

Medi Bridge Network



MB Nurse Program Roadmap Pennsylvania

This document covers information to build a road map to commercial viability for the MB Nurse Program territorial license in the state of Pennsylvania.

MB Nurse Program



Pennsylvania Population
12.96 Million

GDP
\$923 Billion

Healthcare Spending
\$175 Billion

U.S. health care spending grew 4.1 percent in 2022, reaching \$4.5 trillion or \$13,493 per person. As a share of the nation's Gross Domestic Product, health spending accounted for 17.3 percent.

Transforming Healthcare: The healthcare industry faces significant challenges that threaten the quality of patient care and the efficiency of health services. A disconnected healthcare system, characterized by shortages in almost every field, underutilization of technology, isolated data, soaring costs, deteriorating health outcomes, and high readmissions, is a pressing concern. Patients in hospitals and care homes, bear the brunt of these inefficiencies. Medi Bridge Network introduces the MB Nurse Program which works with the interdisciplinary care team of Medi Bridge Network to respond to these issues with three pivotal strategies:

A Digital Health Solution That Works for Everyone: At the heart of Medi Bridge Network's mission is the deployment of digital health technologies designed to serve the communities we operate in. The MB Nurse program prioritizes the seamless flow of health data and interoperability, ensuring that digital health tools are accessible and effective for all stakeholders.

Bridging The Digital Divide: The digital divide poses a formidable barrier to equitable healthcare access, disproportionately affecting underserved communities and areas without high-speed internet and lacking in hospital infrastructure. Medi Bridge Network is committed to bridging this gap by facilitating the integration of broadband services and digital tools into healthcare delivery. By collaborating with broadband providers MB Nurse brings Telehealth and remote patient monitoring to the forefront, especially in regions previously marginalized by the digital divide.

Effective Use of Data to Achieve Better Health Outcomes: A fragmented healthcare system, plagued by data silos and isolated information significantly hampers the delivery of coordinated and comprehensive care. Medi Bridge Network addresses these challenges head on by offering a multifaceted solution of MB Nurse telehealth, Broadband and Networking Infrastructure, interoperability and the seamless exchange of information across and within healthcare. These services combined set new standards for how health data can be utilized to enhance patient care, each working individually to increase efficiency at every step, while offering a complete package that addresses the wider challenges leading to better informed decisions, reduced care fragmentation, and superior health outcomes for patients.

MediBridgeNetwork.com
ILOCX.com/MBN



Creativity is the power to connect the seemingly unconnected.

- William Plomer

Overview

Reservation fee
\$200,000

You receive post-payment:

- 1 year option to buy territory
- Extended Roadmap
- Financial Model
- Localised website
- Data Room
- Media pack, images, videos, etc

Funding by 

**subject to approval*

\$19,000,000

License Fee

\$20,000,000

Amount payable to exercise option
and receive territorial license

\$800,000

You receive after payment:

- Full Exclusive Territorial license
- MBN Software & Strategies
- Sub-licensing rights*

Price Breakdown

The total number of hospital admissions in Pennsylvania is 1,277,629. The average hospital readmission rate is 14.5% and each readmission costs \$15,200. Lowering this rate to 10% represents 57,494 readmissions and a cost of \$873,910,320 per year.

In Pennsylvania where the median annual cost of care in assisted living is \$42,660 and in a skilled nursing facility is \$113,150 an average of about 2,000 people per day are on waiting lists to enter a nursing homes, largely due to homes being unable to use beds because of staffing shortages. 57% of homes have beds that are unused because of a lack of caregivers; 98% of respondents have direct care positions that need to be filled, 93% said they anticipate the need to use contracted workers. Opening up 6,000 spaces represents \$467,430,000 at a mean of \$77,905.

It is important to note that this forecast does not include projected wellness revenue from its wellness program, or revenue from vending services to other state or selling sub-licenses and technology.

Stages

1. Reservation

Reserve the territory on ILOCX using the account of the potential licensee: <https://app.ilocx.com/territory>.

- Upon completion of this phase, the Licensee is given nine months to fulfill the Development Agreement milestones with MB, the Licensor, securing the territorial license or forfeiting the Pennsylvania Health Improvement Opportunity to cut readmission and chronic disease costs, as well as unnecessary out-of-pocket costs for Pennsylvania employers. A significant drop in inpatient days per 1,000 employees, alongside better employer education on managing healthcare costs, especially those from readmissions, will signal the care transition organization's efficacy.

2. Get Started

Once triggered the deposit needs to be paid, this totals **\$800,000** and covers all costs to begin a pilot scheme in the location chosen.

- This will include the MB Care Transition Program to develop the MB Nurse Program software and training program to build the care transition business and generate sales and acquire care transition and chronic disease contracts that will collect and analyze pilot projects to reduce readmissions and chronic disease costs.
- This also covers:
 - The costs to list on ILOCX covering all upfront fees and first year listing fees.
 - The building and delivery of a local website.
 - All media and images, data and point of sale aids, email addresses, and a detailed report covering competition, USP's, market size, list of potential partners, HQ assistance for news and localized promotion of NB Nurse in the territory.

3. The Details

Once the option fee has been paid to the Licensee, the virtual care transition business entity must be organized by the Licensee in the Commonwealth of Pennsylvania. The Licensee is responsible for obtaining its entity business license and the health professional licenses for the medical physicians, registered nurses, pharmacists, and social workers and any other necessary ancillary licensures from the Pennsylvania Department of State to protect, preserve, and improve the health and safety of Pennsylvania citizens.

The Pennsylvania Opportunity

Pennsylvania faces a multifaceted healthcare crisis marked by workforce shortages, underserved communities, inadequate physical and mental health outcomes, and spiraling costs. Medi Bridge Network aims to address these critical issues through innovative digital health solutions, bridging the digital divide, and leveraging data for improved health outcomes.

The Big Issues in Pennsylvania:

The state is grappling with significant healthcare challenges. Pennsylvania is experiencing one of the worst shortages of nurses and health professionals in the nation. Underserved communities suffer from both a lack of access to care and poor health outcomes compounded by a digital divide that limits their access to digital health services.

The Readmissions Crisis

Annually, the country sees over 35 million hospital discharges, with unplanned readmissions costing between \$15 to \$20 billion. In 2021, Medicare expenditures reached \$900.8 billion, with projections indicating an annual increase of 7.6% until 2028 due to the growing number of enrollees. The Hospital Readmission Reduction Program (HRRP) has financially penalized hospitals for high readmission rates; between October 2021 and September 2022, nearly 2,500 hospitals—47% of all facilities—faced reduced Medicare payments. Of these, 39 hospitals incurred the maximum penalty of a 3% reimbursement reduction, with the average penalty across hospitals being 0.64%, translating to an average financial loss of \$217,000 per facility.

Further analysis reveals that Medicare readmissions alone amounted to 2.3 million cases, with each readmission costing an average of \$15,500. Medicaid readmissions were 721,300 with an average cost of \$14,100 per case, while private insurance saw 569,800 readmissions at an average cost of \$16,400 each. Self-pay patients had the fewest readmissions (136,500) and the lowest average cost (\$10,900). The healthcare sector, a \$4 trillion industry as of 2020 and accounting for 17.7% of the U.S. GDP, is expected to see healthcare's share of the GDP rise to 19.7% by 2028, with nearly a third of healthcare costs attributed to hospital care. The economic burden of readmissions is substantial, with over \$52.4 billion spent annually on caring for patients readmitted within 30 days for previously treated conditions, highlighting the urgent need for strategies to reduce readmissions and improve the efficiency and effectiveness of hospital care.

The Pennsylvania Divide

The digital divide in Pennsylvania exacerbates health disparities, with underserved communities facing both a lack of access to healthcare and digital services with an estimated 14% of Pennsylvanians living in a medically underserved area and 22% living in an area that is both medically underserved and designated as having a health professions shortage.

