

After discharge, patients are being left alone.

MedComm is there for them.

Heather, our AI care manager, calls & texts every patient after the hospital. She reinforces instructions, gets the plan done, and flags problems – so care teams can prevent readmissions



Watch Heather work
[Scan for the demo](#)

From a physician working with us

A patient left the ER looking stable. Five days later he came back and died that same day. Looking back through his chart, she saw he didn't pick up his medications when he left the hospital. When he finally did, a few days later, he didn't know how to take them.

THE PROBLEM

Patients leave the hospital overwhelmed, with no monitoring or follow-up, and a printed paper of instructions. Some never fill the prescription or book the follow-up.

It's not just a patient problem. Hospitals pay twice: 1 in 5 is back within 30 days, at about \$15,200 per readmission in penalties.

Out of 100 ED patients referred out, only 20 will stay in network. The rest go to competitors or skip care. **That's revenue never collected.** Hospitals use nurses for outreach. It's costly, doesn't scale, and reaches about 40% of patients.

WHO WE SERVE

Health systems in competitive metros, starting with the ED. Then the groups that carry the risk: ACOs, MA and PACE.

Buyers: the Chief Population Officer, Chief Medical Officer and Chief of Ambulatory Services. They own care in the community: navigating patients, avoiding readmissions and managing at-risk populations.

Our market : 24M ED discharges a year in 400 competitive-metro EDs (\$840M). Year-round support: \$6.3B. Every U.S. care transition: about \$32B of addressable market.

BUSINESS MODEL

\$35 per enrolled ED patient per month.
\$22 per member per month, year-round.
12-week pilots, goals up front. pilot converts, automatically.
No EHR integration needed to start.

WHAT HEATHER DOES

Calls and texts every patient after discharge, no app.

- Checks understanding and re-teaches the gaps.
- Books the follow-up visit, confirms it happened, and works the barriers, like a ride or a refill.
- Pages the right clinician when a red flag shows up. Care teams see who needs them first.

How is this different? Most voice AI stops at the flag: more flags, same nurses. Heather carries the task through.

SAFETY: SAME AI MODEL, OUR WORKFLOW

Clinician-labeled tests	MedComm	Model alone
Escalation accuracy	100%	72%
Guardrail breaches	1.6%	52%

TRACTION AND VALIDATION

- Weill Cornell Medicine: IRB-approved heart failure study, and our first paid pilot (ED discharge) agreed for this fall.
- Northwell Lenox Hill: ED discharge study (in approval).
- Signed pilots cover 100+ patients, enrolling now.
- About \$300K ARR in scoping with Ochsner Health, Methodist Le Bonheur and IntusCare. Pipeline, not revenue.
- Development partner program: 7 in, 3 spots left.

92%

of patients in our IRB study understood their care better

95%

of clinicians said it was accurate and saved them time

400+

discovery interviews in 3 NSF I-Corps programs

HLTH 2026 AI Pitch finalist 1st, Columbia AI Challenge
CDL University Hospitals participant NSF I-Corps National Teams participant

TEAM

Royi Rozen, founder and CEO. Second-time founder who writes and ships the product. M.S., Cornell Tech. Started MedComm after his grandmother died following a care decision his family didn't have the support to understand.

Dr. Brock Daniels, incoming CMO. Weill Cornell ER physician. Directs its Tele-Paramedicine program; lead author of its NEJM Catalyst study (30-day readmissions 5% vs 12%).

Advisors from Northwell, Hackensack, Weill Cornell & Cornell Tech.

RAISING NOW

\$300K from strategic angels, on a SAFE. Terms on request. Goal by February 2027: 3 paying contracts and 1,000 patients. Then a \$6M seed in spring 2027.

Raised so far: \$95K. \$75K non-dilutive (NSF I-Corps, Columbia) plus a \$20K in-kind Cornell Tech SAFE.

WHAT WE'RE LOOKING FOR

- Strategic angels: health system leaders and physicians who can open doors to hospitals.
- Development partners: hospitals for our last 3 spots.
- Payers and risk-bearing groups: ACOs, Medicare Advantage and PACE programs.

We envision every patient being discharged with a personal care manager that is actively working on their behalf, keeping them healthy and connected at home. Join us to close the follow-up care gap and save people's lives.