THE INTELLIGENT CLINIC FRANCHISE PLAYBOOK

From Single Clinic to Franchise

IMEUS

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How to transform an existing Clinic Practice into an
AI-Unified Healthcare Franchise Network

From an Independent Practice into a global Intelligent Brand
A Capital-Light Aggregation Model Powered by Agentic AI

IMEUS

Powered by the MEDTIUM Sovereign Health Orchestration Framework
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Executive Summary

This playbook presents a fundamentally different approach to healthcare franchise scaling. Rather than building new clinics from scratch, the single clinic can onboard existing high-performing independent practices into an intelligent franchise network unified by a single brand, powered by agentic AI, and orchestrated through sovereign health technology infrastructure.

The model is capital-light, rapid to scale, and immediately accretive. Existing practices retain their clinical teams, patient relationships, and local reputation while gaining access to AI-driven operational intelligence, collective purchasing power, unified patient networks, and the brand equity of a technology-forward healthcare franchise.

This playbook as the blueprint for a doctor owned single clinic into a 500 clinic franchise within five years.

The Core Thesis

Independent healthcare practices are the single largest pool of undervalued operational assets in Southeast Asian healthcare and much of the world. They possess clinical excellence, loyal patient bases, and local market knowledge—but lack the technology infrastructure, operational systems, and brand scale to compete against corporatised chains. This playbook converts that fragmentation into a coordinated network where every practice becomes smarter, more profitable, and more valuable the moment it joins—and the network becomes exponentially stronger with every practice onboarded.

For Healthcare Providers: Keep your practice, your team, your patients. Gain AI-powered operations, a national brand, collective bargaining, and a technology moat that no independent practice can build alone. Your practice appreciates in value as part of a network—not just as a standalone asset.

For Investors: This is not a clinic rollup requiring heavy capital per site. This is a technology-led franchise aggregation with SaaS-like recurring revenue, near-zero marginal cost per new practice, network effects that compound with scale, and an enterprise that is more valuable held than sold.

1. The Model: Intelligent Franchise Aggregation

1.1 How It Differs from Traditional Models

Dimension	Traditional Rollup	Traditional Franchise	Intelligent Franchise
Capital per site	High ($500K–$2M)	Medium ($200K–$500K)	Low ($15K–$50K)
Ownership model	Acquire & operate	License brand & manual	Onboard & orchestrate
Time to launch	6–18 months	3–9 months	30–60 days
Ops manual	Corporate HQ staff	Static PDF/binder	Living AI agents
Quality control	Field auditors	Periodic inspections	Real-time AI monitoring
Knowledge sharing	Annual conferences	Regional meetings	Continuous AI propagation
Network effects	Purchasing only	Brand only	Operational + data + brand
Valuation basis	**EBITDA multiple**	**Royalty stream**	**Platform + network + data**

1.2 The Practice Owner Value Proposition

Every independent practice owner considering this network faces one question: what do I gain that I cannot build myself? The answer is comprehensive:

- **Instant AI Operations Team:** A full suite of agentic AI agents deployed into their existing workflows within 30–60 days—scheduling optimisation, revenue cycle intelligence, clinical workflow assistance, patient engagement, inventory management, and compliance monitoring. Building this independently would cost $500K+ and take 2–3 years.

- **Brand Amplification:** Unified intelligent franchise brand identity that signals technology-forward, quality-assured healthcare to patients, payers, and referral networks. Independent practices gain brand equity they could never achieve alone.

- **Network Intelligence:** Access to anonymised operational benchmarks, clinical best practices, and market intelligence derived from every practice in the network. Each practice benefits from the collective wisdom of the entire franchise.

- **Collective Purchasing:** AI-aggregated procurement across the network delivers 15–25% savings on supplies, equipment, and services—savings that compound as the network grows.

- **Patient Network Effects:** Cross-referral systems, "any-clinic" booking capabilities, and unified health records (with sovereignty controls) that expand each practice's effective patient reach.

- **Low Barrier Entry:** Low cost performance-based model transformation into a deep moat ecosytem-wide next generation clinic-centric healthcare delivery.

- **Practice Valuation Uplift:** Practices within the network are valued as part of a technology-enabled franchise system, not as standalone operations. Expected valuation uplift of 2–4x on joining M&A / IPO advantage.

1.3 What the Practice Owner Keeps

This is not an acquisition. The practice owner retains:

- **Full clinical autonomy:** Treatment decisions, care protocols, and clinical judgment remain entirely with the provider. AI agents assist, they do not dictate clinical care.