Only in Bucks, Chester, Delaware and Montgomery Counties can over 95% of the population use or connect to the internet in their household. 12% of counties (Cameron, Clearfield, Forest, McKeon, Philadelphia, Sullivan, Union and Warren) have 8% of households with no internet access. This lack of broadband internet is an impediment to delivering telehealth services in rural areas.

The state's healthcare system is further hindered by data silos, where valuable health information is isolated within specific departments or organizations. This fragmentation impedes the delivery of coordinated and comprehensive care.

Nursing Home Crisis In Pennsylvania

The nursing home sector in Pennsylvania is facing a critical staffing crisis, a situation that is severely affecting its operational capacity and the quality of care provided to residents. A 2023 survey highlighted the dire state of staffing in nursing homes across the state, revealing that more than half of the facilities are forced to limit admissions due to insufficient staff to provide care. Specifically, 52% of surveyed nursing homes reported having to restrict admissions, and a significant number of beds remain unused because there are not enough staff members to care for additional residents. Some facilities reported having between 51% to 60% of their beds unusable due to staffing shortages.

The impact of this crisis is quantifiable: on average, nursing homes denied admission to 17 potential residents per facility over a three-month period due to the lack of staff. Furthermore, 31% of the surveyed facilities reported having more than 21 unfilled direct-care positions, underscoring the acute shortage of certified nurses' aides, licensed practical nurses, and registered nurses. This shortage is so widespread that 98% of facilities acknowledged having some unfilled positions.

To cope with these shortages, 81% of nursing homes are relying on contracted agency staff, which significantly increases operational costs, the average

wage of staff nurses according to the survey is \$51.66 hourly versus a contracted registered nurse hourly wage of \$127.12. From 2019 to 2022, labor costs have surged by 20%, and 93% of nursing homes expect to rely on contracted workers to meet state staffing ratios, further exacerbating the financial strain on these facilities.

Chronic Disease Burden In Pennsylvania

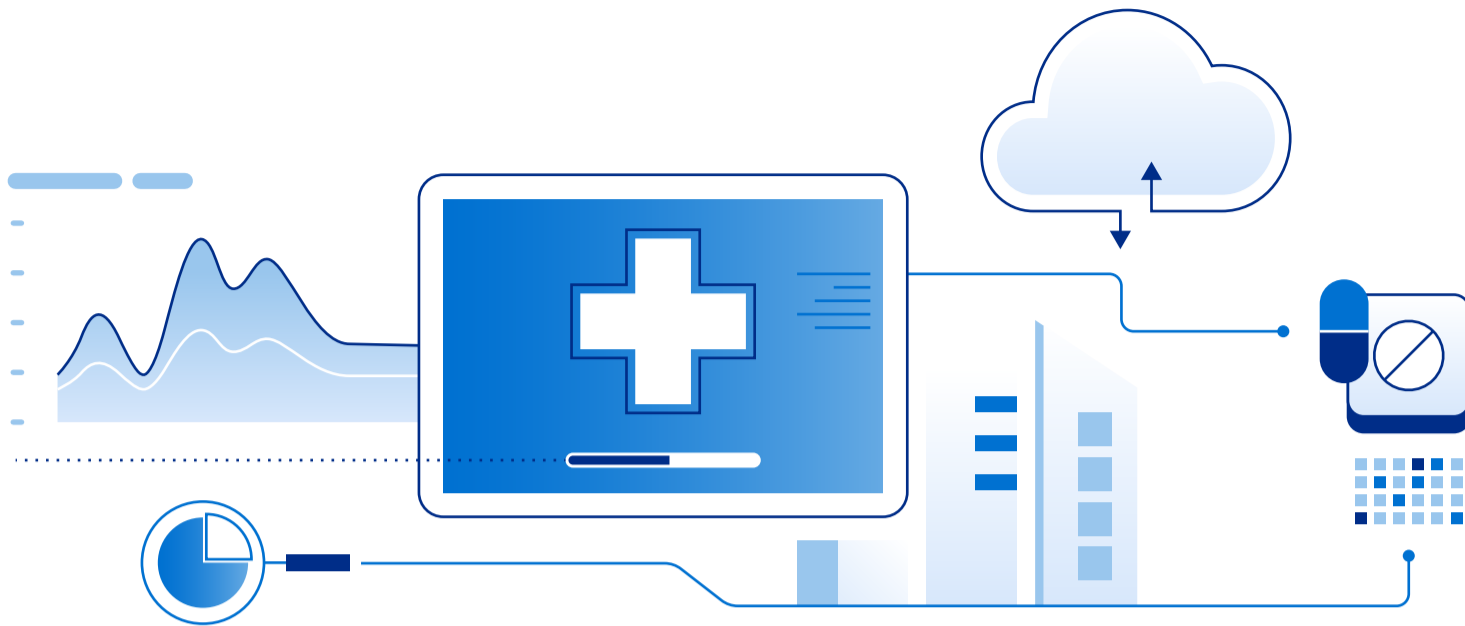
In Pennsylvania the statistics highlight an urgent need for intervention. With 88 people dying from heart disease, 76 from cancer, 18 from stroke, 17 from chronic lower respiratory disease (CLRD), and 10 from diabetes each day, the state faces a significant health crisis. In 2019 alone, Pennsylvania reported 32,250 deaths from heart diseases and 27,703 from cancer, with chronic diseases accounting for roughly 66% of all deaths annually.

These conditions not only lead to loss of life but also contribute significantly to disability, decreased quality of life, and increased healthcare costs. In 2017, healthcare spending reached \$3.5 trillion nationally, with 90% of these expenditures attributed to chronic and mental health conditions. Pennsylvania's aging population, higher than the national average, and improved longevity indicate that the burden of chronic diseases and associated costs will likely continue to rise.

The Effect on Pennsylvania

The pervasive impact of these issues in Pennsylvania is further exacerbated by the significant financial burden healthcare costs place on its residents. A staggering half of Pennsylvania adults experienced healthcare affordability burdens in the past year, with one in three struggling to pay medical bills. This financial strain is not just a personal issue but a state-wide problem that underscores the dire need for systemic change. High healthcare costs lead to delayed or forgone care, with 41% of adults who needed healthcare facing cost-related barriers. This includes skipping essential medical tests or treatments and not filling prescriptions, which can worsen health outcomes and increase the long-term cost and burden of chronic diseases.

The concern for future healthcare affordability is alarmingly high, with four in five Pennsylvanians worried about affording healthcare. This anxiety is not unfounded, as 74% of uninsured adults cite high premiums as the barrier to coverage, and a significant portion of the population has encountered severe financial hardships. The widespread dissatisfaction with the healthcare system and strong support for specific fixes reflect a collective call for change.



The Medi Bridge Network Program Toolkit



MBNurse Virtual Care

Medi Bridge Network empowers patients and healthcare providers to deliver a high quality personalised remote health services using MB Nurse software and registered nurse providers.



MBN Training

The MB Nurse training program quickly onboards providers enabling them to provide high quality health services using intuitive software.



Post Hospital Discharge Program

The transition from hospital to home is a critical period for patients, especially those with complex care needs or chronic conditions. MB Nurse Post Discharge Care ensures a seamless transition, reducing the risk of readmission, and improving patient outcomes. By leveraging the services of MB Nurses, hospitals benefit from remote monitoring, easy access to healthcare professionals, and adherence to treatment plans outside the hospital setting. Supporting patients in their recovery process and significantly impacting the overall effectiveness of post discharge care.



