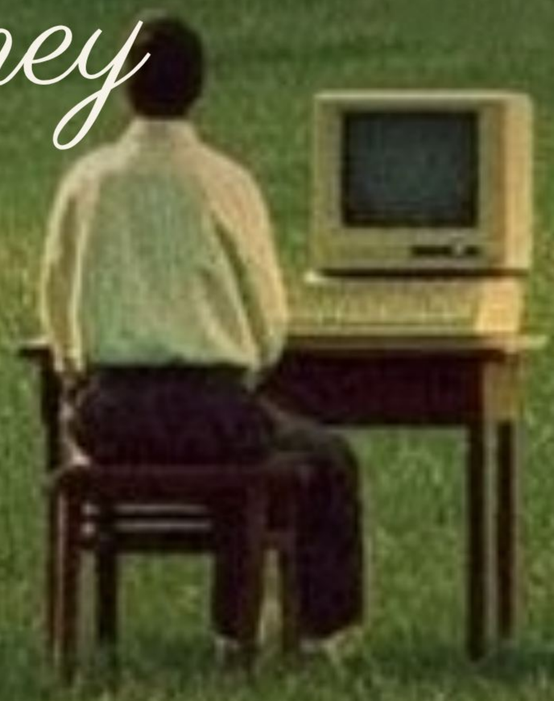
MERMAID

follows the money



AI for healthcare revenue

Revenue-cycle intelligence for healthcare. Dental first.

EVERY PRACTICE IS OWED MONEY IT CAN'T SEE.

Eligibility, benefits, estimates, claims, payments, remittances, denials. Each step lives in a different system, and the tear between them is where revenue disappears.

A REVENUE CYCLE HELD TOGETHER BY TABS, PHONE CALLS AND MEMORY.

ELIGIBILITY
Checked once, then trusted for months.

portal

BENEFITS
Buried in PDFs and payer call notes.

phone

ESTIMATE
Guessed at the front desk.

spreadsheet

CLAIM
Submitted, then out of sight.

clearinghouse

PAYMENT
Remittance reconciled by hand.

bank + ERA

DENIAL
Worked only if someone notices.

nobody

No single system knows what a practice is owed, what has been paid, and what is quietly stuck between the two. So the work becomes reactive — and reactive work leaves money behind.

PRACTICES DON'T NEED MORE SOFTWARE TO PROCESS THE WORK. THEY NEED SOMETHING THAT KNOWS WHERE THE MONEY IS.

the insight

THE FINANCIAL STATE OF THE PRACTICE, LIVE.

Mermaid reads the transactions healthcare already runs on and turns them into one continuous picture: what was verified, what was promised, what was billed, what was paid, and what is still recoverable.

The money journey

ONE CHAIN, END TO END.

Verify

Eligibility and benefits checked automatically, re-checked when coverage goes stale, with provenance and confidence attached.

01

Estimate

Coverage plus treatment becomes a patient-facing estimate: what the payer should cover, what the patient owes.

02

Claim

The claims lifecycle surfaces what needs attention instead of waiting to be searched for.

03

Money

Payments, remittances and balances reconciled — so held and delayed revenue becomes visible.

04

Recover

Denials, underpayments and leaks identified and ranked by how much is actually recoverable.

05

STEP 01 — VERIFY

COVERAGE YOU CAN ACTUALLY TRUST.

- Automated eligibility and benefit checks against payers
- Stale coverage detected and re-verified before it costs a claim
- Member ID, date of birth and plan details extracted, not retyped
- Every answer carries its source and a confidence signal

STEP 02 — ESTIMATE

A NUMBER THE PATIENT CAN BELIEVE.

- Benefits plus planned treatment become a clear estimate
- Splits expected payer responsibility from patient responsibility
- Gives the front desk something defensible to say out loud
- Fewer surprises later means fewer balances that never get collected

STEP 03 — CLAIM

CLAIMS THAT RAISE THEIR HAND.

- The claims lifecycle tracked in one place
- Exceptions surfaced instead of buried in a worklist
- Staff attention pointed at what has actually gone wrong

