

Look at your patient, not the screen.

SOLIS listens to the visit, writes the note,
and builds a clean claim, on your phone.



Consent first

A short script in English or Spanish
before anything is recorded.



Checked before it goes out

Codes tested against the official CMS
code sets for the date of service.

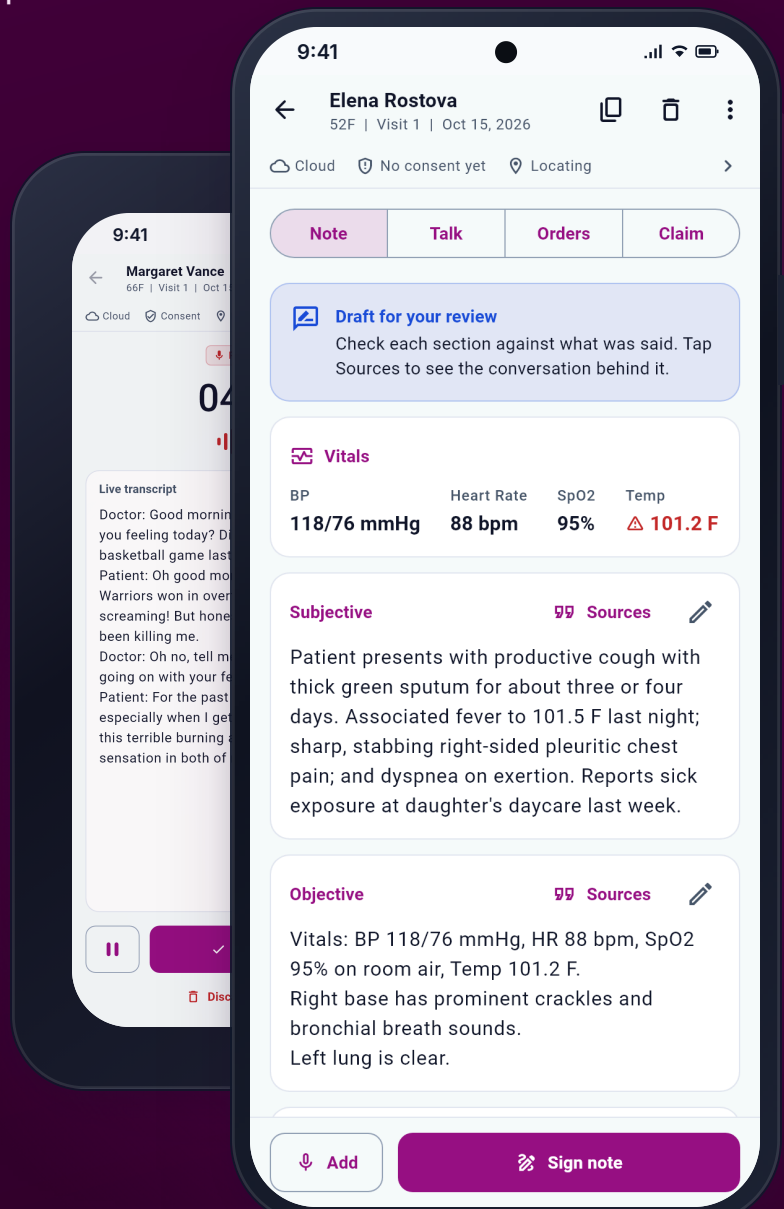


On-device mode

No audio leaves the phone, and it works
offline.

REQUEST EARLY ACCESS

solis-health.pages.dev →



The visit ends. The charting doesn't.

Notes, codes and claims follow physicians home, and every claim still has to get past the payer. The work is necessary. Doing it twice, or at night, is not.

2 hours

of EHR and desk work for **every hour of direct face time** with patients during the clinic day.

Source: Sinsky C, et al. Allocation of Physician Time in Ambulatory Practice. *Annals of Internal Medicine*. 2016;165:753-760. doi.org/10.7326/M16-0961

1.4 hours

of EHR work **after clinic hours** each weekday, within a 5.9-hour daily EHR total for primary care physicians.

Source: Arndt BG, et al. Tethered to the EHR. *Annals of Family Medicine*. 2017;15(5):419-426. doi.org/10.1370/afm.2121

1 in 5

in-network claims denied in 2023 by HealthCare.gov marketplace insurers (20%), and fewer than 1% of denials were appealed.

Source: KFF analysis of CMS transparency data, Claims Denials and Appeals in ACA Marketplace Plans in 2023 (updated March 2026). kff.org

THE USUAL WAY



Notes typed from memory after the last patient leaves.



Codes picked from a cheat sheet, or left for someone else.



Errors found when the denial comes back.



Insurance details retyped at the front desk.

WITH SOLIS

A concise SOAP draft from the conversation itself, ready for you to review and sign.