Chronic Disease Management Programs

Specialized Registered Nurse Education Program empowers Pennsylvania patients to manage chronic diseases better by integrating virtual visits of patients to change the behavior of patients to address the risk factors not limited too of obesity, tobacco use, excessive alcohol consumption, lack of physical activity, mental illness, and poor nutrition. In parallel, the MB care

transition program emphasizes the teamwork of the primary care network collaborating with Pennsylvania Hospitals and Nursing Homes in at least ___ counties of Pennsylvania to improve wellness and to address the high prevalence of chronic disease of Pennsylvania patients with estimated healthcare expenditures of \$ _____ in 67 counties in the Commonwealth of Pennsylvania. The purpose of MB's chronic disease program is to integrate the virtual visits of the patients with network providers to support the future primary care network to improve patient access to care and patient safety by achieving the following benefits:

(i) To improve access of persons with chronic illnesses to necessary and timely care and meaningful health information to address the health literacy of patients that is frequently associated with other social and economic factors that creates barriers to care in Pennsylvania counties;

(ii) To improve access to care and health information for patients with limited mobility or hard to reach locations;

(iii) To assist the management of chronic diseases in the Commonwealth of Pennsylvania;

(iv) To expand patient care to after hours;

(v) To ensure the review of timely lab results and x-rays;

(vi) To manage and refill medications without errors

Broadband

The MB Nurse Program will coordinate and partner with Pennsylvania broadband providers to increase telehealth services to improve healthcare communication in but not limited to rural and underserved areas where the shortage of healthcare professionals is most acute.

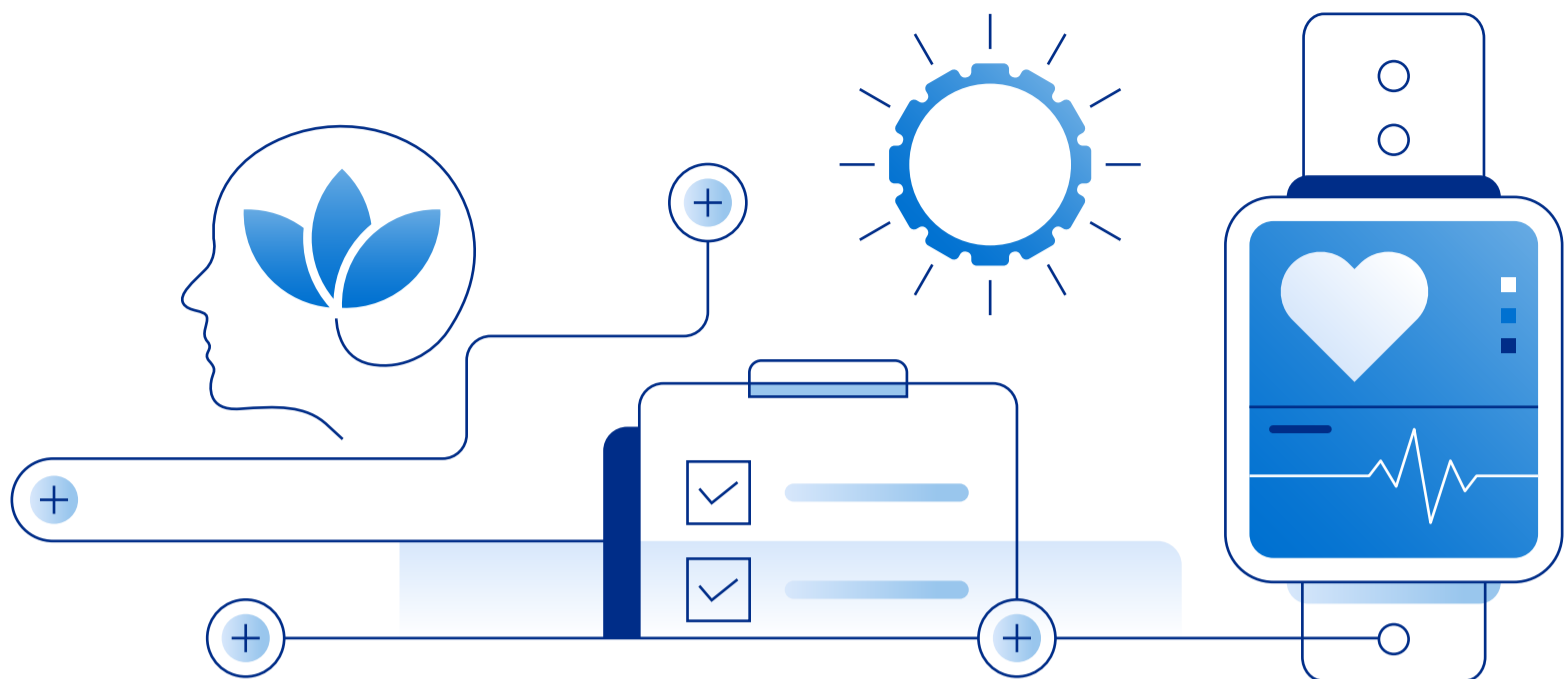
Health Data Interoperability

MB Nurse's approach to data interoperability is foundational to transforming healthcare delivery through telehealth. By establishing comprehensive

guidelines, specifications, and strategies for data interoperability, MB Nurse ensures that all health data can be seamlessly and securely shared across different healthcare systems and platforms. This interoperability is crucial for hospitals looking to integrate telehealth solutions effectively, as it allows for real time access to patient records, enhances the coordination of care, and supports decision making processes. It bridges the gap between traditional in person care models and digital health services, enabling a more integrated, patient-centered approach to healthcare. By ensuring that systems can communicate with each other without barriers, MB Nurse offers a continuum of care that extends beyond the hospital walls, directly into the homes of patients through telehealth technologies.

Infrastructure Blueprint

The MB Nurse Program infrastructure guidelines identifies a robust networking infrastructure with care transition and chronic disease management services as a backbone for the HIPAA compliant secure exchange of health information across the continuum of care to facilitate a hospital wide system that will integrate the MB care transition program virtual visits with the practice management and EHR (Electronic Health Record) systems of the future primary care network to ensure efficient and effective care with patient safety assured.



License holder benefits

1. Access To Medi Bridge Network Technologies:

Territorial holders will be at the forefront of any technological advancements and innovations developed by the Medi Bridge Network. This means that before any new feature, product, or service is rolled out to the broader market, territorial holders have the exclusive opportunity to adopt, integrate, or decline them. This not only provides an edge over potential competitors but also ensures that each territory is equipped with the latest healthcare technology.

2. Local Sales Rights:

One of the standout privileges for territorial holders is the ability to establish and sublicense local sales units. This initiative not only contributes to local economic growth but also leverages local connections and distributes the load, enabling territorial holders to control the quality, reduce response times, and tailor make solutions suitable for their region's specific needs.

3. Competitive Edge Against Medi Bridge Network:

By establishing local Telehealth centres, territorial holders, depending on local market conditions, may be able to provide services at competitive prices, thereby posing healthy competition within Medi Bridge Network via the allowed sale of these services to other territories. This encourages market dynamics that can lead to additional revenue streams, as well as continuous improvements in the providing better pricing strategies, overall enhanced offers, and more options for end customers.

4. Access to Wider Network of Territorial Rights Holders:

Being a territorial rights holder means more than managing a region; it's an entry point into the global Medi Bridge Network. This worldwide community unlocks avenues for collaborative projects and joint ventures but also creates a global marketplace where territories can showcase their own unique solutions and vend them into the network.

5. Distributing Locally Developed Technologies:

Territorial holders aren't restricted to what MB Nurse or Medi Bridge Network offer. They can innovate, create, or license their own technologies for integration into the Medi Bridge Network. Once developed, they can distribute these innovations to other territorial holders both nationally and internationally. This not only diversifies their revenue stream but also places them in a position of influence within the Medi Bridge Network.

6. Charging Margins on Distributed Technologies:

When distributing their locally developed or licensed technologies to other territories, holders can charge a margin on those solutions. This is a direct revenue generation model that rewards innovation and the entrepreneurial spirit of the territorial holder.

7. Early Mover Advantage:

Territories that adopt MB Nurse early will naturally have a head start. As pioneers they gain first hand experience, establish best practices, and develop a robust infrastructure that later entrants will look to emulate. This experience positions them strongly not just as market leaders in their territories but also as providers, consultants or partners for newer entrants.

8. Preferential Rates on Modules and Software Solutions:

One of the defining advantages for territorial holders is access to preferential rates on various training and software solutions. MBN, recognizing the strategic importance of territories and their contribution to the global ecosystem, extends these rates as a token of partnership and collaboration.

