RocketDoctor AI

AI-Powered Infrastructure: Bridging the Gap to Accessible Healthcare

October 2026



WHY NOW: Soaring healthcare costs, shrinking physician access, and mature generative AI have converged to create urgent demand for scalable virtual care infrastructure.

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Forward-looking statements in this presentation include, without limitation, statements relating to: the Company's business objectives, goals, strategies, and outlook; expectations regarding the development, deployment, and commercialization of the Company's AI-powered healthcare platform and related products, including the Global Library of Medicine (GLM) algorithms, ClinBot, AI Nurse, and Voice AI; expectations regarding future revenue growth, patient visit volumes, and market share; the anticipated expansion of the Company's operations in Canada and the United States; the Company's ability to attract and retain physicians, payer relationships, and healthcare partners; the anticipated benefits and clinical performance of the Company's AI tools; expectations regarding the healthcare AI market and the Company's competitive position therein; the Company's key U.S. operational milestones including completed patient visits and clinical hours, the timing lag between patient visits and revenue recognition, the Company's cash-basis revenue recognition policy for U.S. operations, the distinction between in-network and out-of-network patients and the reimbursement eligibility criteria applicable to each, the Company's strategy to permit out-of-network patient access, the submission of claims for out-of-network visits and the possibility that certain claims may be approved at the discretion of the payor, management's evaluation of network coverage and payor relationships with a view to converting out-of-network patients and physicians to in-network status, and the expected changes in reimbursement rates and revenue.

Forward-looking statements are based on management's current beliefs, expectations, and assumptions as of the date of this presentation, including, without limitation: that the Company's technology platforms will perform as intended and achieve expected clinical outcomes; that the Company will be able to maintain and expand its existing payer relationships, including in-network contracts with Medicare, Medicaid, Medi-Cal, and commercial payers; that the Company will be able to obtain the capital required to fund its operations and growth plans on acceptable terms and in a timely manner; that provincial and state regulatory environments will remain conducive to virtual care delivery; that the Company will retain its key management, medical, and technical personnel; that there will be no material adverse changes in legislation, regulation, or government policy applicable to the Company's business in Canada, the United States, or elsewhere; that no national or regional disasters, acts of war, terrorism, or public health emergencies will materially disrupt the Company's operations; and that macroeconomic conditions, including inflationary pressures, interest rate movements, and foreign currency fluctuations, will not materially adversely affect the Company's business or financial performance; the continued growth of the Company's U.S. patient visit volumes and clinical hours; the ability to maintain and expand the Company's network of licensed physicians and healthcare providers; the Company's ability to successfully convert out-of-network patients and physicians to in-network status over time; the continued availability and stability of reimbursement from third-party payers; and the expected timing between patient visits and revenue recognition.

Forward-looking statements are not guarantees of future performance and involve known and unknown risks, uncertainties, and other factors that may cause actual results, events, or developments to differ materially from those anticipated or implied by such statements. Such risks and uncertainties include, without limitation: the Company's ability to grow its U.S. payer relationships; reliance on third-party payers and partners; risks associated with the provider credentialing process, including potential delays in onboarding new providers and the Company's ability to satisfy growing network capacity requirements within anticipated timeframes; risks relating to the Company's cash-basis recognition of certain U.S. revenues; the Company's ability to raise additional capital as needed and on acceptable terms; the Company's limited operating history and history of operating losses; the uncertainty that the Company's AI and digital health platform will achieve broad physician and patient adoption; the risk that the Company's proprietary GLM algorithms and AI tools may not perform as described or may produce inaccurate clinical outputs, which could expose the Company to professional liability and reputational harm; the risk of cybersecurity incidents, data breaches, or failure to comply with applicable privacy legislation, including the Personal Information Protection and Electronic Documents Act (PIPEDA) in Canada and the Health Insurance Portability and Accountability Act (HIPAA) in the United States;

