



Urgent care that starts free. \$25 if you need treatment.

No insurance. Physician-led. No waiting room.

Answering the three questions every acute care patient asks: Where
do I go? · When can I be seen? · How much will it cost?

FDA

REGISTERED

\$25

FLAT FEE

40+

ACUTE CONDITIONS

3

STATES ACTIVE

17

STATES LICENSED

01 THE PROBLEM

Patients can't get straight answers, timely care, or affordable care.

Three simple questions go unanswered every time someone gets sick: where do I go, when can I be seen, and how much will it cost?

1 in 3

Adults skipped or postponed care in the past year because of cost.

**\$50–
\$200+**

Average urgent care visit, with or without insurance.

14 days

National average wait for an appointment.

45 min

Average drive to care in the rural counties we serve.

"The medicine is easy. Getting access to it? That's the hard part." — Dr. Tod Stillson, Founder & CEO Sources: KFF Health Tracking Poll, Nov 2025 (36% of U.S. adults) · AMN Healthcare 2025 Survey of Physician Appointment Wait Times.

ChatRx answers all three questions instantly.

No appointment. No insurance. No waiting room. One flat fee, sent straight to your pharmacy.

Where do I go?

ChatRx.MD

One URL on any phone, 24/7. No Wi-Fi needed, no app to download, chat-only, no video.

When can I be seen?

Right now

Asynchronous triage and treatment. Under ten minutes start to finish. Always open.

How much will it cost?

\$25 flat

Diagnosis, prescription to your pharmacy, and a work or school note. If we can't help you, you don't pay.

Three steps. Ten minutes. Real care.

1

Describe symptoms

Patients visit ChatRx.md and answer guided questions about their condition, medical history, allergies, and current medications. Adults and minor dependents are treated through caregivers who serve as proxies.

~5 MINUTES

2

Doctor reviews

The ChatRx Medical Group reviews the clinical picture asynchronously. AI organizes data and flags concerns. A physician makes every clinical decision.

~2-4 MINUTES

3

Get treated

A prescription goes to the patient's local pharmacy. A work or school note arrives in the inbox. If we can't help, the patient is told upfront, and there is no charge.

INSTANT

100% asynchronous, chat-based care. No video call. No appointment. No waiting room.

Community-embedded access points.

We meet patients where they already are: the pharmacy counter, school, work, and the grocery store.

Pharmacies

15 live across IN, IL, MI

Virtual care at the pharmacy counter with no overhead or staffing cost for the partner, including the eight-location Williams Bros. network.

LIVE

Universities

Marian University Plymouth

Integrating into campus student health for the 2026–2027 school year, plus employer benefits for faculty and staff.

LIVE

K-12 Schools

7 school corporations

Elkhart, Mishawaka, Plymouth, Argos, John Glenn, Knox, and Grace Baptist. School nurse referral protocol.

LIVE

Grocery / Retail

Woodies Supermarket • Rise n Roll

QR co-marketing at checkout, bag-stuffers, and partnered trust networks, plus local Subway franchises. Independent grocer buildout underway.

LIVE

Health Systems / Employers

4C Health • launched July 2026

Embedded in their 500+ employee benefit stack, with introductions to 11,000+ community members.

LIVE

Indiana GROW Grant

Region 1 • proposed

Named a proposed healthcare navigation technology supporting Region 1. Nothing is signed yet.

IN CONTRACTING

Proposed in a \$65M federal rural health program.

CMS/HHS-funded five-year rural health transformation program. ChatRx is named in Initiative D, the Integrated Rural Access Network, with about \$13M across seven counties.

Current status

Submitted

Region 1 application filed

Named

Proposed navigation technology

In progress

Contracting under way

Not signed

No executed agreement today

ChatRx Role in Initiative D

- Virtual care for all 7 counties, with no new facilities required
- QR access points at 50+ community sites, including after-hours coverage for health systems
- Grant-funded care pool for Medicaid and uninsured patients

Potential revenue impact if executed at proposed terms

- \$250K/yr proposed Regional Platform License
- \$25K/yr per community site activation
- 8,000+ grant care-pool encounters per year at \$25, if executed
- Terms are in negotiation. These are proposals, not rates.

5-year Region 1 portfolio: \$65M · ChatRx = proposed , contracting in progress. Nothing is signed and no organization pays ChatRx a license fee today.

