INDIA'S CONNECTED ONE-STOP HEALTHCARE PLATFORM

# Healthcare in One App — So You Never Have to Go Anywhere Else.

From everyday doctor consultations, lab diagnostics, and pharmacy delivery to time-critical ambulance dispatch, blood-bank coordination, verified home nursing, and consent-led health records — LYFO unites the entire patient lifecycle inside a single, trusted application.

| 01 • EVERYDAY CARE | 02 • URGENT SOS | 03 • HOME RECOVERY | 04 • UNIFIED VAULT |
|---|---|---|---|
| **Doctors, Labs & Pharmacy** | **Ambulance & Blood Network** | **Post-Discharge Care** | **Consent-Led Health Records** |
| OPD & tele-consultations, hospital bookings, NABL-accredited diagnostics, and doorstep medicine fulfilment. | GPS-routed ambulance partner dispatch, live blood-bank inventory links, and verified voluntary donor alerts. | Credential-verified home nurses, ICU-at-home attendants, physiotherapy, and structured recovery plans. | Lifelong digital prescriptions, lab reports, and discharge summaries engineered for ABDM interoperability. |

| FOUNDER & CEO | LAUNCH BEACHHEAD | CURRENT STAGE | SEED ASK (LEAN PLAN) |
|---|---|---|---|
| Abhishek Singh (Registered Entity) | Hyderabad First → Pan-India Scale | MVP Build Underway • Pre-Revenue | ₹8.0 Crore • 18-Month Runway |

# Healthcare Is a Continuous Journey — Delivered Through Broken Silos

Patients are forced to switch across disconnected apps, phone directories, and unverified local brokers during their most vulnerable moments.

FRAGMENTED CARE

**39.4%**
**Out-of-Pocket Spending**
Share of India's ₹9.04 lakh Cr Total Health Expenditure paid directly by households (NHA FY2021–22).

**4+ Silos**
**Disconnected Workflows**
Consultations, diagnostics, pharmacy, emergency, and home nursing run on separate systems with zero hand-off.

**Zero Link**
**Emergency-to-Ward Gap**
Ambulance booking, blood-bank stock checks, and hospital admission alerts rely on manual phone calls.

**High Risk**
**Unstructured Aftercare**
Families struggle to verify nurse credentials and follow discharge protocols once patients leave the hospital.

| Care Stage | Current Patient Friction | Systemic Consequence |
|---|---|---|
| **1. Discovery & OPD** | Patients juggle separate portals for doctor search, diagnostic slots, and medicine orders while carrying paper files. | Repeat diagnostic tests, delayed diagnoses, and high drop-off between consultation and prescription fulfilment. |
| **2. Emergency SOS** | Families call multiple ambulance operators and blood banks individually during cardiac, trauma, or surgical crises. | Critical golden-hour delays and lack of real-time visibility into bed or blood-component availability. |
| **3. Post-Discharge** | Sourcing trained home nurses, attendants, or physiotherapy falls back on informal word-of-mouth agencies. | Inconsistent clinical quality, medication non-adherence, and preventable hospital readmissions. |

**INVESTOR TAKEAWAY:** Existing point apps solve isolated transactions (e.g., e-pharmacy or OPD booking), leaving the high-stress hand-offs between emergency, hospitalisation, and home recovery completely uncoordinated.

# One App. Four Connected Pillars Around a Single Patient Profile.

LYFO acts as a unified care-coordination layer — connecting patients to verified clinical partners from first symptom to full recovery.

