RocketDoctor AI

AI-Powered Infrastructure: Bridging the Gap to Accessible Healthcare

Investor Overview

SEPTEMBER 2026

CSE: AIDR OTC: AIRDF 939: FRA

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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;

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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.

These and other risks are described in the Company's continuous disclosure documents available on SEDAR+. Readers are cautioned not to place undue reliance on forward-looking statements, which reflect management's expectations only as of May, 2026, the date of this presentation. The Company does not undertake any obligation to update or revise any forward-looking statement to reflect new information, future events, or changed circumstances, except as required by applicable securities legislation.

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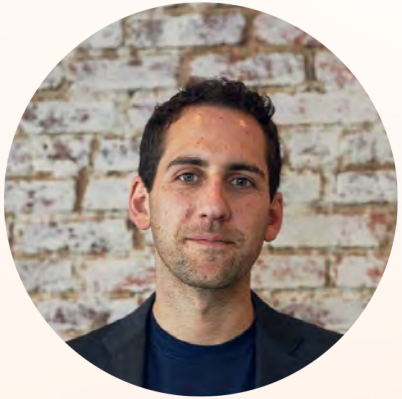
Introductions

Dr. Essam Hamza, MD CCFP

CEO, Rocket Doctor AI Inc.

CloudMD

UNIVERSITY OF ALBERTA



Dr. William Cherniak, MD MPH, CCFP(EM), DABFM

Founder & CEO, Rocket Doctor Inc.

JOHNS HOPKINS UNIVERSITY

NIH National Institutes of Health

TEMERTY FACULTY OF MEDICINE UNIVERSITY OF TORONTO

Our Team

Led by Technology & Healthcare Experts

Essam Hamza, MD CCFP

CEO, Rocket Doctor AI

Kevin Peterson, MD, MPH, FRCS(Ed), FAAFP

Co-Founder & CMO, Rocket Doctor AI

Richard Atkins

COO, Rocket Doctor AI

Andrew Lau, CPA, CA

CFO, Rocket Doctor AI

William Cherniak, MD MPH, CCFP(EM), DABFM

Founder & CEO, Rocket Doctor

Harry Cherniak

Co-Founder, COO & Privacy Officer, Rocket Doctor

George Mastoras, MD, FRCPC

Canada Medical Director, Rocket Doctor

Pamela Lai, MD

Director of Clinical Partnerships, Rocket Doctor

Evan Ou, MD

US Medical Director, Rocket Doctor

Our leadership team of top MDs fuels growth & clinical expertise

Dr. David Song
New York MD Lead

Dr. Matthew Sakumoto
RD Primary Care Lead; UCSF

Dr. Mike Solemar
RD California Lead; UCSF

Dr. Joe Amirault
RD Atlantic Canada Lead; MUN

Dr. Jean Challiner
Executive Advisor

Dr. Taaha Muhammad
RD Canada Substance Use Services Lead; UofT

Dr. Rasyidah Halim
Psychiatry MD Lead:

Dr. Anjuli Little
RD Ontario Lead, UofT

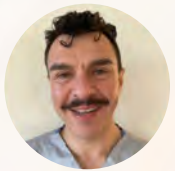
Dr. Jennifer Ashley O'Driscoll
RD Family Medicine Lead; UofT

Dr. Paramesha Pillay
RD Canada Pediatrics Lead; UBC

Dr. Kathryn Gussman
RD US Provider Success Lead; Geisinger

Dr. Suzanne Caccamese
Maryland MD Lead; Penn State College of Medicine

Dr. Neil Kumar
MD Lead, British Columbia, University of British Columbia MD, CCFP



Dr. Mark Biernacki
RD Alberta Lead; UofC

Dr. Sudha Kumar
California Psych MD Lead; Boston University

HARVARD UNIVERSITY

Stanford University

JOHNS HOPKINS UNIVERSITY

Geisinger

UCSF

RocketDoctor AI

Provider-centered platforms built for scalable care delivery

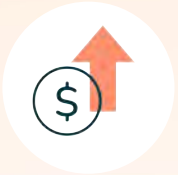
We bring together trusted AI technology, care delivery solutions, payer access, and patient demand to help doctors and specialists deliver high-quality care at scale.

