LIFESPANMD

LIFESPANMD ANNUAL PHYSICIAN PARTNER SUMMIT | 2026

Scaling Excellence. Preserving Entrepreneurship.

LifeSpanMD | October 17, 2026

LIFESPAN MD

The Day at a Glance

01	**Chairman Welcome**	Greg Williams	8:30am – 9:00am
02	**CEO State of the Business & Vision of the Future**	Harrison Bane	9:00am – 10:00am
	Break	*All*	10:00am – 10:15am
03	**Meet the New Partners**	New Partners	10:15am – 11:15am
04	**Operational Review**	Brittany Kaufman	11:15am – 11:45am
05	**Corporate Partnerships**	Harrison Bane	11:45am – 12:15pm
06	**Legal & Compliance**	Aaron Kanter	12:15pm – 12:45pm
	Lunch	*All*	12:45pm – 1:45pm
07	**Financial Review**	John McSweeney	1:45pm – 2:15pm
08	**Invisible AI Update**	Jim DeYonker & Invisible	2:15pm – 3:00pm
09	**Peptides**	Dr. Dominique Fradin-Read	3:00pm – 3:30pm
	Break	*All*	3:30pm – 3:45pm
10	**LifeSpanMD Breast and Imaging Center**	Jason DeYonker & Harrison Bane	3:45pm – 4:00pm
11	**Partner Connection Breakouts**	Physician Partners	4:00pm – 5:00pm
12	**Awards & Partner Dinner**	All	6:30pm

SECTION 01 · OPENING

CHAIRMAN WELCOME

GREG WILLIAMS · FOUNDER & BOARD MEMBER

One Partnership



SECTION 02 · VISION

CEO STATE OF THE BUSINESS & VISION FOR THE FUTURE

HARRISON BANE · CHIEF EXECUTIVE OFFICER

Our Growing Partnership

2022



Our Growing Partnership

2022

2023





Our Growing Partnership

2022 2023 **2024**



Our Growing Partnership

2022 2023 2024 **2025**



Our Growing Partnership

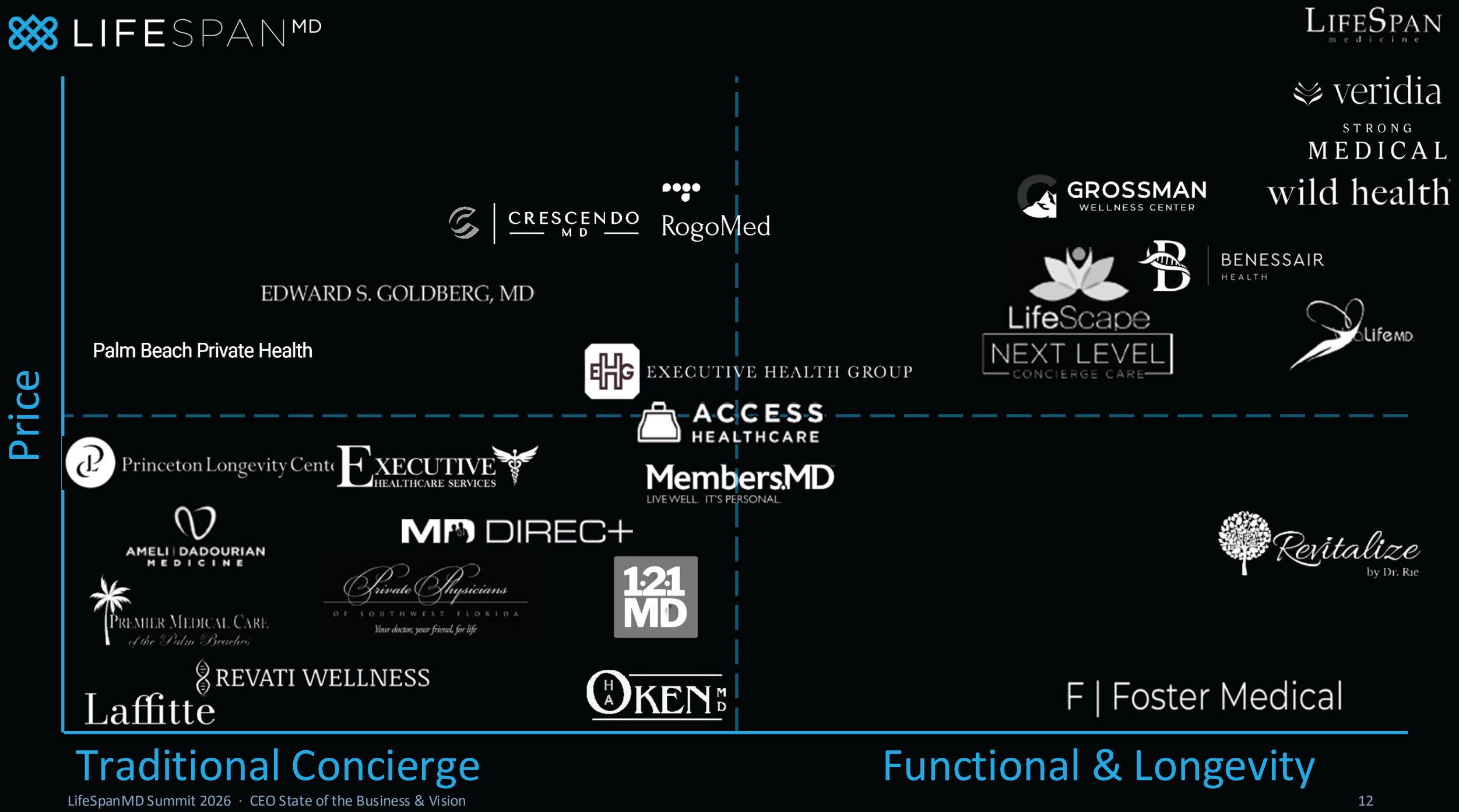
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2022 2023 2024 2025 **2026**



One LifeSpanMD




LIFESPAN MD
LIFESPAN medicine
veridia
STRONG MEDICAL
wild health
GROSSMAN WELLNESS CENTER
CRESCENDO MD
RogoMed
BENESSAIR HEALTH
EDWARD S. GOLDBERG, MD
LifeScape
NEXT LEVEL CONCIERGE CARE
LifeMD
Palm Beach Private Health
EXECUTIVE HEALTH GROUP
ACCESS HEALTHCARE
Princeton Longevity Center
EXECUTIVE HEALTHCARE SERVICES
MembersMD
LIVE WELL. IT'S PERSONAL.
AMELI | DADOURIAN MEDICINE
MD DIRECT+
Revitalize by Dr. Rie
Private Physicians OF SOUTHWEST FLORIDA
Your doctor, your friend, for life
1.21 MD
PREMIER MEDICAL CARE of the Palm Beaches
REVATI WELLNESS
Laffitte
HA OKEN MD
F | Foster Medical
Price
Traditional Concierge
Functional & Longevity

Growing the Network

NEW PARTNERS

Since our Summit in 2025, we have officially added the following new partners:

- STRONG MEDICAL — *Nat'l – Jan'26*
- RogoMed — *Tel Aviv, Israel – Jun'26*
- HOKEN MD — *Columbia, MD – Jul'26*
- Revitalize by Dr. Rie — *Fort Meyers, FL – Jul'26*
- veridia — *NYC – Jul'26*
- 121 MD — *Fort Worth, TX – Jul'26*
- GROSSMAN WELLNESS CENTER — *Denver & Aspen, CO – Sep'26*
- CRESCENDO MD — *Portola Valley, CA – Nov'26*

NEW LOCATIONS

Opened and under development:

- ACCESS HEALTHCARE — *John's Island, SC – Spring 2026*
- Princeton Longevity Center — *Miami, FL – Winter 2027*
- MD DIRECT+ — *Toronto, CA – Summer 2026*
- LIFESPAN MD BREAST CENTER — *West Palm Beach, FL – Fall 2026*

M&A Updates

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THE M&A WATERFALL *(2026 YTD)*

PRACTICES EVALUATED	234
INITIAL MEETINGS	95
OFFERS MADE	12
CLOSED + LOI	8

- Looking ahead, our pipeline for continued M&A activity remains strong with an additional $65+ million EBITDA of “live” transactions that we are currently in various stages of diligence
- Reasons for “passing” on a practice are due primarily “lack of fit” with our model and/or our vision; lack of growth track record and/or prospects; personality dynamics
- Our **most attractive leads** come from **referrals from our physician-partners** and our collective network

GEOGRAPHIES OF HIGH PRIORITY FOCUS AREAS

Boston, Nashville, Houston, St Louis, Chicago, Atlanta, Detroit Metro Area, Charlotte, Greenwich CT, Long Island NY, Philadelphia, and South Florida

International practices & clinics: London, Switzerland, and Dubai

Initial Priorities: MSO 2.0

Listen and Learn from you

Professionalize and co-create consistency and scalability in our infrastructure — “the toolbox” and service offerings

Define and bring clarity to roles, responsibilities, and capabilities

Execute on development pipeline and ongoing partnership strategy

Establish Physicians Advisory Council

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The year in review: **how well did we deliver?**

WOULD YOU RECOMMEND US?

+88

Net Promoter Score. 16 of 17 partners scored us 9 or 10 when asked if they'd recommend LifeSpanMD to a colleague they respect.

VALUE, YEAR OVER YEAR

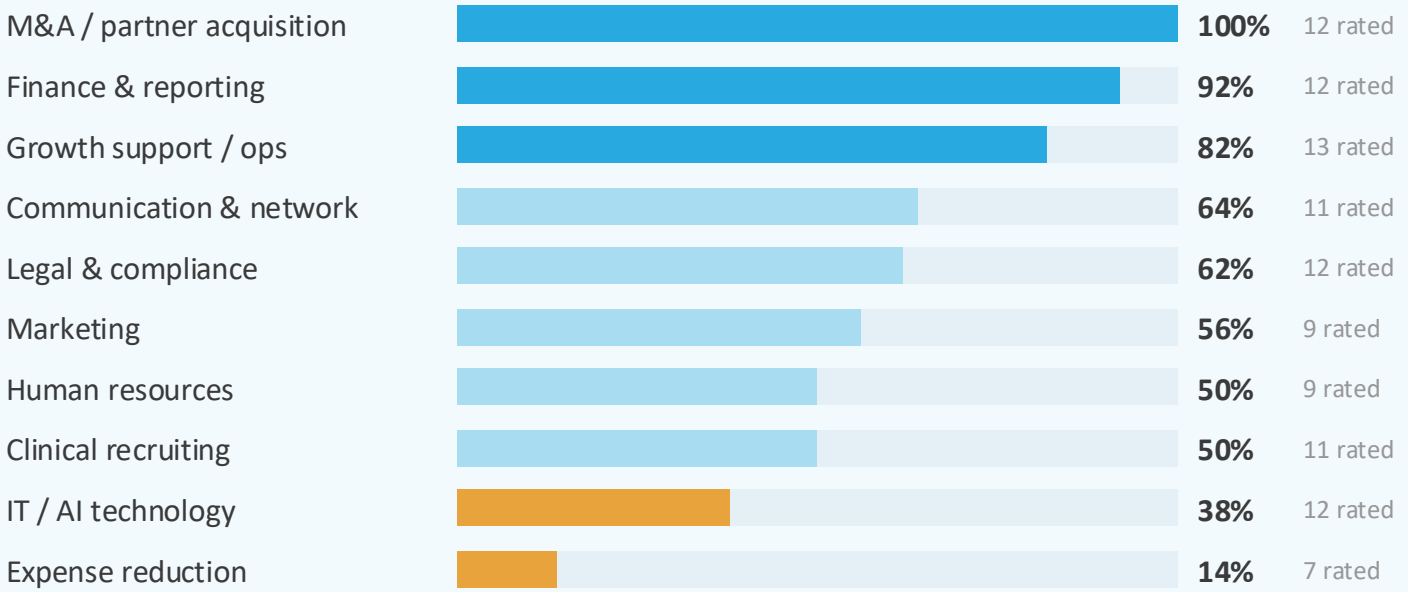
100%

as valuable or more.

Two-thirds: more.

Progress by area over the past 12 months

Share rating meaningful or substantial progress — among partners with a clear view into that area



Where we're strongest
M&A, finance and growth support: the building blocks of the platform are landing.

Done, but not yet seen
Half couldn't rate recruiting — yet it placed 11 physicians across 8 practices.

What we still have opportunity
Expense reduction and IT / AI trail everything else. These are next year's proof points.

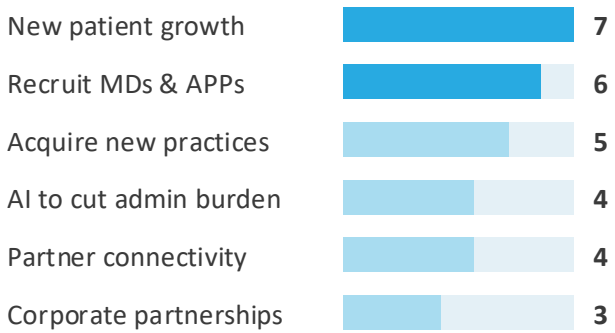
Source: LifeSpanMD Summit 2026 partner survey, Sept 4–14, 2026. 17 partners responded (12 returning, 5 first-year). Responses shown in aggregate.