Four forces converging, and a fifth just arrived.

01

Rise of cash-pay healthcare

More people pay for care directly, and direct primary care alone is projected to more than double by 2033. Consumers know what they need and demand fair prices.

02

Physician shortage

AAMC projects a shortfall of up to 86,000 physicians by 2036. The rural Great Lakes already feels it. (AAMC, 2024)

03

Virtual care normalized

Virtual care is no longer novel. Patients now expect it, and asynchronous care fits how people actually live.

04

AI scales physician capacity

AI-assisted intake lets physicians safely see more patients without adding headcount. ChatRx is working proof: asynchronous, physician-led, and profitable on every visit.

05

Federal rural health funding

Federal rural health funding is flowing to Indiana. ChatRx has been named a proposed supporting Region 1. Nothing is signed yet.

07 TRACTION

7,800+ assessments. Profitable on every paid visit.

8x growth since launch on a self-funded base

7,800+

Assessments since launch

\$74K+

Cumulative revenue since launch

<\$20

Blended customer acquisition cost

~39%

Assessment-to-treatment conversion
(2,555 of 6,621)

Proof points

- 5,650+ registered users and 3,150+ prescriptions written.
- ~28% repeat visit rate.
- 8x growth in monthly assessments since launch.
- Paid media is cash-flow positive: \$9K spent → \$12.5K returned.
- Google Ads: 6.68% click-to-conversion rate.
- About 2 in 3 patients leave without a prescription, and they still get an answer.
- 15 pharmacy partners live across IN, IL, and MI.
- Proposed GROW Region 1 , contracting in progress.

08 MARKET OPPORTUNITY

A massive underserved market, now with federal tailwinds.

TAM

Total Addressable Market

\$10B+

U.S. urgent care and acute virtual care market.
145M+ urgent care visits annually at \$150–\$250 average.

SAM

Serviceable Available Market

\$39M

Acute virtual care for uninsured and underinsured adults in IN, IL, MI. Assumes ~15% of the 4.2M uninsured in the tri-state population use acute virtual care.

SOM

Serviceable Obtainable Market

\$3M

200-mile radius of Plymouth, IN. 1.5-2M people.
At 10,000 customers, roughly 0.6% of that population, at \$25 per visit and 2.4 visits per year.

TAM, SAM, and SOM are illustrative estimates based on internal analysis and publicly available data. Hyperlocal first. Win 200 miles, then expand state by state. Indiana's GROW program is a \$65M federal portfolio with ChatRx named a proposed Region 1 and a pipeline to 7 more regions. Nothing is signed yet.

Six revenue streams. One platform.

DTC urgent care \$25 /visit Core revenue 40+ acute conditions. Flat fee covers diagnosis, prescription, pharmacy discount card, and work or school note. No insurance needed. LIVE	Caregiver Notes \$10 /note ~5% of revenue Standalone work or school excuse notes. Lower price point, high margin, serves parents and caregivers. LIVE	Individual & Family Memberships \$ /year Q4 2026 Annual membership for households that want acute care covered year-round. Pricing finalizing ahead of launch. LAUNCHING
Partner-Originated Care \$25 /visit Net of 20% for pharmacy partners only Our fastest-growing channel. Patients arrive via a pharmacy counter, school nurse, or employer's benefits page. 15 pharmacy partners live. 4C Health launched July 2026 with 500+ employees. School districts across Northern Indiana onboarding. LIVE	Employer health \$4 PMPM First employer onboarded A navigation layer in the benefits stack: lower cost, better use of benefits they already pay for, wider access. Employers pay per member per month rather than per visit. Collection begins this month. CONTRACTED	Healthcare infrastructure licensing \$ /year Terms in negotiation Regional platform licensing for grant-funded rural health programs, including Indiana GROW Region 1. Nothing is signed yet. PROPOSED

Unit economics: \$25.04 average revenue per paid transaction, August 2026 · Under \$20 blended CAC · Positive contribution margin from month one.

A moat national players can't replicate.

Instant care, named physician leadership, 24/7 access, and FDA-registered Software as a Medical Device (SaMD) with patents pending.