How to evaluate Healthcare AI

- Can it be **trusted?**
- Is it **accurate?**
- Is it **portable?**
- Is it **integrable?** EMRs? CRMs?
- Is it **plug-and-play?**
- Is it **dependable?**
- Is it **commercially viable?**

Healthcare is complex.

Most AI isn't built for It.



Soaring Costs

$100B+ lost to misdiagnosis;[1]

Shrinking Access

Fewer doctors, faster visits, rising burnout, longer wait times.

Misinformed Care

Millions of Americans are affected each year[2]

Data Overload

Doctors absorb data from multiple sources to make decisions.

Administrative Burden

40% of time spent on physician admin[3]

1. AARP. (2023, August 15). *The cost of a wrong diagnosis*. AARP.
2. Patients for Patient Safety Canada. Diagnosis error is a huge patient safety problem. We need more proof.
3. Healthy Debate (2024, November 11) Beating Administrative Burden - How Digital Health Tools Can Save Administrative Medicine. Lino Lagrotteria

Limited access, long hours, and high costs: **Our healthcare system is failing millions**

100M+
Do not have a primary physician[1]

100M+
On Medicaid and Medicare[3]

6.5M+
Do not have a primary physician[2]

3-6 weeks
Average wait time for a non-emergency routine appointment with a family MD in communities under 25,000.

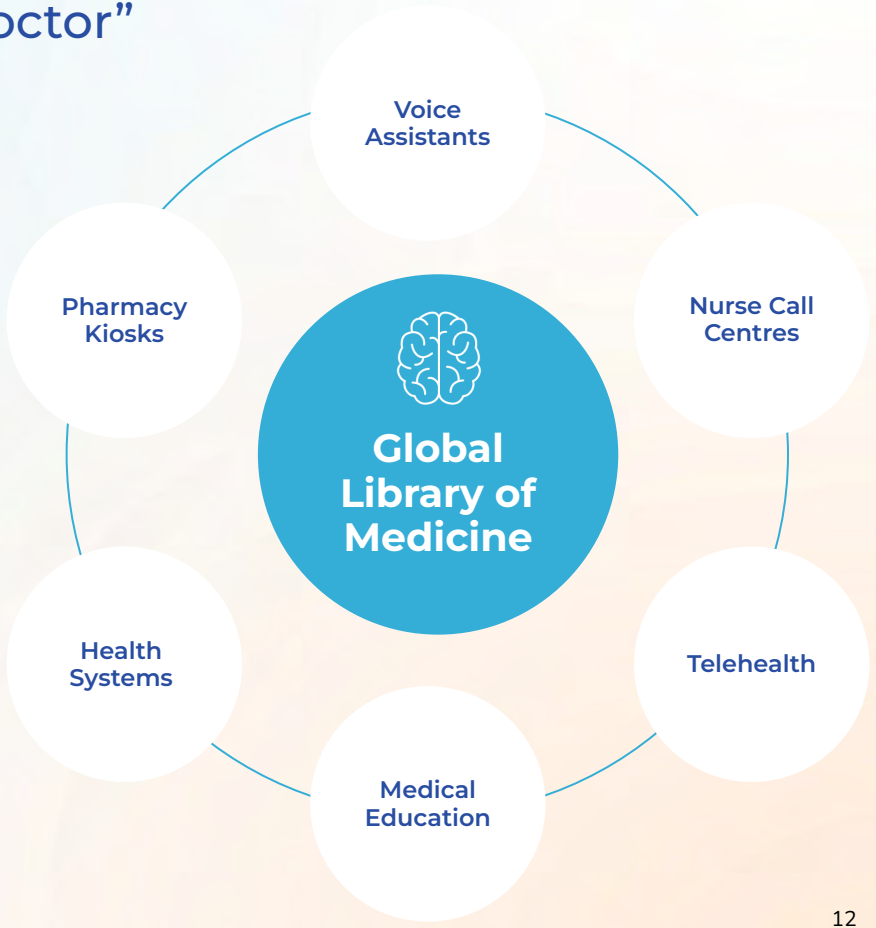
$32B unnecessary ER visits annually (US)[4]

