

Medi Bridge Network



# MB Nurse 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**

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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 Medi Bridge Network team to respond to these issues with three pivotal strategies:

**A Digital Health Solution That Work 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

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# 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**

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License Fee

**\$20,000,000**

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Amount payable to exercise option  
and receive territorial license

**\$800,000**

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You receive after payment:

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

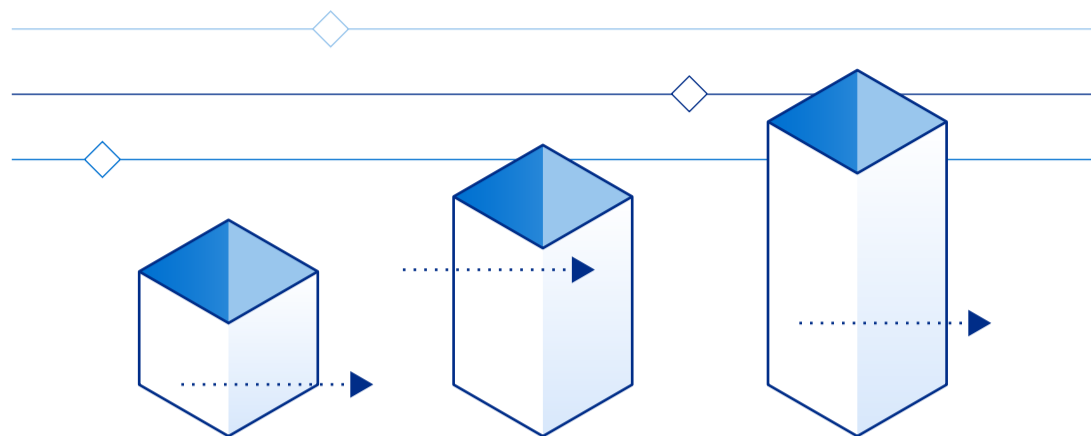
## Price Breakdown

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's important to note that this forecast does not include wellness programs, revenue from vending services to other state or selling sub-licenses.

# Stages



## 1. Reservation

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

- Once this phase is complete the potential licensee has 12 months to trigger the territorial license or lose the option.

## 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 MB Nurse software, training programs and strategies, to establish MB Nurse to land sales and mass contracts.
- 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 a local legal entity needs to be formed to hold the license. This is formed by the licensee.



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# 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.

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## **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

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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**

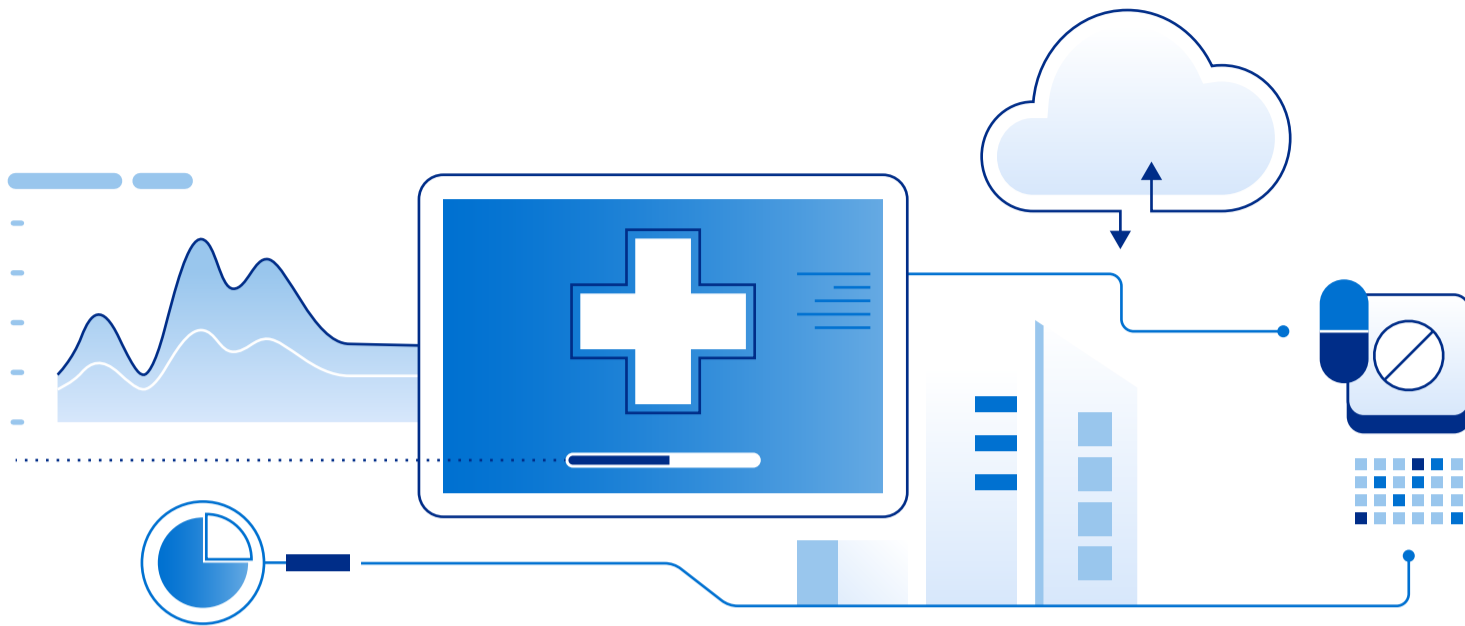
In Pennsylvania the statistics highlight an urgent need for intervention. With 88 people dying from heart disease, 76 from cancer, 18 from stroke, 17 from chronic lower respiratory disease (CLRD), and 10 from diabetes each day, the state faces a significant health crisis. In 2019 alone, Pennsylvania 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 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 Discharge Care 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 programs empower Pennsylvanians to manage chronic diseases better and to adopt lifestyle changes that tackle modifiable risk factors such as tobacco use, excessive alcohol consumption, lack of physical activity, and poor nutrition. In parallel, wellness programs emphasize preventive care and improve overall well being, direct-