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The year ahead: **what you asked us to build**

WHERE TO INVEST

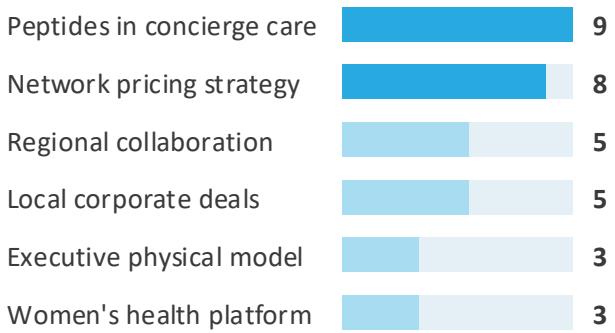
If we could fund only two



12 of 17 put a grow-the-practices-we-have bet in their top two. First-year partners lean AI: 3 of 5 chose it.

WHERE TO GO DEEP

Breakouts worth your time



Two clear front-runners. Peptides and pricing each drew about half the room — the rest split evenly.

WHY YOU'RE HERE

What makes the trip worth it

11 of 17

said each other — peers, their models, their playbooks.

5 want a clear view of where LifeSpanMD is headed

3 want practical tools to take home

Open-text answers coded by theme; some overlap.

HOW TODAY ANSWERS IT

Each other
Meet the Partners · roundtables · regional sessions

Direction
CEO welcome · State of the Business

Growth & recruiting
Financial & Operational Review

AI & admin burden
Invisible AI update + Q&A

Go deep
Peptides and network pricing breakouts

WHY NOW

Healthcare is coming our way.

The system is finally moving toward what our physicians have always done.

01

Funding fatigue

Employers and families are done paying more for less.

02

Whole health

Chronic disease is pushing care upstream, toward prevention and longevity.

03

Aggregators' advantage

Scale now wins. A collective of independent physicians is scale.

SICK CARE → LIFELONG HEALTH

POSITIONING

Not Just Another Roll-Up

How the LifeSpanMD partnership model differs from a traditional concierge roll-up

TRADITIONAL CONCIERGE ROLL-UP	LIFESPANMD OPPORTUNITY
Primary care focused	**Concierge + longevity + preventive medicine**
Practice acquisition	**Physician partnership model**
Centralized MSO	**Physician-led infrastructure**
Consumer acquisition	**Physician referrals + employer distribution**
Basic technology	**Invisible AI / Practice 360**
Individual memberships	**Corporate partnerships + executive health**
Geographic network	**Potential national physician alliance**
Operational consolidation	**Preserve entrepreneurial physician ownership**

THE FORK

Everyone sees it.
The question is who will define it.

The smart money is arriving. A consumer-brand private equity firm bought the #2 concierge network in 2026.



PATH 01

Employ you

Institutes and health systems hire the physician. The brand owns the patient relationship.

- ○ Own your practice
- ○ Stake in the platform



PATH 02

License you

Affiliate networks rent you a brand and a playbook. You keep the practice, not the upside.

- ● Own your practice
- ○ Stake in the platform



PATH 03 · LIFESPANMD

Partner with you

You own your practice and share in the platform you're helping build.

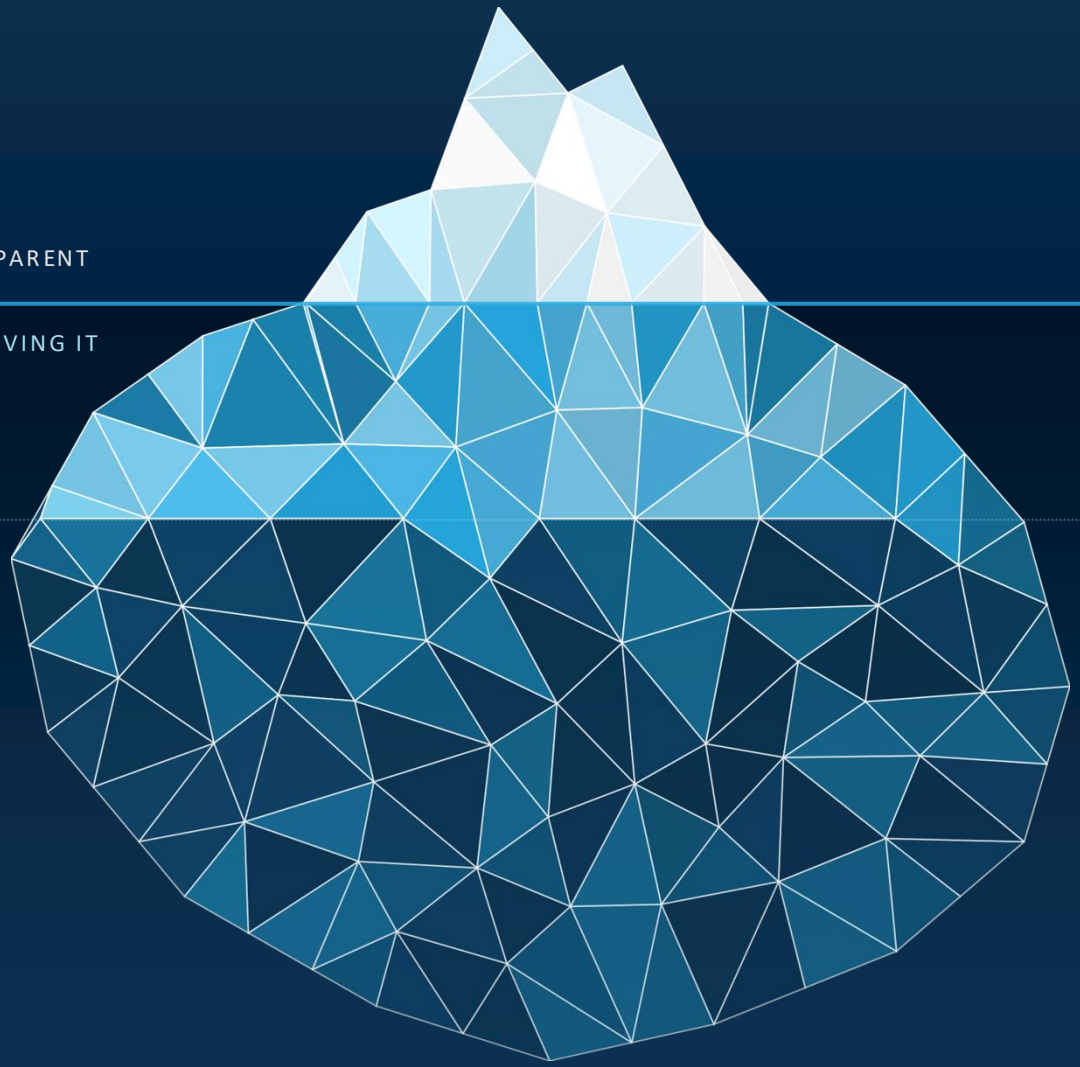
- ● Own your practice
- ● Stake in the platform

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Most of our value sits below the surface

WHAT'S APPARENT

WHAT'S DRIVING IT



TOP-LINE GROWTH

Patient acquisition

Clinical recruitment

New offerings & evolving preventive science

Corporate partnerships

MARGIN EXPANSION

Pricing strategy

Procurement at network scale

Org & workflow efficiencies

CAPITAL INVESTMENT

M&A · De novos · Equipment & Space

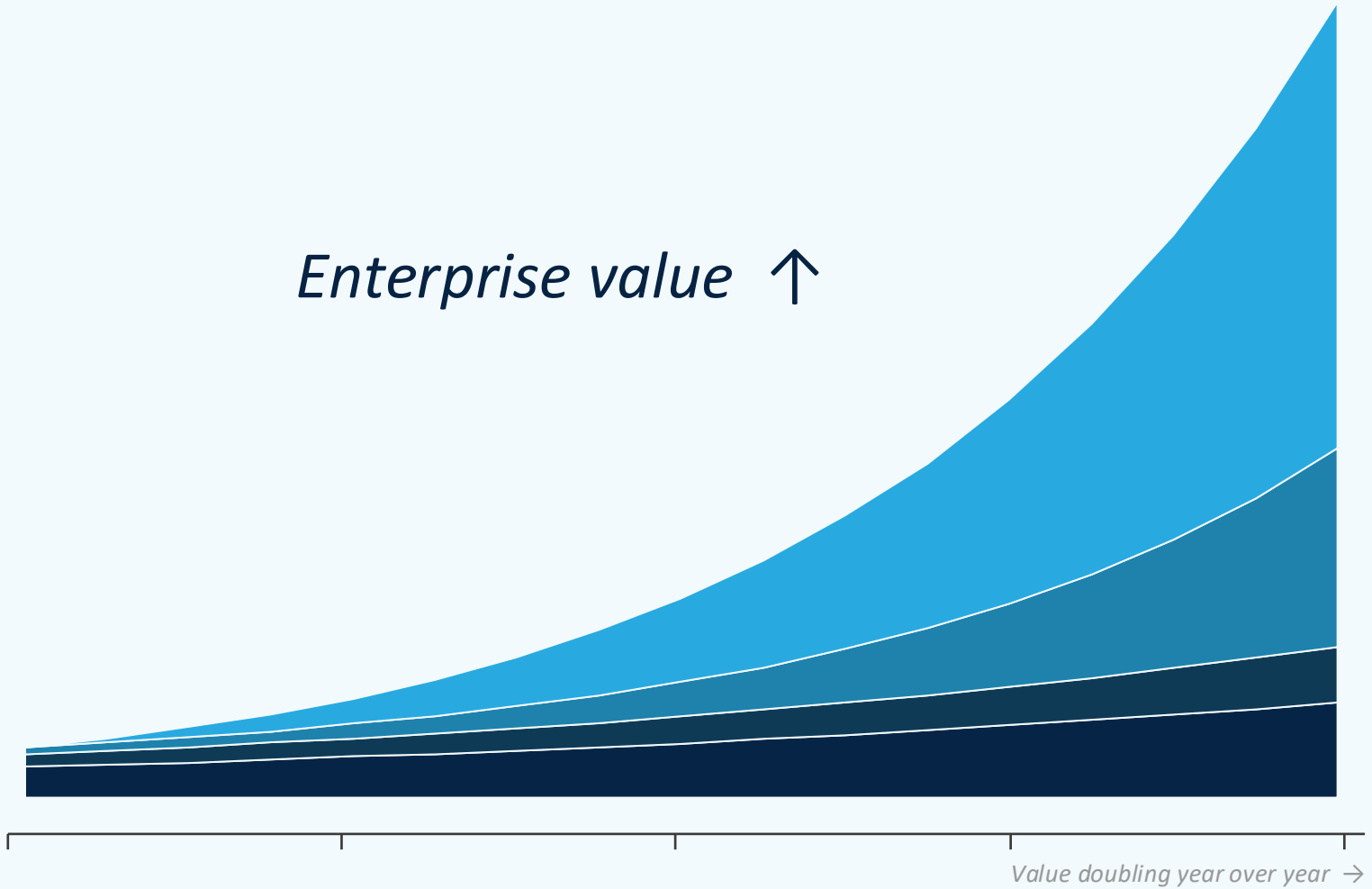
THE PLATFORM PREMIUM

The sum of the collective is greater than its parts.

A roll-up is valued as healthcare services. A scaled, differentiated, recurring-revenue platform — with technology and consumer-brand characteristics — attracts a fundamentally different investor universe.

