growth

	2026	2027	2028
Revenue	\$31k	\$203k	\$477k
Growth (year on year)	—	+548%	+135%

SALES BY PRODUCT



KEY INSIGHTS

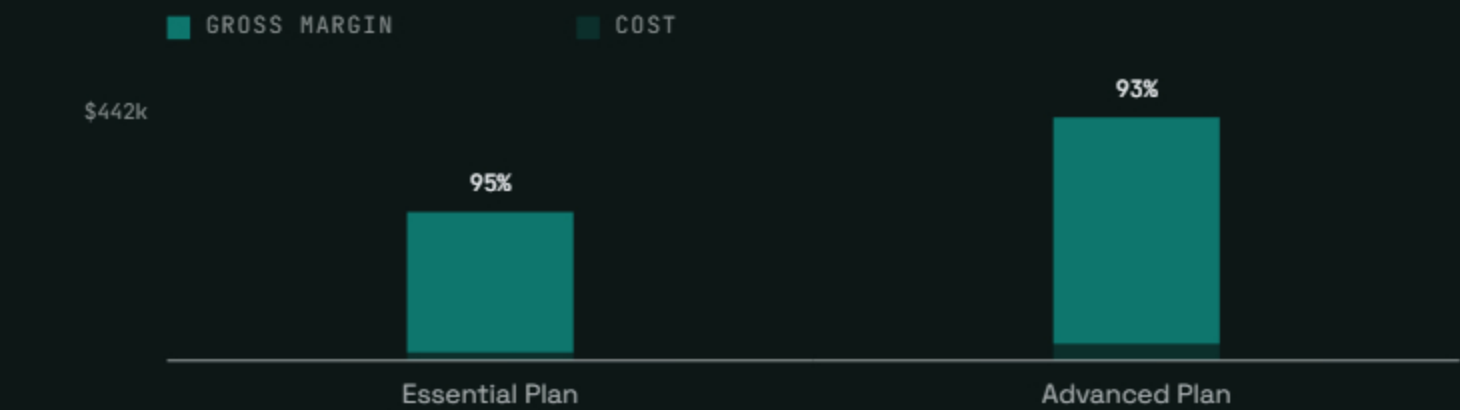
The revenue for year 2028 is distributed among the different products as follows: Essential Plan 37.1%, Advanced Plan 62.9%.

Revenue growth is driven by Advanced Plan and Essential Plan which increase by +140.0% and +127.3% respectively in the last year.

Annual growth over 3 years: Essential Plan +244.4%, Advanced Plan +327.8%

Gross margin

	2026	2027	2028
Revenue	\$31k	\$203k	\$477k
Growth (year on year)	—	+548%	+135%
Gross margin rate	94%	94%	94%



KEY INSIGHTS

Essential Plan: 94.6% (37.1% of revenue)

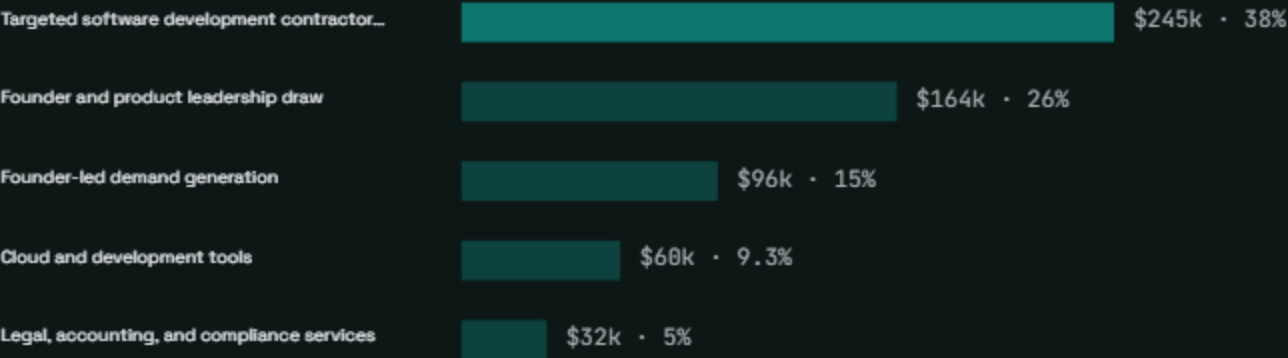
Advanced Plan: 93.1% (62.9% of revenue)

Margin value changes by +135.1% in the last year, this is due to a favorable product mix effect.

Operating expenses

	2026	2027	2028
Operating expenses	\$161k	\$185k	\$294k
As a share of revenue	513%	91%	62%

EXPENSES BY CATEGORY



KEY INSIGHTS

OPEX amount increases by +58.9% in the last year to reach the detailed breakdown shown below.

We observe a compression of fixed costs in favor of business development.

Profitability

	2026	2027	2028
EBITDA	-\$131k	\$5k	\$153k
Margin	-419%	2.6%	32%
EBIT	-\$131k	\$4k	\$151k
Margin	-419%	1.7%	32%
Net profit	-\$131k	\$3k	\$114k
Margin	-419%	1.3%	24%

KEY INSIGHTS

EBITDA (2026): \$-131K, EBITDA (2028): \$153K.

2026 → 2027: +104.1%

2027 → 2028: +2760.4%

EBITDA sensitivity

COLUMNS: REVENUE GROWTH

	-30%	-20%	-10%	0%	+10%	+20%	+30%
87.7%	-\$202k	-\$140k	-\$78k	-\$15k	\$47k	\$110k	\$172k
89.7%	-\$192k	-\$129k	-\$65k	-\$986	\$63k	\$127k	\$190k
91.7%	-\$182k	-\$117k	-\$52k	\$13k	\$78k	\$144k	\$209k
93.7%	-\$172k	-\$106k	-\$39k	\$27k	\$94k	\$161k	\$227k
95.7%	-\$163k	-\$94k	-\$26k	\$42k	\$110k	\$178k	\$246k
97.7%	-\$153k	-\$83k	-\$14k	\$56k	\$125k	\$195k	\$264k
99.7%	-\$143k	-\$72k	-\$758	\$70k	\$141k	\$212k	\$283k

ROWS: AVERAGE GROSS MARGIN

Total EBITDA over the forecast as revenue growth (columns) and the average gross margin (rows) vary. The outlined cell is the forecast as it stands.

Investor return sensitivity

COLUMNS: REVENUE GROWTH

	-30%	-20%	-10%	0%	+10%	+20%	+30%
87.7%	-0.0×	2.0×	4.0×	6.0×	8.0×	10.0×	12.0×
89.7%	0.3×	2.3×	4.4×	6.5×	8.5×	10.6×	12.6×
91.7%	0.6×	2.7×	4.8×	6.9×	9.0×	11.1×	13.2×
93.7%	0.9×	3.1×	5.2×	7.4×	9.5×	11.7×	13.8×
95.7%	1.3×	3.4×	5.6×	7.8×	10.0×	12.2×	14.4×
97.7%	1.6×	3.8×	6.1×	8.3×	10.5×	12.8×	15.0×
99.7%	1.9×	4.2×	6.5×	8.8×	11.0×	13.3×	15.6×

ROWS: AVERAGE GROSS MARGIN

The investor's return multiple as revenue growth (columns) and the average gross margin (rows) vary. The outlined cell is the forecast as it stands.

Sources

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