- **Their team:** All existing staff, clinical and administrative, remain employed by the practice. The AI layer augments them, it does not replace them.

- **Their patients:** Patient relationships and records remain sovereign to the practice. The network enables sharing only with explicit consent under sovereign data frameworks.

- **Equity upside:** Practice owners can earn equity stakes in the broader franchise network based on performance milestones and tenure, creating wealth, revenue, and valuation beyond their individual practice.

The Franchise Promise

You built something excellent. We make it unbreakable. Your clinical excellence, amplified by AI operations. Your local reputation, backed by a national brand. Your independent practice, powered by a network that makes you stronger every single day.

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2. The Agentic AI Onboarding Engine

The core innovation of this playbook is the AI-powered onboarding system that transforms an independent practice into a fully networked franchise member within 30–60 days— without disrupting existing operations, patient care, or staff workflows.

2.1 The 60-Day Onboarding Journey

Week 1–2: Discovery & Digital Twin Creation

1. Assessment Agent conducts a comprehensive operational audit of the existing practice—workflows, scheduling patterns, revenue cycle, patient demographics, payer mix, compliance status, technology stack, and staff competencies
2. Digital Twin Agent creates a complete virtual model of current operations, establishing baseline KPIs across every operational domain
3. Gap Analysis Agent identifies specific areas where AI agents will deliver the highest immediate ROI for this specific practice
4. Brand Integration Agent maps the practice's existing identity, reputation, and community positioning to design a seamless brand transition plan

Week 3–4: Agent Deployment (Shadow Mode)

1. Full AI agent team deployed in shadow mode—observing, learning, and generating recommendations without taking autonomous action
2. Staff receive adaptive training through the Training Agent, building comfort and competence with each AI agent's interface and capabilities
3. Revenue Cycle Agent immediately begins identifying revenue leakage, coding optimisation opportunities, and denial patterns—creating a quantified ROI report
4. Brand transition elements deployed: signage guidelines, digital presence updates, patient communication templates

Week 5–6: Assisted Autonomy

1. AI agents transition to assisted mode—generating autonomous actions with staff approval required before execution
2. Scheduling Agent begins optimising appointment density and provider utilisation with practice manager oversight
3. Patient Engagement Agent launches recall campaigns, satisfaction surveys, and reputation management under practice owner's approval
4. Network integration activated—practice begins receiving cross-referrals and contributing to collective benchmarking

Week 7–8: Full Autonomy & Go-Live

1. AI agents transition to full autonomous operation within their defined boundaries, with human escalation protocols active

2. Practice officially launches under the intelligent franchise brand with full digital presence, unified booking, and network membership

3. 60-Day Impact Report generated—quantifying revenue recovered, efficiency gains, patient satisfaction changes, and projected annual uplift

4. Ongoing AI optimisation begins—agents continuously learn and improve based on this practice's specific patterns and the broader network's intelligence

2.2 The Agent Team for Existing Practices
Each onboarded practice receives the full agent team, configured specifically for their operational context:

Agent	What It Does	Immediate Value to Practice
Scheduling Agent	Learns existing booking patterns, optimises appointment density, predicts no-shows, manages waitlists	15–20% improvement in provider utilisation within 60 days
Revenue Cycle Agent	Audits all billing, identifies coding gaps, automates denial management, optimises payer-specific submission	8–15% revenue recovery from existing patient volume
Clinical Workflow Agent	Streamlines documentation, pre-visit prep, post-visit orders, referral routing, follow-up protocols	40–60% reduction in provider administrative time
Patient Engagement Agent	Automated recall, chronic disease nudges, satisfaction sensing, reputation management, review generation	Retention rates above 85%, review scores improve 0.5–1.0 stars
Inventory Agent	Tracks consumables, predicts reorders, aggregates across network for volume pricing	20–30% supply cost reduction through network procurement
Compliance Agent	Maps all regulatory obligations, monitors ongoing compliance, auto-generates audit-ready documentation	Zero compliance gaps, audit readiness 100% of the time
Brand Agent	Manages unified brand presence, local marketing, digital channels, community engagement	30–50% increase in new patient acquisition via brand visibility

The 60-Day Guarantee

Every onboarded practice receives a quantified impact report at 60 days. If the AI agent team has not delivered measurable improvement in at least three of four domains (revenue, efficiency, patient satisfaction, operational quality), the practice exits the franchise at zero cost. We carry the risk because we know the system works.

