RocketDoctor AI

AI-Powered Infrastructure: Bridging the Gap to Accessible Healthcare

Investor Overview

AUGUST 2026

CSE: AIDR OTC: AIRDF 939: FRA

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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.

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Disclaimer

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Introductions

Dr. Essam Hamza
CEO, Rocket Doctor AI Inc.

Dr. William Cherniak
Founder & CEO, Rocket Doctor Inc.

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

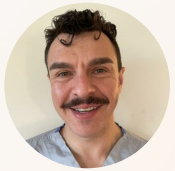
Dr. Jennifer Ashley O'Driscoll
RD Family Medicine Lead; UofT

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

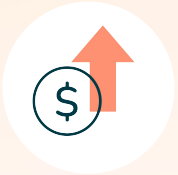
We bring together trusted AI technology, care delivery solutions, payer access, and patient demand to help doctors and specialists deliver high-quality care at scale.

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

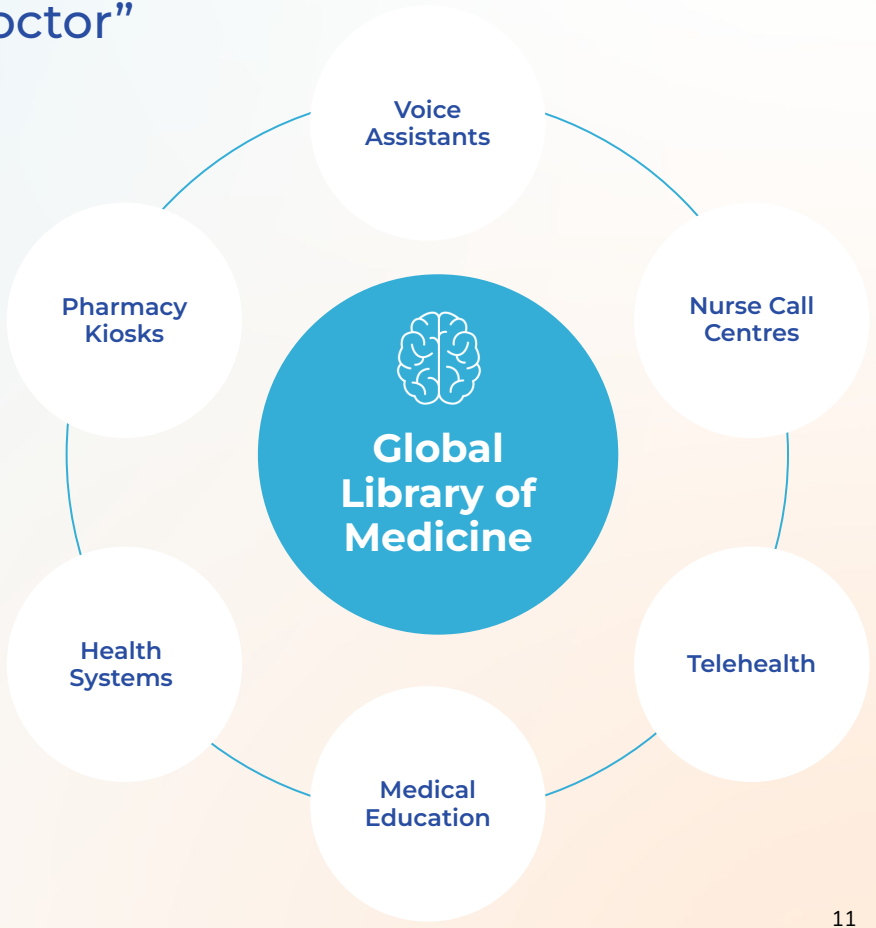
RocketDoctor AI

A connected suite of AI solutions for better care delivery

RocketDoctor AI — “Think Like a Doctor”

Global Library of Medicine (GLM)

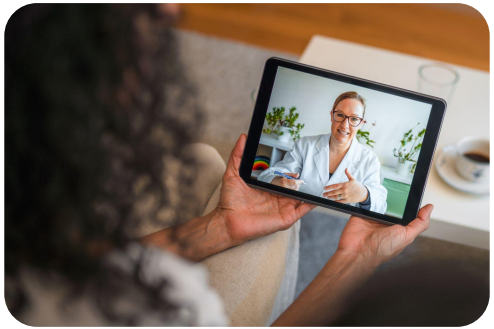
- Since 2016, developed with over **25,000 hours** of input from **hundreds** of clinicians **globally**
- **~10,000+** expert medical reviews
- Diagnosis **>1,000+** diseases and **17,000+** symptoms in real-time
- Suggests appropriate lab tests & imaging, treatment options and billing codes
- Plug-and-play 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

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

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!

