

Solv.

The 3 Magic Moments to Amplify Urgent Care Growth in 2026

Heather Fernandez

CEO & Co-Founder, Solv

Meet Faith



The waiting room is starting to pile up

On hold with insurance, pulling the correct Medicaid package

A provider is asking for school and work notes to be printed

A patient vomits in the waiting room

Juggling multiple open tabs

The phone rings



A lot falls on Faith. She's burned out.

45%

**of urgent care staff
experience burnout**

40%

annual turnover rate

And for operators, the pressure isn't letting up

Reimbursement compression

Rates are flat or declining while costs rise

Staffing shortages

You can't hire fast enough to replace who's leaving

Rising consumer expectations

Patients expect Amazon-level convenience

AI noise everywhere

Everyone's talking about AI and nobody knows where to start

**AI makes this the golden age
of being an operator if you lean in.**

The golden age starts with the work nobody wants to do

gar·bage work

(noun)

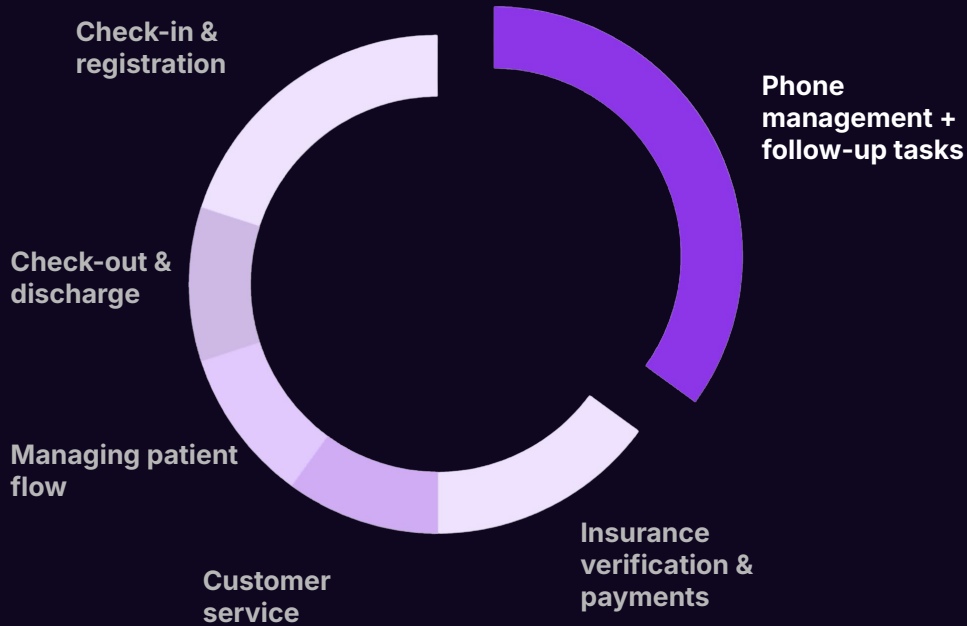
Redundant, manual operational tasks that get in the way of patient access, patient care, and patient satisfaction.