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ly addressing the factors contributing to the high prevalence of chronic diseases in the state.

### **Broadband**

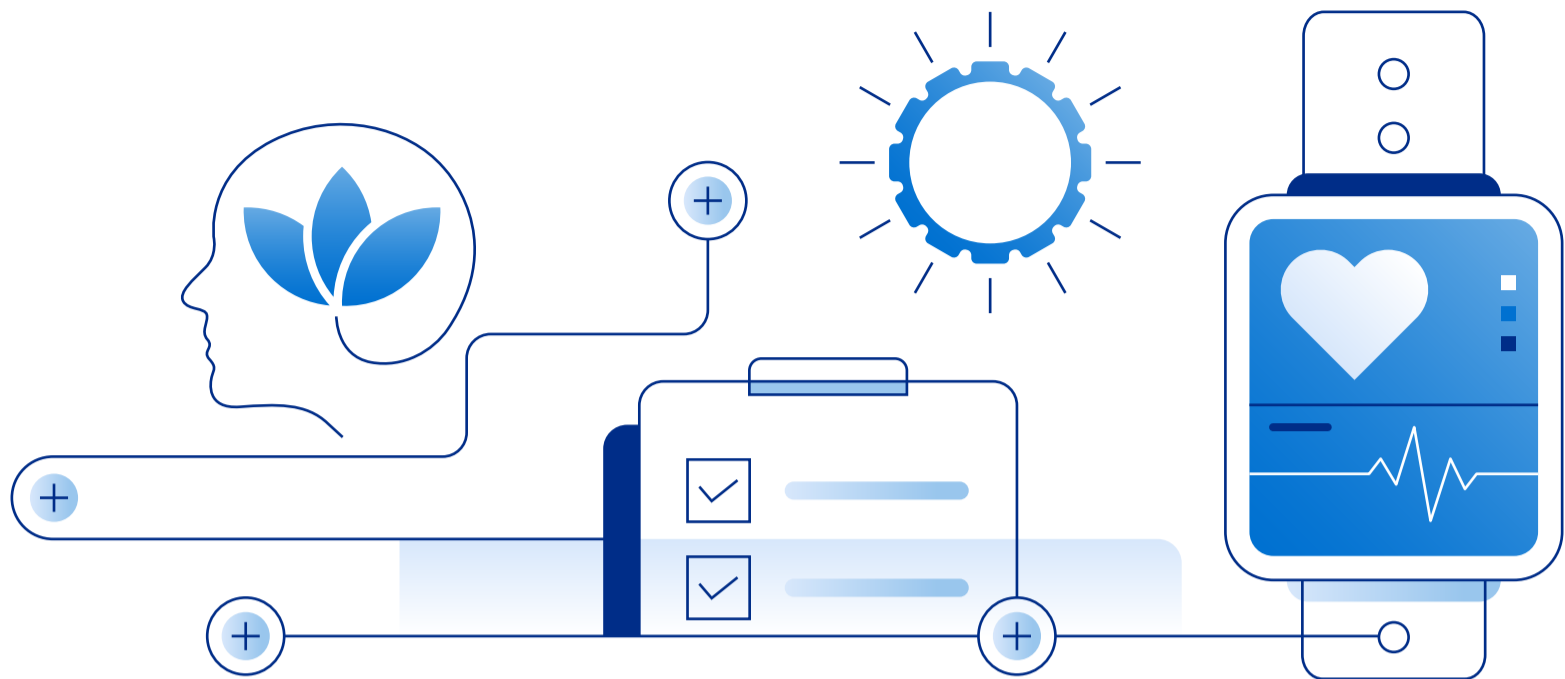
MB Nurse broadband helps extend services to underserved and rural areas, where the shortage of healthcare professionals is most acute. By facilitating remote telehealth services, MB Nurse eliminates geographical barriers, ensuring that patients in medically underserved areas (MUAs) and health professional shortage areas (HPSAs) have access to the continuous care management they need. This is particularly crucial where the disparity in healthcare access between urban and rural areas is significant.