ONE-STOP SUPER-APP

| Service Pillar | Core Patient Capabilities | Partner Fulfilment Network | Rollout Phase |
|---|---|---|---|
| **Pillar 1: Core Care**<br>Everyday Health Hub | In-clinic & tele-consultations, hospital OPD/IPD booking, home-sample lab tests, and e-pharmacy ordering. | Verified doctors, multi-specialty hospitals, NABL labs, and licensed retail pharmacies. | **Phase 1 (Months 1–6)**<br>Core MVP Launch |
| **Pillar 2: Emergency SOS**<br>Rapid Response Desk | One-tap ambulance dispatch request, real-time blood-bank stock lookup, and opt-in blood donor matching. | Licensed BLS/ALS ambulance fleets, registered blood banks, and hospital ER desks. | **Phase 2 (Months 4–9)**<br>SLA-Gated Rollout |
| **Pillar 3: Home Recovery**<br>Continuity of Care | Post-surgery nursing, elderly care attendants, home physiotherapy, and structured recovery checklists. | Background-verified nursing agencies, certified physiotherapists, and medical equipment partners. | **Phase 2 (Months 6–12)**<br>Post-Discharge Pilot |
| **Pillar 4: Health Vault**<br>Consent-Led Records | Chronological medical timeline storing prescriptions, lab reports, and discharge summaries shared via patient consent. | Patient-controlled access across treating doctors, labs, and emergency responders (ABDM roadmap). | **Phase 1–2**<br>Core Vault → ABDM |

**VALUE PROPOSITION:** Patients replace 4–5 fragmented apps with one trusted interface; healthcare partners gain qualified, pre-triaged demand with structured digital hand-offs and zero clinical inventory risk on LYFO's balance sheet.

# Modular Coordination Architecture Built for Trust, Speed & Scale

Asset-light orchestration platform connecting consumer mobile apps, provider partner consoles, and live operations dispatch.

MVP IN DEVELOPMENT

| Platform Layer | Functional Scope & Engineering Architecture | Development Status |
|---|---|---|
| **1. Consumer Super-App**<br>iOS & Android | Unified search & booking across doctors, labs, and pharmacies; one-tap SOS trigger; family member profiles; granular consent toggles for medical records. | **In Active Development**<br>Core UI & booking flows in sprint build |
| **2. Partner Console**<br>Web & Mobile Lite | Slot and order management for clinics, labs, and pharmacies; live availability & dispatch acceptance for ambulance fleets and home-care coordinators. | **In Active Development**<br>Partner onboarding portal in build |
| **3. Ops & Dispatch Engine**<br>Control Tower | Automated SLA timers, escalation alerts for delayed ambulance/lab fulfilment, partner credential expiry tracking, and closed-loop patient feedback. | **Phase 1 Milestone**<br>Scheduled prior to Hyderabad pilot |
| **4. Security & Interoperability**<br>Compliance Foundation | End-to-end encryption, role-based access control (RBAC), immutable audit logs aligned with DPDP Act 2023, and sandbox integration for ABDM / UHI APIs. | **Architecture & Roadmap**<br>ABDM sandbox certification post-MVP |

**GOVERNANCE DISCIPLINE:** Clinical diagnosis and medical procedures remain strictly with licensed doctors and accredited partner facilities. LYFO operates as a transparent technology coordinator with full audit trails and explicit patient consent.

# India’s Public Digital-Health Rails Have Reached Tipping-Point Scale

Verified national infrastructure reduces customer onboarding friction and enables interoperable private coordination platforms.

VERIFIED MACRO DATA

**96.43 Cr**
**ABHA Health IDs Created**
Up from 94.87 Cr (20 Jul 2026) to 96.43 Cr with 110+ Cr linked records (PIB / MoHFW, Aug 2026).

**5.47 Lakh**
**ABDM Health Facilities**
Verified hospitals, clinics, labs & pharmacies plus 10.50+ lakh registered professionals (PIB, Aug 2026).

**50 Cr+**
**eSanjeevani Consults**
Crossed 50.01 crore cumulative teleconsultations nationwide on 15 Sep 2026 (PIB / MoHFW, Oct 2026).

**100.28 Cr**
**Internet Subscribers**
Grew from 96.91 Cr (Mar 2025) to 100.28 Cr (Jun 2025), led by 95.81 Cr wireless users (TRAI).

| Structural Shift | Verified Evidence (2025–2026) | Strategic Unlock for LYFO |
|---|---|---|
| **Digital Health Identity** | Over 96 crore citizens hold ABHA IDs and 110+ crore health records are digitally linked under ABDM (**MoHFW, 2026**). | Eliminates cold-start record fragmentation; patients can link existing records into LYFO’s vault. |
| **Provider Digitisation** | 5.47 lakh facilities and 10.50 lakh clinicians are onboarded on national registries (**MoHFW, 2026**). | Faster KYC verification and standardized API integration with hospitals, labs, and blood banks. |
| **Consumer Habit Shift** | 50+ crore eSanjeevani teleconsultations (**MoHFW, 2026**) and 100+ crore internet connections (**TRAI, 2025**). | Mainstream urban trust in booking diagnostics, consultations, and care services via mobile apps. |

**DATA INTEGRITY NOTE:** All metrics above represent verified national ecosystem indicators (not LYFO user traction) confirming market readiness for a unified consumer health coordinator.