	CHATRX	DRB / TELADOC / LEMONAID	URGENT CARE	ER
PRICE	\$25 flat	\$15–\$75	\$50–\$200+	\$500–\$2,000+
WAIT TIME	Minutes	Hours – 1 day	1–3 hours	2–6 hours
INSURANCE REQUIRED	None	None / variable	Usually	Usually
PHYSICIAN ID	CMO & ChatRx Medical Group	Anonymous board	Random on-call	Random on-call
LOCAL TRUST	30-year local reputation	None	Varies	Varies
WORK / SCHOOL NOTE	Included	Extra cost	Extra cost	Extra cost
HOURS	24/7	24/7	Limited	24/7
GRANT ELIGIBLE	Yes • proposed GROW	No	No	No

Beyond Treatment: The Healthcare Navigation Network

About 60% of people who use ChatRx leave without a prescription. Today we tell them to get seen in person. Next, we help them find where.

LIVE

What happens today

- Free assessment identifies the likely condition, before anyone pays
- Physician-supervised treatment when appropriate, \$25 flat
- When we can't treat it, we say so plainly and tell people to get seen in person
- Red-flag cases are escalated to emergency care

SCOPED

What we're building

- Routing to the right resource: physician, pharmacy, behavioral health, community services, urgent care, or an employer benefit they already have
- Physician-governed rules, not open-ended AI
- Built on the network already in place: 15 pharmacies, 7 school corporations, 4C Health, Marian University
- Architecture complete. This raise funds the build

7,800+

assessments

~60%

leave without a prescription

Every one still needed somewhere to go.

Not yet built. The Intelligent Healthcare Navigation Network is scoped and funded by this raise. No routing capability is live today.

Lean team. Deep expertise. Multi-role operators.



Dr. Tod Stillson
Founder & CEO

30+ years general medicine
 Butler · Notre Dame · IU
 FDA Class I device creator
 Chief Medical Officer · Reviewing physician
 Indiana GROW grant clinical lead



Rajeev Ratra
CMO & CXO

Multi-role: CMO + CXO
 22 years of growth marketing & tech ops
 Previous startup founder
 Owns demand and partner pipelines



Dr. John Stillson
Reviewing Physician

Second reviewing physician, ChatRx Medical Group,
 active today
 Chair, Medical Advisory Council
 Oversees guidelines and quality
 Enables 24/7 coverage
 Next-generation clinical leadership

Extended team

Nate · Fractional CTO Garrick · Fractional COO Andrew · Fractional CFO Jeff · Fractional CCO

Sara Stillson, RN · Content & Clinical Review Mark Ringenberg · Executive Director, Ambassador Program

Hannah Puglisi · Marketing Tech & Copy

Why I built this after 30 years of medicine.



Dr. Tod Stillson, MD

Founder & CEO · 30 years in rural Indiana medicine

Healthcare did not break because medicine failed. It broke because access failed.

Practicing in rural Indiana, I saw the same pattern over and over. Parents driving 45 minutes at night for a simple infection. Working patients choosing between a \$200 bill and waiting it out. ERs flooded with low-acuity cases because the ER is the only always-open door.

Caregivers

Long drives at night.
Skipping care because of cost.

Working patients

Choosing between a \$200 bill, lost wages, or toughing it out.

Overburdened ERs

The default always-open door, including for low-acuity care.

ChatRx was not built as a chatbot. It was built as on-demand urgent care infrastructure. A real doctor, for \$25, without appointments, insurance, or waiting rooms.

Traditional pricing reflects infrastructure, not medicine.

What we removed

- ✗ Real estate and waiting rooms
- ✗ Front desk and nursing staff
- ✗ Billing departments and claims processing
- ✗ Insurance contracts and pre-auth
- ✗ Facility costs and wasted clinician time

What remains

- ✓ AI-guided intake
- ✓ Physician review on every visit
- ✓ Direct routing to local pharmacy
- ✓ Automated clinical documentation
- ✓ Lean staffing supported by technology

\$25

Revenue per visit

<\$20

Blended CAC

Month 1

Positive contribution margin

Because we are overhead-light and physician-led, we can price access fairly and stay profitable on every visit. \$25 works because the model works.

What happens if volume grows 10× or more?

Volume growth strengthens the model rather than stressing it.

TODAY AT CHATRX

1 reviewing physician

- ~8–9 paid transactions per day
- 1–2 work, school, or caregiver notes per day
- Traditional urgent care scales by buildings and staff. ChatRx scales by physician review and bandwidth, supported by technology.