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Growth that compounds as one platform



PLATFORM PREMIUM
Sum of the collective > its parts — a different investor universe

CAPITAL INVESTMENT
M&A · De novos · Equipment & Space

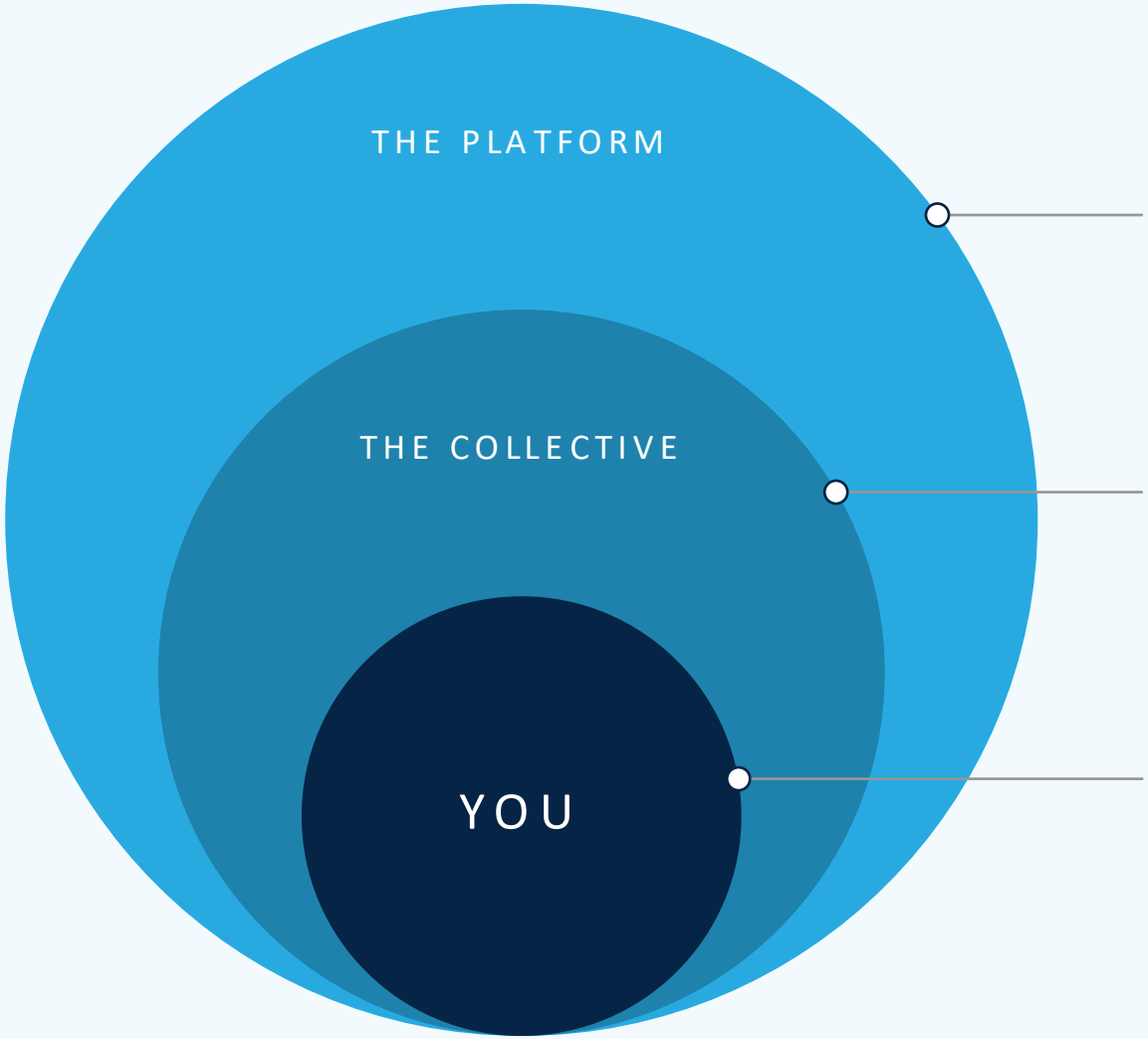
MARGIN EXPANSION
Pricing strategy · Procurement · Org & workflow efficiencies

TOP-LINE GROWTH
Patient acquisition · Clinical recruitment · New offerings & preventive science · Corporate Partnerships

A roll-up earns a services multiple.
A platform earns a different one.

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You, together, a movement.



THE PLATFORM

Built once, shared by all.

Infrastructure, Corporate partnerships, AI and data no practice could build alone.

THE COLLECTIVE

137 physicians in your corner.

Referrals, aggregate patients, and a peer to call when you need one.

YOU

Your name stays on the door.

Your practice, your patients, your equity, and a legacy to pass on.

Our Core Values.
One LifeSpanMD.



Entrepreneurial spirit

Accountable to each other & our members

We act with integrity, always

Respect the art and the science in medicine

Highest quality of care & experience



HOW GOOD CAN WE BECOME?

SCALING EXCELLENCE. PRESERVING ENTREPRENEURSHIP.

SECTION 04 · OPERATIONS

OPERATIONAL REVIEW

BRITTANY KAUFMAN, VICE PRESIDENT OF OPERATIONS

CLINICAL RECRUITING

- This year’s placements and key learnings
- Maturing our recruitment function



Clinical Recruiting

WHERE WE ARE

Recruiting is working.
Now we make it repeatable.

11 of 16 searches filled across 8 practices

61 days median to accepted offer

125 days median to start date

WHO WE PLACED



6 mid-career **4 founder successors** 1 next-gen

KEY LEARNINGS

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01 Three physician search personas
Next-gen, mid-career transitioner and founder successor each need their own search path.

02 Founder-led search wins
It has to match clinical philosophy and personality, not just credentials.

03 Medicare opt-out is the hidden hurdle
Hard to navigate for part-timers and it delays productivity. Solve it before the offer.

IN THE TOOLBOX TODAY

- Profile at req open
- Warm-network map
- Next-gen pipeline
- Comp & contracting
- External recruiter

Clinical Recruiting

WHERE PHYSICIANS COME FROM

The best recruiters in this network are in this room.

THE ASK

Tell us who you know.

SOURCING HIERARCHY

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THIS ROOM

1

TIER 1

Founder's 1°–2° network

Colleagues, fellowship peers, residency cohorts, shared-interest connections.

HIGHEST

2

TIER 2

LSMD physician referrals

Our physicians know who would thrive in this model.

HIGH

3

TIER 3

Targeted networks

IFM, Longevity Docs, Koniver, alumni groups, military medicine, fellowships.

MEDIUM

4

TIER 4

Outreach & external recruiter

Cold sourcing, LinkedIn, conferences, competing groups.

VARIABLE

Clinical Recruiting

RECRUITING 2.0

Founder-led.
Network-powered.

HOW WE PRIORITIZE

- Does it give physicians time back?
- Does it make someone stay?
- Can we build it before we buy it?

AREAS OF FOCUS

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FIND

Build the pipeline

- Warm-network maps
- Next-gen pipeline
- Channel partners

CLOSE

No one negotiates alone

- Profile at req open
- One offer framework
- Opt-out & contracts

KEEP

Worth staying for

- Structured first 90 days
- Mentor for every hire
- Network benefits

A real path to partnership

Junior partner and founder-successor pathways: how a younger physician sees a future here, and a founder shares what they built.

STRATEGIC PRICING

- Pricing across the partnership and its strategic relationship to retention and physician capacity
- Change management approaches



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The metrics **that matter.**

One scorecard, every practice, every month included in your Financial Package.

TOTAL MEMBERS

17,572

+2.9% panel growth YTD

Active members on a plan at month end.

NET RETENTION · 12 MO

104.8%

Median practice 102.6%

Today's panel ÷ the panel 12 months ago. Includes new patients.

EXISTING RETENTION · 12 MO

89.0%

Median practice 92.2%

Share of last year's patients still with the practice. New patients excluded.

PRICE REALIZATION

76.8%

Median practice 80.5%

Average price actually paid ÷ today's list price.

PRICING ON REPLACEMENT

+15%

Median practice

What a new patient pays vs. the patient who left.

PATIENTS PER PROVIDER

218

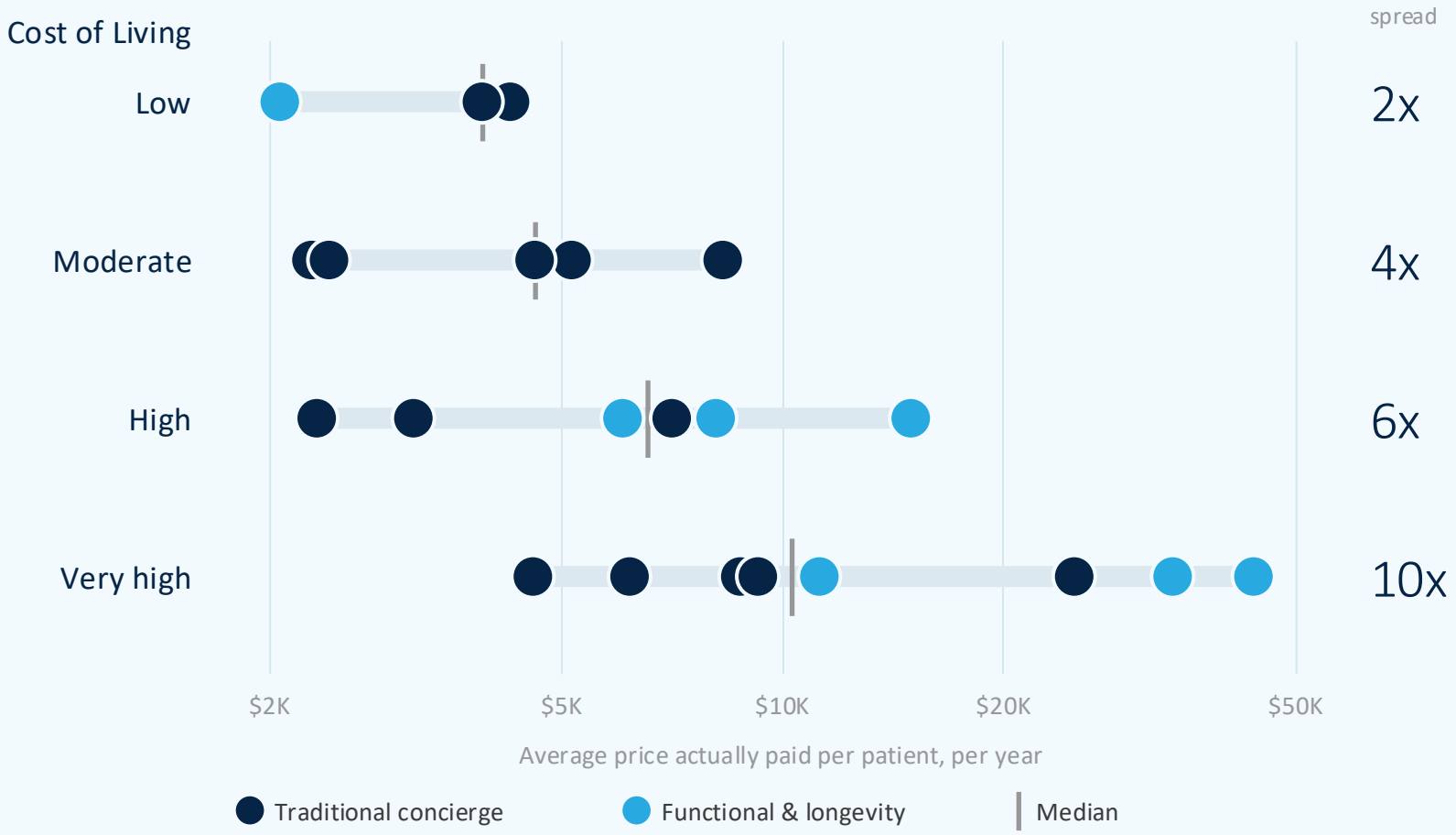
Median practice 266

Panel size per physician — the capacity lens.

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Geography sets the floor. **Positioning sets the ceiling.**

The median price roughly doubles from the lowest- to the highest-cost markets. Inside a single market, practices are up to 10x apart.



WHAT MOVES PRICE

Who you serve

Access and relationship buyers vs. optimization and longevity buyers — different personas, different willingness to pay.

How exclusive you are

Small, intimate panels command the top of every market — traditional or functional.