### **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 infrastructure guidelines provide a blueprint for local license holders to work with local experts to modernize hospitals' networking and cabling infrastructure, an essential step towards creating a more efficient and connected healthcare environment. Robust networking infrastructure within hospitals serves as the backbone for a seamless exchange of information across and within healthcare organizations, facilitating a cohesive, hospital-wide system that supports electronic medical records (EMRs) and integrates with MB Nurse's telehealth software.



## 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.

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#### **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.



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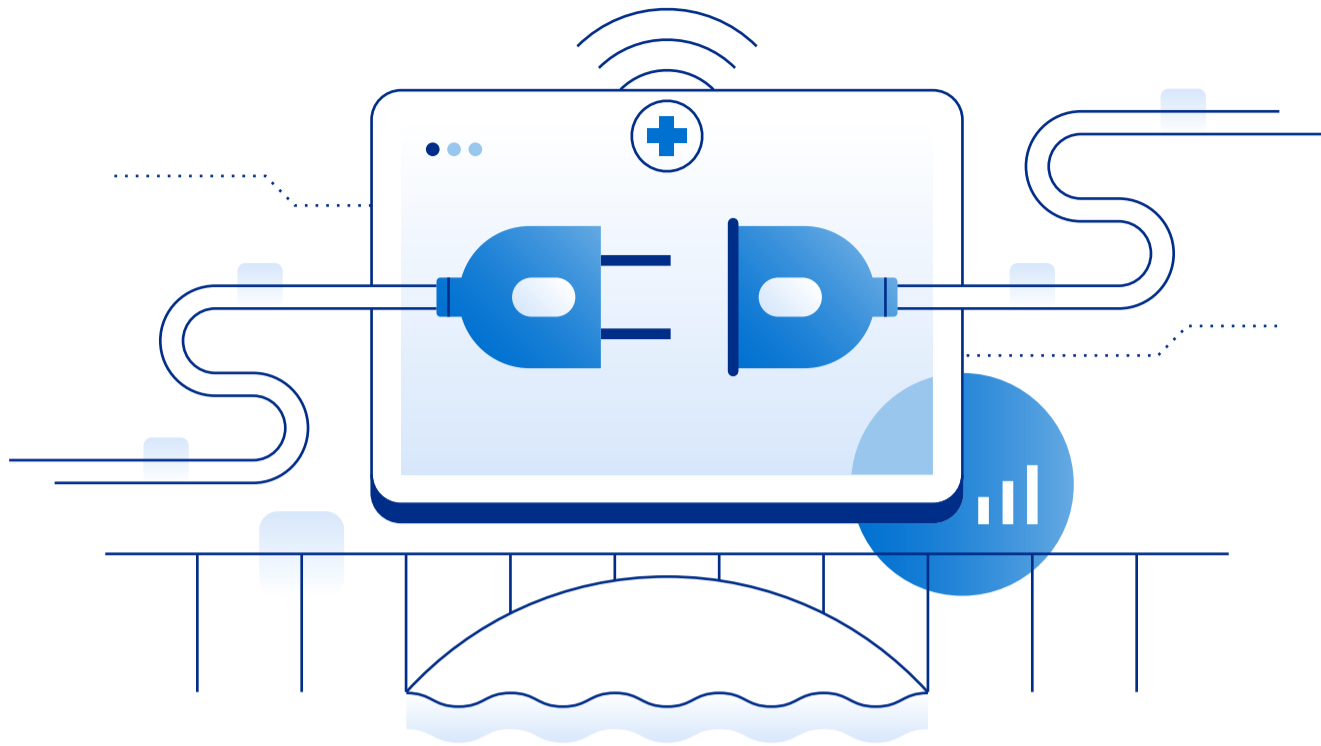
When Medi Bridge Network or any other territory negotiates with third-party vendors or develops in house solutions, the benefits of bulk purchasing or shared development costs are passed on to the territorial holders. This means lower acquisition costs, which can be a substantial financial benefit.

