TSCN / THE THIRD OPTION

Stay independent. Stop operating alone.

BUILT FOR PRIVATE PRACTICE

Chiropractors • Acupuncturists • Physical Therapists
MRI Centers • Pain Management • Pain Psychologists
Orthopedic Surgeons • Neurosurgeons • Orthopedic Spine Surgeons

Remain independent. Coordinate care. Grow together.

THE FOUR PILLARS

1. **Collective Marketing**
   Generate demand no practice can build alone.
2. **Care Coordination**
   Connect intake, records, scheduling and follow-up.
3. **Care Loops**
   Track every handoff and next step to closure.
4. **Fair Referral Engine**
   Route by need, geography and availability.

WHAT IS AT STAKE

Private practice is being engineered out of existence.

OPTION 1 / FRAGMENTATION

Independent—but isolated.

Each practice carries marketing, IT, referrals and follow-up alone.

Autonomy without leverage.

OPTION 2 / CONSOLIDATION

Infrastructure—but less control.

Ownership, identity and decision-making move away from the practice.

Leverage at the cost of independence.

OPTION 3 / TSCN

Independent + coordinated.

Shared infrastructure. Shared reach.
No sale. No employment. No surrender.

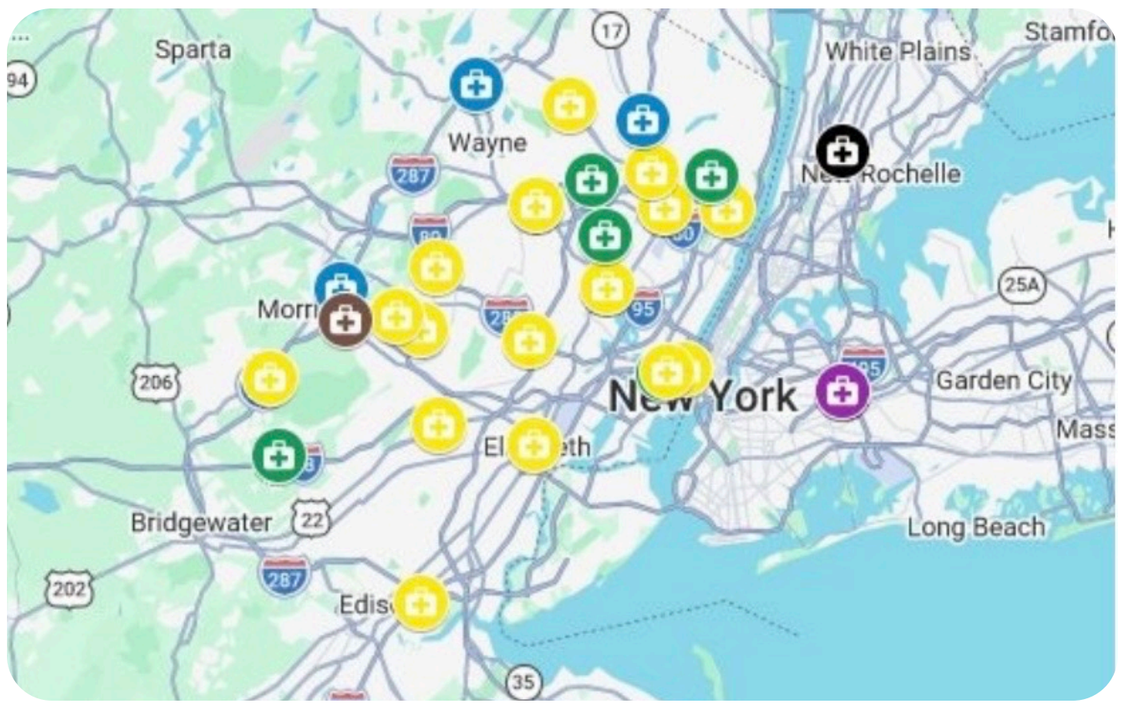
The Third Option.

AND WITH IT, OUR PROFESSION.

HOW THE THIRD OPTION WORKS

A system for coordinated patient flow that rivals or exceeds that of any large corporate healthcare system.

1. **PATIENT DEMAND** — Collective marketing
2. **FAIR MATCH** — Need • location • availability
3. **CONNECTED CARE TEAM** — Every needed discipline
4. **TRACKED HANDOFFS** — Patients stop being messengers
5. **CLOSED CARE LOOP** — Every next step has an owner



THE THIRD OPTION EXISTS NOW

Independent practices across New York and New Jersey.