STEP 04 — MONEY

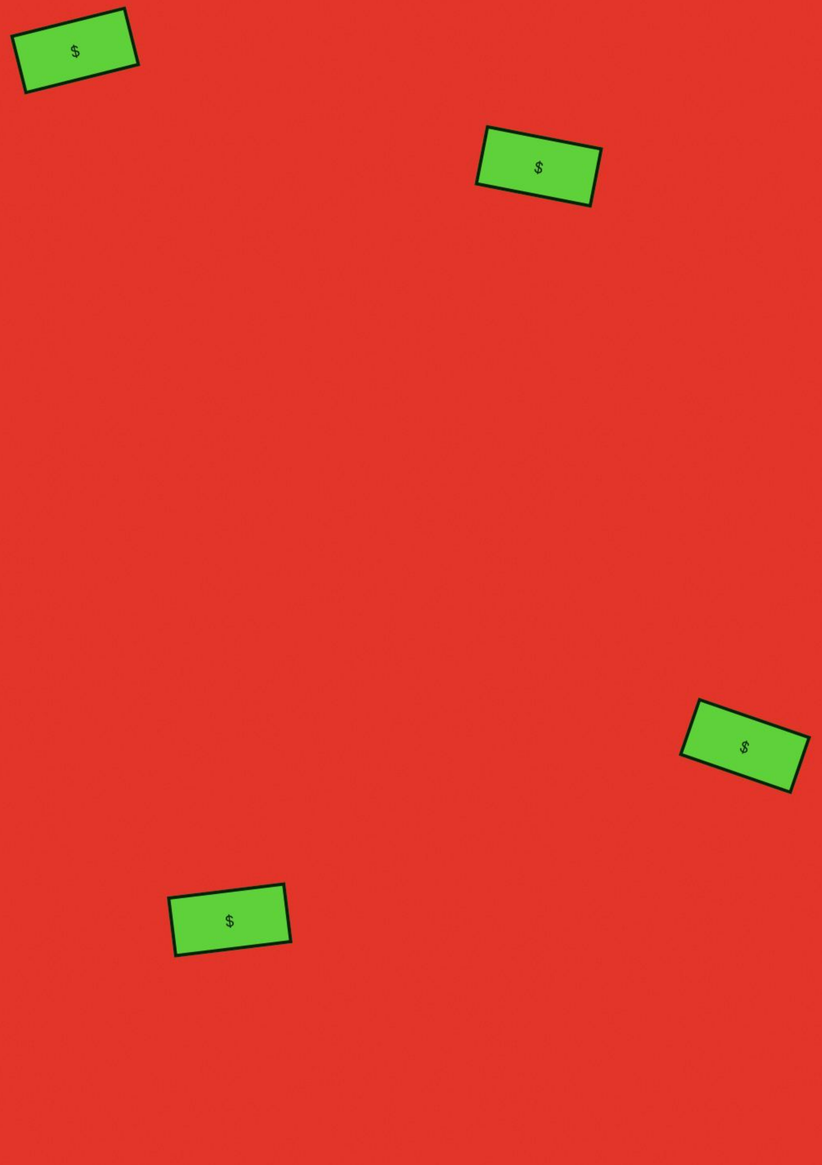
WHERE THE MONEY ACTUALLY IS.

- Payments and remittances matched back to what was billed
- Held, delayed and outstanding balances made visible
- An auditable chain from verification to money movement

Step 05 — Recover

WORK THE QUEUE BY dollars NOT DATES.

Denials, underpayments and leaks are found, valued and ranked — so the next hour of staff time goes to the money most likely to come back.



Under the hood

BUILT ON THE RAILS HEALTHCARE ALREADY RUNS ON.

X12 EDI	The transaction standard the industry already speaks
270 / 271	Eligibility request and response, handled automatically
Adapters	Payer connectivity built as an integration layer, not a one-off
Provenance	Every fact traceable to the transaction it came from
Audit chain	Verification through to money movement, end to end

The shift

FROM PROCESSING WORK TO UNDERSTANDING MONEY.

HEALTHCARE SOFTWARE TODAY

Helps people move through administrative tasks faster. It records what happened. If nobody opens the right screen, nothing is noticed and nothing is recovered.

MERMAID

Holds a model of the practice's financial state and works out where money is being lost or delayed — then puts that in front of the people who can act on it.

DENTAL IS THE DOOR.

01 Deeply insurance-dependent, with constant eligibility and benefit complexity

02 Patient cost estimation is a daily, visible problem

03 Claims issues and denials are frequent and repeatable

04 Owner-operators can decide without a committee

Dental gives us the hardest version of the problem in its most tractable market. What we build to solve it — the verification, estimation and recovery layer — is not dental-specific.

The arc

DENTAL IS THE WEDGE. REVENUE INFRASTRUCTURE IS THE COMPANY.

NOW

DENTAL

The full money journey, proven in the specialty where insurance complexity bites hardest.

NEXT

INSURANCE-HEAVY SPECIALTIES

Vision, dermatology and other outpatient care with the same reimbursement mechanics and the same leaks.

THE VISION

HEALTHCARE'S MONEY LAYER

An intelligence layer sitting under the revenue cycle — verification to recovery — across healthcare.

BUILT, NOT SLIDEWARE.

ELIGIBILITY ENGINE

Automated verification built directly on X12 eligibility transactions, with stale-coverage detection and re-verification.

ESTIMATION LOGIC

Benefits and treatment resolved into a patient-facing estimate of payer and patient responsibility.

CLAIMS AND MONEY VIEW

A single view of claims in flight, payments, remittances and outstanding balances.

RECOVERY RANKING

Denials, underpayments and leaks prioritised by recoverable value rather than date or volume.

> We are early, and deliberately specific about it. What exists today is the technical core — payer connectivity, the transaction layer and the money model. What we are raising for is distribution and depth.