When Medi Bridge Network or any other territory negotiates with third-party vendors or develops in house solutions, the benefits of bulk purchasing or shared development costs are passed on to the territorial holders. This means lower acquisition costs, which can be a substantial financial benefit.

9. Collective Bargaining Power:

The collective power of all territorial holders will allow the hospital and nursing homes to contract with MB's primary care driven care transition organization to reduce readmissions and chronic disease costs. The collaborative efforts of MB and the Licensee to organize and operate a care transition organization creates synergies to expand the care transition service area with quality and process improvement objectives to achieve the following benefits:

Negotiate favorable care transition and chronic disease reimbursement rates being developed with Medicare, Medicaid, Commercial, and Self-insured employer payors attempting to control rising healthcare costs;

Negotiate favorable rates for the care transition software and infrastructure to coordinate care transitions among the MB care team

Negotiate favorable medical malpractice rates and design health data collection systems to reduce the risk of medical errors;

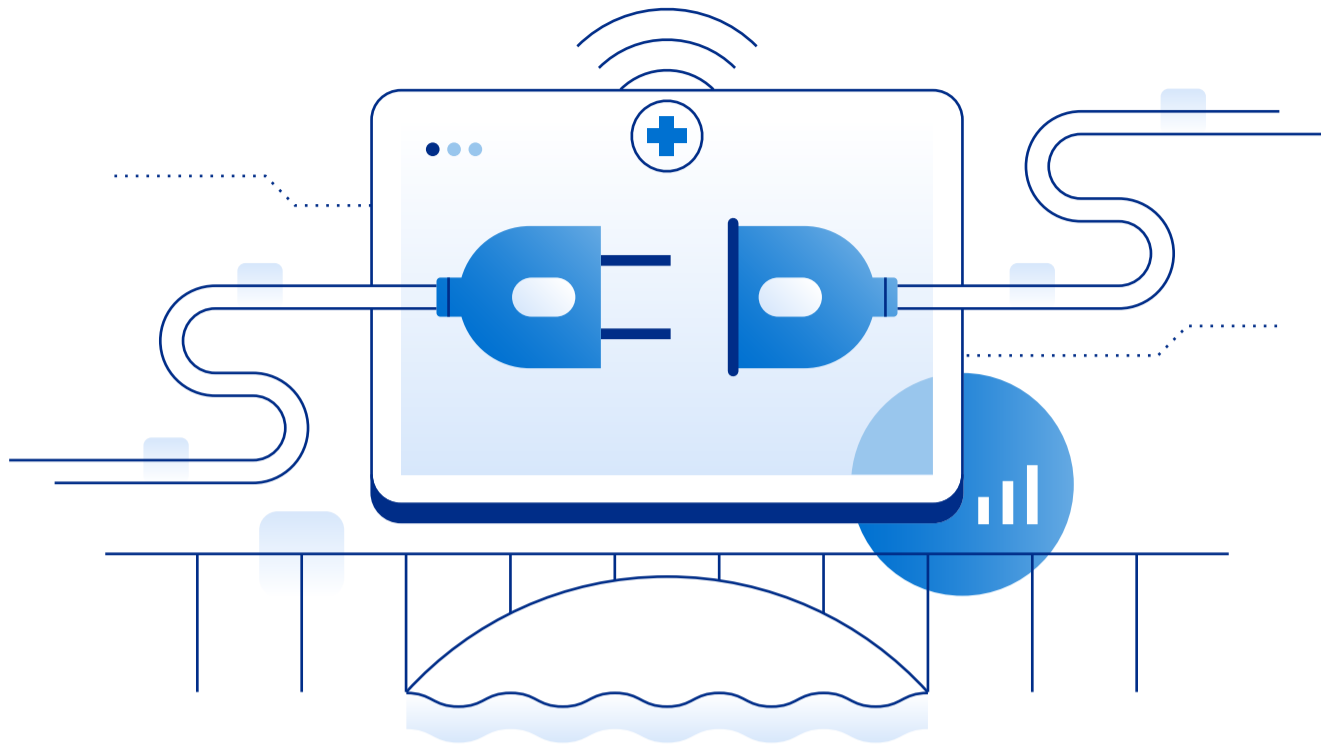
Enhance the ability of hospitals and nursing homes to make informed decisions to prevent adverse events by collaborating with MB's care transition organization to develop a care transition database to institutionalize a defined process to show the health improvements and cost savings from hospital and nursing home quality and performance objectives to reduce readmission and chronic disease costs;

Address Advanced Directives for all patients to ensure informed healthcare decision making;

10. Continuous Updates and Upgrades:

Territorial holders within the Medi Bridge Network benefit from a dynamic

ecosystem that is always at the cutting edge of healthcare technology. With access to continuous updates for MB Nurse software solutions, territorial holders are ensured that their services and offerings remain state of the art. This commitment by Medi Bridge Network to keep its technology portfolio updated reflects the latest advancements in digital health, telehealth, data interoperability, and patient care innovations. For territorial holders, this means they can offer their clients the most advanced solutions available, ensuring superior care quality and operational excellence. This continuous evolution of technology within the Medi Bridge Network ecosystem fosters a culture of innovation and excellence, enabling territorial holders to maintain a competitive advantage and meet the ever changing needs of the health care industry.



MB Nurse Reimbursement

Reimbursements are a critical component of the financial ecosystem that supports hospitals, healthcare providers, and ancillary services. These payments are made by insurance companies, Medicare, or Medicaid to healthcare providers for services rendered to patients. The intricacies of how reimbursements work, especially in the context of post discharge care and the impact of readmission rates, highlight the strategic importance of investing in comprehensive care programs like the MB Nurse initiative.

Healthcare reimbursements typically follow a fee-for-service or a bundled payment model, depending on the payer and the specific arrangements with the healthcare provider. In a fee-for-service model, providers are paid for each service, such as tests, procedures, or office visits. Conversely, bundled payments or episode-based payments cover all care provided to treat a given condition over a specified period.

Medicare and Medicaid, as well as private insurers, use a variety of methods to determine the amount reimbursed, including Diagnostic Related Groups (DRGs) for hospital stays, which classify hospitalization costs and determine how much Medicare pays the hospital. Regardless of the model, the goal is to compensate providers for the care delivered, though the system also imposes certain requirements and checks to ensure quality and cost-effectiveness.

The Hospital Readmissions Reduction Program (HRRP) introduced by the Affordable Care Act imposes penalties on hospitals with higher than expected readmission rates for certain conditions. These penalties can significantly impact a hospital's financial health, as Medicare reduces its reimbursements to these hospitals. This mechanism incentivizes hospitals to invest in mea-

asures that can reduce readmissions, such as enhancing the quality of care, improving discharge planning, and providing effective post-discharge support.

Investing in a comprehensive post discharge program, like MB Nurse has a profound effect on a hospital's readmission rates and, consequently, its financial reimbursements. By providing continuous, high quality care after discharge through telehealth and remote monitoring, such programs can address potential complications early, ensure medication adherence, and support patient recovery, significantly reducing the likelihood of readmissions.

These programs are reimbursed separately from the hospital's DRG-based or fee-for-service payments, offering an additional revenue stream for services that extend care beyond the hospital walls. By effectively lowering readmission rates, hospitals can avoid penalties under the HRRP, ensuring that their reimbursement rates are not adversely affected.

By allocating resources to post discharge care, hospitals can enhance patient outcomes and satisfaction, which are increasingly becoming factors in reimbursement calculations through value-based purchasing programs. This not only improves the hospital's financial performance but also elevates its reputation and quality ratings.

For hospitals, the strategic management of post-discharge care programs becomes a critical financial consideration. These programs require initial investment and ongoing operational costs but offer significant returns by improving patient health outcomes and minimizing financial penalties associated with high readmission rates. The key is to balance the cost of these programs with the potential savings from avoided penalties and the benefits of increased reimbursements for high quality care delivery.

