

PatientTree Solutions Deliver

The ONLY Technology that ANYONE Can & Will Use!

No Operational Impact, NO Downtime, No End User Training

Return on Investment Like You Have Never Seen it Before

Quick and Sound KPI Achievement

Instant Data Accuracy Improvements

Instant Imaging – Eliminate Document Management Process (Cost)

Real Time OCR on Tablet, Real Time OCR When the Pen Docks

Near or Real Time IT (Patient) Systems Updates

All at the Point of Care, Reducing Back End System Errors

Instant Transcription at the Point of Care

Build Your Own EMR without Expensive Software!

YOU'RE DOING IT ANYWAY!



Rover Technology Fusions

Payers, Providers, Patients, Where Does RoverINK Fit?

- Rover Work Flow Solutions – Input Agnostic
 - Pen/Paper (Even Bar Code)
 - Laptops
 - Tablets
 - Web
 - Image Integration
 - Voice Integration
 - Export ODBC, XML, CSV, PDF, WORD, RTF, Web Service - Next Up HL7
 - IDX, Centricity, PACS
- RoverINK is the Key “Modifier” for EMR, JCAHO Safety Goals, Consumer Driven Care, Home Health Programs, Hospice, VNA’s, Social Services
 - Admissions
 - Registration
 - Medical Charge Capture, Billing
 - Compliance
 - Clinician Notes
 - POE
 - Prescriptions
 - Consents
 - Advanced Directives



Rover Technology Fusions

Rover Tech Fusions - Demo Form

Select Form Type: Patient Registration Refresh

Date From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007 Medical Record Number (all)

DOB From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007 Patient Name (all)

| Date | Medical Record Nu... | DOB |
|----------|----------------------|-----------|
| 9/8/2006 | 110556 | 3/13/1955 |
| 1/5/2007 | 157 | 11/5/1956 |

Ocr Ink PDF Access CSV XML Attachments

<< Back Forward >> Print Email Begin Time Stamp: 9/8/2006 9:58 AM End Time Stamp: 9/8/2006 9:59 AM Play

PATIENT REGISTRATION INFORMATION

Date: 09/08/06 Medical Record #: 110556 Date of Birth: 03/13/1955 Male Female

Patient Name: CHARLES BROES

Current Address (Number and Street): 123 PELICAN WAY

City: TAMPA State: FL Zip Code: 33607 Social Security #: 179-01-1224

Telephone: 713-456-9112 Primary Physician Name: FRIST

Employer: CYBERMEDX Occupation: CEO Work Phone Number: 813-456-1978

Marital Status: Married Single Divorced Separated Widowed

Spouse Name (please print): Social Security #: Date of Birth:

Person to notify in case of emergency: TANIA Home phone: Relationship:

Primary Insurance: ALLSTATE Address (Number and Street): City: State: Zip Code:

Policy #: 1234567 Telephone: Group #:

Insurer Name (Primary Insurance):

Work Flow Cabinet,
Results After Pen Docks
Or Blue Tooth Transmission

Hand Written
Instant Image
Date and Time Stamped

Rover Tech Fusions - Demo Form

Select Form Type: Patient Registration Refresh

Date From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007 Medical Record Number (all)

DOB From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007 Patient Name (all)

| Date | Medical Record Nu... | DOB |
|----------|----------------------|-----------|
| 9/8/2006 | 110556 | 3/13/1955 |
| 1/5/2007 | 157 | 11/5/1956 |

Ocr Ink PDF Access CSV XML Attachments

<< Back Forward >> Print Email Time Stamp: 9/8/2006 10:19 AM Play Stop Record

PATIENT REGISTRATION INFORMATION

Date: 09 / 08 / 06 Medical Record #: 110556 Date of Birth: 03 / 13 / 1955 Male Female

Patient Name: CHARLES BROES

Current Address (Number and Street): 123 PELICAN WAY

City: TAMPA State: FL Zip Code: 33607 Social Security #: 179 - 01 - 1234

Telephone: 813 - 456 - 9172 Primary Physician Name: FRIST

Email Address:

Employer: CYBERMEDX Occupation: CEO Work Phone Number: 813 - 456 - 1978

Marital Status: Married Single Divorced Separated Widowed

Spouse Name (please print): Social Security #: Date of Birth:

Person to notify in case of emergency: TANIA Home phone: Relationship:

Primary Insurance: ALLSTATE Address (Number and Street): City: State: Zip Code:

Policy #: 1234567 Telephone: Group #:

Insurer Name (Primary Insurance):

Secondary Insurance:

Hand Written Data Now
OCR'ed
Instant Image
Date and Time Stamped

Instant PDF Image
(TIFF, JPEG, BMP, PNG, GIFF)