# A ₹9.04 Lakh Crore Healthcare Economy — Entered via a Focused Hyderabad SOM

Combining official national expenditure benchmarks with a bottom-up, household-level urban beachhead calculation.

TAM • SAM • SOM

| Tier | Market Size | Definition & Verified Source | LYFO Relevance |
|---|---|---|---|
| **TAM**<br>Macro Sector | **₹9,04,461 Cr**<br>(~₹9.04 Lakh Cr / yr) | India Total Health Expenditure (THE), of which **₹3,56,254 Cr (39.4%)** is household Out-of-Pocket Expenditure (**NHA 2021–22**). | Out-of-pocket spend on pharmacies (42.9%), private hospitals (33.9%), labs (7.0%), and ambulances (5.6%) is LYFO's core target spend. |
| **SAM**<br>Digital Health | **₹75,658 Cr**<br>(US$ 8.79 Bn in 2024) | Estimated Indian digital-health market across telemedicine, e-pharmacy, diagnostics, and health-tech platforms (**IBEF, 2024**). | Expanding rapidly across Tier-1 & Tier-2 metros as urban families shift routine and post-care bookings online. |
| **SOM (Year 1–2)**<br>Hyderabad Pilot | **₹5.0 Cr / yr**<br>Net Platform Revenue | **Bottom-Up Scenario:** 5,00,000 targetable middle/upper-income Hyderabad households × **5% active adoption** (25,000 households) × **₹2,000** annual net platform revenue. | Achievable beachhead in a single metro with high hospital density, strong corporate base, and high smartphone penetration. |

**WHY HYDERABAD FIRST:** Hyderabad offers a dense concentration of multi-specialty hospital chains, diagnostic hubs, gated residential communities, and IT/corporate employers—enabling rapid supply-side density within a 15–20 km operational radius.

# Three Sequenced Revenue Engines: Transact First, Retain Second, Scale B2B

Asset-light marketplace economics where LYFO earns net platform commissions upon verified service completion.

MONETISATION

| Revenue Engine | Service Lines & Pricing Mechanism | Target Take Rate / Ticket | Launch Sequence |
|---|---|---|---|
| **1. Transaction Commissions**<br>Core Volume Driver | Partner-paid facilitation fees on completed doctor consultations, diagnostic lab packages, pharmacy orders, ambulance trips, and home-nursing shifts. | **10%–15% blended**<br>(~12% base-case take rate on ₹1,800–₹2,200 avg. order) | **Immediate (Month 3+)**<br>Primary Year 1 revenue |
| **2. LYFO Care+ Membership**<br>Retention & LTV Engine | Annual family health subscription offering priority emergency coordination, free tele-consults, lab discounts, and dedicated recovery care managers. | **₹999 / year**<br>Annual recurring family plan | **Month 6+**<br>Sold to repeat transacting users |
| **3. B2B & Enterprise**<br>High-Margin Scale | Corporate employee wellness & emergency response retainers, residential society health desks, and partner clinic/lab SaaS workflow tools. | **₹3 L – ₹10 L / yr**<br>Annual institutional contracts | **Month 9–12+**<br>After Hyderabad SLA proof |

**ACCOUNTING & MARGIN DISCIPLINE:** LYFO strictly distinguishes Gross Merchandise Value (GMV) from Net Platform Revenue (commissions + subscriptions + B2B fees), ensuring transparent unit-economic tracking across every category.

# Winning Through Hyperlocal Care Continuity — Not Isolated Point Apps

Incumbents excel in single verticals; LYFO bridges the critical gap between routine care, emergencies, and post-hospital recovery.