3. The Intelligent Franchise Brand

3.1 Brand Architecture: Unified Identity, Local Soul

The franchise brand is not a corporate blanket thrown over independent practices. It is a "powered by" architecture that amplifies each practice's existing identity while signalling membership in a technology-forward, quality-assured network.

Brand Formula: [Practice Name] — A [Franchise Brand] Intelligent Care Partner

This dual-identity architecture achieves three objectives simultaneously:

- **Preservation:** Patients who know and trust Dr. Chen's Family Clinic continue to see the name they trust. No jarring rebrand, no patient confusion, no loss of local goodwill.
- **Elevation:** The franchise brand signals that this practice meets rigorous technology and quality standards—differentiating it from every other independent clinic in the market.
- **Network Signal:** Payers, corporate clients, and referral networks recognise the franchise brand as a marker of operational excellence, data capability, and clinical quality assurance.

3.2 What the Brand Represents

The franchise brand is a promise to four distinct stakeholders:

To Patients: "Every clinic in our network is powered by intelligent systems that ensure you receive consistent, high-quality care—with the personal touch of your trusted local provider."

To Providers: "Joining this brand means you are backed by the most advanced operational AI in healthcare. Focus on medicine. We handle everything else."

To Payers & Corporates: "One contract, one quality standard, one data format, one network—across every clinic. Streamlined administration with auditable clinical outcomes."

To Investors: "This brand represents a technology platform with healthcare delivery assets—not a clinic chain with a website. Value it accordingly."

3.3 Brand-Driven Revenue Opportunities

A unified intelligent brand unlocks revenue streams unavailable to individual practices:

- **Corporate Panel Contracts:** Large employers and insurers prefer single-brand networks for panel management. The franchise brand enables network-wide corporate contracts at premium rates.
- **Payer Preferred Networks:** Insurance companies offer preferred status and higher reimbursement rates to provider networks that demonstrate quality assurance, data interoperability, and clinical outcome measurement—all delivered natively by the AI agent layer.
- **Health Tourism:** A recognisable, technology-branded franchise network is vastly more attractive to medical tourism intermediaries and international patients than individual unknown clinics.

- **Pharmaceutical Partnerships:** A branded network with structured clinical data is a high-value partner for real-world evidence studies, clinical trials recruitment, and post-market surveillance—revenue streams no individual practice can access.

4. Scaling Strategy: The Aggregation Flywheel

4.1 The Five Growth Phases

Phase 1: Proof of Concept (Months 1–6) — 5 Founding Practices

Onboard five carefully selected practices across different specialties and geographies within Malaysia. These founding members receive equity stakes in the franchise entity in exchange for pioneering the model. The AI onboarding engine is deployed, refined, and validated through these initial deployments.

Success Metric: All five practices show measurable improvement across revenue, efficiency, and patient satisfaction within 60 days. Onboarding playbook stabilised. Founding practices become reference cases for subsequent recruitment.

Phase 2: Domestic Scaling (Months 6–18) — 25–50 Practices

Aggressive recruitment across Malaysia's primary care, specialist, and dental practice landscape. The AI agent team is now proven, the brand is established, and founding practices serve as testimonials. Recruitment agents use market intelligence to identify and approach high-potential practices proactively.

Key Enablers: Referral incentives for existing members, partnerships with medical associations, demonstrated ROI data from Phase 1 practices, and payer contracts that incentivise network membership.

Phase 3: Regional Expansion (Months 18–36) — 100–200 Practices

Expand into Singapore, Thailand, Indonesia, and the Philippines. Each country receives a localised variant of the franchise brand and a jurisdiction-adapted compliance agent. Master franchise partners in each country accelerate recruitment using the proven onboarding engine.

Sovereign Architecture Advantage: Unlike foreign platforms that face regulatory resistance, the MEDTIUM-based sovereign architecture aligns natively with each country's data localisation and digital health sovereignty requirements.

Phase 4: Network Dominance (Months 36–60) — 500+ Practices

At this scale, the network achieves critical mass—where the data advantages, purchasing leverage, brand recognition, and operational intelligence create barriers to entry that are effectively permanent. New practices join because not joining means competing against the network's structural advantages.

Phase 5: Platform Evolution (Month 48+) — Vertical Expansion

License the franchise model and AI orchestration platform to adjacent verticals: dental franchises, veterinary networks, physiotherapy chains, traditional medicine practices, wellness centres. Each vertical adds data density and platform revenue without requiring healthcare-specific clinical expertise at the platform level.