THE RAILS OPENED. THE REASONING ARRIVED.

TRANSACTIONS ARE REACHABLE

Payer connectivity through standardised EDI transactions is now something a small team can build on directly.

MODELS CAN READ THE MESS

Benefit language, remittance detail and denial reasons are finally machine-readable in practice, not just in theory.

MARGINS ARE THIN

Practices feel every dollar that stalls in the cycle, and staffing the problem with more people is no longer the answer.

WE'RE LOOKING FOR THE RIGHT PARTNERS

to build it with us.

DEPTH

Extend payer connectivity and harden the transaction layer from verification through to remittance.

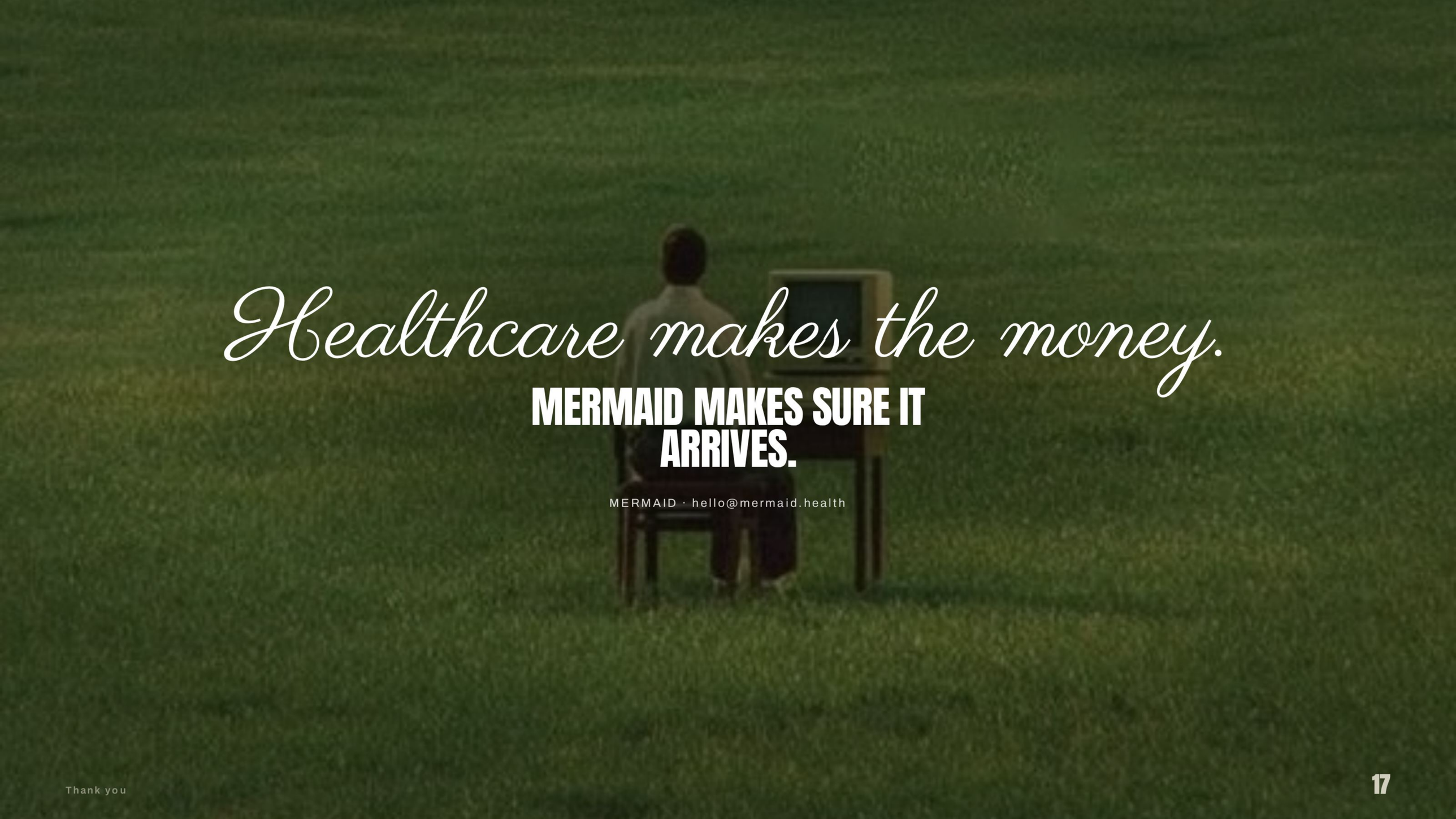
DISTRIBUTION

Put the full money journey in front of dental practices and learn at their pace.

REACH

Prove the layer is portable into the next insurance-heavy specialty.

The size and shape of the round is a conversation we'd like to have directly — we'd rather agree on what the next stage needs than name a number on a slide.


Healthcare makes the money.
MERMAID MAKES SURE IT ARRIVES.
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Thank you