HYDERABAD FLYWHEEL

| Market Segment | Established Players | Primary Focus | LYFO's Structural Differentiation |
|---|---|---|---|
| **OPD & E-Pharmacy** | Practo, Apollo 24/7, Tata 1mg, PharmEasy | Doctor discovery, tele-consults, medicine & lab delivery | Connects pre-visit booking directly to emergency escalation and post-discharge home care in one record. |
| **Emergency Response** | Red.Health, StanPlus, local aggregators | Ambulance dispatch & B2B hospital fleet management | Integrates ambulance dispatch with real-time blood-bank/donor discovery and longitudinal patient history. |
| **Home Healthcare** | Portea, HCAH, local nursing bureaus | Long-term home nursing, physiotherapy & critical care | Captures patients directly at hospital discharge with pre-verified local partners and unified family billing. |

### 1. Supply Density

Onboard 50+ clinics/labs, 15+ ambulance fleets, 10+ blood banks & verified nursing partners in West/Central Hyderabad.

### 2. Gated Communities

Partner with 40+ large residential apartments and RWAs for family emergency readiness & health camps.

### 3. Hospital Discharge

Co-locate care coordinators at partner mid-sized hospitals to convert post-discharge home-care & pharmacy orders.

### 4. Retention Loop

Convert single-transaction families into Care+ annual members via unified health records and chronic refill reminders.

# 18-Month Gated Execution Plan: Prove Hyderabad Before Scaling Cities

Capital-efficient, milestone-gated rollout calibrated for our first institutional seed round (pre-revenue baseline).

GATED ROADMAP

| Phase | Operational & Product Milestones | Exit Gate to Unlock Next Stage |
|---|---|---|
| **Months 1–6**<br>Build & Soft Launch | Complete iOS/Android MVP & partner console; onboard initial Hyderabad hospitals, labs, pharmacies & ambulance fleets; launch closed beta. | Live app in production; 100+ active partner nodes; >90% order fulfilment SLA in pilot zone. |
| **Months 7–12**<br>Hyderabad Validation | Activate emergency SOS & home-recovery modules; launch Care+ family membership; execute RWA and SME corporate tie-ups. | 18,000+ completed transactions; positive contribution margin per order; validated blended CAC. |
| **Months 13–18**<br>Playbook & City 2 | Complete ABDM sandbox integration; refine city-launch playbook; expand into 1–2 adjacent South Indian metros (e.g., Bengaluru / Chennai) and prepare Series A. | ₹3.5+ Cr annualized revenue run-rate; repeatable city-launch unit economics for Series A. |

| Illustrative Financial Scenario (Net Platform Revenue) | Year 1 (Pilot) | Year 2 (Scale) | Year 3 (Multi-City) | Year 4 (Maturity) |
|---|---|---|---|---|
| Completed Transactions (Orders / Bookings) | 20,000 | 95,000 | 3,20,000 | 9,00,000 |
| Net Transaction Revenue (12% Blended Take on ₹1,800–₹2,200 AOV) | ₹0.43 Cr | ₹2.28 Cr | ₹8.06 Cr | ₹23.76 Cr |
| Care+ Subscriptions (₹999/yr) + B2B Corporate Contracts | ₹0.27 Cr | ₹1.32 Cr | ₹4.44 Cr | ₹12.24 Cr |
| **Total Illustrative Net Platform Revenue** | **₹0.70 Cr** | **₹3.60 Cr** | **₹12.50 Cr** | **₹36.00 Cr** |

09 • THE INVESTMENT ASK (RIGHT-SIZED FOR FIRST ROUND)

# Raising ₹8.0 Crore Seed Round for an 18-Month Hyderabad Proof Runway

Recalibrated from ₹20 Cr to ₹8.0 Cr (~$950K) to align with Indian Seed benchmarks, minimize early dilution, and prove unit economics first.