Disclaimer

the risk that healthcare regulatory authorities in Canada, the United States, or other jurisdictions may impose restrictions on, or require approvals for, the Company's AI-based clinical tools; the risk that payer relationships may be terminated, renegotiated at less favorable terms, or subject to reimbursement policy changes that reduce the Company's revenues; the risk of increased competition from well-capitalized incumbents and new entrants in the digital health and healthcare AI space; the Company's dependence on key personnel and medical advisors, the loss of whom could adversely affect the Company's operations; the risk that the Company will not be able to protect its intellectual property rights or that third parties will assert intellectual property claims against the Company; risks relating to physician licensing and credentialing requirements across multiple jurisdictions; risks related to the integration and performance of acquired or licensed technologies; fluctuations in foreign currency exchange rates, in particular between the Canadian dollar and the U.S. dollar; and general economic, market, and business conditions in Canada, the United States, and globally.

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Our Leadership Team

Deep Domain Expertise across Public Markets, Healthcare, Technology, Finance & Legal

Executive Leadership



Essam Hamza, MD

CEO & Director

- Scaled CloudMD $4M to $100M+ rev
- 25+ yrs primary care MD; digitized clinic pioneer
- Extensive public markets experience



William Cherniak, MD MPH

Founder & CEO, Rocket Doctor Inc.

- 13+ years practicing ER MD; Asst Prof (University of Toronto), global health technology & innovation published in New York Times
- ex-Kaiser Permanente and University of Southern California



Richard Atkins

Chief Operating Officer

- 15+ yrs health-tech (EMR, HL7/FHIR, teletriage, PACS/RIS)
- 30+ yrs exec sales & M&A across multiple international markets



Andrew Lau, CPA, CA

Chief Financial Officer

- 18 yrs finance (ex-RBC IB, Deloitte); CPA, CA
- Public CFO/VP Finance (Medera Inc., Tiny Ltd, Rubicon); $70M+ raised



Kevin Peterson, MD

Co-Founder, CMO & Chairman

- Ex-VP Primary Care (ADA); AHRQ PBRN Dir (17k+ practices)
- Managed $300M+ NIH/gov research funds
- VP, American Diabetes Association



Harry Cherniak

Co-Founder, COO & Privacy Officer, RD Inc.

- Ex-Torys LLP corporate lawyer; led multi-million $ M&A activity
- Chief Privacy Officer; healthcare strategy & ops



RocketDoctor AI

Provider-centered platforms built for scalable care delivery

We bring together trusted AI technology, care delivery solutions, payer access, and patient demand to help doctors and specialists deliver high-quality care at scale.

The Crisis in Healthcare Systems

Critical Challenges Across Access, Capacity & Overhead

1. Shrinking Access

100M+

Lack a primary care physician [1]

6.5M+

Without a family doctor [2]

100M+

Enrolled in Medicaid & Medicare [3]

$32B

Spent on unnecessary ER visits annually [4]

2. Provider Capacity

3-6 Weeks

Avg wait for routine family MD care in smaller communities

$100B+

Lost annually due to misdiagnosis errors [5]

- Rising physician burnout
- Shorter, rushed consultations
- Severe shortage of active doctors
- Millions affected by delayed care

3. Admin Overheads

40%

Of physician time consumed by administrative tasks [6]

Data Overload

Doctors must continuously absorb fragmented data across disconnected systems

- Extensive EMR documentation
- Complex billing & coding burden
- Reduced direct patient care time

References & Sources:

1. National Association of Community Health Centers. (2023). *Closing the Primary Care Gap: How Community Health Centers Can Address the Nation's Primary Care Crisis.*
2. Healthy Debate. (2023, March 14). *More than 6.5 million adults in Canada lack access to primary care.*
3. Grantmakers In Health. *Overview of Potential Medicaid Changes in 2025 Budget Reconciliation Bill.*
4. United Healthcare. *18 Million Avoidable Hospital Emergency Department Visits Add $32 Billion in Costs to the Health Care System Each Year.*
5. AARP. (2023, August 15). *The cost of a wrong diagnosis.*
6. Healthy Debate. (2024, November 11). *Beating Administrative Burden - How Digital Health Tools Can Save Administrative Medicine.*