A real regional network—connecting medical, surgical, imaging, therapy and behavioral care.

- **More patient access**
- **Trusted partners across disciplines**
- **Fewer dropped referrals and handoffs**

WHAT THE THIRD OPTION CHANGES

We share infrastructure—not ownership.

Collective Reach
Generate patients together.
Stay locally independent.

Coordinated Care
Connect every handoff.
Reduce avoidable gaps.

Fair Distribution
Match openly and logically.
No sale of referrals.

Closed Care Loops
See status and next steps.
Know when care closes.

WHAT REMAINS YOURS

Your ownership • Your clinical judgment • Your patient relationships • Your professional identity

Every member remains independent. Every treating provider remains responsible for the care they deliver.

Not fragmentation. Not consolidation. The Third Option.

Independent ownership • Clinical autonomy • Patient choice • Fair, auditable routing

TSCN / THE THIRD OPTION

What membership costs, and exactly how it is built.

You buy services - coordinator time and advertising. Fees never depend on referrals or patient value. New members pay a one-time $300 onboarding and commitment fee. Paid CC and CM subscriptions have a three-month minimum; rates may be reviewed every three months with prior written agreement.

Out of many, one medical. E PLURIBUS UNUM

THREE WAYS TO PARTICIPATE

AFFILIATE / OBSERVER

$300

One-time onboarding and commitment fee
No monthly subscription

Network information and a channel to submit a patient into the system.

- Open to any licensed doctor
- Referring is never a condition
- Access is never withdrawn for not referring

COORDINATION & ADMIN SUPPORT

$350

per month — the same in every specialty

One block of ten hours of managed care coordinator time, working to you, on our platform.

- Ten managed coordinator hours
- Platform, HIPAA compliance and records ($49 of the $350)
- In the member referral pathways
- No advertising

COORDINATION + MARKETING

From $600

$350 + a marketing block · advertising plus 18% management

Everything above, plus advertising sized to pursue one new patient a month from marketing alone.

- Media is passed through at cost
- 18% campaign management ($50 minimum)
- Buy a second block to pursue two
- You choose how many blocks

WHAT A MARKETING BLOCK COSTS, BY DOCTOR GROUP

One reason the price differs: Google charges more for some searches.

Doctor group	Advertising (at cost)	Management (18%, $50 min.)	Marketing block	Total per month
Conservative & Primary Care Physical Therapy · Chiropractic · Podiatry · Psychologist · Family Practice · Internal Medicine · Nurse Practitioner	$200	$50	**$250**	**$600**
Medical Specialist Rheumatology	$356	$64	**$420**	**$770**
Neuro & Rehabilitation Neurology · Physiatry (PM&R)	$424	$76	**$500**	**$850**
Interventional Pain Management	$720	$130	**$850**	**$1,200**
Surgical Surgical search terms are the most expensive in the auction — two surgical groups				
Orthopedic Surgery Non-spine	$1,297	$233	**$1,530**	**$1,880**
Spine & Neurosurgery Orthopedic Spine Surgery · Neurosurgery	$3,517	$633	**$4,150**	**$4,500**

Advertising and campaign management are shown separately in the table. The separate $300 onboarding and commitment fee applies to all new members. CC and CM units are independent: monthly total = CC units x $350 + CM units x the specialty Marketing block rate. The Total per month column already includes one CC unit.

Flat fees and round numbers. Doctors whose advertising costs nearly the same are grouped and pay one flat fee per group. Every fee is rounded to the nearest $10. Any difference between the flat or rounded fee and our cost goes into **more advertising for you**, never to TSCN — and management stays 18% of the advertising actually bought.

WHAT THE FEE NEVER DOES

Never pays for a referral

No component references the count, value or direction of any referral — sent, received or expected.

Never moves with your volume

Send fifty referrals or none. Receive fifty or none. The invoice is identical.

Never varies by your revenue

No percentage of collections.
No per-patient or success fee.
One-time onboarding fee: $300.

Never punishes a decision

Clinical choices do not change fees.
The initial three-month service minimum applies.

Three-month minimum. Review every three months.

Paid service fees are fixed for the initial three months. You may change or cancel after three months. Rate or unit changes require advance written agreement and apply prospectively. Fees never depend on referral volume or professional revenue.