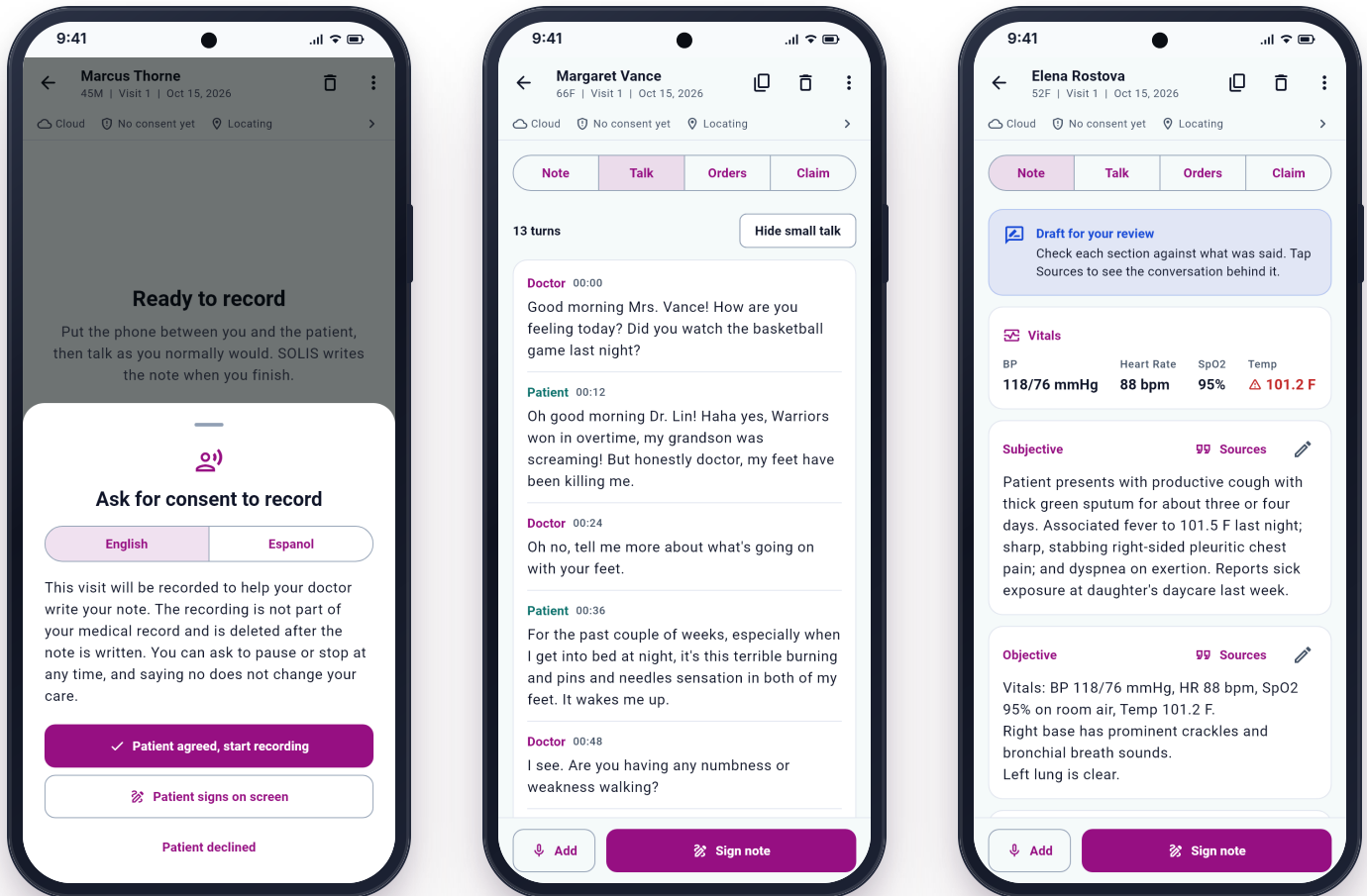
Diagnosis codes from the patient's own words, each linked to the sentence it came from.

Checks before the claim goes out, against official CMS code sets for the date of service.

The card is read on the phone, and the photo is deleted after reading.

One visit. Five steps. One phone on the table.

Put the phone between you and the patient and talk as you normally would. SOLIS handles the paperwork in the background.



01

Consent first

The patient hears a short script in English or Spanish, then agrees out loud or signs on the phone. Time and location are saved with the visit.