Investment Highlights

Scaling accessible care and unlocking massive U.S. payer network access

Alberta, British Columbia, Ontario



>800,000+
Patients Visits Completed

>350+
Physicians signed to platform

California, New York, Maryland



~24M
Covered Lives (Potential in-Network access)

+196%
Q2 over Q1 2026 Growth in U.S Patient Visits

1	**Proprietary End-to-End Digital Health Platform**	▪Clinical intelligence and AI workflow tools **reduce administrative burden**, **support clinical decisions,** and **drive high-margin care delivery.**
2	**Demonstrated Traction & Strong Growth**	▪Q2 2026 revenue reached $734K, **up 43% YoY** (Q2 2026 vs Q2 2025). **Expect record quarterly revenues in Q3.** ▪Canadian patient visits **grew 24%** YoY for same quarter (Q3).
3	**U.S. Business at an Inflection Point**	▪U.S. patient visits grew from just 86 in it's launch in Q4 2025 to **>6,100 in Q3 2026.** ▪Access to **~24 million** in-network covered lives across California, New York and Maryland, with another ~18 million covered lives targeted through Florida and Texas expansion.
4	**Significant Barrier to Entry**	▪Rocket Doctor has spent **3.5+ years** building payer relationships, physician credentialing and revenue operations that are difficult to replicate.

Key Operational & Financial Metrics Overview

Financial Performance

C$734K (Q2)
Quarterly Revenue

+43%
YoY Quarter over Quarter Growth (vs Q2 2025)