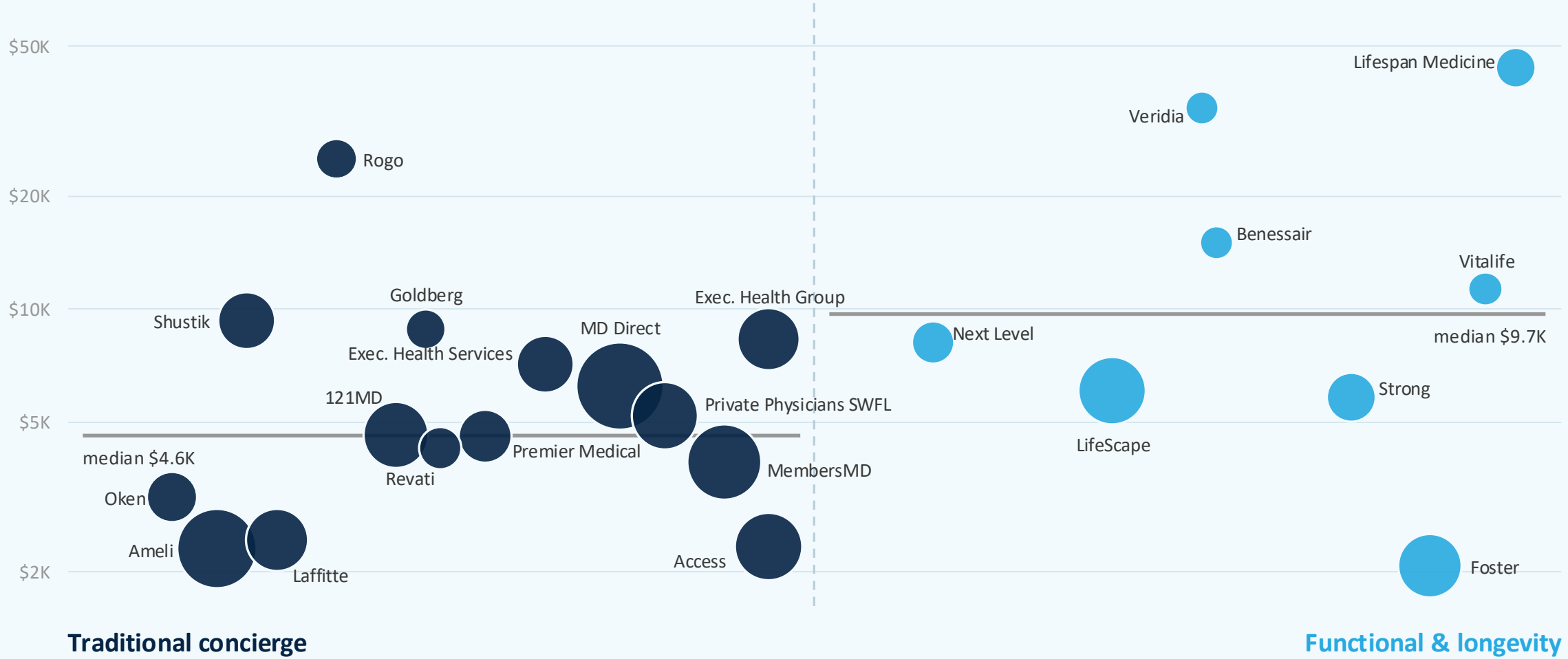
Where you are

Sets the floor. Higher-cost markets allow a wider range of prices, not a higher price for everyone.

Each dot is one partner practice (unlabeled), n = 16. Source: LSMD retention database Aug-26 (average price per patient at current plan mix); cost-of-living tiers per the LSMD pricing assessment benchmark. Log scale.

Where our practices **actually price.**

Average price paid per patient, placed on the traditional-to-functional positioning map. Bubble size = panel size.



Aug-26 retention database (average price per patient at current plan mix); horizontal placement from the 6.4.26 positioning slide; log scale. Not shown (no price data): Wild Health, Revitalize, Grossman, PLC.

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Pricing is a tool for **protecting physician time**

01 FOUNDER & SENIOR-PHYSICIAN PRICING

A founder premium is how a practice grows without burning out its founder.

1. Founder's rate goes up
2. Some patients choose an associate — and stay in the practice
3. New physician's panel fills faster
4. Founder keeps an intimate panel, with time to mentor and lead

Examples already in place across the platform

1.4x	1.5x	1.7x	2.1x
EHG	LifeScape	Lifespan Medicine	MembersMD

02 Fewer, clearer tiers

A simple good / better / best menu gives patients a clear way up — and keeps billing and front-desk conversations easy.

03 Legacy beats sticker price

The biggest dollars sit in the existing book, not in the price new patients see.

04 Make increases routine

When patients expect a modest annual adjustment, like a cost-of-living increase, change is a non-event.

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Know your number. **Then decide what it should be.**

Each tile is one partner practice — anonymous, sorted high to low.

99%	97%	96%	95%	94%	92%	89%
85%	84%	83%	81%	79%	69%	68%
67%	56%	48%	46%	39%		

WHY PATIENTS LEAVE · JAN–AUG 2026



Moving costs us more patients than price does — and it's the loss our network can fix.

Success looks like "moved" ⟶ "transferred to another LSMD practice"

BUILT FOR YOU — ASK US

Pricing database
Every partner plan, price and plan inclusion, side by side.

Pricing assessment
Benchmarks, competitive landscape and a recommendation for your market.

Scenario modeling
Price, leakage and panel scenarios against your actuals — before you decide.

Retention scorecard
Your realization, retention and replacement pricing, every month.

CORPORATE PARTNERSHIPS

- National strategy and account spotlight
- New investments in the Sales Engine
- Partner round table



NATIONAL

Corporate Partnerships

Our scale unlocks elite executive care.

28 partner practices

125 providers

36 offices



WHO

Corporate benefits, wealth & banking, local anchors

HOW

White-glove matchmaking: the right physician for every executive

PROOF

Measured outcomes that sell the next contract



UP NEXT

GOING GLOBAL

1. Ambitions to serve global organizations
2. Shared membership access at multiple partners

Caring for Executives as
‘One’ LifeSpanMD

National Corporations: Market Proof Points.

Revenue that impacts multiple partners with substantial top line performance across the portfolio.

Loenbro

LIVE · EFFECTIVE APRIL 2026

- 21 enrolled; executives and spouses.
- Dispersed across eight partner practices Next Level, Lifescape, Goldberg, Palm Beach Private Health, Executive Health Group, Wild Health and PLC
- Introduction of MSO Admin Fee
- The revenue lands with the partners

Shared Contact Value YTD

$530K

Since April 2026 Program Activation

M&T Bank

2027 · STARTS IN JANUARY

- Executives and spouses
- Physicals run through PLC or existing Cleveland Clinic relationship
- All longitudinal / Concierge Care moves to LifeSpanMD
- Measure benefits overtime to underwriting / self insurance
- Differentiator for top banking talent

Anticipated Value

$1.2M

Upon 36 Full Member Activation

THE VISION

Investing in a real **Sales engine**

Building an additional door powered by the LSMD platform



2026

Corporate partnerships
Employers, wealth management, local anchors

2027+

Individual patients
Every practice website, referral and campaign

BUILDING ONE FRONT DOOR
New leads, every brand, one intake

Shared tracking and intake across the whole network

WHITE-GLOVE MATCHMAKING
Concierge coordination and patient advocacy

Matched on location, patient needs/goals, philosophy of care, pricing

PRACTICE
Revenue lands with the partner

Pass off to practice operations/founder to support meet and greet, close

Your Existing Front door to Capture New Leads Stays in Place



Patient acquisition → partner growth

A shared resource **to support patient acquisition.**

One coordinated system for generating, capturing, and converting demand across the network.

CORPORATE PARTNERSHIPS

From the founder's seat: three approaches, sharing what worked and what didn't.

Dr. Joel Bessmer

Members MD

Founder

PARTNER-POWERED GROWTH

Securing the right corporate partnerships to supercharge smart growth strategies within your community.

Dr. Randy Baggesen

Executive Health Group

Founder

THE PITCH, PERFECTED

Decades of corporate partnerships, built one conversation at a time.

Andrea Lanza

Princeton Longevity Center

Director, Patient & Corporate Services

THE DIAGNOSTICS FRONT DOOR

Executive physicals and corporate relationships with tenure. Building a toolkit to launch programs efficiently & effectively.

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SECTION 06 · LEGAL & COMPLIANCE

LET'S MAKE SURE THE CONTRACT WORKS FOR YOU AND THE PATIENT

BUT FIRST LETS TALK ABOUT CYBER THREATS

Concierge medicine is a contractual relationship. The membership agreement sets fees, defines scope of care, and carries real regulatory exposure — Medicare, state insurance law, HIPAA, and consumer protection all intersect here.

THINGS TO CONSIDER TODAY

1. Fees & Included Services
2. Insurance & Medicare Disclaimers
3. Cancellation, Refund & Continuity
4. Privacy, State Law & Consent

1

FEES / SERVICES

Fee Structure & Included Services

- Itemize exactly what the membership fee includes — visit frequency, direct access, extended appointments, care coordination, testing.
- Clearly delineate what is NOT included — hospitalization and inpatient care, surgical procedures, prescription medications and pharmacy costs, emergency room or urgent care visits, and any services outside the agreement's defined scope.
- The fee terms should be clearly outlined — when is the fee charged (monthly or annual)? How are fee increases handled? Are renewals automatic?

THE TERMS OF THE AGREEMENT AND THE INFORMATION ON YOUR WEBSITE SHOULD CONFORM

If new services are added to your offerings, update the agreement right away. If the agreement purports to be a complete list of offerings — medical and non-medical — ensure that it's comprehensive.

2

COMPLIANCE

Insurance & Medicare Disclaimers

- The agreement must be clear that the membership fee is not insurance and does not replace it. Are unlimited visits an insurance product?
- If the physician has opted out of Medicare, include the required opt-out disclosures (see Required Elements slide).
- If not opted out, confirm the fee does **not** duplicate any Medicare-covered service.

> *Many states exclude retainer-based agreements from insurance regulation — but concierge practices should still reinforce the distinction between their practice and regular insurance in the agreement itself.*

Opting Out of Medicare

What a Medicare opt-out actually means for the physician and the beneficiary

1. The physician (or eligible practitioner) opts out of the Medicare program entirely for a defined period — not on a patient-by-patient basis. **Question: What about a new physician, NP's?**

2. During opt-out, Medicare pays nothing for that physician's services, directly or indirectly, for any beneficiary the physician has privately contracted with. Once elected, the opt-out is effective for a mandatory two-year period — the physician cannot revert to Medicare participation before that period ends.

3. Instead, the physician and beneficiary use a private contract: the beneficiary agrees to pay out-of-pocket and waives Medicare reimbursement for those services.

4. Opt-out is distinct from simply being “non-participating” — a non-participating physician still bills Medicare; an opted-out physician does not.

5. Opt-out applies to the opting-out physician or practitioner specifically. Moving practices during the defined period will not impact the opt-out.

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Required Elements of the Private Contract

Every contract governing a beneficiary's opted-out care must satisfy 42 CFR ⁄405.415

1. In writing and signed by the beneficiary (or legal representative) before any item or service is furnished
2. Not signed during a time of emergency or urgent health need
3. Identifies the specific item(s) or service(s) covered by the contract
4. States the beneficiary agrees to give up Medicare payment and pay the physician's charge without regard to Medicare limits
5. States the beneficiary understands no Medigap or other supplemental payment applies to these services
6. Applies only to non-emergency, non-urgent items and services
7. States the expected or known expiration date of the current 2-year opt-out period
8. Is entered into freely, applies to one physician (or group) at a time, and is not a condition of any other care

3

CANCELLATION & CONTINUITY

Cancellation, Refund & Continuity of Care

- Define how either party may terminate the relationship, with a clear notice period for the practice to cancel a patient's membership — this is the piece to get right. **Consider: Patient who does not pay, Patient who is difficult. What is continuity of care?**

- Address proration and refunds for any unused prepaid period.

- Outline the practice's obligations if the physician leaves, retires, or sells the practice — including a reasonable transition window and assistance finding a new provider — and address what happens on the patient's death or the physician's incapacity or departure.

4

PRIVACY

Privacy, State Law & Communication Consent

- Maintain a Notice of Privacy Practices that plainly describes how PHI is used and disclosed, the patient's rights (including how to complain), the practice's legal duty to protect it, and whom the patient can contact for information about the practice's privacy policy.
- Obtain express consent for email, text, and telehealth communication.
- Address any data-sharing with staff, labs, or partner providers.
- Provide a revised notice to patients within 60 days of a material revision.
- Practices which perform different types of covered functions may develop more than one notice if needed, with the goal of providing patients with the most specific notice possible.

PRIVACY & ARTIFICIAL INTELLIGENCE

THE WORLD HAS CHANGED

AND SO SHOULD YOUR PRACTICE'S AGREEMENTS AND POLICIES

TECHNOLOGY

Technology has changed how you practice medicine.

New tools bring new obligations — the agreements and policies that used to be enough may no longer cover what your practice is actually doing.

NEW REGULATION

More than a dozen states have passed their own AI-in-healthcare rules just this year, and states including California and Washington have led the charge in enacting comprehensive health data privacy laws.

Ensuring your practice's agreements and policies keep pace is crucial to protecting you, protecting your practice, and protecting your patients.

What Meaningful Consent Looks Like for AI Tools

Is PHI being used to train or improve an AI model?

If so, that fact should be disclosed to patients.

An effective AI disclosure statement should address the following:

(i)
Content affected

(ii)
Action taken by the AI

(iii)
Which AI tool specifically is being utilized

(iv)
The purpose of the AI tool

(v)
Confirmation of human oversight, and the form it takes

Build AI use into the patient agreement as a clear, specific disclosure — not a buried, general acknowledgment.

Example: AI & Training-Data Disclosure

- Clearly disclose the use of automated and AI processing, and whether a patient's PHI will be used to train AI models.

> *"We may use [AI Tool/Platform Name], an automated or artificial intelligence–based technology, to organize and summarize your medical information. Automated summaries may contain errors, omissions, or information presented without complete clinical context. Your care team reviews AI-generated summaries as part of routine practice, but automated summaries do not replace the professional judgment of your physician or other qualified healthcare professional. You should contact the Practice if information appears inaccurate, incomplete, or unclear, and should not change medications, treatment, or testing solely because of an automated summary."*

NO-TRAINING APPROACH

We do not use identifiable patient health information to train generalized artificial intelligence models.