**₹8.0 CR SEED ASK**

| Allocation Category | Share | Amount | Lean Capital Deployment Plan (18 Months • ~₹44.4 Lakh / Mo Avg. Burn) |
|---|---|---|---|
| **1. Product & Tech Build** | 32% | ₹2.56 Cr | Core lean engineering pod (6–8 developers), cloud hosting, security audits, QA, and ABDM sandbox integration. |
| **2. Core Leadership & Ops** | 25% | ₹2.00 Cr | Founding product/tech leads, clinical quality coordinator, and lean 24×7 emergency/recovery dispatch desk. |
| **3. Hyderabad Supply & Field** | 18% | ₹1.44 Cr | Partner onboarding, credential verification, SLA training, and hospital discharge desk activation across Hyderabad. |
| **4. Performance GTM & B2B** | 15% | ₹1.20 Cr | Hyperlocal RWA/apartment activations, corporate HR sales, digital referral loops, and initial Care+ launch campaigns. |
| **5. Legal, Governance & Buffer** | 10% | ₹0.80 Cr | DPDP privacy compliance, medical-legal SLAs, cybersecurity testing (5%), plus working-capital contingency (5%). |
| **Total Seed Round Capital** | **100%** | **₹8.00 Cr** | **Funds full MVP launch, Hyderabad PMF & unit-economics validation, and readiness for a ₹25–35 Cr Series A.** |

**WHY ₹8.0 CR IS INVESTOR-FRIENDLY:** Indian healthtech seed rounds typically range between ₹4 Cr and ₹12 Cr. Raising ₹8.0 Cr gives LYFO 18 months of disciplined runway to prove Hyderabad unit economics without over-capitalising or diluting founders prematurely before Series A.

APPENDIX A • FINANCIAL MODEL

# 4-Year Illustrative Operating & Net Revenue Model

Bottom-up driver build separating gross platform volume from net revenue (illustrative planning scenario, not a guarantee).

SUPPORTING SCHEDULE

| Operating / Financial Driver | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| Active Cities | 1 (Hyd) | 2–3 Cities | 5 Cities | 10 Cities |
| Completed Care Transactions | 20,000 | 95,000 | 3,20,000 | 9,00,000 |
| Blended Average Order Value (AOV) | ₹1,800 | ₹2,000 | ₹2,100 | ₹2,200 |
| Gross Transaction Value (GMV) | ₹3.60 Cr | ₹19.00 Cr | ₹67.20 Cr | ₹198.00 Cr |
| Blended Platform Take Rate | 12.0% | 12.0% | 12.0% | 12.0% |
| **A. Net Transaction Revenue** | **₹0.43 Cr** | **₹2.28 Cr** | **₹8.06 Cr** | **₹23.76 Cr** |
| Active Paid Care+ Memberships (₹999 / yr) | 1,200 | 6,000 | 20,000 | 60,000 |
| **B. Subscription Revenue** | **₹0.12 Cr** | **₹0.60 Cr** | **₹2.00 Cr** | **₹5.99 Cr** |
| Enterprise / Corporate Contracts (₹3L–₹7.5L avg.) | 5 | 16 | 40 | 85 |
| **C. B2B & Enterprise Revenue** | **₹0.15 Cr** | **₹0.72 Cr** | **₹2.44 Cr** | **₹6.25 Cr** |
| **Total Net Platform Revenue (A + B + C)** | **₹0.70 Cr** | **₹3.60 Cr** | **₹12.50 Cr** | **₹36.00 Cr** |

Notes: Excludes GST, payment gateway pass-throughs, promotional discounts, and refunds. Revenue recognition follows agent vs. principal accounting standards per service line.

APPENDIX B • PILOT GOVERNANCE

# Hyderabad Pilot Scorecard & Unit Economics Validation Framework

Disciplined KPIs tracked during Months 1–12 before committing expansion capital to new cities.

PILOT METRICS

| Metric | Planning Target / Status | Measurement Formula & Audit Evidence Required |
|---|---|---|
| **Blended AOV** | ₹1,800 – ₹2,200 target | Total GMV ÷ completed orders across OPD, labs, pharmacy, ambulance, and home care; verified via partner invoices. |
| **Blended Take Rate** | 12.0% scenario target | Net platform commission ÷ GMV; governed by signed commercial SLAs across each provider category. |
| **Fulfilment & SLA Rate** | >92% on-time completion | Orders fulfilled within promised SLA window ÷ total accepted requests (tracked separately for SOS vs. routine care). |
| **90-Day Repeat Rate** | >35% cohort retention | Users placing ≥2 orders or converting to Care+ within 90 days of first completed transaction. |
| **Blended CAC** | To be established in pilot | Total paid marketing + RWA/field activation spend ÷ new transacting households (tracked by acquisition channel). |
| **Contribution Margin** | Positive by Month 10–12 | Net platform revenue minus payment gateway fees, support/dispatch variable cost, and direct incentives per order. |

**CAPITAL DISCIPLINE RULE:** LYFO does not quote unverified CAC, LTV, or gross margins prior to live cohort data. Any service category or acquisition channel with persistently negative contribution margin after 90 days is paused or repriced.