65%
Gross Margin

Platform & Network Volume

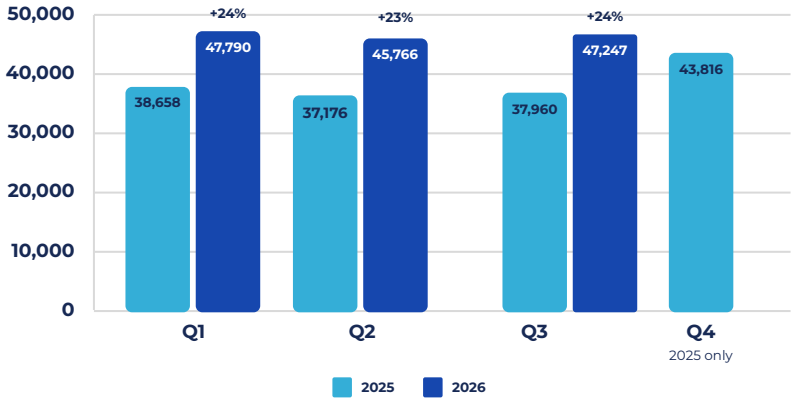
>800k
Completed Visits

120k+
Clinical Hours

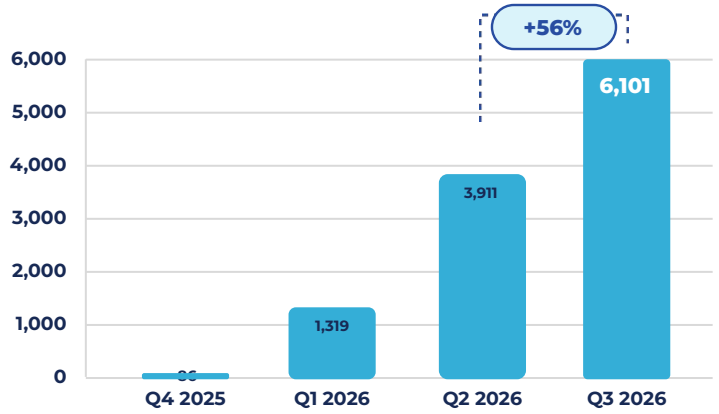
~24M
U.S. In-Network

>350+
Physicians on platform

Total Canada Completed Patient Visits



Total US Completed Patient Visits



RocketDoctor AI

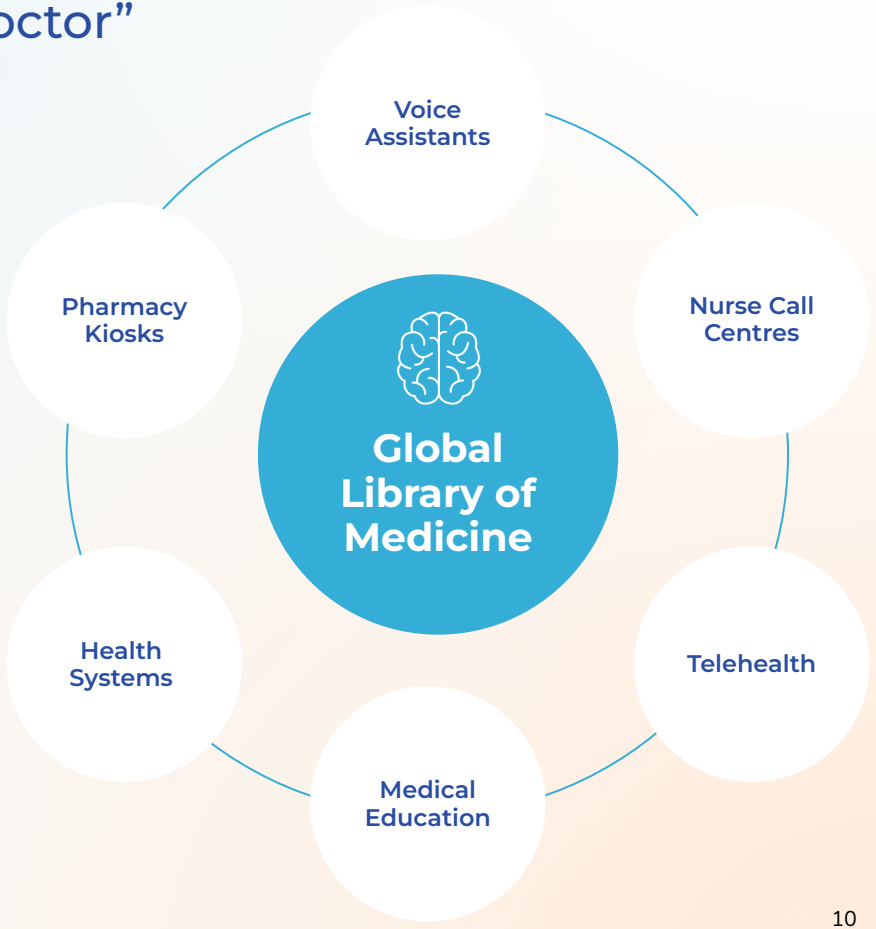
A connected suite of AI solutions for better care delivery



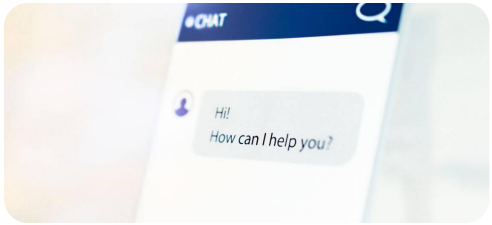
RocketDoctor AI — “Think Like a Doctor”

Global Library of Medicine (GLM)

- Since 2016, developed with over **25,000 hours** of input from **hundreds** of clinicians **globally**
- **~10,000+** expert medical reviews
- Diagnosis **>1,000+** diseases and **17,000+** symptoms in real-time
- Suggests appropriate lab tests & imaging, treatment options and billing codes
- Plug-and-play integration (API’s) connecting to any platform or organization
- Used to **support and test medical students** in clinical skills - OSCE exam



Our AI products support the full continuum of care



Before Visit (Pre-Assessment)

- Symptom-based smart intake
- Smart Doctor & Patient Matching
- Auto-booking
- Initial care assessments
- AI Agent

Adoption & Payment

Who Pays: Health System / Practice

Why Adopt: Eliminates front-desk friction, reduces triage costs, and **accelerates patient onboarding.**



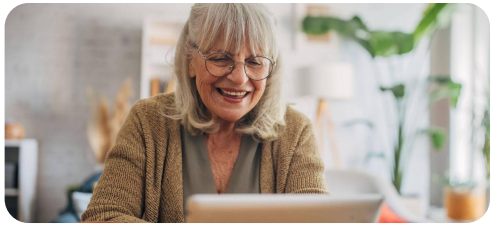
During Patient Visit

- AI-Driven Diagnostic Support
- Questioning / Chat & Video
- Appointments / Live
- Referrals, labs, imaging
- Real-time updates into Patient Chart

Adoption & Payment

Who Pays: Provider / Group

Why Adopt: Saves admin documentation time, prevents burnout, and expands visit capacity.