**What if we could
amplify Faith?**

MOMENT 1

**The phone rings.
Faith doesn't have to answer it.**

Front desk staff spend 3–4 hours per shift on phone calls

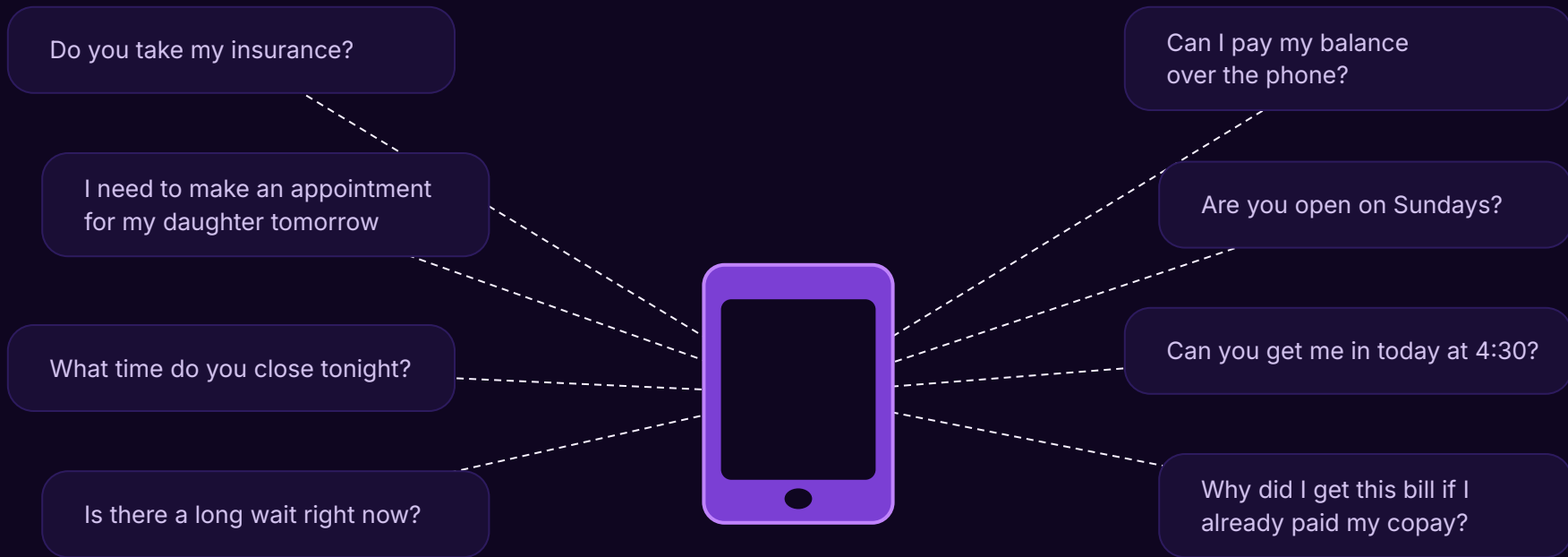


Front desk manager
at Clear Care

“3 to 4 hours of a 12 hour shift is dedicated to outbound phone calls and related tasks”

“Dealing with the phones can be overwhelming when I am juggling a million things”

None of these calls need a human to answer them



Every unanswered call is a patient who went somewhere else

During hours

After hours

Current
state

Faith chooses between the phone and the patient in front of her

Nobody picks up. The patient goes somewhere else.



With
Maya

Every call gets answered while Faith manages the clinic.

Maya covers the shift you can't staff, [**booking x visits after hours.**]

This is what software that thinks sounds like

PATIENT

"I have Blue Shield through Covered California. Do you take that?"

"Okay, I need to come in today for a strep test"

Can I do 5:45?

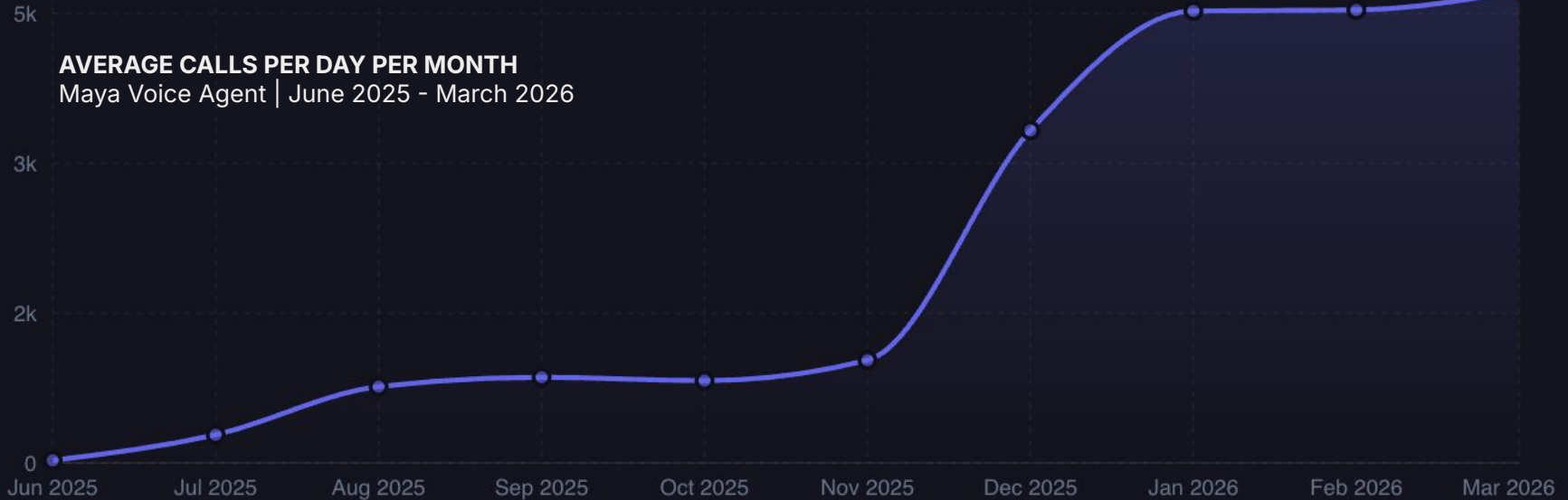
MAYA

Identifies the plan as Blue Shield CA HMO.
Confirms it's in-network at this location.

Checks availability, today is full, offers next-day afternoon slots

Books the 5:45 PM slot.
Collect patient details.
Sends confirmation via text.