PATIENT REGISTRATION INFORMATION

Date: 09 / 08 / 06 Medical Record #: 110556 Date of Birth: 03 / 13 / 1955 Male Female

Patient Name: CHARLES BROES

Current Address (Number and Street): 123 PELICAN WAY

City: TAMPA State: FL Zip Code: 33607 Social Security #: 179 - 01 - 1234

Telephone: 813 - 456 - 9172 Primary Physician Name: FRIST

Email Address: [Empty]

Employer: CYBERMEDX Occupation: CEO Work Phone Number: 813 - 456 - 1978

Marital Status: Married Single Divorced Separated Widowed Spouse Name (please print): Social Security #: Date of Birth:

Person to notify in case of emergency: TANIA Home phone: Relationship:

Primary Insurance: ALLSTATE

Microsoft Excel - pr

Type a question for help

File Edit View Insert Format Tools Data Window Help

100%

Arial 10

| | B | D | E | F | H | J | L | M | N | O |
|----|---------------|-----------------|----------|---------------|--------------|-------------|----------------|------------------|----------------|--------|
| 1 | PATIENT_NAME | CURRENT_ADDRESS | DATE | DATE_OF_BIRTH | DATE_OF_INJU | PHYSICIAN_N | EMPLOYER_INSUR | InkBeginTimeStam | InkEndTimeStai | MARITA |
| 2 | CHARLES BROES | 123 PELICAN WAY | 9/8/2006 | 3/13/1955 | | FRIST | | 9/8/2006 9:58 | 9/8/2006 9:59 | |
| 3 | ROBERT LETZ | 123 ANY ST | 1/5/2007 | 11/5/1956 | 1/2/2006 | GOLDSTEIN | UNITED | 1/4/2007 18:02 | 1/4/2007 18:02 | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 14 | | | | | | | | | | |
| 15 | | | | | | | | | | |
| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | | | | | | | | |
| 19 | | | | | | | | | | |
| 20 | | | | | | | | | | |
| 21 | | | | | | | | | | |
| 22 | | | | | | | | | | |
| 23 | | | | | | | | | | |
| 24 | | | | | | | | | | |
| 25 | | | | | | | | | | |
| 26 | | | | | | | | | | |
| 27 | | | | | | | | | | |
| 28 | | | | | | | | | | |
| 29 | | | | | | | | | | |
| 30 | | | | | | | | | | |
| 31 | | | | | | | | | | |
| 32 | | | | | | | | | | |

Hand Written Data
Already Loaded to CSV

Ready NUM

start Ipswi... 2 Mi... 6 Mi... GE H... Rove... Rove... Adob... Micro... 8:42 AM

Rover Tech Fusions - Demo Form

Select Form Type: Patient Registration Refresh

Date From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007 Medical Record Number (all)

DOB From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007 Patient Name (all)

| Date | Medical Record Nu... | DOB |
|----------|----------------------|-----------|
| 9/8/2006 | 110556 | 3/13/1955 |
| 1/5/2007 | 15 7 | 11/5/1956 |