4.2 The Aggregation Flywheel

Each new practice creates compounding value across seven dimensions:

1. More data → smarter AI agents → better operational outcomes for every practice in the network
2. More practices → greater purchasing volume → lower supply costs for every member
3. More members → stronger brand recognition → higher patient acquisition rates for all
4. More clinics → denser patient network → more cross-referral revenue for each practice
5. More operational patterns → richer compliance intelligence → faster regulatory navigation in new jurisdictions
6. More reference cases → easier recruitment of next practices → faster scaling at lower cost
7. More scale → more attractive to payers, corporates, pharma partners → premium revenue for the entire network

> **The Flywheel Effect**
>
> This is not linear growth. It is a compounding system where each new practice makes every existing practice more valuable. Investor returns accelerate with scale rather than plateau. The 50th practice onboarded is 10x easier and 10x more valuable than the 5th.

5. Financial Model: Capital-Light, Network-Rich

5.1 Revenue Architecture

The franchise entity generates revenue through six streams, none of which require owning clinic assets:

- **Stream 1 — Monthly AI Platform Fee:** Recurring SaaS-equivalent fee per practice for access to the full AI agent team. Scales with practice size. Estimated $1,500–$5,000/month per practice.

- **Stream 2 — Franchise Royalty:** Percentage of gross revenue (3–5%) for brand licensing, network access, and collective services. Industry-standard franchise model.

- **Stream 3 — Performance Uplift Share:** Revenue share on incremental revenue generated by AI agents (e.g., recovered billing, new patients from brand/network). Aligns franchise incentives with practice success.

- **Stream 4 — Network Services Revenue:** Centralised procurement commissions, corporate panel management fees, payer contract administration. Revenue from services only possible at network scale.

- **Stream 5 — Data Intelligence Products:** Anonymised, sovereign-compliant operational and clinical intelligence licensed to payers, pharma, and public health agencies.

- **Stream 6 — Platform Licensing:** Licensing the franchise engine and AI orchestration platform to operators in non-competing verticals and geographies.

5.2 Five-Year Financial Projections

Metric	Year 1	Year 2	Year 3	Year 4	Year 5
Practices Onboarded	5	50	150	350	500+
AI Platform Fees (M)	$0.3	$3.0	$10.8	$28.0	$45.0
Franchise Royalties (M)	$0.1	$1.5	$5.4	$14.0	$22.5
Perf. Uplift Share (M)	$0.05	$0.8	$3.0	$7.5	$12.0
Network Services (M)	$0	$0.5	$2.5	$7.0	$12.0
Data Products (M)	$0	$0	$1.0	$3.5	$8.0
Platform Licensing (M)	$0	$0	$0	$2.0	$6.0
Total Revenue (M)	**$0.45**	**$5.8**	**$22.7**	**$62.0**	**$105.5**
Gross Margin	55%	72%	78%	82%	85%
EBITDA Margin	-40%	15%	35%	48%	55%
Capital per Practice	$50K	$25K	$18K	$12K	$8K

> **The Capital-Light Advantage**

> Compare this to a traditional clinic rollup: acquiring 500 practices at $500K–$2M each would require $250M–$1B in capital. This model onboards 500 practices for approximately $15–20M total. The capital efficiency is 15–50x superior because we are onboarding operating businesses, not building them. Every dollar of investment goes into technology and network infrastructure, not real estate and equipment.

5.3 Unit Economics per Practice

Metric	Value
Onboarding cost (franchise entity)	$8,000–$50,000 (declining with scale)
Monthly revenue per practice	$3,500–$8,000 (blended all streams)
Practice payback period	3–6 months
Annual revenue per practice (mature)	$42,000–$96,000
Gross margin per practice	80–85% (software-like at scale)
Lifetime value (5-year)	$180,000–$420,000
LTV:CAC ratio	**8–20x**

5.4 What the Practice Owner Sees Financially

Equally important to franchise-level economics is the individual practice owner's financial experience. The model is designed so that every practice is financially better off inside the network than outside:

Revenue Impact	Net Effect
Revenue recovered by AI billing agents	+8–15% on existing volume
New patients from brand & network	+10–20% patient volume growth
Supply cost reduction via network procurement	15–25% savings on consumables
Operational efficiency gains	15–20% reduction in admin overhead
Total cost of franchise membership	Monthly platform fee + 3–5% royalty
Net financial uplift	**+25–40% improvement in practice profitability**

6. Beyond Exit: A Compounding Enterprise

6.1 Why This Enterprise Is More Valuable Held Than Sold

Traditional healthcare rollups optimise for a liquidity event—acquire clinics, apply operational improvements, sell at a higher multiple. This model is fundamentally different. The enterprise's value compounds with time and scale through seven self-reinforcing moats:

- **Network Intelligence Moat:** Every practice onboarded adds data that makes the AI agents smarter for every other practice. This cumulative intelligence cannot be replicated by any new entrant—it represents years of operational learning across hundreds of practices.