### **9. Collective Bargaining Power:**

The collective might of all the territorial holders allows them to exert a greater influence when negotiating rates or features with software and infrastructure providers. This collaboration ensures that all territories, irrespective of their individual size or bargaining power, get to leverage the combined strength of the entire Medi Bridge Network.

### **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-

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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.

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## 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
<b>Totals</b>	<b>11,433,053.00</b>	<b>97</b>	<b>353</b>	<b>\$56,714,600.00</b>	<b>\$127,774,706.54</b>	<b>\$21,429,887.77</b>	<b>\$28,842,474.61</b>

# 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
<b>Total</b>		<b>\$53,838,910.00</b>	<b>\$22,837,065.36</b>	<b>\$228,370,653.56</b>

## 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
<b>Net Revenues</b>	<b>\$19,083,265.70</b>	<b>\$10,092,897.27</b>	<b>\$6,685,928.25</b>

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

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			
<b>Total Operating Expenses</b>	<b>\$5,744,062.98</b>	<b>\$3,128,798.15</b>	<b>\$2,106,067.40</b>

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
<b>Net Income</b>	<b>\$10,361,524.39</b>	<b>\$5,878,749.32</b>	<b>\$3,863,888.19</b>



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# 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.

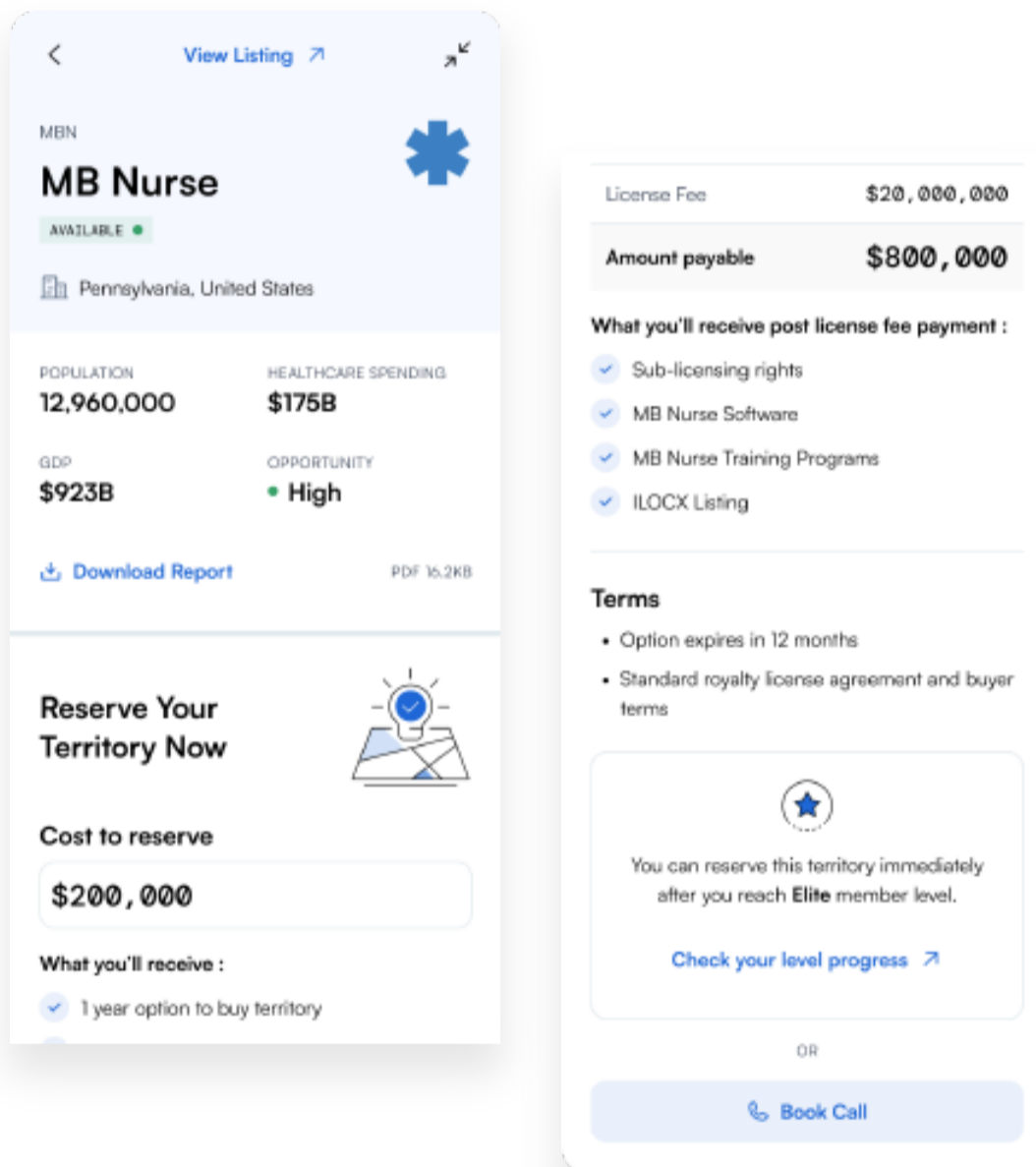
By addressing the state's healthcare challenges through digital health solutions and comprehensive care programs, MBN is not only improving patient outcomes and satisfaction but also navigating the complexities of healthcare reimbursements more effectively.

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.

## 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**

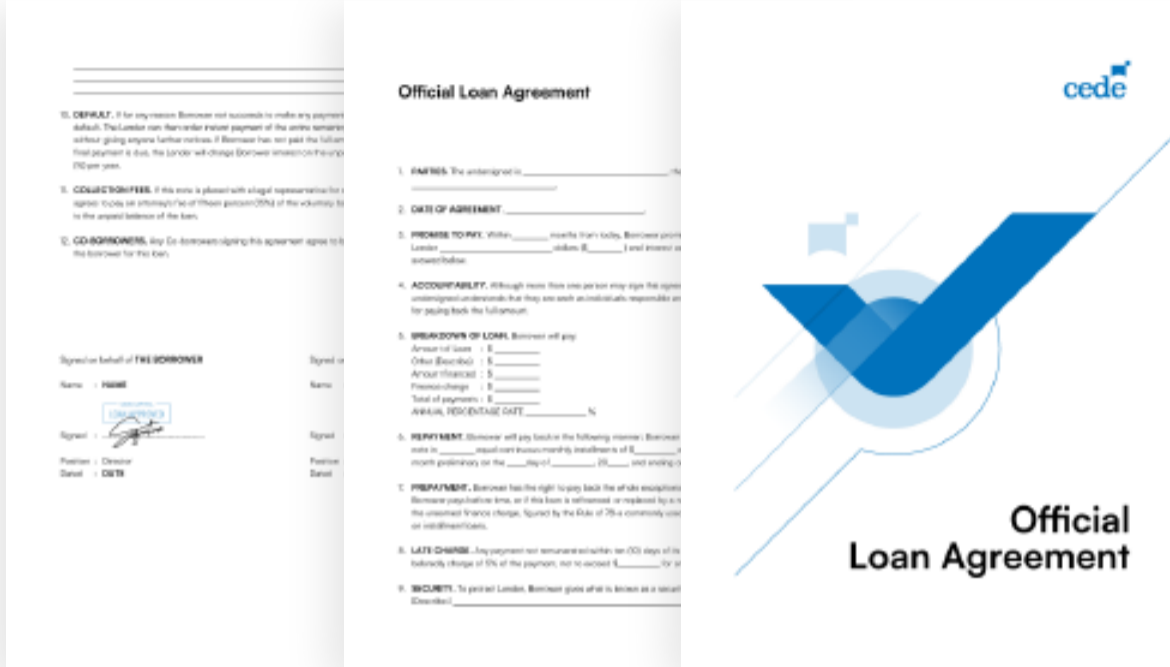
This typically includes the directors and any other major stakeholders in the business. Cede Capital will look at these individuals' credit history, current financial position, and overall financial management.