Maya handles a call every 19 seconds



50% fewer calls to the front desk, more booked visits, and hours back every month

50%+

reduction in
call volume

10-15%

lift in book-ahead
visits

40-50 hrs

back per clinic
per month

MOMENT 2

**A patient asks what they owe.
Faith has the answer.**

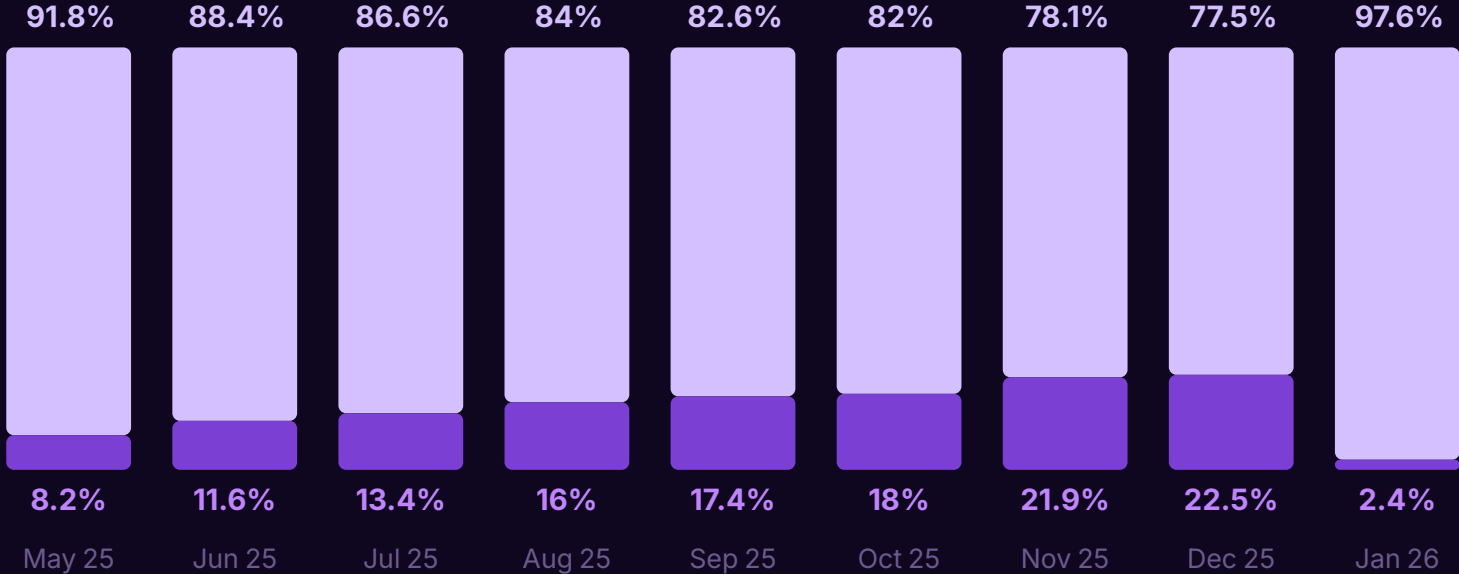
Most of your patients are paying out of pocket and don't know it

% of patients with unmet deductible by month

Data: 100K+ visits across the Solv network | HDHP: individual > \$1,700 or family > \$3,400

- Deductible Unmet
- Deductible Met

January reset



Copays are only half the story. More than half of what you're owed never gets collected at the front desk



Copay / Self-Pay

Deductible

Other

65% of patients
× \$39 avg copay

\$27
avg per patient

27% of patients
× \$125 avg deductible

\$33
avg per patient

COPAY DATA

% of Visits with Patient Responsibility Type

■ Copay ■ Self-Pay ■ Deductible ■ Coinsurance ■ Other



x Average copay charge of \$39 =

\$27
Average per patient

x Average deductible charge of \$125 =

\$33
Average per patient

Patients are skipping care because they don't know what it will cost

42%

**delayed or skipped care
due to cost uncertainty**

75%

**prefer to pay a known
price upfront**

70%

**more likely to seek care
with upfront pricing**

2026 Solv consumer survey, 4,000 respondents

To get to a cost estimate you need three things. Multiply them and you get millions of paths per visit.

Payer identity

Who's paying and which plan?