- **Switching Cost Moat:** Once a practice's operations are orchestrated by AI agents integrated into every workflow, the cost and disruption of leaving the network is prohibitive. Churn rates in comparable SaaS models run below 5% annually.

- **Brand Equity Moat:** As the franchise brand becomes synonymous with "intelligent healthcare" in the region, it attracts patients, providers, and payers organically—reducing customer acquisition costs over time.

- **Data Sovereignty Moat:** Operating under sovereign frameworks aligned with MEDTIUM principles creates regulatory alignment that foreign competitors cannot achieve without rebuilding their entire architecture.

- **Platform Economics Moat:** Marginal cost of onboarding the next practice approaches zero while marginal revenue remains high. Each new practice is pure margin expansion.

- **Regulatory Navigation Moat:** Accumulated compliance intelligence across multiple ASEAN jurisdictions creates a regulatory capability that would take any competitor years to replicate.

- **Talent Ecosystem Moat:** The network becomes the most attractive practice environment for healthcare professionals who want technology-augmented operations, creating a self-reinforcing recruitment advantage.

6.2 Multiple Liquidity Pathways (All Optional)

Because the enterprise compounds rather than depletes, investors have multiple concurrent value-realisation options—none of which are forced exits:

- **Dividend Distributions:** Strong cash generation from recurring platform fees and royalties supports meaningful quarterly distributions beginning Year 3. Investors see returns before any exit event.

- **Platform Spin-Off:** The AI orchestration platform can be separated as a standalone technology company valued at 15–25x revenue—independent of the healthcare franchise network.

- **Geographic Master Licensing:** License the entire franchise model to master operators in new geographies (Middle East, Africa, Latin America) for upfront fees and perpetual royalties.

- **Vertical Licensing:** License the intelligent franchise engine to dental, veterinary, physiotherapy, and wellness verticals—each a new revenue stream without additional healthcare complexity.

- **Strategic Acquisition Premium:** Healthcare systems, insurance groups, and big tech companies will pay 5–10x premiums for a live operational AI platform with real clinical data and proven outcomes—not merely for revenue.

- **Public Markets (IPO):** The combination of recurring revenue, network effects, high margins, and healthcare mission creates a compelling public markets narrative for SGX, Bursa, or dual-listing.

> ### The Bankable Enterprise Promise
> Exit is one of many options, not the strategy. This enterprise is designed to be held, compounded, and expanded—generating returns through operations, licensing, and network expansion simultaneously. Every year you hold it, it becomes more defensible, more profitable, and more valuable. That is what makes it bankable beyond exit.

7. Technology Ecosystem & Sovereign Architecture

The franchise platform is built on the licensed MEDTIUM Sovereign Health Orchestration Framework, ensuring all data, intelligence, and operational logic remain under sovereign control—never dependent on foreign platforms.

Layer	Role in Intelligent Franchise
MEDTIUM Core	Healthcare orchestration—clinical workflows, interoperability, care coordination, quality standards across all networked practices
BIZTIUM	Business operations—franchise management, onboarding engine, training, procurement, performance analytics, member CRM
FINTXCH	Financial systems—royalty calculation, platform billing, tax compliance (LHDN e-Invoice), treasury, investor reporting
XO-I (PWA)	Patient-facing app—unified booking across all practices, health records, engagement, satisfaction, cross-referrals
TXKEN	Health tokenisation—data sovereignty controls, consent management, value attribution for health data contributions
Agent Orchestrator	Multi-agent AI layer—deploys, monitors, and coordinates all AI agents across every practice in the network

Sovereign Architecture as Strategic Advantage

Every ASEAN government is pursuing digital health sovereignty. Foreign platforms face increasing regulatory friction. This franchise model is natively sovereign—data stays in-country, intelligence is locally governed, and the architecture aligns with national digital health strategies. This is not a compliance feature. It is the single most important strategic differentiator for winning government partnerships, regulatory approvals, and public-sector contracts across the region.