OR

LIMITED-IMPROVEMENT APPROACH

We may use information to evaluate and improve our AI tools only as permitted by applicable law and our agreements with service providers. Identifiable health information will not be used to train a generalized AI model without any authorization required by law.

Addressing AI in Your Practice

Update the Patient Agreement

Add a disclosure of your practice's use of AI to the patient agreement.

Disclose Public-Facing AI

Patient-facing chat tools and background note-taking assistants used during appointments should be disclosed to the patient up front.

Publish an AI Policy

Establish a publicly available AI policy and ensure guardrails are in place.

Audit Vendor Contracts

Look for AI utilization in all vendor contracts for licensed products and software.

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Reviewing Your Agreement — Five Red Flags to Look for Immediately

01 **The fee description no longer matches the service model.**

02 **The website promises more access than the contract defines.**

03 **The practice receives data the agreement never addresses.**

04 **AI, genomics or advanced diagnostics appear nowhere.**

05 **Termination language treats membership and medical care as the same relationship.**

SECTION 07 · FINANCE

FINANCE UPDATE

Unlocking the power of the partnership

JOHN McSWEENEY, CHIEF FINANCIAL OFFICER

LIFESPAN MD

Finance Team & Systems: The Foundation for Growth

A dedicated finance team and one unified ERP give every practice consistent reporting and room to scale

3 — **Permanent finance hires**
Replaced outside consultants

22 — **Practices on QuickBooks Enterprise**
One chart of accounts

1 day — **Migration downtime**
Low disruption

MEET THE TEAM



Ken Vollaro
Accounting Manager



Mike Gu
Reporting Manager



Teresa Cheng
Staff Accountant



Damilola Amula
Staff Accountant



Regine Tapang
Staff Accountant



Katelyn Allen
Staff Accountant

Every practice has one named finance contact on this team.

WHAT THIS MEANS FOR YOUR PRACTICE

- **A named contact**
  Someone who knows your books, here to help
- **Comparable numbers**
  One chart of accounts powers today's benchmarking
- **Access QBs anywhere**
  Cloud based; no remote desktop needed
- **Lower back-office cost**
  Standardized support replaces outside fees

Moving membership revenue to an accrual basis

One Financial Language - Moving from cash to accrual puts revenue in the month the care was delivered

TODAY

Cash

Revenue booked when collected

GO-FORWARD

Accrual

Revenue booked as it is earned

EARNOUT IMPACT

None

Cash view stays one click away

MONTHLY P&L CONSISTENCY

- Comparable month-over-month P&L across all practices
- No swings from annual or semi-annual membership billing timing

REVENUE MATCHED TO PERIOD

- Membership revenue recognized over the months it is intended to cover
- Cash collected up front sits in deferred revenue until earned
- Consistent with GAAP and lender / audit expectations

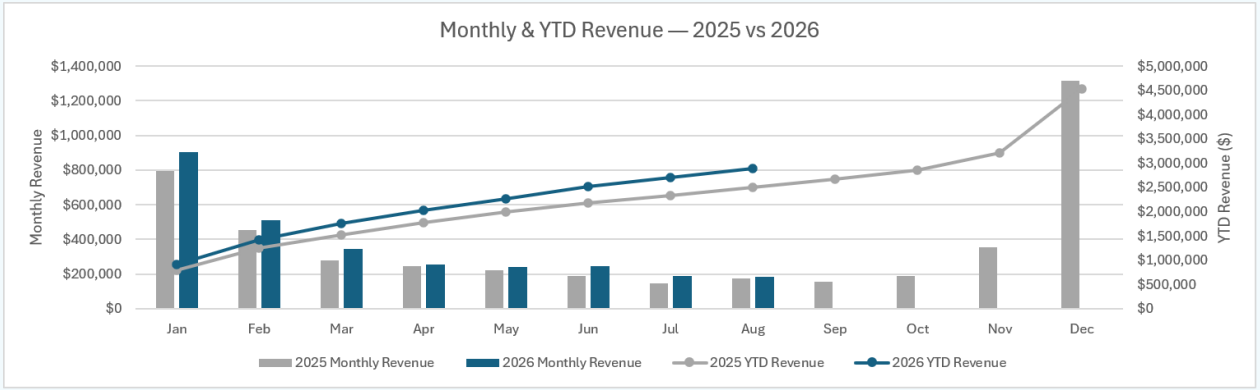
NO IMPACT ON EARNOUTS

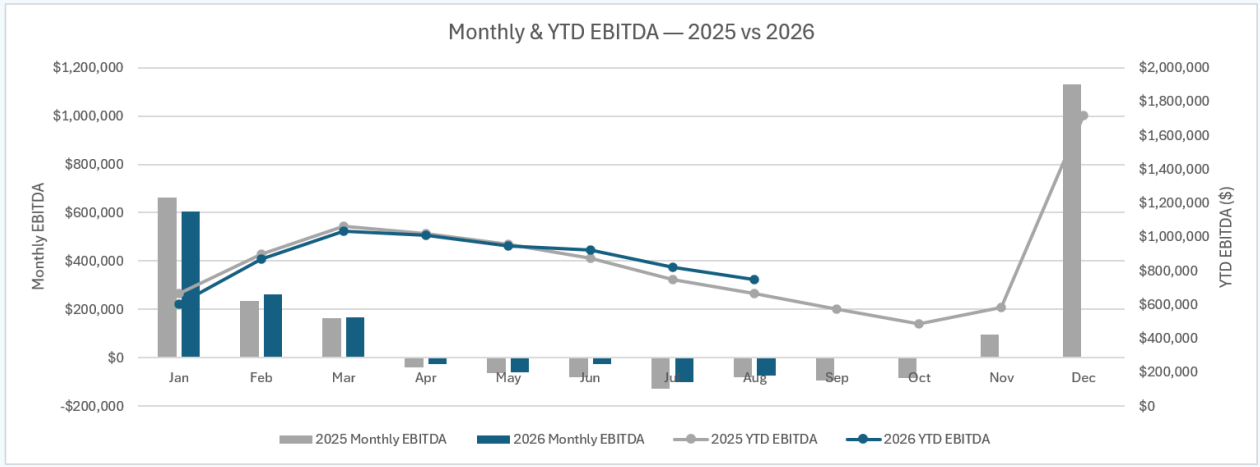
- Our system toggles easily between cash and accrual views
- Earnout calculations continue on the agreed basis
- Both views available at any time for full transparency

Moving membership revenue to an accrual basis

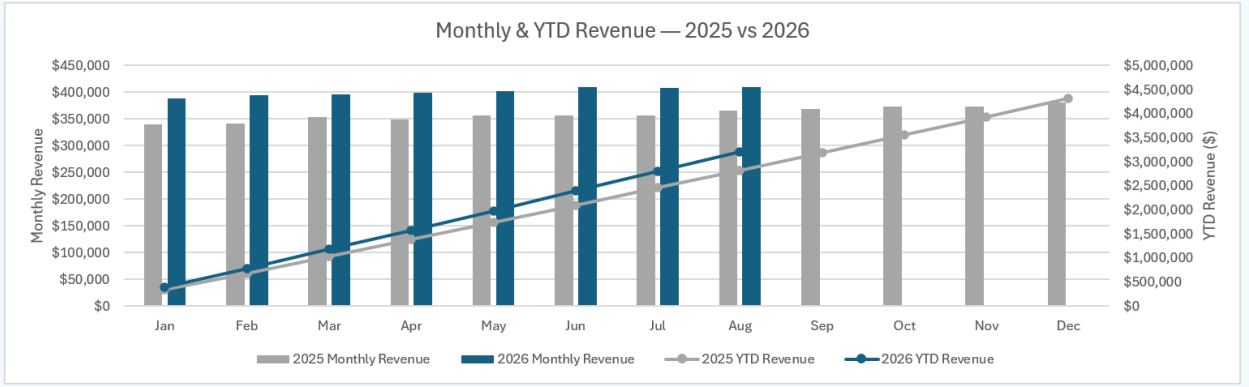
Accrual based results create predictability to your P&L

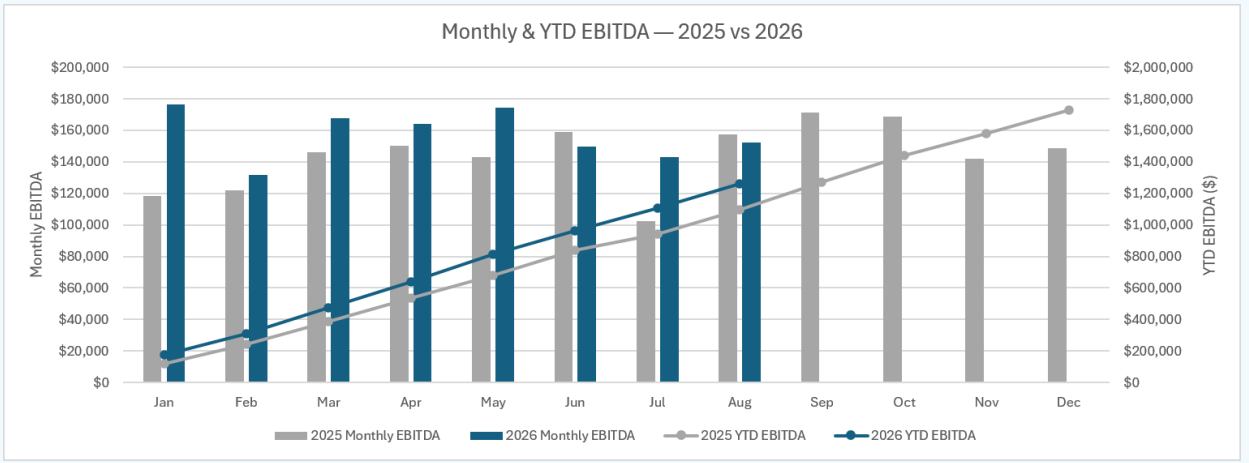
CASH BASIS





ACCRUAL BASIS





LIFESPAN MD

Leverage our scale, tap into our buying power

Payment Processing Savings: Case study

NOW

Better rates with Hint and QuickBooks Payments

	Amex	Other cards
Hint (renegotiated) prior → new rate	~~3.75%~~ → **3.50%**	~~2.75%~~ → **2.40%**
QuickBooks Payments alternative · in-person swipe, flat	~~2.50%~~ → **1.90%**	~~2.50%~~ → **1.90%**
QuickBooks Payments where in-person not possible	~~2.99%~~ → **2.60%**	~~2.99%~~ → **2.60%**

NEXT

Rethink how members pay

$240 vs $5

Card vs ACH fee on a $10,000 annual membership.

Options for your practice:

1. Nudge members to ACH
2. Add a card surcharge (where permitted)
3. Stop accepting Amex

TAKEAWAY

Roughly 40% of practices bill through Hint or QuickBooks today. **Immediate savings for some, opportunity for others.**

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Budget 2027 is a collaborative forecast

Practices own the decisions; Finance helps build the forecast

COLLABORATIVE PLANNING CALENDAR

OCT

Questions and template shared

Planning questions and simple template sent to help each practice build its forecast.

Early NOV

Practice-led forecasts

Each practice builds its own outlook for growth and investments based on local priorities.

End NOV

Targets and alignment

The consolidated forecast sets internal targets and final budget is set

Why targets matter: You set the targets, so you're measured against your own plan. It also gives us the visibility to fund and sequence investments across the partnership.

KEY ITEMS TO FORECAST

REVENUE

01 **Volume:** New patients, net of expected losses

02 **Price:** Sticker price increases and legacy member uplift

INVESTMENTS

03 **OpEx:** Incremental only: new hires, marketing, etc. Forecast savings

04 **CapEx:** New space, build-outs, equipment

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Peer benchmarking: what we measure

Four metrics, one composite score, three tiers. The goal is to show every practice where it stands and which lever moves it.

THE MEASURES

- **Revenue growth** Year over year change in practice revenue
- **Adjusted EBITDA growth** Year over year change in adjusted EBITDA
- **EBITDA margin** Adjusted EBITDA as a percent of revenue
- **Panel change %** Year over year change in active members

THE RESULT

- **Composite %** Weighted result across the four benchmark measures
- **Overall tier** Top Tier / Core / Focus

HOW TO READ THE RESULTS

01

Your results are private

Each practice receives its own card. The room only ever sees code names.

02

Missing data is flagged

A blank measure shows on your card so the underlying data can be fixed.

03

One lever to start

Your card shows which measure is holding your tier back, so the conversation starts there.

LIFESPAN MD

Practice Benchmarking

YTD September 2026 vs. YTD September 2025.
Practice names anonymized.