RocketDoctor AI

A connected suite of AI solutions for better care delivery

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

AI Assisted Intake

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

Patient Visit

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

AI Assisted Follow-ups

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

Rocket

Thank you for booking your appointment.

[redacted]

Expanding Healthcare Access across North America: **“Shopify for Doctors”**

AB, BC, ON

>800,000+ Patients Seen
>350+ Physicians

CA, MD, NY

~24M
in-network patients
through “payer” partners

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

How are we different: Empowering independent providers to start, operate & grow

We remove the friction that makes it difficult for providers to deliver modern care.

Start faster
Providers can onboard and begin seeing patients quickly with virtual clinics

Operate more efficiently
AI-powered tools support intake, visits, documentation, and follow-up

Reach more patients
Built-in patient access and payer relationships help drive utilization

Enhance care with AI
AI supports clinical workflows without replacing providers

Building a Successful Digital Health Practice In the U.S. Is Hard

Competitors face 18–24+ months to replicate our tech, payer contracts, credentialing, and revenue ops, with no guarantee of success.

Setup Infrastructure

(2022-23)

1 Year

Secure Payers

8-15+ Months/Payer

Credential Physicians

3-6 Months/ Physician

Setup Billing

1-2 Months

Patient Growth

December 2025+

Total Estimated Time to Set Up Group: 2.5+ Years

No Guarantee in Securing Payers

Payer Growth through to Q2 2026

Total In-Network Patients by State:

9,977,993
New York

3,180,599
Maryland

10,261,637
California

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

Rocket Doctor Expands In-Network Access for More Than 100,000 Additional Eligible Members in New York

August 11, 2026

Read More →

Rocket Doctor Extends EngageWell Partnership to Improve Healthcare Access for Underserved New Yorkers

July 30, 2026

Read More →

Where We Drive Revenue — ~ARR $2.9M**

Direct to Consumer (DTC)
~$2.52M/year

US and Canadian physicians booking virtual appointments.

Average of 17% fee/CA appt

US$25 flat fee/US appointment

Partnerships
~$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.

Platform
~$160K/year

Monthly fee paid by MDs on the platform.

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

Q2 2026* **Key Financials**

$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*

2025-26 Growth and Traction ($Gross Revenue CDN)