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

AB, BC, ON

750,000+ Patients Seen
350+ Physicians

CA, MD, NY

~21M
in-network patients
through “payer” partners

Medicaid · Medi-Cal · Medicare · Humana · Anthem · United Healthcare
aetna · Central California Alliance for Health · EmblemHealth · New York State · Maryland · Fidelis Care · cigna healthcare

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

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

79M+
On Medicaid and CHIP[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]

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

Innovative Digital Health Partnerships

Hôpital général de la baie Georgienne
GEORGIAN BAY
General Hospital

Virtual ED

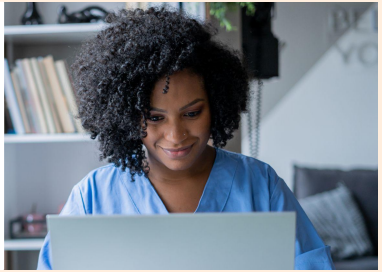
MELANOMA
CANADA

Non-Profits

LETHBRIDGE
COUNTY

Municipalities

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Central California
Alliance for Health



Central California Alliance for Health

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. markets.

2.6M+

Interactions on RWR social

13.2M+

Views on RWR social

4.1M+

Total Followers

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 from Q3 2025 to Q1 2026

Total In-Network Patients by State:

9,875,993
New York

3,180,599
Maryland

8,126,637
California

State Expansion Pipeline
Florida, Texas, etc

Strategy
Extend existing relationships with payers

Rocket Doctor Signs New Contract with Major U.S. Insurer, Expanding Access to an Additional 175,000 Members Across California

January 27, 2026

Read More →

Rocket Doctor Strengthens Maryland Footprint with ~2 Million Additional Members Through a First In-Network Agreement with State Entity of a Major National Insurer

April 14, 2026

Read More →

Where We Drive Revenue — ~ARR $2.9M**

Direct to Consumer (DTC)
~$2.36M/year

US and Canadian physicians booking virtual appointments.

Average of 17% fee/CA appt

US$25 flat fee/US appointment

Partnerships
~$380K/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.

Q1 2026* **Key Financials**

$0.74 million revenue

75% gross margin

**Unaudited figures as of March 31, 2026*
***ARR is a non-GAAP financial metric please refer to the disclaimer*

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

Total Number of Completed Patients Visits (CAN)

Total US Completed Patient Visits

US Clinical Hours

New US MD's will exponentially increase patient visits

Clinically Active US MD's

MD's Credentialing

MD capacity pending

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.

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

Rocket Doctor AI enables clinical intelligence, virtual care, and voice AI in one trusted ecosystem

HEALTH NAVIGATOR

Triage technology for integration

Acquired by Amazon (2019) for Amazon Care; digital health clinical content via APIs that can be used by EHRs, telemedicine providers, health chatbots and medical call centers.

Lotus AI

AI-powered primary care platform

Lotus Health AI secured $41 million in funding, including a $35 million Series A round in February 2026 led by Kleiner Perkins and CRV. No formal valuation, indicatively **$140 - $200 million (private)**.

Hippocratic AI
Do No Harm

GenAI agents for healthcare

~$3.5 billion valuation (private). November 2025. Valuation reached following its $126 million Series C funding round. Safety-focused generative AI agents (chatbots) specifically for healthcare industry.

OpenEvidence

AI-driven synthesis of research and treatment suggestions

OpenEvidence secured a $250 million Series D funding round in January 2026 that doubled its valuation to approximately **$12 billion**, reflecting strong investor confidence in its AI-powered medl research synthesis platform used by clinicians.

SoundHound AI

Conversational AI with early entry into healthcare

Approximately $2.75 billion market capitalization as of July 13, 2026. SoundHound AI provides conversational and voice AI technology, with healthcare representing an emerging part of its broader business.

Pending IPOs

AI leaders positioned for public-market demand

OpenAI, Anthropic and Databricks have reached private-market valuations of approximately $852 billion, $965 billion and $134 billion. Their scale reflects strong investor demand for generative AI, enterprise adoption and AI infrastructure, although the timing of any future IPO remains uncertain.