02

Capture, voices separated

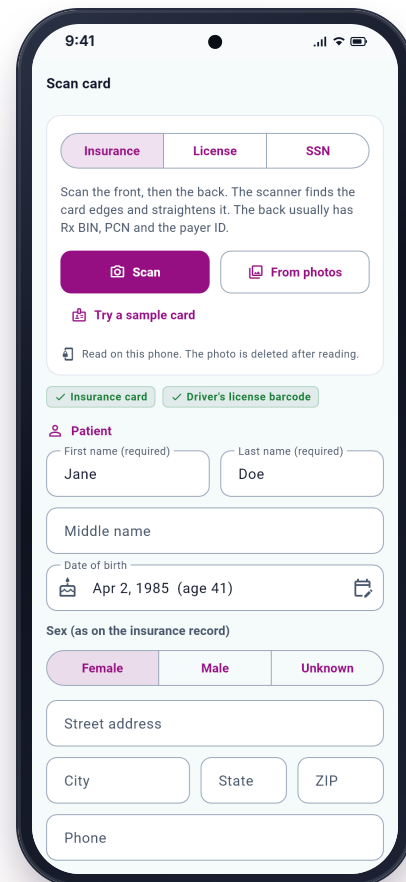
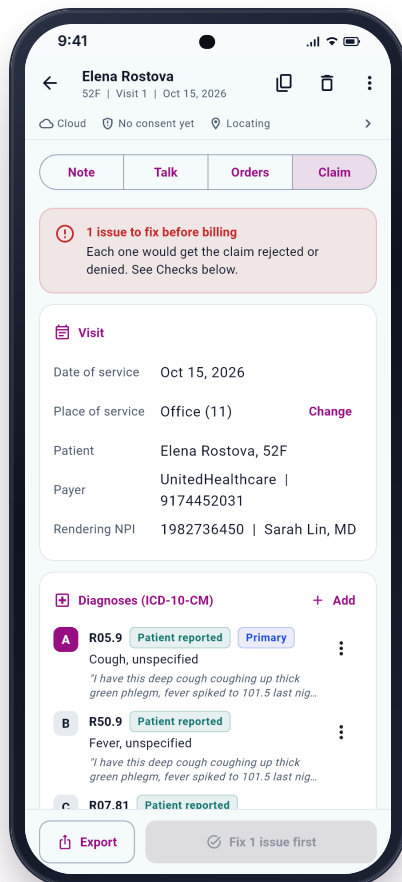
SOLIS tells your voice from the patient's. Choose the on-device engine, or the cloud engine (Deepgram medical model) when your practice turns it on.

03

The note writes itself

A concise SOAP note. Nothing is invented: no vitals or exam findings that were not said. Tap Sources to see the words behind each section.

From the exam room to a claim you can send.



04

Codes, then checks

Diagnosis codes come from what was said, and uncertain wording waits for your one-tap confirmation. Procedure codes match the diagnosis, with the E/M level set by place of service, new or established patient, and medical decision making.

05

Scan the card, send the claim

Insurance card, driver's license barcode and SSN card are read on the phone with Google ML Kit. Photos are deleted after reading. Only the last 4 SSN digits are kept.

FROM CHECK-IN TO CLAIM STATUS, THROUGH THE STEDI CLEARINGHOUSE

Eligibility

Checked at check-in.



One account

Check-digit account number, Visit 1, 2, 3 by date.



Claim in one tap

Sent as an 837P.



Status and export

Claim status, plus CMS-1500 data and 837P export.

Coded from the patient's words. Checked against the official rules.

"My feet burn at night."

Coded as a symptom until you confirm a diagnosis, as the official outpatient rule requires (ICD-10-CM guideline IV.H). Confirming takes one tap.

26

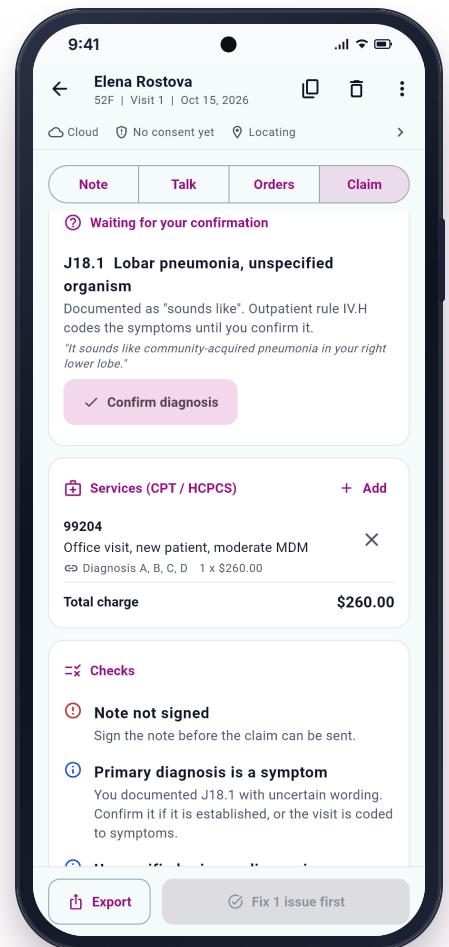
official coding rules fully enforced

14

more partly enforced, each citing its guideline section

Diagnosis codes	ICD-10-CM FY2026	FY2027
Procedure and supply codes	HCPCS Oct 2026	
Payment	2026 Physician Fee Schedule	
Edits	NCCI MUE	NCCI add-on
Age, maternity, manifestation	Medicare Code Editor v44	
Code structure	Excludes1	7th character

Each check uses the code set in effect on the date of service.