8. Risk Framework & Mitigation

Risk Category	Specific Risk	Mitigation	Agent Response
Adoption	Practices resist AI or franchise model	60-day risk-free guarantee; founding practices as testimonials; quantified ROI reports	Assessment Agent customises value proposition per practice profile
Quality	Variance in clinical standards across practices	AI-monitored quality metrics with real-time alerts; network-wide benchmarking	Quality Agent flags deviations before they impact patients
Retention	Practices leave the network after gaining AI benefits	Switching costs increase over time; equity stakes vest over 3–5 years; contract terms	Engagement Agent monitors satisfaction and pre-empts churn risk
Technology	AI agent errors or hallucinations in clinical context	Human-in-the-loop at all clinical decision points; shadow mode before autonomy	Meta-Orchestrator monitors confidence thresholds system-wide
Regulatory	Cross-border data and franchise regulations	Sovereign-first architecture; jurisdiction-specific compliance agents per country	Compliance Agent auto-adapts to regulatory changes in real-time
Competition	Incumbent EMR/PM vendors adding franchise features	Deep operational integration creates switching costs; network effects compound	Cross-Clinic Learning Agent accelerates advantages faster than competitors can copy

9. The Investment Thesis

9.1 Why This, Why Now, Why Us

Why This: Healthcare delivery is the largest service industry still structured around independent, technology-poor operators. The franchise aggregation model—proven in hospitality, food service, and fitness—has never been applied to healthcare with AI-native operations. This is a category-defining opportunity.

Why Now: Three forces converge: agentic AI is now capable of running real operational workflows; ASEAN governments are mandating digital health sovereignty; and independent practitioners are under mounting pressure from corporatised chains. The window for a first-mover franchise aggregator is open now and will close within 24–36 months.

Why Us: IMEUS uniquely combines deep health informatics expertise, licensed sovereign technology architecture (MEDTIUM), multi-market ASEAN knowledge, and first-mover advantage in agentic AI healthcare deployment. No other entity in the region has this combination.

9.2 Capital Requirements

Round	Amount	Purpose
Seed / Pre-A	$1.5–$2.5M	AI platform build, onboard 5 founding practices, prove unit economics
Series A	$8–$12M	Scale to 50 practices, establish brand, build network services
Series B	$25–$40M	Regional expansion (ASEAN), 150+ practices, data products launch
Series C / Growth	$50–$80M	500+ practices, vertical licensing, platform spin-off preparation
Total Capital Need	**$85–$135M**	**Over 5 years, tied to proven milestones at each stage**

9.3 Return Profile

Conservative modelling projects a 10–15x return on invested capital over a five-year horizon based on recurring revenue multiples (12–18x forward revenue for high-margin health-tech platforms). Upside scenarios reaching 25–30x are achievable if platform licensing and geographic expansion outperform base case.

Critically, returns begin flowing before exit through quarterly dividend distributions from Year 3 onwards, funded by the high-margin recurring revenue streams. This is not a "wait for exit" model—it is a "cash while you compound" model.

10. Next Steps

For Practice Owners

If you have built a practice you are proud of and want to amplify it—not sell it—this network is designed for you. We are seeking founding practice partners in Malaysia across primary care, specialist, and dental verticals. A limited number of founding members receive equity stakes in the franchise entity, priority access to all AI capabilities, and a permanent seat at the governance table. Your clinical excellence built the practice. Our intelligent franchise network will make it unbreakable.

For Investors

We invite conversations with investors who understand that healthcare's next transformation is not another EMR or telemedicine app—it is an intelligent unified operating system that networks the entire delivery ecosystem. We are raising a Seed/Pre-A round to onboard founding practices and prove unit economics, with subsequent rounds gated by achieved milestones. Full financial models, technical architecture documentation, and market analysis are available for due diligence.

For Health System Leaders & Policymakers

This framework demonstrates that sovereign technology can power world-class healthcare franchise operations without dependency on foreign platforms. We welcome strategic partnerships with health ministries, national health agencies, medical associations, and sovereign wealth funds committed to building domestic healthcare technology capacity and strengthening primary care infrastructure.

IMEUS

The Intelligent Clinic Franchise for Healthcare

Sovereign Architecture • Agentic AI • Network Intelligence

Powered by the MEDTIUM Framework

NOTE: Above subject to change as appropriate

www.IMEUS.com