Coverage logic

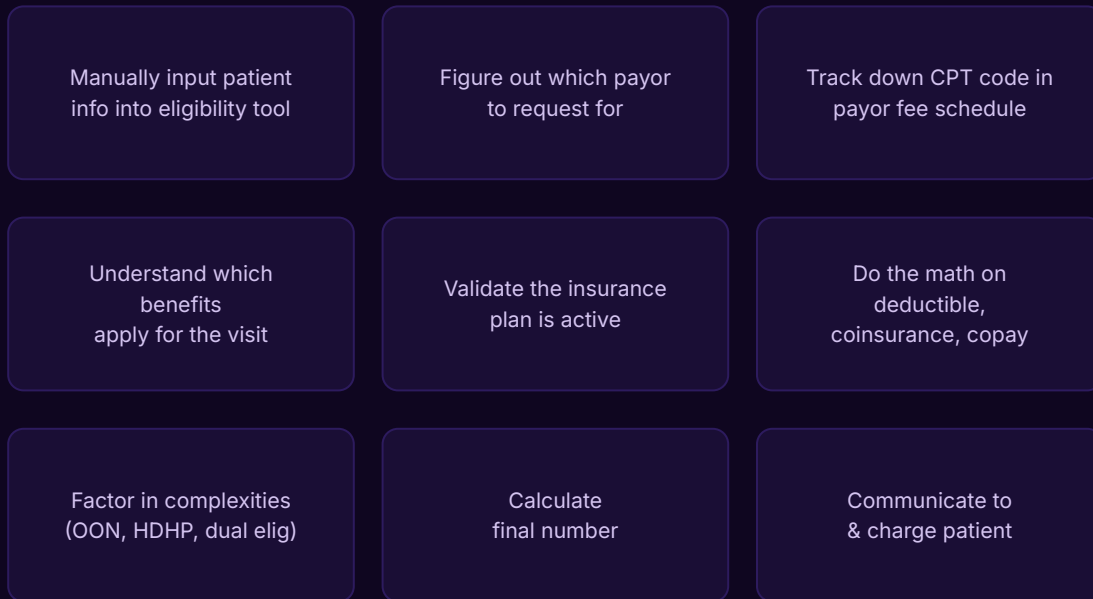
What's covered and what's left?



Contracted rates

What did you negotiate with this payer?

Why can't Faith just tell them? Because this is what it takes.



ClearPay AI shows Faith this:

✓ \$70.44 estimate

Why? Mary hasn't hit her deductible yet this year, so she owes the full amount of \$70.44.

More collected at time of service, less time per patient, and staff who can actually explain what they're charging

+\$5-9

net revenue
per visit

up to 25%

more collected
in clinic

45 hrs

saved per clinic
per month

MOMENT 3

**Faith knows the afternoon rush
is coming before it starts.**

Your data already knows what's coming, now it acts on it

Volume prediction

Historical patterns + real-time signals predict tomorrow's patient load by location and hour.

Staffing optimization

Flag gaps before they happen. Know which locations need coverage before the waiting room fills up.

Pattern detection

See trends across your network that no single clinic manager could spot on their own.

AI-powered insights, delivered when and where you need them



Capacity management

Which clinics are at risk of overbooking or long wait times this week?



Revenue optimization

Where are we losing revenue from patients left without being seen?



Staffing decisions

Where are patient volumes outpacing our current staffing model?



Location	Bookings from Year Website	Bookings from Schedule Page	Year Website	% of Sites with Staffing	% of Sites with Availability	Visit to Booking Conversion
1. Dallas	1,200	1,200	1,200	100%	100%	25%
2. Phoenix	800	800	800	100%	100%	20%
3. Grand Prairie	600	600	600	100%	100%	15%
4. Fort Worth	400	400	400	100%	100%	10%
5. Irving	200	200	200	100%	100%	5%
6. Houston	100	100	100	100%	100%	2%
7. Houston Medical C.	0	0	0	0%	0%	0%
Total	3,200	3,200	3,200	100%	100%	10%

Location expansion

Which markets have demand we're not currently meeting?

Connect operational trends, staffing pressure points and patient sentiment to help you act faster and smarter across your network

Slot availability

D2D throughput

Staff load

Patient reviews & NPS

Visit payments

Faith's Monday morning, 12 months from now

Her voice agent

Handled 5 calls after hours, plus 5 this morning already. Appointments booked, balances collected, every call answered.

Her billing agent

Every patient scheduled today has a confirmed plan and a cost estimate ready.

Her insights agent

Flagged a 4 PM surge. Extra coverage is already scheduled. Faith saw it before she poured her coffee.

Faith

Greets her first patient. Looks them in the eye. Asks how they're feeling. Does the job she got into healthcare to do.

Your next hires are already waiting

1

Voice agent

Handles inbound calls, bookings, after-hours, balance collection

2

Intake agent

Pre-visit registration, insurance capture, paperwork, queue

3

Insurance and billing agent

AI OCR, insurance verification, real-time eligibility, cost estimation, payment collection

4

Insight agent

Volume prediction, staffing optimization, pattern detection

**The question isn't whether AI
is coming to urgent care. It's whether
you'll be early or late.**

Come amplify with us

Booth #1002 – come find Solv on the expo floor



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