What it catches before the payer does

Examples

01

Sex and age conflicts

A code that does not fit the patient.

02

Codes that cannot be billed together

Flagged before submission.

03

Missing 7th character

Codes that are not yet complete.

04

External cause listed first

Order that a payer would reject.

05

Modifier 25 needed

When a separate E/M service applies.

06

Add-on without its primary

Checked against NCCI add-on edits.

07

Units over the daily limit

Checked against NCCI MUEs.

08

Uncertain diagnoses

Held as symptoms until you confirm.

You decide where the audio goes.

Two engines, one switch. Keep everything on the phone, or let the practice turn on the cloud engine for its medical speech model.



On-device mode

Audio	Stays on the phone
Transcription	On-device, with speaker separation
Note writing	On-device engine
Connection	Works offline
Setup	One-time model download, about 150 MB



Cloud mode

Turned on by	The practice
Transcription	Deepgram medical model
Note writing	Claude
Vendor keys	Held on the SOLIS server
Setup	No model download



Keys never ship in the app

Vendor API keys live on the SOLIS server, not on the phone.



Card photos deleted

Cards are read on the phone, then the photo is deleted. The full SSN is never stored, only the last 4 digits.



Consent on the record

Verbal agreement or an on-screen signature, saved with the time and location of the visit.



A real location

The visit record carries the real street address, never a placeholder.



Built for HIPAA workflows. BAA available.

A Business Associate Agreement (BAA) template is available for practices.

For practices without a billing department down the hall.

- 

Primary care

Office visits coded by new or established patient and medical decision making, with symptoms held until you confirm.
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Urgent care

Scan the card at the door, check eligibility at check-in, and send the claim in one tap.
- 

Specialty clinics

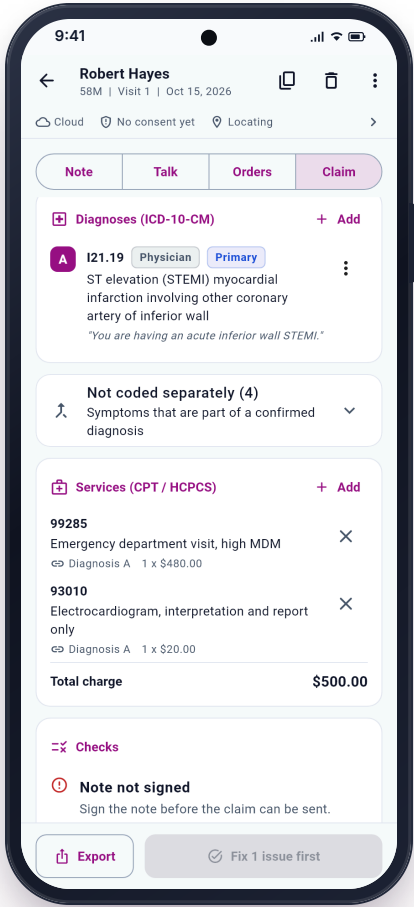
Your specialty and accepted insurers live in your provider profile, and procedure codes link to their diagnoses.
- 

Nursing-home rounds

One account per patient, each visit with its own date and place of service.
- 

Ambulance and EMS

On-device mode works offline, and the visit record keeps the real street address.



Aware of the setting

Place of service shapes the codes: an emergency visit bills the emergency E/M level, and the EKG as interpretation only.

IN VERSION 1.0.0

Platform Android (iOS not yet released)	Provider profile Live NPI registry lookup	Consent script English and Spanish
Clearinghouse Stedi: eligibility, 837P, status	Card reading Insurance, license, SSN card	Exports CMS-1500 data and 837P

Join the pilot.

SOLIS is in its pilot stage. We are inviting physicians and small practices to use it in real visits and tell us what to fix.

01 Request early access

Tell us about your practice and the settings you work in.

02 Set up your provider profile

Name, NPI (looked up live in the national NPI registry), tax ID, specialty and insurers accepted.

03 Record your first visit

Pick on-device or cloud mode, ask for consent, and talk to your patient.

WHAT TO HAVE READY



An Android phone

SOLIS v1.0.0 runs on Android.



Your NPI and tax ID

They go on every claim.



A BAA, if needed

A template is available.

PILOT PROGRAM

Request early access

Website

solis-health.pages.dev



Scan to visit