AT 10× VOLUME

Technology-supported scaling

- AI intake absorbs increased patient flow
- Asynchronous review prevents appointment bottlenecks
- Pharmacy network already integrated
- No facility expansion required
- Additional reviewing physicians from ChatRx Medical Group
- Geographic expansion scales via multi-state licensure

Digital intake scales automatically. Clinical oversight scales through licensed physicians. Volume growth increases margin efficiency.

Hyperlocal roots. B2B2C distribution. National in 2027.

Paid digital

Google Ads geo-fenced by town plus Meta awareness and retargeting. LegitScript approved. \$9K spent → \$12.5K returned. Scaling condition-specific campaigns.

Hyperlocal physical

Dr. Tod personally visits pharmacies, churches, daycares, and small businesses across 120 towns in 13 Northern Indiana counties.

B2B2C partner network

15 live pharmacies, local Subway franchises, Marian University, 7 school corporations, grocers, and an employer benefit program. Partners drive volume at zero CAC.

Earned media & content

Local op-eds, CBS pitches, Dr. Stillson thought leadership in Healthcare IT News and KevinMD. 145+ video assets. Small papers want real doctor stories.

EXPANSION ROADMAP

NOW

Plymouth Bubble

11 towns
N. Indiana core
15 pharmacies live

LIVE NOW

S. Bend / Elkhart

Urban ring active
7 school corporations
4C Health employer

Q4 2026

Ft. Wayne / Lafayette

Mid-state urban
Employer pilots
Pharmacy expand

H1 2027

Indy / Chi / Detroit

Major metros
MI + IL full
B2B partnerships

2026-27

GROW Regions

7-county Region 1
Federal funding
8 Indiana regions

2027

National

3 new states from existing licensure
17 states licensed
Handoff Telehealth partners

\$500,000 seed via Wefunder SAFE.

\$500K

Target raise · Wefunder SAFE · closes 16 November 2026

Instrument	SAFE (CARTA pre-money)
Valuation cap	\$12.5M
Cap	4%
Discount	0
Minimum	\$100 (Wefunder)

18–24 months

Runway, with a path to Series A at a \$25–\$40M valuation.

Use of funds

Marketing & expansion

45%

Scale Google Ads beyond the current \$5–6K monthly spend, expand hyperlocal outreach, and activate three new states from existing licensure.



Technology

35%

Expanded conditions library, individual and family memberships, DTC lab testing, and partner-facing tooling for pharmacies, schools, and employers.



Partnerships

20%

Pharmacy onboarding, the schools and universities pipeline, and implementation readiness for Indiana's Region 1 GROW initiative.



What \$500K unlocks

- Scale from ~250 to 800+ paid transactions per month
- Build to \$20K+ monthly revenue
- Support GROW Region 1 contracting as a proposed
- Scale employer health beyond the first contracted employer

Rebased on actuals, and built around the season.

	NOW · Q3 2026 SUMMER TROUGH	Q4 2026 SEASON CLIMBING	Q1 2027 SEASONAL PEAK	Q3 2027 SUMMER TROUGH	Q1 2028 SEASONAL PEAK
PAID TRANSACTIONS / MONTH	~250	320–380	450–550	420–500	700–850
MONTHLY REVENUE	~\$6.5K	\$8.0–9.5K	\$11.3–13.8K	\$10.5–12.5K	\$17.5–21.3K
GROWTH COMES FROM	15 live pharmacies	7 school corporations	2 new states, existing licensure	Partner volume at zero CAC	3 new states, existing licensure

Base case is DTC and partner-originated care only, anchored on August 2026 actuals. Indiana GROW licensing is unsigned upside and sits outside every number above.



Every family deserves a doctor at 6 PM, for \$25.

We are democratizing healthcare so that when a child gets sick after hours, families don't have to overcome access, transportation, and cost barriers to get care. They can simply see a doctor for \$25. [And now, with CMS-funded federal rural health transformation grants, ChatRx is becoming Indiana's virtual care infrastructure.](#)

Dr. Tod Stillson

Founder & CEO · 30 years of medicine ·
tstillson@chatrx.net

Rajeev Ratra

CMO & CXO · 22 years in growth marketing
· rratra@chatrx.net

Seed Round Open

SAFE @ \$12.5M cap · closes 16 November
2026 · Wefunder · ChatRx.MD