Ocr Ink PDF Access CSV XML Attachments

```

<?xml version="1.0" encoding="UTF-8"?>
<MIFORMS_EXPORT>
<SESSION FORM_ID="475625" CID="1" ID="BOBSTABLET_632933075571875000">
  <FIELD NAME="ADDRESS_PRIMARY_INSURANCE">0</FIELD>
  <FIELD NAME="CITY_PATIENT" TIMESTAMP="1157725157" RECO_CONF="0">TAMPA</FIELD>
  <FIELD NAME="CONTACT_PERSON" TIMESTAMP="1157725157">1</FIELD>
  <FIELD NAME="CURRENT_ADDRESS_PATIENT" TIMESTAMP="1157725157" RECO_CONF="0">123 PEL1CAN WAY</FIELD>
  <FIELD NAME="DATE" TIMESTAMP="1157725157" RECO_CONF="0">09/08/06</FIELD>
  <FIELD NAME="DATE_OF_BIRTH_PATIENT" TIMESTAMP="1157725157" RECO_CONF="0">03/13/1955</FIELD>
  <FIELD NAME="DATE_OF_BIRTH_SPOUSE">
</FIELD>
  <FIELD NAME="DATE_OF_INJURY">
</FIELD>
  <FIELD NAME="EMAIL_ADDRESS_PATIENT">
</FIELD>
  <FIELD NAME="EMPLOYER" TIMESTAMP="1157725157">1</FIELD>
  <FIELD NAME="EMPLOYER_INSURANCE_ADDRESS">0</FIELD>
  <FIELD NAME="EMPLOYER_INSURANCE_COMPANY">
</FIELD>
  <FIELD NAME="InkBeginTime Stamp" TIMESTAMP="1157726020">9/8/2006 9:58 AM</FIELD>
  <FIELD NAME="InkEndTime Stamp" TIMESTAMP="1157726020">9/8/2006 9:59 AM</FIELD>
  <FIELD NAME="MARITAL_STATUS_PATIENT">
</FIELD>
  <FIELD NAME="MEDICAL_RECORD_NUMBER" TIMESTAMP="1157725157" RECO_CONF="0">110556</FIELD>
  <FIELD NAME="NAME_OF_EMPLOYER">0</FIELD>
  <FIELD NAME="OCCUPATION" TIMESTAMP="1157725157">1</FIELD>
  <FIELD NAME="OCRTime Stamp" TIMESTAMP="1157725160">9/8/2006 10:19 AM</FIELD>
  <FIELD NAME="PATIENT_NAME" TIMESTAMP="1157725157" RECO_CONF="0">CHARLES BROES</FIELD>
  <FIELD NAME="PERSON_TO_NOTIFY_EMERGENCY" TIMESTAMP="1157725157" RECO_CONF="0">TANIA</FIELD>
  <FIELD NAME="PHONE_NUMBER_EMERGENCY_CONTACT">
</FIELD>
  <FIELD NAME="PHYSICIAN_NAME" TIMESTAMP="1157725157" RECO_CONF="0">FRIST</FIELD>
  <FIELD NAME="PRIMARY_INSURANCE" TIMESTAMP="1157725157" RECO_CONF="0">ALLSTATE</FIELD>
  <FIELD NAME="PRIMARY_INSURER">
</FIELD>
  <FIELD NAME="PRIME_INSURANCE_GROUP_NUMBER">
</FIELD>
  <FIELD NAME="PRIME_INSURANCE_POLICY_NUMBER" TIMESTAMP="1157725158" RECO_CONF="0">1234567</FIELD>

```

Hand Written Data
Already Available
as XML

Microsoft Access

File Edit View Insert Format Records Tools Window Help

Type a question for help

pr : Table

| | ADDRESS_PRIMARY_I | CITY_PATIENT | CONTACT_PEF | CURRENT_ADDRE | DATE | DATE_OF_BIRT | DATE_OF_BIRT | DATE_OF_INJU | EMAIL_ADDRE |
|---|-------------------|--------------|-------------|----------------|----------|--------------|--------------|--------------|-------------|
| + | CHARLES BROES | TAMPA | 1 | 123 PEL1CAN WA | 9/8/2006 | 3/13/1955 | | | |
| + | ROBERT LETZ | TAMPA | 0 | 123 ANY ST | 1/5/2007 | 11/5/1956 | | 1/2/2006 | |

Record: 3 of 3

Datasheet View

NUM

8:44 AM

Hand Written Data Already Available for ODBC

Rover Tech Fusions - Demo Form

Select Form Type: Patient Registration Refresh

Medical Record Number (all) Patient Name (all)

Date From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007

DOB From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007

| Date | Medical Record Nu... | DOB |
|----------|----------------------|-----------|
| 9/8/2006 | 110556 | 3/13/1955 |
| 1/5/2007 | 15 7 | 11/5/1956 |

Ocr Ink PDF Access CSV XML Attachments

FrontalXR Plain Film

Axial CT withcontrast

Oblique IVP-IVU

ERECT

R 125

8:46 AM

Add Images or Other Attachments

Rover Tech Fusions - Demo Form

Select Form Type: Patient Registration Refresh about

Date From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007 Medical Record Number: (all)

DOB From: Wednesday, February 07, 2007 Until: Wednesday, February 07, 2007 Patient Name: (all)

| Date | Medical Record Nu... | DOB |
|----------|----------------------|-----------|
| 9/8/2006 | 110556 | 3/13/1955 |
| 1/5/2007 | 157 | 11/5/1956 |

Ocr Ink PDF Access CSV XML Attachments

<< Back Forward >> | Print Email | Begin Time Stamp: 9/8/2006 9:58 AM End Time Stamp: 9/8/2006 9:59 AM | Play

Record voice annotation

USB Audio Device

Start Recording Stop Recording

PATIENT REGISTRATION INFORMATION

Date: 09/08/06 Medical Record #: 110556 Date of Birth: 03/13/1955 Male Female

First Name: CHARLES BROES

Current Address (Number and Street): 123 PELICAN WAY

City: TAMPA State: FL Zip Code: 33607 Social Security #: 119-01-1234

Telephone: 713-456-9112 Primary Physician Name: ERIST

Employer: CYBERMEDX Occupation: CEO Work Phone Number: 813-456-7978

Marital Status: Married Single Divorced Separated Widowed

Spouse Name (please print): _____ Social Security #: _____ Date of Birth: ____/____/____