Post or between Visit Follow-ups

- Chronic Conditions Management
- Future Appointments & Reminders / Preset Follow-ups
- AI Agent

Adoption & Payment

Who Pays: Practice Ops / Payers

Why Adopt: Minimizes claim denials, speeds up revenue collection, and **retains and creates recurring patients.**

RocketDoctor AI

US OTC: AIRDF | Canada: AIDR



Rocket

Thank you for booking your appointment.

Our Patient Care Team is currently reviewing your intake form.

To provide you with the best care, our health chatbot will ask other questions to better understand your health background and ensure faster access to care.

If you have any questions or need assistance, don't hesitate to reach out to us at [illegible]

We're excited to connect you with a physician soon!

Where We Drive Revenue — ~ARR C$2.9M**



Platform Usage Revenue
~C$2.22M/year

US and Canadian physicians booking virtual appointments.

Average of 17% fee/CA appt

US$25 flat fee/US appointment

US$25-$75 / month per MD depending on specialty and geographic location.



Partnership Revenue
~C$250K/year

Pharmacies, allied health partners and Independent Provider Associations (IPAs).

$250 fee, $250/month for support

$3,000 for device enabled stations IPA's send us patients, lowering our costs to acquire new patients.



Software Licensing and Service Fees
~C$465K/year

Monthly GLM service fees related to US partnerships.

Minimum commitment through 2027 based on current Agreements.

Q2 2026* **Key Financials**

C$0.73 million revenue

65% gross margin

**Unaudited figures for the three-months ended June 30, 2026*
***ARR is a non-GAAP financial metric please refer to the disclaimer*

U.S. Growth Engine: From Covered Lives to Revenue

Total In-Network Patients Opportunity by State:



~10 million
New York



~10.3 million
California



~3.2 million
Maryland

State Expansion Pipeline:

Florida, Texas - ~17.8 million covered lives (Medicare/Medicaid)

Strategy:

Extend existing relationships with payers.



Florida
~9 million



Texas
~8.8 million

Payer Mix & Strategic Coverage Partners

Payer Breakdown
- Medicare / Medicaid
- Commercial Insurance
- Direct/Self-Pay

aetna · Medicare · Medi-Cal · WellCare · Anthem · United Healthcare · Central California Alliance for Health · claritev · New York State · Maryland State Department of Education · Medi-Cal · cigna healthcare · Fidelis Care · Humana · LaSalle we care · EmblemHealth · CareFirst BlueChoice

Healthcare Delivery Models: FFS vs. Value-Based Care

A strategic comparison of financial incentives, operational structures, and organizational impacts

Fee-for-Service (FFS)

REWARDS QUANTITY

How It Works

Providers bill insurance/Medicare for each individual service performed (visits, tests, procedures).

Key Benefits to the Organization

- **Predictable Revenue Stream:** Tied to standardized CPT/HCPCS billing codes.
- **Low Downside Risk:** Zero responsibility for long-term health outcomes.
- **Operational Simplicity:** No complex population health tracking infrastructure required.
- **High Margin Procedures:** Immediate margins on complex diagnostic & surgical care.

Value-Based Care (VBC)

REWARDS QUALITY & OUTCOMES

How It Works

Providers compensated based on patient health outcomes, quality metrics (HEDIS/STARS), and cost control.