WHAT WE MEASURE

Revenue Growth — 40%
YTD 2026 revenue vs. YTD 2025

Adj. EBITDA Growth — 40%
YTD 2026 Adj. EBITDA vs. YTD 2025

EBITDA Margin — 10%
YTD 2026 Adj. EBITDA as a % of revenue

Patient Panel Change — 10%
% change in active patient panel

HOW WE SCORE

1. **Rank:** Percentile rank on each metric, 0% lowest to 100% highest
2. **Weight:** Combine the four ranks using the weights above
3. **Adjust:** If a metric is unavailable, reweight the rest to 100%

TIERS

Top Tier	**Score 75% or higher:** Setting the pace
Core	**Score 25% to 74%:** In line with the partnership
Focus	**Score below 25%:** Where we lean in first

Practice	Revenue Growth	Adj. EBITDA Growth	EBITDA Margin	Patient Panel Change	Composite Score	Tier
Falcon	173.9%	141.7%	41.1%	29.5%	**95%**	Top Tier
Osprey	20.2%	79.9%	42.7%	1.7%	**86%**	Top Tier
Frog	16.3%	71.6%	49.4%	1.6%	**79%**	Top Tier
Badger	17.1%	35.8%	56.3%	0.4%	**78%**	Top Tier
Dog	36.1%	23.5%	70.5%	0.0%	**78%**	Top Tier
Jaguar	20.0%	67.9%	40.6%	(0.1%)	**77%**	Top Tier
Pelican	16.6%	24.2%	66.9%	0.4%	**73%**	Core
Manatee	15.4%	41.6%	48.2%	*n/a*	**72%**	Core
Gecko	16.2%	33.4%	25.7%	(2.4%)	**61%**	Core
Lynx	15.9%	9.4%	37.0%	6.0%	**58%**	Core
Monkey	13.6%	18.2%	40.3%	1.1%	**55%**	Core
Shark	6.1%	12.8%	48.3%	3.0%	**53%**	Core
Bluejay	5.7%	14.3%	47.7%	3.8%	**53%**	Core
Raccoon	3.6%	8.1%	66.9%	0.0%	**44%**	Core
Penguin	5.4%	6.0%	40.6%	1.9%	**42%**	Core
Cat	12.0%	0.6%	29.3%	4.3%	**42%**	Core
Tiger	(6.2%)	21.1%	55.1%	0.0%	**40%**	Core
Bear	(1.9%)	2.0%	65.7%	3.8%	**40%**	Core
Walrus	(2.6%)	1.2%	56.0%	3.8%	**36%**	Core
Bison	1.1%	(21.0%)	36.4%	5.5%	**30%**	Core
Otter	(1.5%)	(16.5%)	28.7%	(5.0%)	**20%**	Focus
Puma	(5.9%)	(23.9%)	30.1%	(6.1%)	**13%**	Focus
Bobcat	(8.0%)	(10.9%)	36.1%	(7.0%)	**12%**	Focus
Lemur	(6.3%)	(62.2%)	7.6%	(0.8%)	**5%**	Focus
Dolphin	(10.8%)	(49.8%)	17.3%	*n/a*	**2%**	Focus
Portfolio Median	**6.1%**	**12.8%**	**41.1%**	**1.1%**		

THE ASK

Getting the most out of the partnership

FROM YOU

- **Build your 2027 plan** (October–November)
- **Finish the move** to QB Enterprise
- **Tell us what's useful** in your reporting and benchmarking
- **Hand off accounting work** the MSO can take on

FROM US

- **Continued improvement** reporting timing & quality
- **A private benchmark** against your peers
- **Better rates** through our combined volume
- **Hands-on budget support** from our team

SECTION 08 · TECHNOLOGY

INVISIBLE AI

JIM DEYONKER, CHIEF MARKETING & IT OFFICER
MATT FITZPATRICK, CEO - INVISIBLE TECHNOLOGIES
RAYNA CHANDARIA, VICE PRESIDENT - INVISIBLE TECHNOLOGIES

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From a vision, demoed, to a production platform, live

Patient 360

Clinical support tool bringing many sources into one platform and providing customized insights

Patient Access

Patient facing web portal

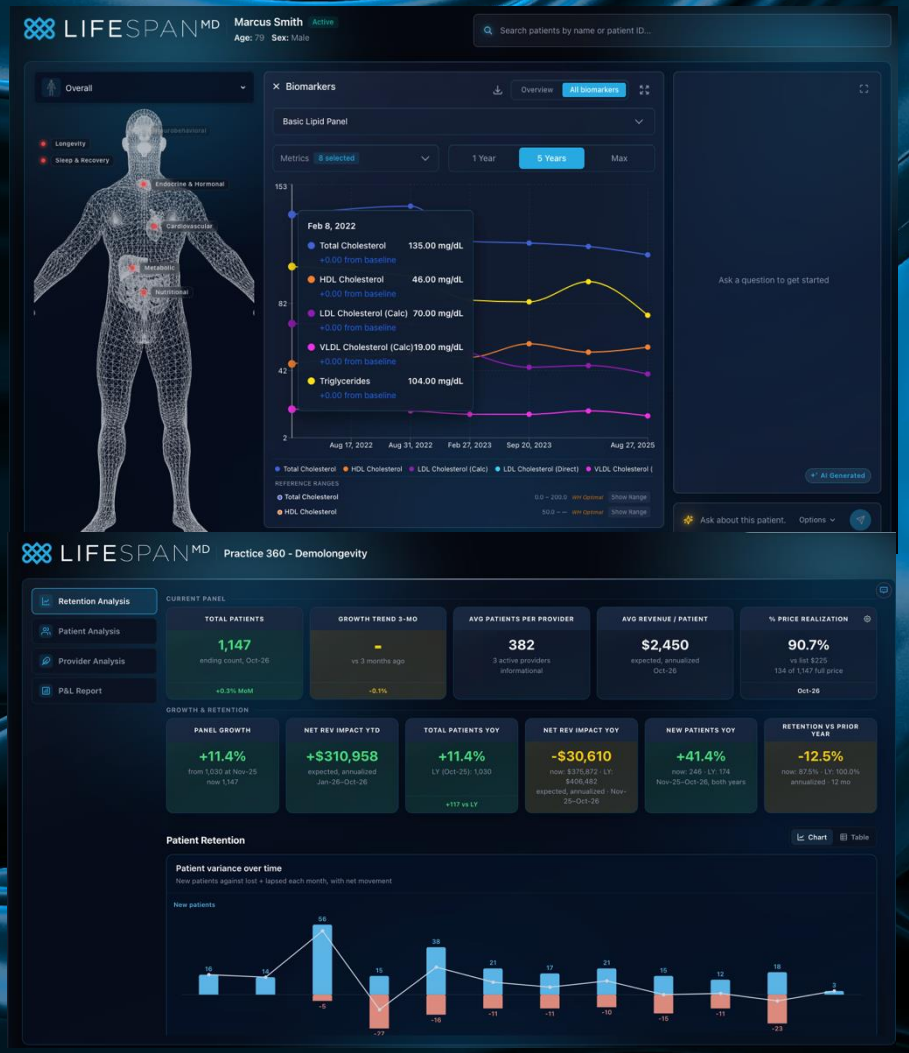
Practice 360

Operational support tool: patient retention statistics, utilization, and practice P&L and EBITDA tracking

Connected today

Multi-tenant HIPAA compliant platform connected to:

- eClinicalWorks
- Ultralight
- Elation
- HINT
- QuickBooks Online
- PubMed

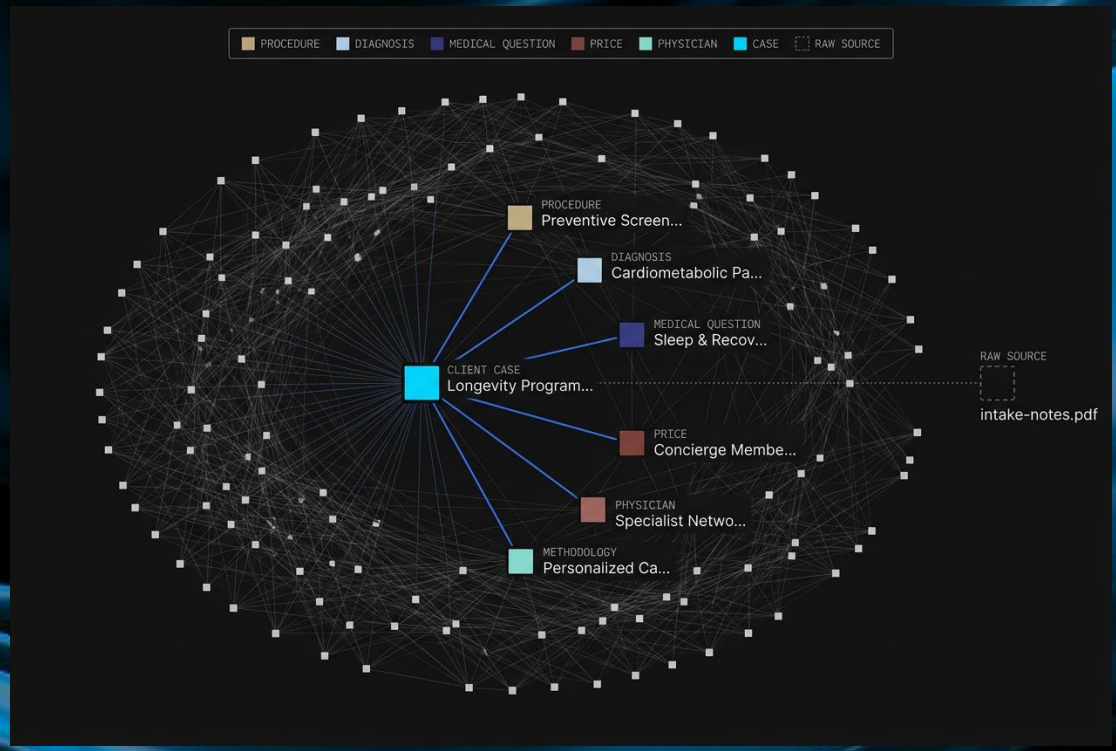


NEURON IS BUILT FOR VALUE AT SCALE

Our **data management** approach is designed for AI

LifespanMD's industry leading practices are codified in a **knowledge graph** that drives enterprise value

Architecture **prioritizes security**, protecting you and your patients



DURABILITY AND DEPENDABILITY BY DESIGN

The architecture behind Neuron, and why it goes far beyond what any team could assemble informally on its own

Common failure modes when building on your own

- ⚠ Messy, siloed and incoherent data
- ⚠ Inconsistency from chatbot responses
- ⚠ Lack of context on your business and your patients
- ⚠ Inconsistency on compliance and safety

Purpose built for LifespanMD, Neuron is designed for your needs

- ☑ Deterministic rather than probabilistic AI

  Driving predictable outputs without hallucination is critical when working with sensitive data and high-stakes subject matter

- ☑ Supporting the LifespanMD community engagement

  Securely and compliantly enabling engagement across the MSO, to drive the power of the collective experience and best practices

- ☑ Driving enterprise value based on long term continuity, your knowledge context and compounding learning

  Architecture designed to enable new service lines and capabilities that leverage the scale of the MSO

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PATIENT & PRACTICE 360

A comprehensive set of clinical & support features launched under one product

Features Today

- Chart and appointment prep
- labs and metrics reporting
- AI health reports
- goals and family history synthesis
- AI chat with the record
- Outlier and Attention flags
- Knowledge Repository
- Clinical Support Tool
- AI Research lab
- Patient Facing Web Application

- Patient Retention Analysis
- Patient analysis – utilize., member tracking
- Provider analysis –Tier breakdown, utilization
- Monthly P&L reporting

Road Map

- Wearable integration (Utralight done)
- AI scribe data
- EHR write back for eCW and Elation
- Email monitoring – Task management
- Patient activity tracking
- Mobile app deployment
- Platform wide clinical support

- Practice 360 expansion
- HubSpot integration
- Practice to practice communication
- SOAPMD Integration

Network Adoption status

MembersMD, Access Health, Wild Health, Next Level, Executive Health Services, Bennessair

ON THE HORIZON

Ameli · Premier Medical of PB· Lifespan Medicine · Veridia · PB Private Physicians Strong Medical

NEED TO CONVERT

Amazing Charts · Cerbo · Cerner · Power2practice · OptiMantra · eMD · Epic · Telus/PS suite

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Monitored around the clock, at scale (average compromise loss per non-contained event $123K to $Xmillions)