Comprehensive post discharge programs like MB Nurse represent a proactive investment in patient health that aligns with the financial interests of healthcare providers. By focusing on preventing readmissions through enhanced post-discharge care, hospitals can improve their reimbursement outcomes, navigate the complexities of healthcare payment systems more effectively, and contribute to a more sustainable and patient centered healthcare system.

Sublicensing Opportunity

Sublicensing is a pivotal strategy for MB Nurse Pennsylvania, allowing for immediate initiation of operations across the diverse state. This method enables territorial holders to swiftly propagate the MB Nurse business model and strategies to subterritories, leading to rapid expansion and accelerated sales. The ability to sublicense instantly is crucial in securing vital early-stage revenue, offering financial stability from the outset.

Territorial holders in Pennsylvania benefit uniquely from being able to assemble teams of local experts, who possess an innate understanding of their towns, cities and counties. These professionals, empowered by the independence sublicensing provides, can operate with considerable autonomy. This autonomy promotes growth and innovation without constant oversight, creating a dynamic team environment that is agile and finely attuned to the specific needs of the Pennsylvania market.

Leveraging this local expertise, MB Nurse Pennsylvania can collaborate with local hospitals, care homes and care providers as well as regional specialists who have a profound knowledge of their specific areas within Pennsylvania. Sublicensing to these local experts ensures that MB Nurse solutions are precisely tailored to meet the local area's distinct challenges and opportunities, establishing trust and credibility within local communities.

Local sublicensees in Pennsylvania will be skilled in navigating the state's bureaucracy, regulations, policies, and understanding cultural nuances and market dynamics. This expertise facilitates more efficient market penetration. It also distributes operational risks among a wider group of stakeholders, reducing the financial and operational burden on the primary license holder. This model encourages local stakeholder involvement, fostering a sense of ownership and commitment to MB Nurses success, leading to stronger advocacy and brand loyalty across Pennsylvania.

The sublicensing model conservatively (97 / 185 hospitals in Pennsylvania covered) estimates the number of hospitals in each county by the local ratio obtained by dividing the number of hospitals in Pennsylvania by the total population. To estimate the number of hospitals in each county, this ratio is divided by the population of the county. Revenues are estimated using the total number of hospitals and are an annual figure.



SUBLICENSING OPPORTUNITY

State	Population	Hospitals (Nursing Homes	Territory Price	Readmission Revenue	Virtual RN Revenue	Chronic Disease Revenue	
Philadelphia County	1,567,258	13	48	\$7,836,290.00	\$17,654,707	\$2,937,637	\$3,953,765
Allegheny County	1,233,253	10	38	\$6,166,265.00	\$13,892,238	\$2,311,585	\$3,111,161
Montgomery County	864,683	7	27	\$4,323,415.00	\$9,740,403	\$1,620,745	\$2,181,359
Bucks County	645,054	5	20	\$3,225,270.00	\$7,266,346	\$1,209,076	\$1,627,295
Delaware County	575,182	5	18	\$2,875,910.00	\$6,479,259	\$1,078,110	\$1,451,027
Lancaster County	556,629	5	17	\$2,783,145.00	\$6,270,264	\$1,043,334	\$1,404,223
Chester County	545,823	5	17	\$2,729,115.00	\$6,148,538	\$1,023,080	\$1,376,963
York County	461,058	4	14	\$2,305,290.00	\$5,193,685	\$864,198	\$1,163,124
Berks County	430,449	4	13	\$2,152,245.00	\$4,848,883	\$806,825	\$1,085,905
Lehigh County	376,317	3	12	\$1,881,585.00	\$4,239,102	\$705,361	\$949,345
Westmoreland County	352,057	3	11	\$1,760,285.00	\$3,965,820	\$659,889	\$888,144
Luzerne County	326,369	3	10	\$1,631,845.00	\$3,676,452	\$611,740	\$823,340
Northampton County	318,526	3	10	\$1,592,630.00	\$3,588,103	\$597,039	\$803,554
Dauphin County	288,800	2	9	\$1,444,000.00	\$3,253,248	\$541,321	\$728,564
Cumberland County	268,579	2	8	\$1,342,895.00	\$3,025,465	\$503,419	\$677,552
Erie County	267,689	2	8	\$1,338,445.00	\$3,015,439	\$501,751	\$675,306
Lackawanna County	215,615	2	7	\$1,078,075.00	\$2,428,840	\$404,144	\$543,938
Washington County	210,383	2	6	\$1,051,915.00	\$2,369,904	\$394,338	\$530,739
Butler County	197,300	2	6	\$986,500.00	\$2,222,527	\$369,815	\$497,734
Monroe County	167,198	1	5	\$835,990.00	\$1,883,437	\$313,393	\$421,795
Beaver County	165,677	1	5	\$828,385.00	\$1,866,303	\$310,542	\$417,958
Centre County	158,425	1	5	\$792,125.00	\$1,784,612	\$296,949	\$399,663
Franklin County	156,902	1	5	\$784,510.00	\$1,767,456	\$294,094	\$395,821
Lebanon County	144,011	1	4	\$720,055.00	\$1,622,242	\$269,931	\$363,300
Schuylkill County	143,104	1	4	\$715,520.00	\$1,612,025	\$268,231	\$361,012
Cambria County	131,441	1	4	\$657,205.00	\$1,480,645	\$246,370	\$331,590
Fayette County	125,755	1	4	\$628,775.00	\$1,416,594	\$235,713	\$317,246
Blair County	121,032	1	4	\$605,160.00	\$1,363,390	\$226,860	\$305,331
Lycoming County	113,104	1	3	\$565,520.00	\$1,274,084	\$212,000	\$285,331
Mercer County	109,220	1	3	\$546,100.00	\$1,230,332	\$204,720	\$275,532
Adams County	106,027	1	3	\$530,135.00	\$1,194,363	\$198,735	\$267,477
Northumberland County	90,133	1	3	\$450,665.00	\$1,015,322	\$168,944	\$227,381
Totals	11,433,053.00	97	353	\$56,714,600.00	\$127,774,706.54	\$21,429,887.77	\$28,842,474.61

The Territory Financial Model

The aim of this model is to demonstrate the value of the rights within the state, and therefore only focuses on the territorial license holder selling sublicensing rights and the ongoing royalties attached to those sales within the state.

This model therefore does not directly cover the operation of these territories, which over the ten years covered by the financial model generate significant revenue of their own. Nor does it cover the case where the license holder may wish to reserve some of the rights available and act as a provider to sublicensee's - for example centralising care provider services and vending them to each sub-licensee.

The model evenly distributes the servicable obtainable market over 10 years for each sublicensed territory. In the model the highest value sublicenses are sold first, bringing in immediate capital, over the 10 year period covered in this financial model, 30 identified sublicensable territories are sold. This means that the sales income decreases over time as the most valuable rights are sold first, as sublicensee's grow in their respective areas, conversely, royalties paid to the territorial license holder increase over time.