- **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

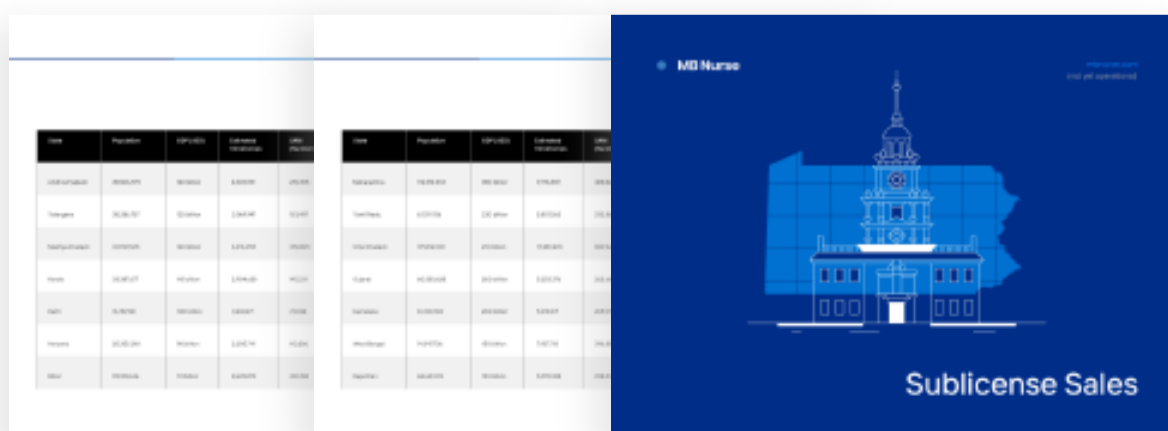
After payment is complete, you will receive a certificate acknowledging your rights to operate in the specified territory, proving your ownership.



Sample Territorial License Certificate

## 08 | Receive Sublicensing Pack

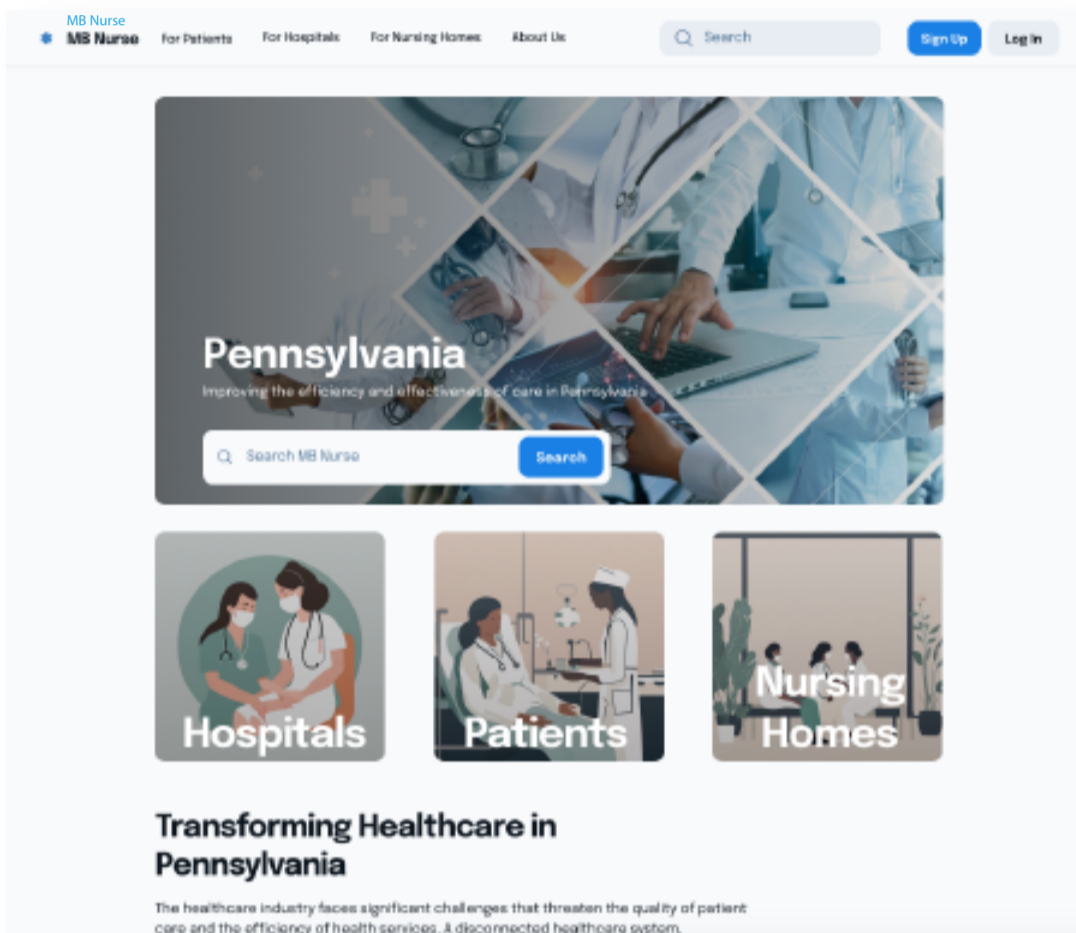
This pack contains information about how you can sublicense your rights to others in your territory, allowing them to operate under your license, along with guidelines on price and strategy.