# Key Investor Questions & Operational Risk Mitigants

Proactive safeguards across clinical liability, partner quality, data privacy, and multi-service execution.

DILIGENCE Q&A

| Diligence Area | LYFO Operational & Legal Safeguard |
|---|---|
| **1. Multi-Service Scope** | **Phased Sequencing:** Launch routine discovery, labs, and pharmacy first (Months 1–4); unlock emergency SOS and home nursing only after partner SLAs, ops desk staffing, and escalation protocols pass internal readiness gates. |
| **2. Emergency Liability** | **Clear Aggregator Boundary:** Explicit terms defining LYFO as a technology coordinator; licensed ambulance fleets and hospitals hold clinical/transport liability, backed by GPS timestamps, call logs, escalation SOPs, and indemnity clauses. |
| **3. Provider Verification** | **4-Step KYC & Credential Audit:** Mandatory NMC/State Medical Council registration checks for doctors, NABL/drug-licence checks for labs/pharmacies, background & nursing council verification for home nurses, plus quarterly audits. |
| **4. Patient Data Privacy** | **Consent-by-Design:** Encrypted storage, role-based access control, granular patient consent grants before sharing records with any provider, full audit trails, and compliance with India’s Digital Personal Data Protection (DPDP) Act 2023. |
| **5. Competing vs. Giants** | **Hyperlocal Depth Over Broad Ad Spend:** Rather than competing head-on in national pharmacy discounting, LYFO wins on neighbourhood response speed, hospital discharge partnerships, and family emergency preparedness. |

APPENDIX D • CITATIONS & DATA ROOM

# Verified Public Data Sources & Seed Diligence Checklist

All macro statistics cited in this deck are sourced from official Government of India releases and audited industry reports.

SOURCES & DILIGENCE

| Source & Reporting Date | Verified Data Point Used | Official Reference |
|---|---|---|
| **National Health Accounts (NHA)**<br>NHSRC / MoHFW (FY 2021–22) | Total Health Expenditure: ₹9,04,461 Cr (3.83% of GDP); Household Out-of-Pocket Expenditure (OOPE): 39.4% (₹3,56,254 Cr). | **nhsrcindia.org (NHA 2021–22)** |
| **PIB / Ministry of Health**<br>24 Jul 2026 & 12 Aug 2026 | ABDM milestones: 94.87 Cr ABHA IDs (20 Jul 2026), rising to 96.43 Cr ABHAs, 110+ Cr linked records, 5.47 lakh facilities & 10.50 lakh professionals (Aug 2026). | **PIB PRID 2288848 / 2298390** |
| **PIB / Ministry of Health**<br>06 Oct 2026 | eSanjeevani national telemedicine platform crossed 50.01 crore cumulative consultations on 15 September 2026. | **PIB PRID 2319427** |
| **IBEF Healthcare Report**<br>2024 Market Estimate | Indian digital health market estimated at ₹75,658 Cr (US$ 8.79 billion) in 2024. | **ibef.org/industry/healthcare** |
| **TRAI Performance Report**<br>Mar 2025 & Jun 2025 | Total internet subscribers reached 96.91 Cr at end-March 2025 and crossed 100.28 Cr at end-June 2025. | **trai.gov.in (QPIR Sep 2025)** |

**INVESTOR DATA ROOM CHECKLIST (AVAILABLE UPON NDA / TERM SHEET):** Certificate of Incorporation & Cap Table • Interactive MVP Demo & Product Sprint Plan • Founder Profile & Clinical Advisory Board Letters • Hyderabad Hospital/Lab/Ambulance Partner Pipeline • DPDP Privacy Architecture • 18-Month Monthly Cash-Flow & Hiring Sheet.