EXAMPLE SUBLICENSING FINANCIAL MODEL

Year	Territories Sold	Territory Sales	Royalties Received	Territory-Wise Revenue
1	Philadelphia County, Allegheny County, Montgomery County	\$18,325,970.00	\$757,295.70	\$7,572,957.00
2	Bucks County, Delaware County, Lancaster County	\$8,884,325.00	\$1,208,572.27	\$12,085,722.73
3	Chester County, York County, Berks County	\$5,034,405.00	\$1,651,523.25	\$16,515,232.46
4	Lehigh County, Westmoreland County, Luzerne County	\$5,794,115.00	\$2,088,671.95	\$20,886,719.47
5	Northampton County, Dauphin County, Cumberland County	\$4,668,475.00	\$2,400,001.20	\$24,000,011.97
6	Erie County, Lackawanna County, Washington County	\$3,759,415.00	\$2,580,979.09	\$25,809,790.91
7	Butler County, Monroe County, Beaver County	\$2,874,405.00	\$3,167,560.32	\$31,675,603.17
8	Centre County, Franklin County, Lebanon County	\$2,405,020.00	\$3,928,815.76	\$39,288,157.57
9	Schuylkill County, Cambria County, Fayette County	\$2,092,780.00	\$5,053,645.83	\$50,536,458.28
10	Blair County, Lycoming County, Mercer County	\$1,799,455.00	\$6,937,325.47	\$69,373,254.66
Total		\$53,838,910.00	\$22,837,065.36	\$228,370,653.56

INCOME STATEMENT

REVENUES	YEAR ONE	YEAR TWO	YEAR THREE
Royalties received	\$757,295.70	\$1,208,572.27	\$1,651,523.25
Sublicense sales	\$18,325,970.00	\$8,884,325.00	\$5,034,405.00
Net Revenues	\$19,083,265.70	\$10,092,897.27	\$6,685,928.25

COST OF GOODS SOLD	YEAR ONE	YEAR TWO	YEAR THREE
Cost of sales	\$1,954,163.29	\$504,644.86	\$334,296.41
Gross Profit	\$17,129,102.42	\$9,588,252.41	\$6,351,631.83

EXPENSES	YEAR ONE	YEAR TWO	YEAR THREE
Royalties paid	\$1,908,326.57	\$1,009,289.73	\$668,592.82
Selling & Marketing	\$2,671,657.20	\$1,413,005.62	\$936,029.95
Rent & Utilities	\$209,915.92	\$201,857.95	\$167,148.21
General & Administrative	\$954,163.29	\$504,644.86	\$334,296.41
Salaries & Wages			
Total Operating Expenses	\$5,744,062.98	\$3,128,798.15	\$2,106,067.40

OPERATING INCOME	YEAR ONE	YEAR TWO	YEAR THREE
Operating Income	\$11,385,039.44	\$6,459,454.25	\$4,245,564.44
Income Before Taxes	\$11,385,039.44	\$6,459,454.25	\$4,245,564.44
Income Tax	\$1,023,515.05	\$580,704.94	\$381,676.24
Net Income	\$10,361,524.39	\$5,878,749.32	\$3,863,888.19

Medi Bridge Pennsylvania and the paradigm shift

In the face of escalating healthcare challenges, Medi Bridge Network (MBN) has emerged as a beacon of innovation and transformation in Pennsylvania, ushering in a paradigm shift towards a more connected, efficient, and equitable healthcare system.

The MB Nurse Program, at the heart of this transformation, aims to address the multifaceted crisis of workforce shortages, underserved communities, inadequate health outcomes, and spiraling costs through a suite of digital health solutions and strategic initiatives.

Pennsylvania's healthcare landscape is marred by critical shortages of healthcare professionals, a stark digital divide, and a burgeoning chronic disease burden, all of which compound the state's healthcare challenges. These issues have led to poor access to care, high readmission rates, and an overburdened healthcare system struggling to meet the needs of its population.

The MB Nurse Program introduces a comprehensive strategy to revolutionize healthcare delivery in the state and offers territorial holders unique advantages, including early access to new technologies, local sales rights, a competitive edge, and the opportunity to innovate and distribute locally developed technologies. These benefits are designed to foster a competitive yet collaborative environment that enhances the delivery of healthcare services and supports economic growth.

Medi Bridge Network's introduction of the MB Nurse Program in Pennsylvania represents a significant shift towards a more integrated, patient centered healthcare system.

By addressing the state's healthcare challenges through digital health solutions and comprehensive care programs, MBN is not only improving patient outcomes and satisfaction but also navigating the complexities of healthcare reimbursements more effectively.

This paradigm shift underscores a proactive investment in healthcare that promises to enhance the financial and operational performance of healthcare providers, while also setting a new standard for care delivery in Pennsylvania and beyond.

To take advantage of the Pennsylvania Opportunity the Licensor and Licensee can take the steps involved with establishing a 9 Month Development Agreement and a long-term Licensing Agreement to ensure that they are on the same page forming a collaborative relationship from the start discern

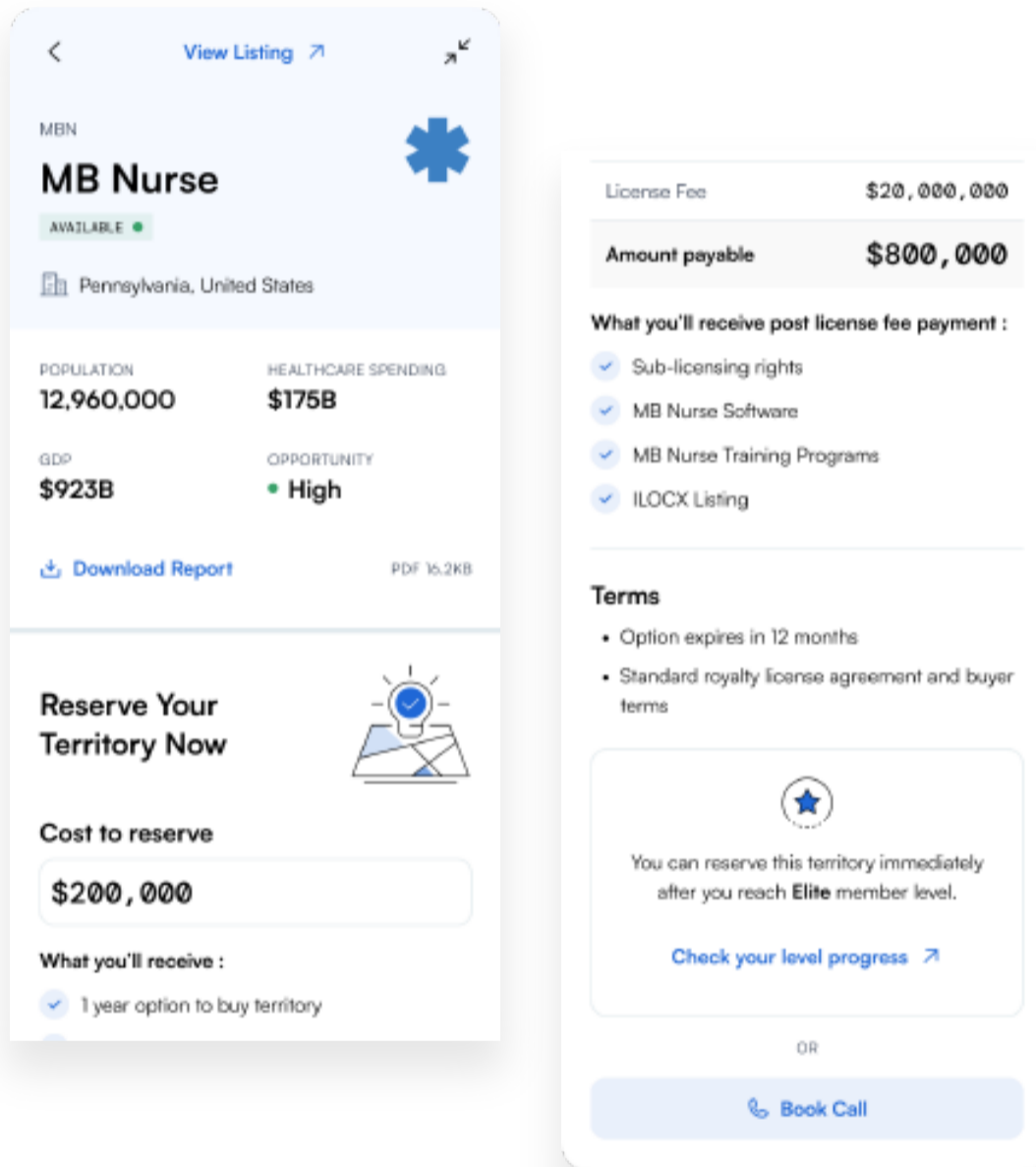
who is going to provide what support. Success starts with a dialogue to detail the business relationship that will explain the needs of the licensee in Pennsylvania, provide a description and timeline for licensee assistance, and address the diverse types of assistance that the Licensor can provide to help the Licensee meet its goals such as:

1. Management and technical assistance to help with internal business processes and management systems for the care transition business;
2. Financial Assistance such as loans with Cede Bank;
3. Public Sector contracting with federal and state governments to close the gap with digital divide by increasing federal, state, and local funding opportunities to increase digital inclusion activities and telehealth services delivery in rural areas and underserved areas; ...
4. Finding new Contractor and joint venture opportunities;
5. Administrative and Clinical Support;

Next steps

01 | Buy Option

This is the first step where you decide to purchase the option to buy a specific MB Nurse Territory. You'll likely choose a territory based on certain parameters such as demographics, potential market size, or geographical preference.