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
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**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.

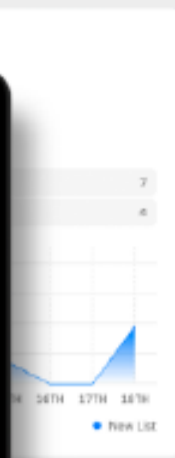
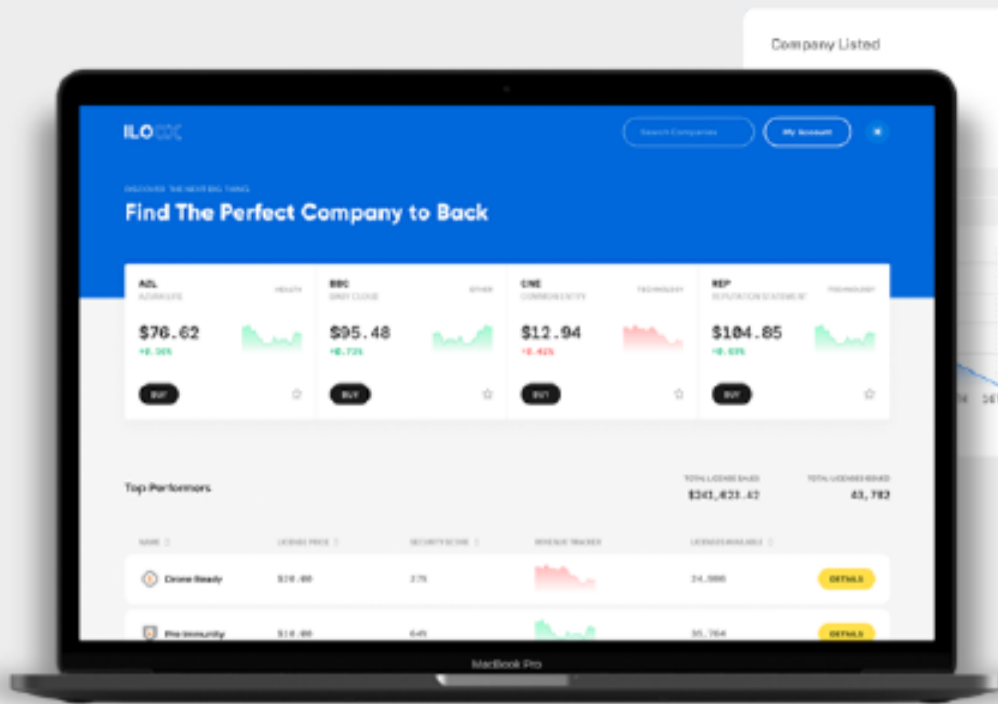
**OVERVIEW**

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