Innovative Digital Health Partnerships

Hôpital général de la baie Georgienne
GEORGIAN BAY
General Hospital

Virtual ED

MELANOMA CANADA

Non-Profits

LETHBRIDGE COUNTY

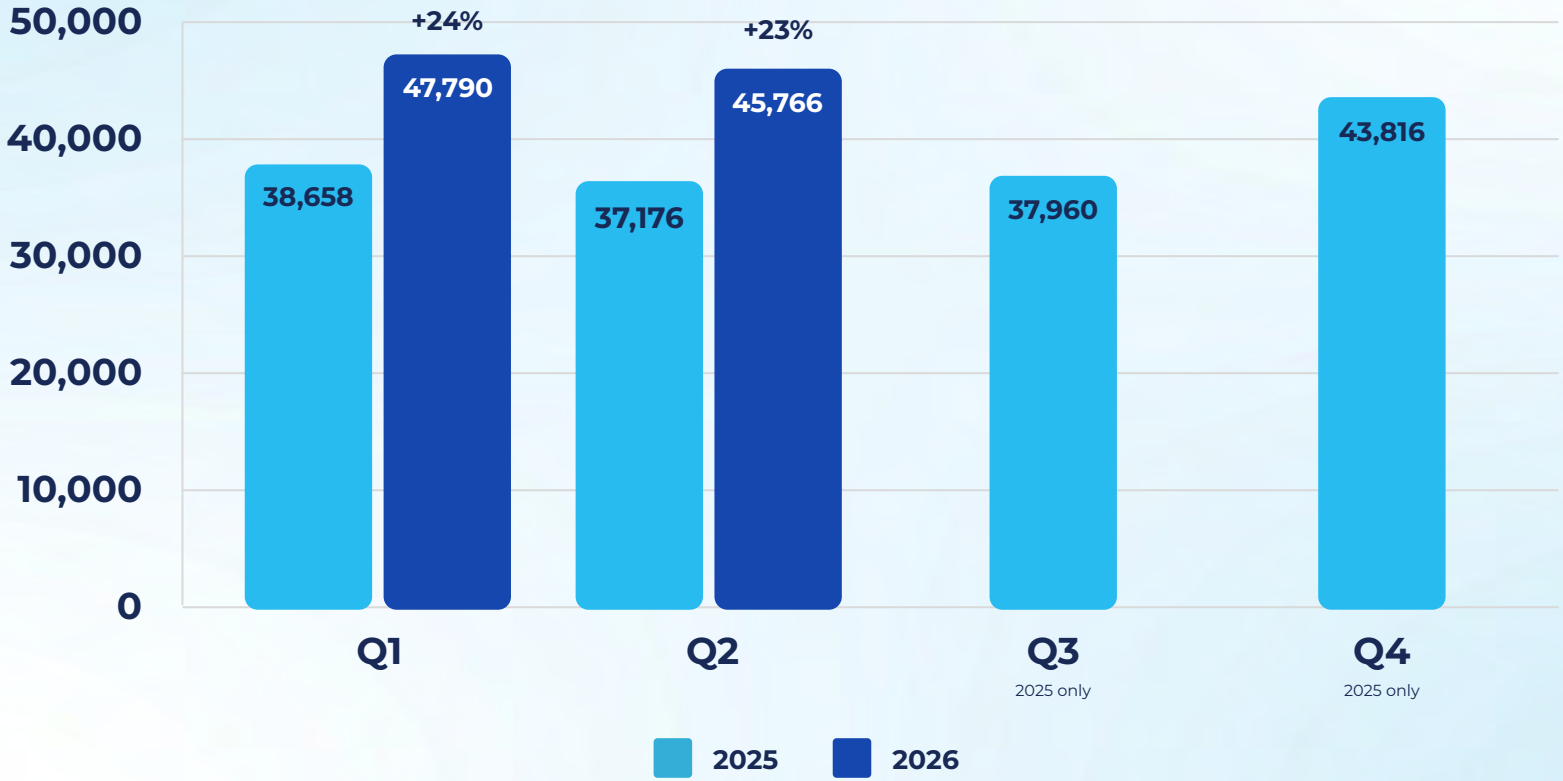
Municipalities

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

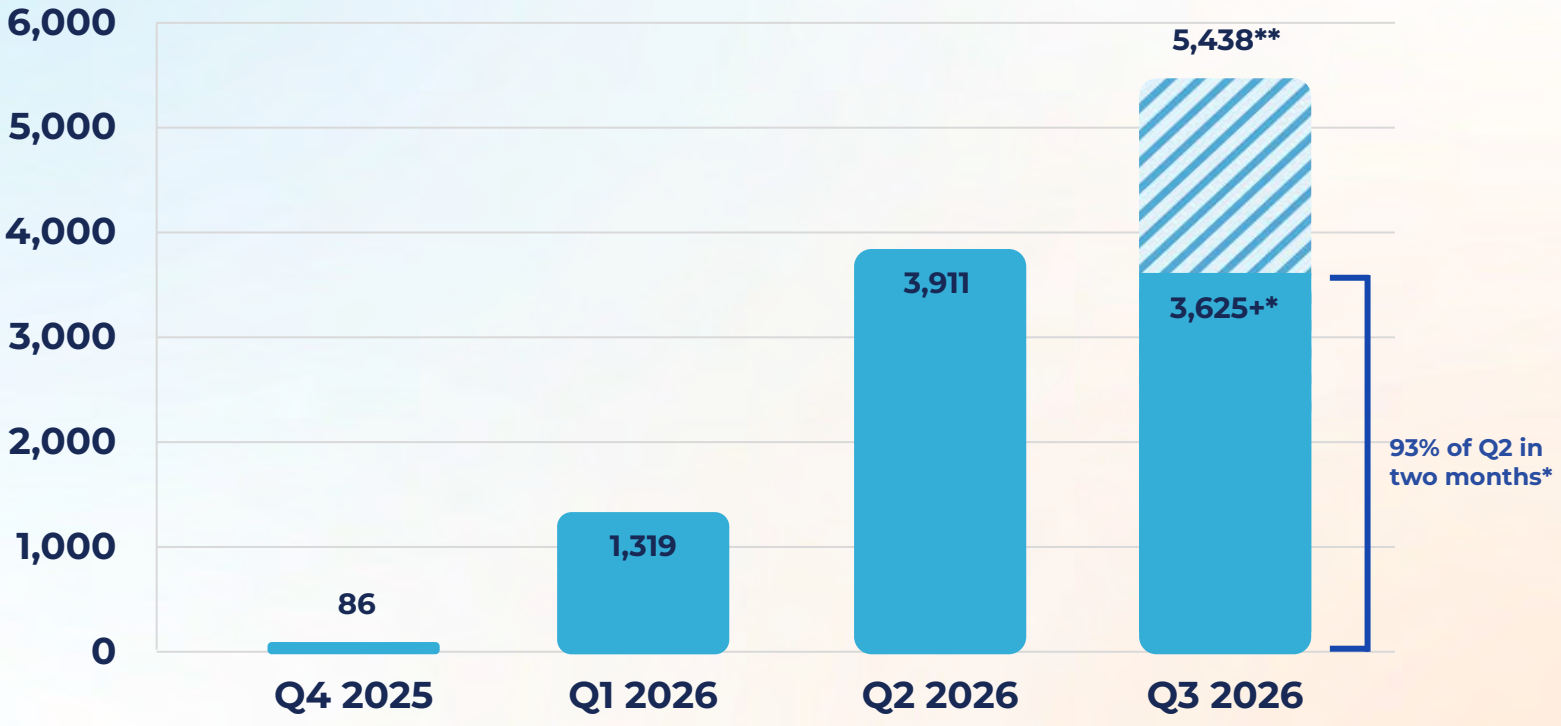
Central California Alliance for Health

Central California Alliance for Health

Total Number of Completed Patients Visits (CAN)



Total US Completed Patient Visits



*Two month report (July & August)

**Full quarter estimate based on current Q3 monthly averages

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.

Partnering with Rick Ware Racing & FINTEKK AP

Bringing the Rocket Doctor AI brand to **national television audiences** through NBC, FOX, FS1, Prime Video and HBO Max, supported by a high-impact motorsports platform spanning NASCAR, NHRA and Supercross.