500M+ security events analyzed across the LifespanMD network so far this year

42 Security events investigate (suspicious emails, logins, alerts)

7 Active threats escalated (suspicious account activity flagged)

3 Contained immediately (compromised accounts locked down before damage done)

16
Organizations protected
LifeSpanMD MSO plus 15 practices

24/7
Security Operations Center
Nights, weekends and holidays

13,000+
Updates deployed
OS and application patches*

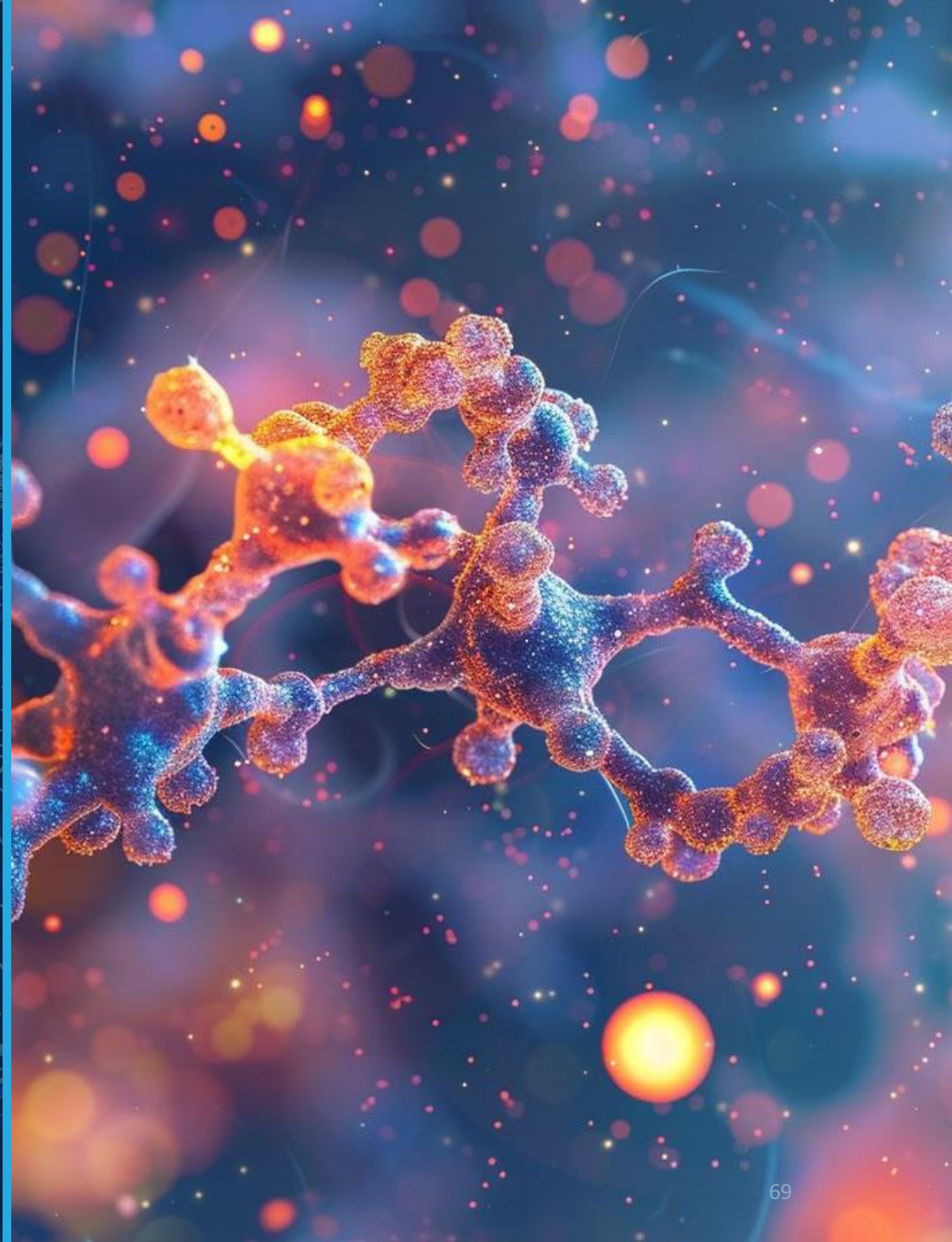
SECTION 09 · PEER LEARNING

PEPTIDES

Dr. Dominique Fradin-Read MD, MPH

VitaLife-MD

- The Good / Bad / Ugly – Where Peptide Science is evolving
- How to implement Peptides at your practice
- Patient stories & clinical application
- MSO Resources



LIFESPAN MD

Four parts, **one practical session**

01



Good, bad & ugly

Where the science stands, why physicians hesitate, the evidence, the FDA today and why sourcing matters.

02



How to implement

Seven practice rules, the weekly ordering rhythm, why to start, and six categories to begin with.

03



Patient stories

Four peptides, twelve real cases — how Dr. Fradin-Read prescribes, doses and follows up.

04



MSO resources

Playbook, education, consent, pricing and pharmacy support, Dr. Fradin-Read's research library.

The question is: how comfortable can you be to prescribe? And for what patient does it improve their quality of life and health outcomes.

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The good, the bad **and the ugly**

THE GOOD

Natural messengers

Peptides can support healing, immunity, collagen production, metabolic health and other biological processes — when properly studied and prescribed.

THE BAD

The science and rules lag

Largely unregulated. Poor human data. Possible contamination from uncertain sources, inaccurate dosing, unknown long-term safety.

THE UGLY

A growing gray market

Research peptides sold through online sellers, wellness clinics, social media — even physicians — driving unsupervised injections and harmful products.

Our role as physicians: move patients from the ugly column into the good one — regulated product, real oversight, documented care.

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Four hesitations — and the answer to each



Evidence gap

THE CONCERN

Few large randomized human trials. Most data are animal and laboratory studies.

THE ANSWER

Yes, but… build a PubMed habit and start with the peptides that have human data behind them.



Regulatory & legal

THE CONCERN

Many popular peptides are not FDA-approved, and compounding status is still changing.

THE ANSWER

Some are approved and used off-label (elamipretide, tesamorelin). Document the rationale; see the FDA update that follows.



Quality & safety

THE CONCERN

Gray-market products carry purity, sterility and dosing inconsistencies.

THE ANSWER

Use only reputable licensed pharmacies with peptide compounding experience. Never “research-use” product.



Clinical practice

THE CONCERN

Dosing, staff training, consent and ordering all feel unfamiliar.

THE ANSWER

Keep it simple: a few peptides, patient-specific orders, informed consent and a trained team.

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The evidence gap: “yes, but…”

THE GAP

Few large, randomized human clinical trials. Most of the literature is animal and laboratory work.

PUT IT IN CONTEXT

How many of you already offer IV vitamin infusions? The evidence bar we accept elsewhere is worth keeping in mind.

WHAT THE DATA SHOWS — BPC-157

87.5%

of patients reported improved knee pain after intra-articular BPC-157 injection, with only minor side effects (bruising).

McGuire FP, Martinez R, Lenz A, Skinner L, Cushman DM. Regeneration or risk? A narrative review of BPC-157 for musculoskeletal healing. Curr Rev Musculoskelet Med. 2025;18(12):611–619.



Build the habit

Before you prescribe, search the peptide on PubMed and read the most recent reviews yourself.

pubmed.ncbi.nlm.nih.gov/?term=bpc157

The question: how comfortable can you be to prescribe?

LIFESPAN MD

Where the FDA is today: **waiting for notice**

APR 23, 2026

Out of Category 2

12 peptides removed after nominators withdrew — no longer on the "do not compound" list.

JUL 23–24, 2026

PCAC vote

Advisory committee backed 6 of 7 for the 503A bulks list — over FDA staff's recommendation.

TODAY · SEPT 2026

Waiting for notice

No proposed rule and no enforcement discretion yet. Legal status is unchanged.

NEXT

Rulemaking

Notice and comment, then a final rule — 12 to 18+ months, no statutory deadline.

JULY PCAC VOTES (YES – NO – ABSTAIN)

BPC-157	8–6–1	YES	MOTS-c	7–5–2	YES
TB-500	8–6–1	YES	Epitalon	7–4–1	YES
KPV	8–6–1	YES	Emideltide (DSIP)	6–7–1	NO
Semax	8–5–1	YES	Still to review by Feb 2027: GHK-Cu, Dihexa, LL-37, PEG-MGF, Melanotan II		

Enforcement discretion — the shortcut that matters

At any point the FDA can state it will not act against compliant 503A pharmacies compounding these peptides. It takes effect the same day — well before a final rule.

Sweetgrass and other 503A pharmacies are holding until that notice is published.

Status as of September 22, 2026. A PCAC vote is advisory and does not change legal status. Verify before any prescribing decision.

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Quality & safety: **where you source matters**

ALWAYS

— **Reputable licensed pharmacies** with peptide compounding experience, under state and FDA oversight.

— **Patient-specific orders** for a named patient, every time.

— **Screen for contraindications** — no BPC-157, tesamorelin, CJC-ipamorelin or thymosin beta-4 in cancer patients.

NEVER

— **"Research-use only"** or "clinical-use only" products — purity, sterility and dosing are inconsistent.

— **"Physician-use" products** sold by reps. Don't be fooled.

— **Flash sales and volume deals** on unapproved drugs. Medicine isn't sold buy-five-get-one-free.

A REAL EXAMPLE

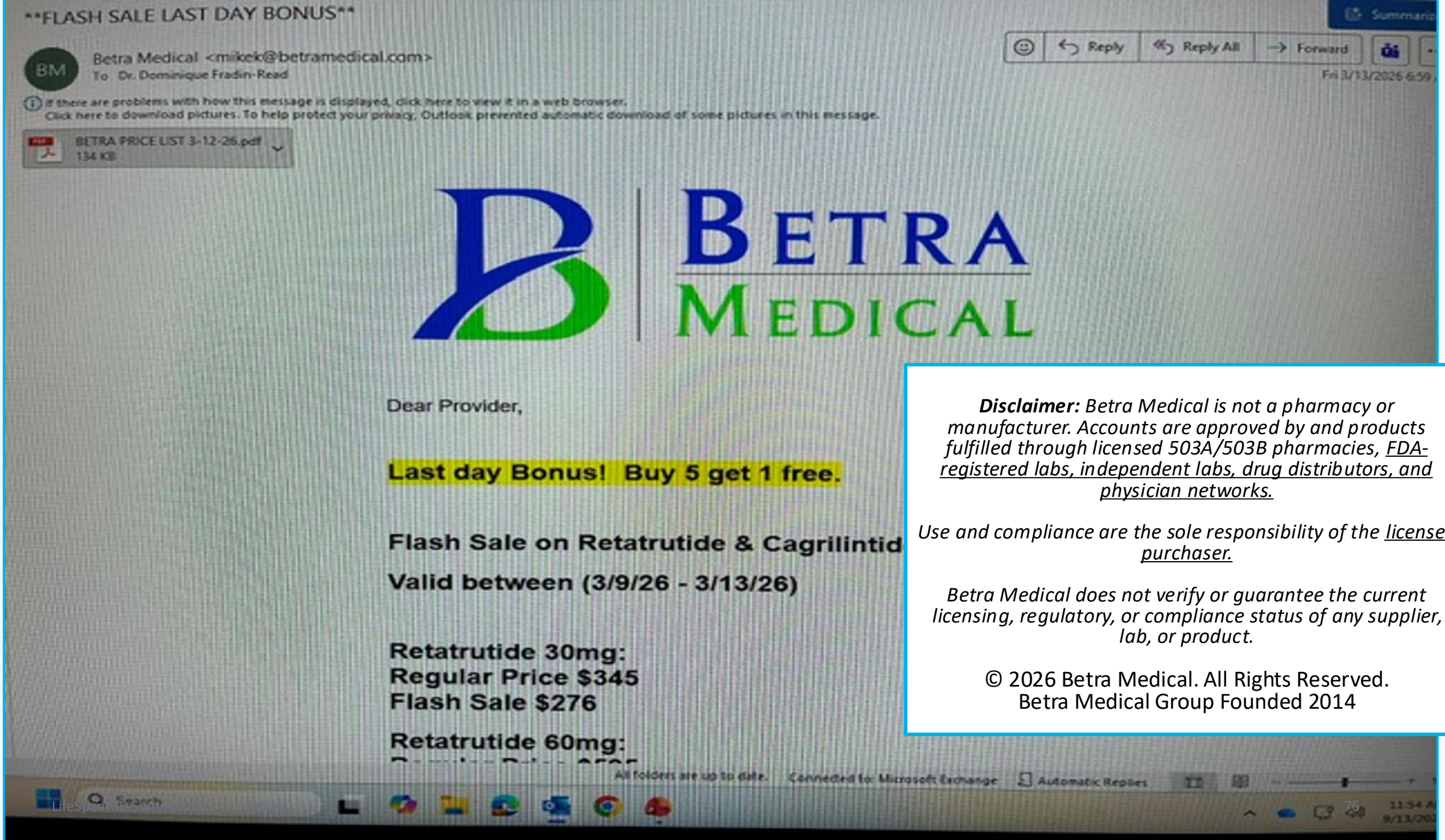
A "physician-use" vendor emailed providers a flash sale on unapproved GLP-1 agonists — buy five, get one free.

ITS OWN DISCLAIMER

"Not a pharmacy or manufacturer."

"Does not verify or guarantee the current licensing, regulatory, or compliance status of any supplier, lab, or product."

Compliance is "the sole responsibility of the licensed purchaser" — you.