Sample buy option screen

02 | Receive Option Agreement

After expressing your intent to purchase, you'll receive an option agreement, which is a contract that gives you the right to execute the purchase of the territory within a specified period.



03 | Loan Approval* *if applicable

In some cases, financing might be necessary to purchase the territory. MB Nurse technology holds a AAA rating for lending, loans are therefore available for up to the majority of the transaction value.

The loan approval process focuses on the applicant.

- **Evaluating the creditworthiness of the individuals involved**

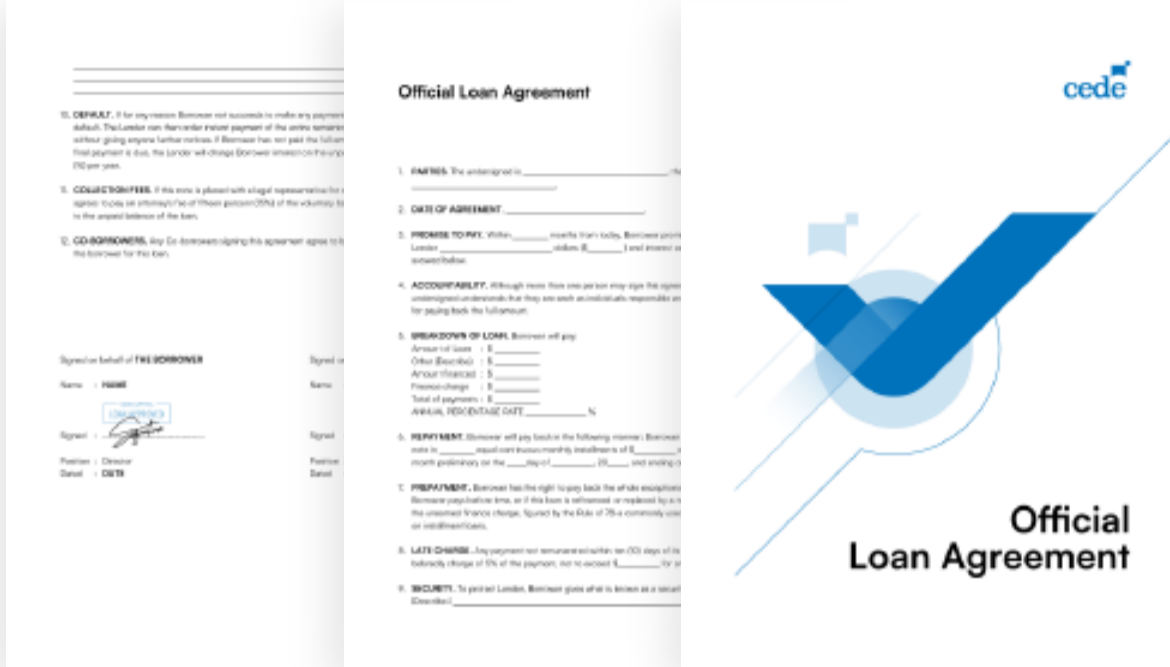
This typically includes the directors and any other major stakeholders in the business. Cede Capital will look at these individuals' credit history, current financial position, and overall financial management.

- **Profile review**

Cede Capital will assess the experience, capabilities, and business acumen of the people who will be managing the business.

- **Local market assessment**

Cede Capital will evaluate the demand for the product or service, the competition, and any other local demographic data, economic trends, and industry-specific indicators.



Sample Loan Agreement document

04 | Execute Option

The option must be exercised within 365 days from Purchase This means you have up to a year to finalize your decision to purchase the territory. If you decide to proceed, you'll execute the option, effectively triggering the purchase process.

05 | Sign License Agreement

This is an agreement between the Licensee and the Medi Bridge Network, the company that owns the MB Nurse product, granting the rights in the designated territory. It sets the terms and conditions of the partnership.



Sample License Agreement document

06 | Pay Balance

This step involves paying the remaining balance for the purchase of the territory. This could be done in a lump sum or as agreed upon in the financing terms, if applicable.

07 | Receive Territorial License Certificate

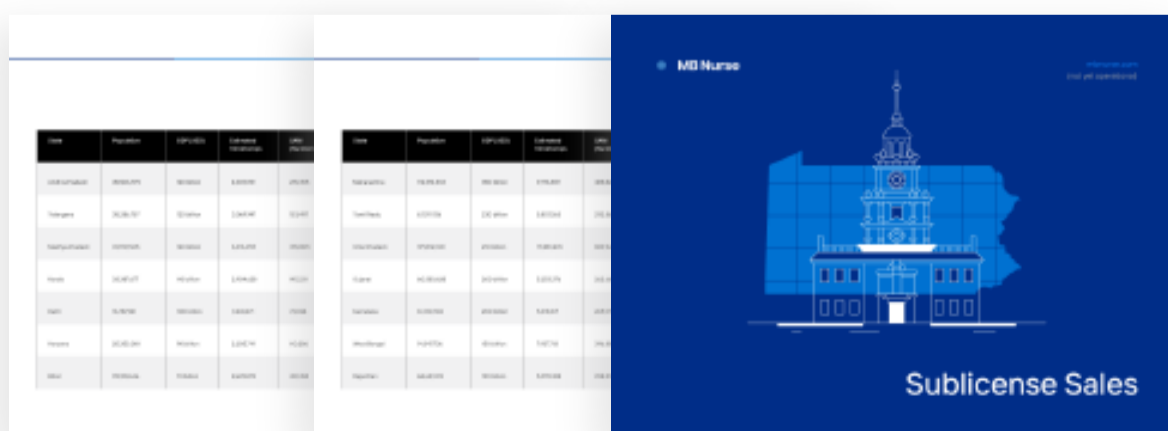
After payment is complete, you will receive a certificate acknowledging your rights to operate in the specified territory, proving your ownership.