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

A high-impact north american platform

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

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

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

payers and
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

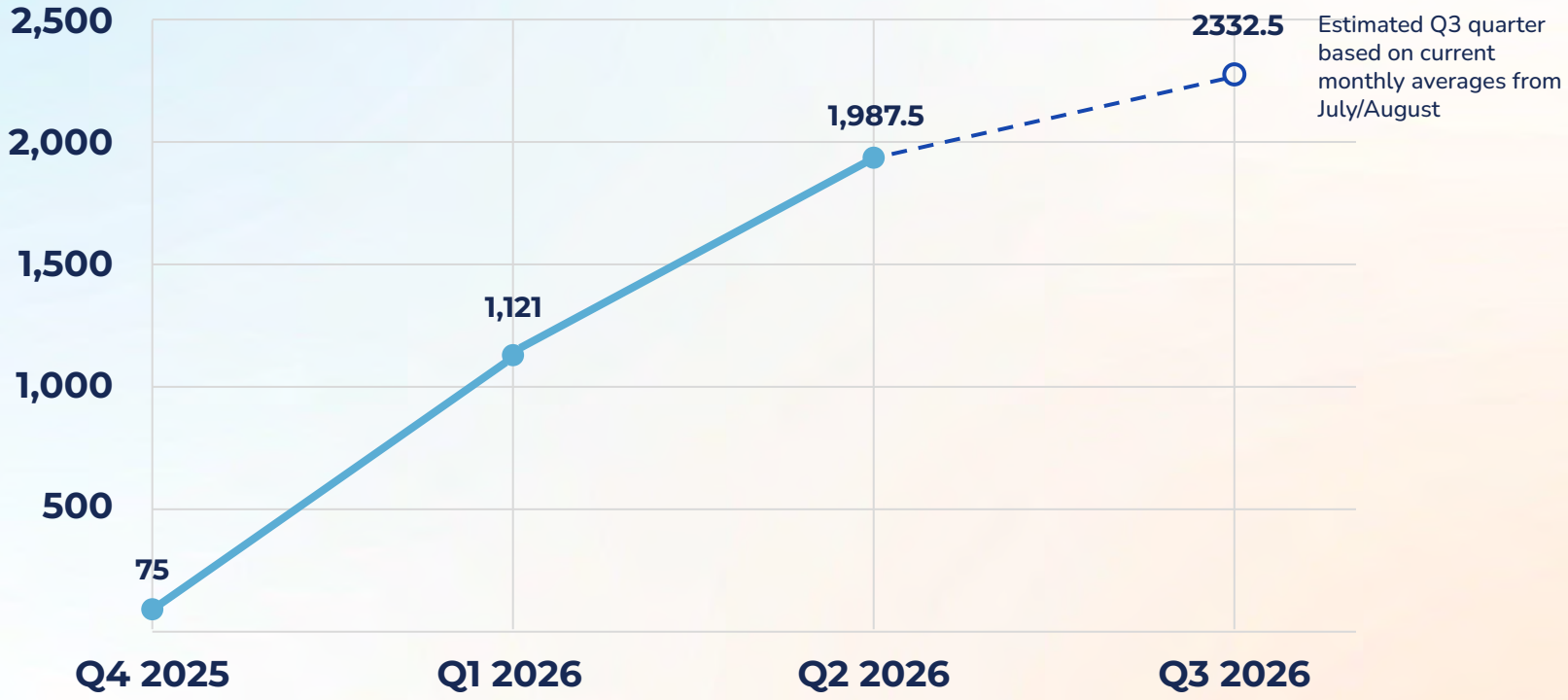
Why it matters

- 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.

US Clinical Hours



New US MD's will exponentially increase patient visits

81

MDs signed in CA, NY & MD

31

Clinically Active US MD's

50

MD's Credentialing

3x

MD capacity pending

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.

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

Current Value Metrics

Stock Listing	CSE: AIDR / OTC: AIRDF / 939: FRA
Common Shares Outstanding (basic/fully diluted)	103,397,966 / 133,727,653
Insider Ownership	4.14%
Warrants/Options/RSUs Outstanding	16,382,064 / 7,580,475 / 6,367,148
Market Capitalization	$59,971,000

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 September 10, 2026, multiplied by the closing price on **September 10, 2026.**

RocketDoctor AI

Join us in empowering providers to deliver better, more accessible care.

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