Disclaimer: *Betra Medical is not a pharmacy or manufacturer. Accounts are approved by and products fulfilled through licensed 503A/503B pharmacies, FDA-registered labs, independent labs, drug distributors, and physician networks.*

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Betra Medical Group Founded 2014

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Seven rules for **a safe peptide practice**

1

Keep it simple

Get familiar with just a few peptides first — and get the education before expanding.

2

Patient-specific only

Every order is for a named patient. No office stock, no bulk distribution.

3

Informed consent

Mandatory. Cover potential side effects — minor and rare.

4

Train your staff

Build a team that can educate, order and follow up. Copy the VitaLife-MD model if it helps.

5

No stacking, no pre-fills

Do not stack peptides in one syringe or pre-fill syringes for patients.

6

Write orders in units

Not mcg / mg / mL — “or it’s ten phone calls an hour.”

7

Know the sports bans

WADA, USADA and FEI prohibit several peptides for athletes in competition.

CONTRAINDICATION

No BPC-157, tesamorelin, CJC-ipamorelin or thymosin beta-4 in patients with cancer.

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The weekly ordering rhythm
the VitaLife-MD model

BEFORE YOU START — A pharmacy you trust that can ship to your state · A provider-pay account · Ask: can the pharmacy ship directly to patients?

1	2	3	4	5	6
ALL WEEK	THURSDAY	NEXT WEDNESDAY	ON ARRIVAL	BILLING	DELIVERY
Build the list	**Place the order**	**Receive**	**Verify & distribute**	**Charge patients**	**Hand off**
Each coordinator writes a weekly list of patient orders.	Senior coordinator orders patient-specific peptides on the pharmacy portal.	Shipment arrives at the office — or ships direct to patients where allowed.	Senior coordinator checks the package and distributes to each coordinator.	Accounting charges from the lists — a double-verification step.	Patients pick up, or the coordinator ships by FedEx.

LIFESPAN MD

Why start **prescribing peptides**

THE DILEMMA

“

If a physician simply says “no,” a highly motivated patient will often buy the product online anyway — or go to another provider.

Refuse care, or adopt harm reduction? Patient demand is relentless — the ball is already rolling.



Active harm reduction

Steer patients to regulated products, monitor bloodwork and clinical status, and keep them out of the unsafe gray market — while honoring the medical oath.



Be a pioneer in your region

Establish your reputation early. Get educated, stay curious, run your own PubMed searches — and try it on yourself first if you wish.



The rewards are real

Daily rewards from happy patients, financial benefit for the practice, and the fun of discovering what these little molecules can do.

9 yrs

VitaLife-MD began offering peptides nine years ago — progressive education took the team from beginners to where they are now. “Scary adventure? So far, only a positive one.”

LIFESPAN MD

Keep it simple: six main categories

01

Inflammation & repair

BPC-157 · Thymosin beta-4

BPC-157 is pentadecapeptide arginate

02

Energy — mitochondrial

SS-31 · MOTS-c

03

GH support — muscle mass

Sermorelin · CJC-ipamorelin · Tesamorelin

04

Immune support

Thymulin · Thymosin alpha-1

05

Beauty — aesthetic

GHK / GHK-Cu

06

Metabolism — weight

GLP-1s · Amlexanox · AOD-9604

Deep dives next: Thymulin · Thymosin alpha-1 · BPC-157 · SS-31

LIFESPAN MD

Thymulin
the thymic regulator

HOW IT WORKS

— 9-amino-acid thymic hormone discovered in 1977 by Jean-François Bach (“facteur thymique”).

— Promotes T-cell maturation — relevant as thymic function declines with age, stress or illness.

— Two-way immune effect: boosts anti-inflammatory response, inhibits pro-inflammatory cytokines (NF-κB).

— Suppresses antibodies in autoimmune disease.

— Also: may influence pituitary hormones, mild anti-clotting effect — and an interesting effect on mood.

WATCH FOR

Start low; titrate to response. Pair with foundational support (e.g., vitamin D) where indicated.

AUTOIMMUNE

Graves’ disease

Pulse 120/min, anemia (Hgb 9.3), TSH 0.005, TSH-receptor antibodies 11.5 (<2), thyroglobulin Ab 25.4 (<1).

PROTOCOL

Thymulin 1.25 mg (25 units) SC daily.

OUTCOME

~15 months: off methimazole, antibodies normal, thyroid panel normal.

RECURRENT INFECTION

Chronic sinus infections, late teens

CBC and CRP normal; low vitamin D; otherwise well.

PROTOCOL

Thymulin 1 mg (20 units) 6 days/week, plus vitamin D and immune chews.

OUTCOME

“Much less episodes of sickness than before — Thymulin helps a lot.”

INFLAMMATORY SKIN

Severe eczema, late teens

Oozing inflammatory rash on arms and legs; “tried everything”; family declined a biologic.

PROTOCOL

Thymulin 1 mg (20 units) 6 days/week.

OUTCOME

Skin cleared completely in five months.

Cases shared by Dr. Fradin-Read and de-identified. Individual clinical determinations — not standing protocols.

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Thymosin alpha-1
the immunomodulator

HOW IT WORKS

— Thymalfasin: synthetic 28-amino-acid peptide, identical to natural thymic thymosin α1.

— Broader than thymulin: acts on innate and adaptive immunity — dendritic, T and NK cells.

— A modulator, not a booster: helps restore an appropriate response when immunity is dysfunctional.

— Larger human research base: viral and severe bacterial infections, sepsis, impaired immunity.

— In cancer: studied as adjunctive immune support — not a stand-alone treatment.

WATCH FOR

Position as adjunctive support. Allow patient-directed dosing only with clear limits.

Dominari A, et al. Thymosin alpha 1: a comprehensive review of the literature. World J Virol. 2020;9(5):67–78. PMID 33362999

ONCOLOGY — ADJUNCTIVE

Ovarian cancer, 50s

Peritoneal carcinomatosis with frequent upper respiratory infections; CA-125 >3,000 U/mL (N <35).

PROTOCOL

Thymosin alpha-1 1 mg (20 units) SC daily.

OUTCOME

URIs stopped. CA-125 down to 559 within about three months.

IMMUNE WEAKNESS

Man, 70s, stable MGUS

Recurrent URIs and pneumonia; returned sick from every trip abroad.

PROTOCOL

Tα1 1.25 mg (25 units) SC daily + thymulin 1 mg (10 units) 5 days/week.

OUTCOME

Two recent long-distance trips without getting sick.

PATIENT-DIRECTED

Woman, 40s, demanding work schedule

Frequent URIs; “constantly on antibiotics” during busy periods.

PROTOCOL

Tα1 10–25 units twice daily when sick — patient in charge.

OUTCOME

Not missing work days — and now referring colleagues.

Cases shared by Dr. Fradin-Read and de-identified. Individual clinical determinations — not standing protocols.

LIFESPAN MD

BPC-157
the healing peptide

HOW IT WORKS

— 15-amino-acid peptide from a sequence in human gastric juice — "body protective compound."

— Tissue repair: ligaments, tendons, skin and bone; supports fibroblasts, collagen and matrix.

— Modulates inflammation and promotes angiogenesis — better oxygen and nutrient delivery.

— Epithelial repair, especially GI (oral form); emerging neuroprotective research.

— Often paired with thymosin beta-4 for recovery protocols.

WATCH FOR

Banned for athletes in competition. Contraindicated in cancer.

POST-SURGICAL — ORTHO

Knee cartilage transplant, man, 50s

Two failed prior knee surgeries; pain, reduced ROM, muscle loss, weight gain.

PROTOCOL

BPC-157 500 mcg (25 units) BID × 2 wks, then daily; with TB-4, tesamorelin, tirzepatide 2 mg/wk.

OUTCOME

Healing "faster than usual." −14 lb fat, +4 lb muscle. Now referring patients.

PERFORMANCE & RECOVERY

Perimenopausal woman, 50s

Trains two hours a day; hip osteoarthritis, aches and slow recovery; wary of peptides.

PROTOCOL

BPC-157 500 mcg (25 units) daily; thymosin beta-4 added at one week.

OUTCOME

"Impressive" at one week. Stopped after a year — pain back in two weeks; resumed.

POST-SURGICAL — AESTHETIC

Post-facelift, 50s

Recovery support after facial plastic surgery.

PROTOCOL

BPC-157 500 mcg (25 units) BID × 1 wk, then daily × 3 wks; with TB-4.

OUTCOME

Edema resolved faster than average. The surgeon now refers patients.

Cases shared by Dr. Fradin-Read and de-identified. Individual clinical determinations — not standing protocols.

LIFESPAN MD

SS-31
mitochondrial support

HOW IT WORKS

— Binds cardiolipin in the inner mitochondrial membrane and stabilizes it.

— More cellular energy: improved ATP production; potent antioxidant; less oxidative stress.

— High-energy tissues: heart, brain, skeletal muscle, retina, kidney.

— FDA-approved (elamipretide) for Barth syndrome.

— Evidence: best in human skeletal muscle; neuroprotection is an early, fascinating area.

WATCH FOR

Local allergic reactions at the injection site.

WHO IS A CANDIDATE

One of the “big demand” peptides

Fatigue, low energy, brain fog, patients overwhelmed at work or at home.

IN PRACTICE

Dr. Fradin-Read tried it herself during months of short staffing.

HER TAKE

“Truly felt the benefit.”

NEUROLOGY

Parkinson’s disease, man, 70s

Declining, mostly in bed, multiple falls and failed skeletal surgeries.

PROTOCOL

One of her first peptide-cocktail patients; SS-31 daily by home nurse.

OUTCOME

Regained energy, exercised again, and returned to the work he loved for several more years.

NOT EVERY STORY WORKS

Chronic fatigue, man, late 70s

Referred by neurologist: afternoon crashes, brain fog, 20 lb weight loss after repeat COVID.

PROTOCOL

Diet review (protein breakfast), NMN, SS-31 1 mg (20 units) each morning.

OUTCOME

Large injection-site allergic reaction — discontinued.

Cases shared by Dr. Fradin-Read and de-identified. Individual clinical determinations — not standing protocols.

LIFESPAN MD

Peptide dosing guide

Dr. Fradin-Read's recommended doses

PEPTIDE · PHARMACY	CONCENTRATION	DOSE · SCHEDULE	1 VIAL LASTS	NOTES
SS-31 Elamipretide acetate · Brooksville	50 mg/ml 6 ml vial	**125 mg (0.25 ml)** 25 units, 5 days a week	5 weeks	
Thymosin Beta 4 Timbetasin acetate · Brooksville	3 mg/ml 5 ml vial	**600 mcg (0.20 ml)** 20 units, 5 days a week	5 weeks	**Can double**
BPC-157 Pentadecapeptide arginate · South Lake	2 mg/ml 15 mg powder in 7.5 ml	**500 mcg (0.25 ml)** 25 units, 5 days a week	6 weeks	**Can double**
Thymulin Acetate South Lake	5 mg/ml 15 mg powder in 3 ml	**750 mcg (0.15 ml)** 15 units daily	20 days	**Can double**
Thymosin Alpha 1 South Lake	5 mg/ml 15 mg powder in 3 ml	**1 mg (0.20 ml)** 20 units daily	20 days	**Can double**
CJC-Ipamorelin Brooksville	1 / 2.5 mg/ml 6 / 15 mg powder in 6 ml	**100 / 250 mcg (0.10 ml)** 10 units, 5 days a week	3 months	
Tesamorelin Brooksville	8 mg/ml 3 ml vial	**800 mcg (0.10 ml)** 10 units, 5 nights a week	6 weeks	
GHK Acetate Brooksville	10 mg/ml 5 ml vial	**2.5 mg (0.25 ml)** 25 units, 5 days a week	4 weeks	
MOTS-c South Lake	4 × 10 mg powder 1 ml per vial	**5 mg (0.50 ml)** 50 units, twice a week	4 weeks	
VitaRine Thymosin β4 + BPC-157 · Brooksville	3 / 2 mg/ml 5 ml vial	**750 / 500 mcg (0.25 ml)** 25 units, 5 days a week	4 weeks	

Source: Dr. Fradin-Read's recommended dosing. Units refer to U-100 insulin syringe markings (100 units = 1 ml).

LIFESPAN MD

Everything behind your launch — **MSO resources**

Pending Sweet Grass Readiness;
We can support introductions between colleague and their current vendors or through Dr. Koniver.

Peptide Program Playbook

Four-part framework, MSO vs. clinic lanes, 90-day rollout plan.

Clinical education

Koniver Wellness Foundation and Advanced courses, plus the ongoing webinar series.

Consent & compliance

Informed consent forms, policy framework, practice standards templates.

Vetted pharmacy network

State-licensed 503A partners checked for USP 795/797, COAs and FDA history.

Pricing database

Market benchmarks, financial modeling support.

Marketing assets & support

Education-first content and patient materials with compliance guardrails.

Research library

Dr. Fradin-Read's cited sources and clinical findings by category. Available now on SOAPMD.

Contact: Brittany Kaufman, VP of Operations



HOW GOOD CAN WE BECOME?