Key Benefits to the Organization

- **Shared Savings Upside:** Retain upside from reduced ER & inpatient utilization.
- **Recurring Revenue:** Capitated/PMPM models deliver reliable monthly cash flow.
- **Payer Advantage:** Secures long-term contracts by optimizing MLR ratios.
- **Valuation Multiple Expansion:** Predictable quality revenues command higher investor multiples.

The Strategic Hybrid Advantage: Why Operating Both Models Unlocks Maximum Value

- **Operational & Capital Bridge:** FFS provides immediate, high-volume cash flow to fund infrastructure, tech, and provider onboarding while transitioning panels into VBC.
- **Investor Risk Diversification & Multiple Expansion:** Dual offering hedges against regulatory shifts, secures long-term payer lock-in, and blends high short-term earnings with recurring SaaS-like PMPM valuation metrics.

Innovative Digital Health Partnerships



Hôpital général de la baie Georgienne
GEORGIAN BAY
General Hospital

Virtual ED



MELANOMA CANADA

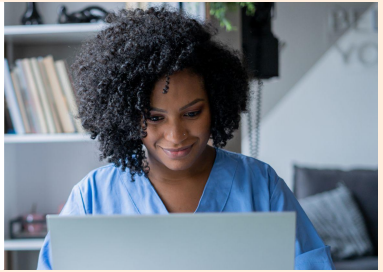
Non-Profits

LETHBRIDGE COUNTY



Municipalities

Central California Alliance for Health



Central California Alliance for Health

Partnering with Rick Ware Racing & FINTEKK AP

Bringing the Rocket Doctor AI brand to **NASCAR, NHRA and Supercross** to support continued growth across key U.S. and Canadian markets.





100+	2.6M+	13.2M+	4.1M+
Broadcast events annually	Social interactions	Social views	Total Followers

A high-impact North American platform

Live Spectators Premier Motorsports
NASCAR · NHRA · WSX/AMA Supercross

Television Networks
NBC · FOX · FS1 · Prime Video · HBO Max

Strategic Geography
East Coast · West Coast · American Heartland · Canada

Always-on Engagement
Live audiences and weekly Rocket Doctor digital content.

Value based care: patients assigned, and acquired

Our first value based primary care agreement, with a California independent physician association

30,000
Covered members
in the initial panel

5M+
Patients we can now
reach in network

9 / 65
Indirect access to more payers/
health plans

What the agreement does

- Physicians are assigned patient panels for the first time, not just one off visits
- Paid a recurring amount per member per month, in addition to per visit
- Covers Commercial HMO and PPO, Medicare Advantage, D-SNP and Medi-Cal

Why it matters

- Recurring revenue that starts before a patient books
- Continuity of care, which is what physicians want to practice
- Strengthens California, our lowest cost and highest volume state

This is repeatable

We can pursue the same structure with other plans as we grow. Patients arrive through the plan rather than being found in the ad auction, which means volume that does not carry an acquisition cost.

Why We See Out-of-Network Patients

Patient demand leads the payer conversation.



Builds patient volume now



Proves demand to payers



Strengthens future contracting



Visits can convert to revenue

Strategic Value

Out-of-network visits help turn payer conversations into payer partnerships.

Scaling the Provider Network: Infrastructure to Monetization

A complete framework to onboard physicians, overcome entry barriers, and drive care delivery

1. Building the Infrastructure

Overcoming potential 2.5+ year competitor barrier to establish provider capacity:

- **Infrastructure Setup**
  1 Year (2022-23)
- **Secure Payers**
  8-15+ Months per Payer
- **Credential Physicians**
  3-6 Months per MD
- **Setup Billing**
  1-2 Months
- **Patient Scale**
  Active Patient Growth

2. Onboarding of Physicians

Onboarding new physicians by word of mouth. Provide suite of technology enabling physicians to build own virtual practices.

- **Contract & Fee**
  MD signs contract & pays US$500 fee
- **Credentialing Process**
  Verification & document submission
- **Payer In-Network**
  Physicians in-network with all payers
- **Active Patient Care**
  Seeing patients / being active

3. Utilization & MD Network

Physician Platform Fees

US$25–$75 / month per MD

Tiered by specialty & geographic location

Virtual Booking Utilization

US$25 fee per standard US appt

US$50-$75 fee per specialized US appt

Avg. 17% fee per Canadian appt

MD Network & Capacity Growth

Accelerating MD onboarding & engagement across key markets.