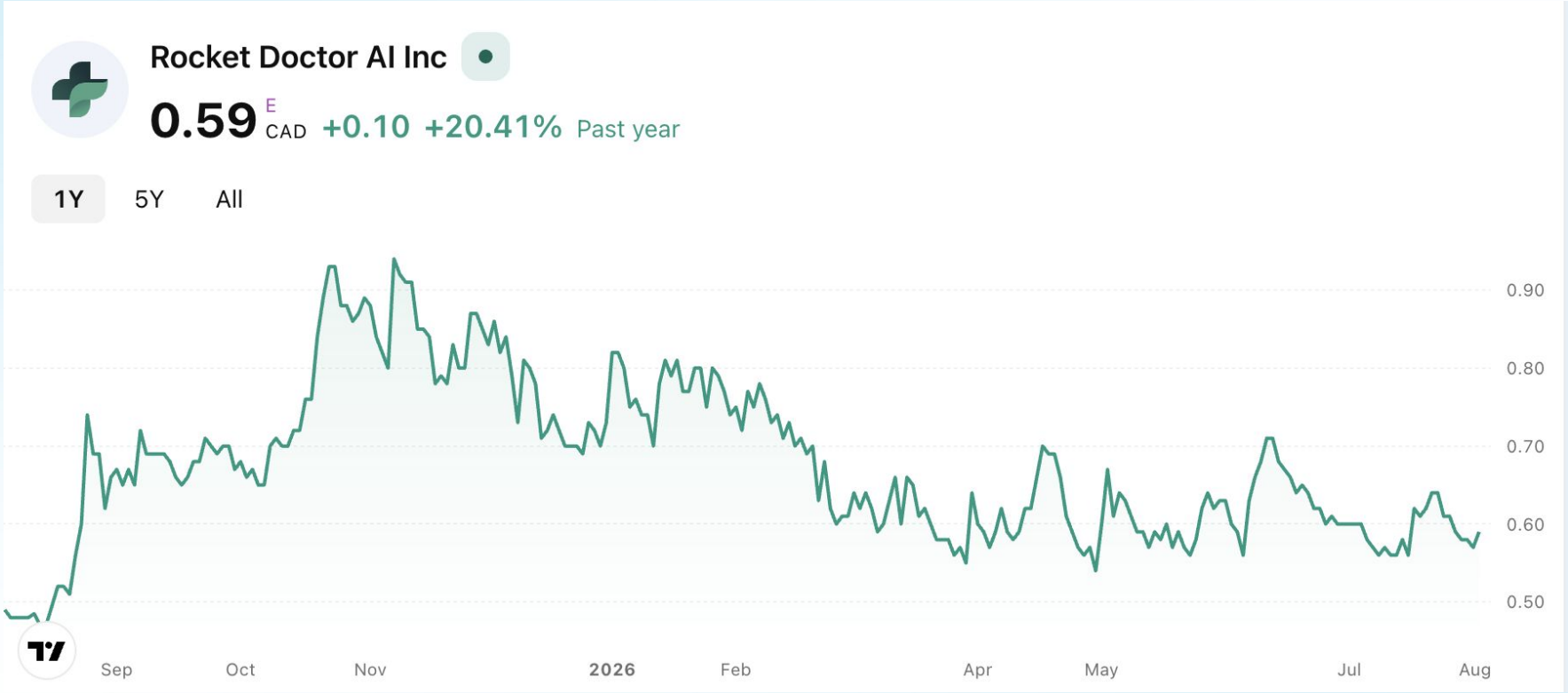
Current Value Metrics

Stock Listing	CSE: AIDR / OTC: AIRDF / 939: FRA
Common Shares Outstanding (basic/fully diluted)	101,038,692 / 137,161,470
Insider Ownership	4.24%
Warrants/Options/RSUs Outstanding	21,577,296 / 8,094,409 / 6,451,073
Market Capitalization	$59,612,828.28

Outstanding Warrants are exercisable at an average price of CAD $0.67 (**range CAD $0.60-$1.00**) and outstanding Options are exercisable at an average price of CAD $0.52 (**range CAD $0.20-$0.89**).

Market Capitalization is calculated based on total shares issued and outstanding on August 4 2026, multiplied by the closing price on **August 4, 2026**.

Stock Listing - CSE: AIDR / OTC: AIRDF / 939: FRA



RocketDoctor AI

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

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