Person to notify in case of emergency: TAMCA Home phone: _____ Relationship: _____

Primary Insurance: ALLSTATE Address (Number and Street): _____ City: _____ State: _____ Zip Code: _____

Policy #: 1234567 Telephone: _____ Group #: _____

Source Name (Primary Insurance): _____

Secondary Insurance: _____

Address (Number and Street): _____ City: _____ State: _____ Zip Code: _____

Policy #: _____ Telephone: _____ Group #: _____

Source Name (Secondary Insurance): _____

If work related injury, please fill out the following information.

Contact Person: *[Signature]* Name of employer at time of injury: _____

Address (Number and Street): _____ City: _____ State: _____ Zip Code: _____

Date of accident/injury: ____/____/____ Name of insurance company: _____

PatentLive CHECK HERE TO COMPLETE FORM

Add Voice for Transcription or As Time Goes On So Does Voice to Text Technology

PatienTree Presents



RxSEALSM

Prescription Security FilmSM

What is PatientTree RXSeal

THE METHOD FOR ACCURATELY POSITIONING TRANSPARENT ADHESIVE HOLLOGRAPHIC/NON-HOLLOGRAPHIC SECURITY FILM OVERLAY ON PHARMACEUTICAL PRESCRIPTION SHEET TO MECHANICALLY PROTECT AND PREVENT FRAUDULENT ALTERATION OF PRESCRIPTION INFORMATION.



Rover Technology Fusions

Why PatientTree RXSeal

THE ILLICIT MANUFACTURING AND PRINTING OF HIGH QUALITY PRESCRIPTION DRUG FORMS AND ALTERATION OF LICIT PRESCRIPTION INFORMATION INCLUDING DRUG NAME, QUANTITY AND PRESCRIBED-TO NAME IS A GROWING NATIONAL PROBLEM.

DUE TO THE HECTIC WORK ENVIRONMENT OF MOST PHARMACIES, THE ABILITY TO IMMEDIATELY DIFFERENTIATE BETWEEN LICIT AND ILLICIT PRESCRIPTIONS FOR CLASS II AND NARCOTIC PHARMACEUTICALS IS NEARLY IMPOSSIBLE.

Rover

The PatientTree Solution RXSeal

PROVIDE THE PHYSICIAN WITH A “FIRST LINE OF DEFENSE” AGAINST PRESCRIPTION FRAUD AND ALTERATION BY DENYING ACCESS TO CRITICAL INFORMATION PRINTED ON A PRESCRIPTION FORM.

PROVIDE A “SECOND LINE OF DEFENSE” TO THE PHARMACIST ALLOWING FOR IMMEDIATE VISUAL DETERMINATION OF PRESCRIPTION INTEGRITY AND/OR ATTEMPTS TO ALTER SECURED PRESCRIPTION INFORMATION.



Rover Technology Fusions

The PatientTree RXSeal Opportunities

Provide a Web Portal for Secured Access by:

Consumers – Consumer EHR with Prescription History

Doctors – Provide Financial Incentives, Reduce Liability

Insurers – Provide Database Mining for Compliance

Big Pharma – Provide Database Mining for Marketing

Pharmacist – Insure Imaging Compliance, Reduce Fraud

Government

– Reduce Fraud, Liability, Enhance Compliance

Advertisers – Opportunity!



Rover Technology Fusions

Security Film



Film Avoids Washing Alterations,

Check to Start

9625 Wes Kearney Way, Riverview, Florida 33569 813.699.1112
DEA No. R0V3R2006

First Name: **A S H L E Y**

Last Name: **R O G G E T T**

Age: **23** Date of Birth: **04 / 28 / 1983**

Phone: **(813) 699-1112**

Rx

[Handwritten Signature]

Quantity: **10** # of Refills: **2** Units: **5** Volume: **MG**
(cc; mg/ml)

Do not substitute

[Handwritten Signature]

Doctor Signature: _____ Date: **8/1/06**

FovcLink
Rover Technology Fusions



to download the image to your local hard drive, right click on the image and choose "Save Picture As"

Check to Start

9625 Was Kearney Way, Riverview, Florida 33569 813.699.1112
DEA No. R0V3R2006

First Name: B o b

Last Name: L e t z

Age: 5 0 Date of Birth: 1 1 / 0 5 / 1 9 5 6

Address:



Quantity: 10 # of Refills: 1 Units: 2

Do not substitute

Doctor Signature: [Handwritten Signature] Date: 7/24/06