81 **MDs signed in CA, NY & MD**	30 **Clinically Active US MD's**
51 **MD's Credentialing**	3x **MD capacity pending**

Integrated Provider Model drives Rapid Scalability

By removing operational friction, providing AI workflow tools, and establishing predictable MD fee structures, the platform accelerates digital health adoption across primary and specialized care channels.

Our US Payer Approach

Four key channels. One growth engine.

Medicaid / Medicaid Managed Care:
Massive access gap and strong virtual care need

Medicare / Medicare Advantage:
High-need, high-utilization patients

HR + Employer Benefits / Commercial Insurance:
Large covered populations through employer plans

Out of Network:
Expand reach while strengthening payer negotiations

Why it works

Each payer can unlock **1–2M+ covered lives** and create repeatable patient volume.

Our US Moat

Established Provider, Payer, Credentialing, and Revenue Operations Infrastructure **built over 3.5 years, and specific to Medicaid / Medicare**

In-network across multiple states with growing access to covered lives, physicians, and patients.



Credentialing workflows

Onboarding physicians in months, built through years of operating experience



Government-Funded Health insurance

Including Medicare Advantage and Managed Medicaid + payer mix



Revenue operations

Supporting billing, collections, and visit-based care delivery



Payer & partner relationships

Growing established contracts and strategic alignments across key markets and geographies

Clinical Strength, Continuum-Wide AI Platforms

25,000+ Hrs
Clinician Input

10,000+
Expert Reviews

1,000+ / 17k+
Diseases & Symptoms

SOC2 Type 1 & HIPAA
Certified / Compliant

Plug-&-Play
API Integration

1. Full Continuum Care

Intake & Triage (Integrated)

- Symptom-based smart intake via API & web widgets
- Smart Doctor & Patient Matching
- Auto-booking & initial care assessments

Patient Visit (Embeddable)

- AI-enabled clinical decision support
- Embeddable into chat, video & live appointments
- Real-time bi-directional EMR/Chart sync

Follow-ups & Care (API Connected)

- Chronic conditions management
- Preset follow-ups & integrated AI Agents

2. Clinical Safeguards

Human-in-the-Loop

- **Vetted by clinicians before release**
- Physician oversight on AI recommendations
- Curated clinical content and clinical oversight to mitigate AI output risk

Privacy, Security & Trust

- SOC2 Type I Accredited
- Built to HIPAA compliance & data isolation
- Enterprise-grade encryption in transit & rest

Physician Adoption

- Embedded into OSCE clinical exams
- Created by hundreds of doctors globally

3. ROI & Integration

Time Saved & Uplift

- Enables Automated AI Scribe Integration & Charting
- Documentation & coding uplift
- Auto lab, imaging & physical exam referral suggestions

Integration Status

- **Plug-and-play APIs for EMRs & Health Systems**
- Supports kiosks, call centers & telehealth

Monetization Plan

- **SaaS licensing for providers & platforms**
- Billing & revenue reconciliation module

Current Value Metrics

Stock Listing	OTC: AIRDF **/** CSE: AIDR **/** 939: FRA
Common Shares Outstanding (basic/fully diluted)	103,458,016 / 133,727,653
Insider Ownership	5.11%
Warrants/Options/RSUs Outstanding	16,382,064 / 7,580,475 / 6,207,098
Market Capitalization	C$61.0M (US$43.6M)

Outstanding Warrants are exercisable at an average price of CAD $0.81 (**range CAD $0.50-$1.00**) and outstanding Options are exercisable at an average price of CAD $0.54 (**range CAD $0.20-$0.85**).

Market Capitalization is calculated based on total shares issued and outstanding on October 1 2026, multiplied by the closing price on **October 1, 2026**.

RocketDoctor AI

Partner with us to scale AI-driven healthcare delivery and capture long-term market growth.

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