Sample Territorial License Certificate

08 | Receive Sublicensing Pack

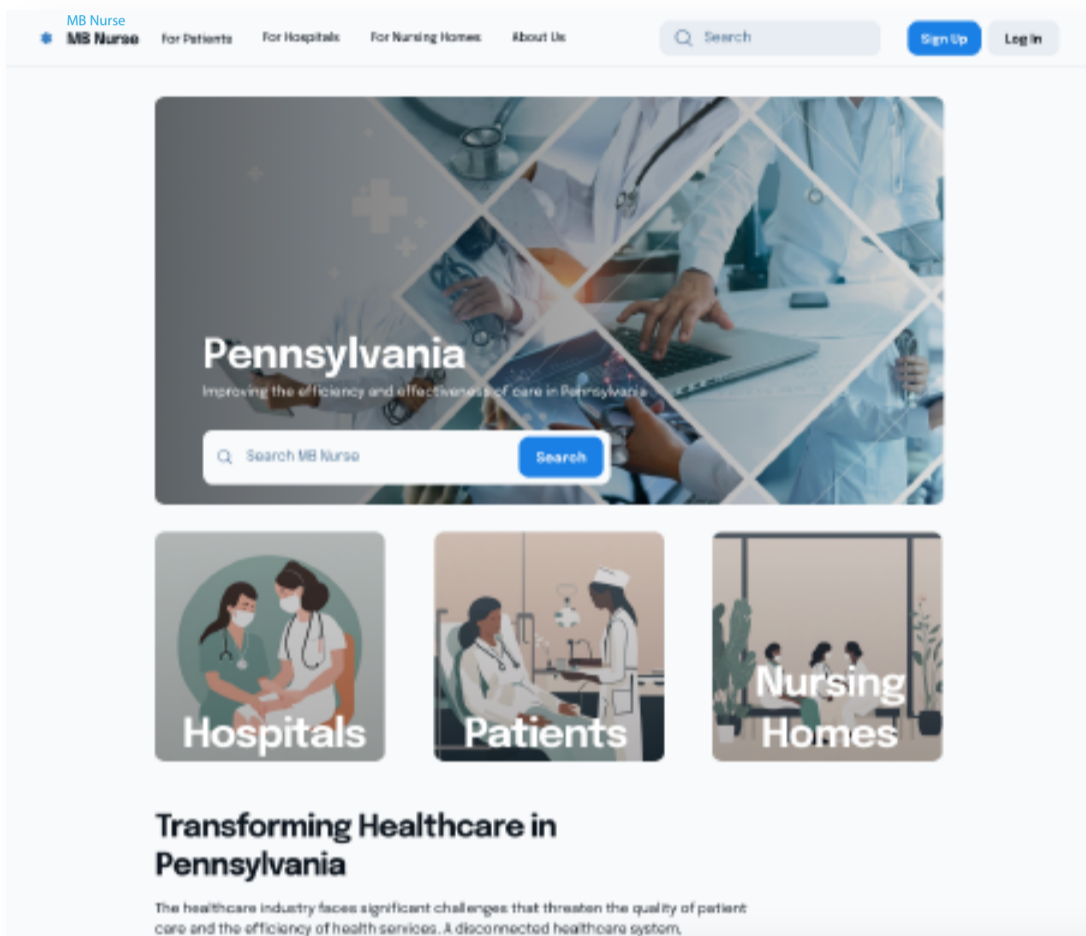
This pack contains information about how you can sublicense your rights to others in your territory, allowing them to operate under your license, along with guidelines on price and strategy.



Sample Sublicensing document

09 | Local MB Nurse Website

To assist in your local efforts to raise money and sell products, we will provide you with a localised website and data room.



Example MB Nurse local website



Example MB Nurse local data room

DOCUMENTS

The documents available below covers information required to build a road map to commercial viability for the iLamp territorial license for the state of Washington.

KEY DOCUMENTS

📁 Roadmap	Pennsylvania Roadmap	🔗
📁 Option Agreement	Territorial Option	🔗
📁 License Agreement	Territorial License	🔗
📁 Loan Agreement	Approved Agreement	🔗
📁 Sample License	Promotional Listing	🔗

RESOURCES

📁 Letterhead	Stationary	🔗
📁 News Release	On Signing	🔗
📁 Images	Image Pack	🔗
📁 Brand Guide	Messaging and Design	🔗
📁 NDA	Standard NDA	🔗

TEAM

📁 Business Cards	Editable PDF/AI	🔗
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10 | Receive MB Nurse Sales Pack

This includes sales and marketing materials, such as brochures, price lists, technical specifications, and other resources that you can use to market and sell the MB Nurse products within your territory.

11 | Local MB Nurse Listing

To assist in your efforts to raise money, all MB Nurse Territories receive a 3 year ILCOX listing with the cost covered by Medi Bridge Network.

MB Nurse Pennsylvania

MB Nurse tackles the rapidly growing healthcare challenges of unplanned readmission and staff shortages. Partnering with hospitals, Medi Bridge Network provides telehealth services and remote monitoring, directly combating access and shortage issues and cutting the \$15 to \$20 billion annual cost of unplanned readmissions while enhancing patient care, improving health outcomes, and effectively reducing healthcare costs.

Revenue sources

Hospitals Nursing Homes Territorial Sales Territorial Royalties

\$TBD PRICE	TBD% ROYALTY	TBD TOTAL UNITS

BUY NOW

MBNursePennsylvania.com

HIGHLIGHTS

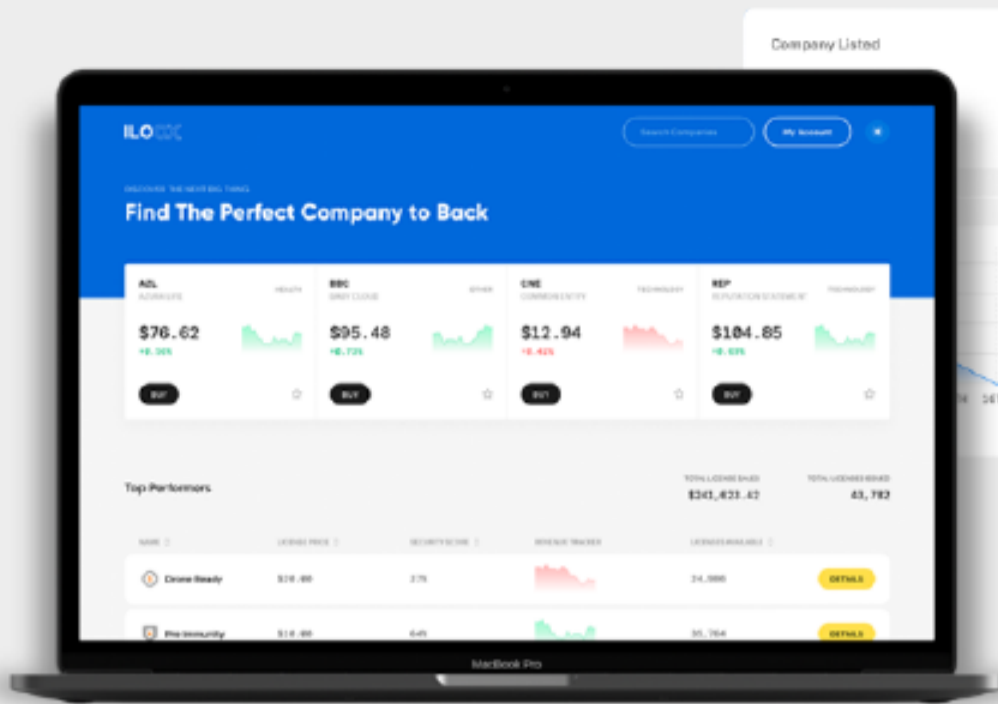
- Dramatic shortages in physicians, nurses, healthcare educators, and midwives in healthcare facilities across the United States.
- A recent study found that each additional patient per nurse is associated with a 12% higher chance of in-hospital mortality.
- Physician turnover is attributed to nearly \$1 billion in excess healthcare expenditures.
- Within the next few years, the United States is expected to have a shortage of 31,000 psychiatrists.

OVERVIEW

The healthcare industry faces significant challenges that threaten the quality of patient care and the efficiency of health services. A disconnected healthcare system, characterized by shortages in almost every field, underutilization of technology, isolated data, soaring costs, and deteriorating health outcomes, is a pressing concern. Patients in hospitals, care homes, and those struggling with mental health issues bear the brunt of these inefficiencies. Medi Bridge Network emerges in response to these issues with three pivotal strategies.

Digital Health Solutions That Work for Everyone: At the heart of Medi Bridge Network's mission is the deployment of digital health technologies designed to serve the entire spectrum of health and care professionals, including doctors, nurses, and other healthcare

Example Local listing page



Your ILOCX listing

List using the ILO Framework to raise money to finance your exclusive MB Nurse license while building local support and an online sales team to drive pre-sales.



RAISE MONEY AS YOU NEED IT

Get access to the funds you need, as you need them, smoothing your fundraising process.



BUILD A TEAM

ILOCX framework helps companies to build effective teams that are properly rewarded.



REWARD PARTICIPATION

Incentivize buyers with ILOCX rewards, your own affiliate program, and license classes.



Listing Requirements

MB Nurse licensees are prequalified to list and receive an ILOCX instance and will be priority listed through our streamlined process with a dedicated listing manager.

Listing fees for MB Nurse licenses are waived for the first year, then only \$25,000 per year.

Listings with over \$1 million in sales are listed on the board at ILOCX.com.

100+
Total companies listed

Millions
Total licenses issued

10X
Returns already booked