



NUCLEUS • CLINICS & HOSPITALS
UNIFIED DIGITAL ECOSYSTEM

THE CHALLENGE

Where the day leaks

Fragmented systems cost you every day: in data keyed twice, charges never billed and a day close nobody trusts.



FRONT DESK

Paper registers at the front desk

The same patient registered twice, and the history lost between visits.



WARD TO BILL

A billing counter that cannot see the ward

Room, nursing and theatre charges missed when the patient leaves.



LAB TO BILL

Lab orders re-keyed into the bill

Each test typed again at the counter, or never billed when someone forgets.



DAY CLOSE

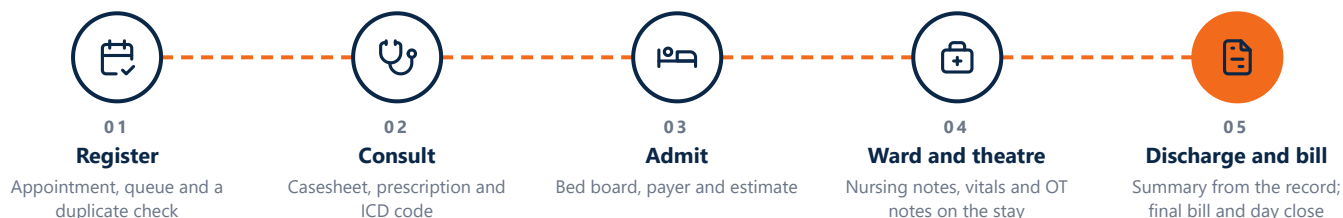
A day close that runs until morning

Cash nobody can reconcile by user, mode or shift.

Which cost you the most today?

HOW IT WORKS

One record, from appointment to final bill



The bill comes from the care, not a second entry



One identity
for every patient



One tariff
for every bill



One rights model
for every role

WHERE NUCLEUS FITS

Which ClinexGen healthcare product fits

NO IN-PATIENT BEDS



Casebook

Clinics and practices with no in-patient beds; a doctor-wise EMR.

UP TO 100 BEDS



Nucleus

Clinics and hospitals up to 100 beds; out-patient and in-patient care on one record.

ABOVE 100 BEDS



Nalam360

Hospitals above 100 beds, and multi- and super-speciality hospitals with ICUs.

LABORATORY



MediBridge LabCore

A laboratory run as its own business or network, with **MediBridge Connect** for analyzers, HIS and LIS.

Rule: beds decide first. A hospital under 100 beds that runs ICUs and several super-specialities is assessed for Nalam360 at fit and gap.

Moving up: patient records are migrated as part of the next product's go-live, scoped at fit and gap. One partner, one support desk.

SIDE BY SIDE

Nucleus beside what you use today

WHERE IT LEAKS	TYPICALLY TODAY	WITH NUCLEUS
Front desk	⊗ Paper registers, duplicate files	✓ One identity per patient
Lab to bill	⊗ Re-keyed at the counter	✓ Same order, same bill (Professional and above)
Day close	⊗ Counted by hand, late	✓ By mode, user and shift
Growing	⊗ A new project each time	✓ Switch modules on, keep every record
Leaving	⊗ Export terms left unclear	✓ Full export for 60 days

MEASURED, NOT PROMISED

The same four measures, before and after:



Baseline from your own reports



30 days live in one department



One page for the owner



Billing leakage



Day close



Claim rejections



Bed turnaround

WHAT IT RUNS

What Nucleus runs, day to day

 Front office Appointments, doctor calendar and queue; registration with a duplicate check	Every edition	 Clinical record Casesheets, prescriptions, form templates and ICD-coded records	Every edition	 In-patient and theatre Admission, bed board, nursing notes, transfers, discharge summary, OT	Every edition
 Billing and collection OP and IP bills, receipts, refunds, part payments and the day close	Every edition	 Lab, pharmacy and TPA Laboratory, pharmacy and insurance claims on the same order and bill	Professional +	 Stores and blood bank Indent, purchase order, goods receipt and stock, plus blood bank	Optional, any edition

REPORTS

Your own numbers, in every edition

We never sell your own numbers back to you.

Every receipt, refund and reversal carries three stamps:

-  **User** who took it
-  **Branch** where it was taken
-  **Shift** it belongs to

 **OPERATIONAL · EVERY EDITION**

- ✓ Appointments and registrations
- ✓ Patient and prescription reports
- ✓ Daily summary
- ✓ Role dashboards, live queues

 **COLLECTION · EVERY EDITION**

- ✓ Receipts by mode, user and shift
- ✓ Balances by patient and payer
- ✓ Refunds and discounts

 **ENTERPRISE ADDS**

- ✓ Financial analysis
- ✓ Statutory report pack
- ✓ Controlled reversal console

ACCESS AND AUDIT

Who sees what, and what is recorded

THREE LAYERS OF ACCESS

HOSPITAL Isolated from every other hospital.

BRANCH Enforced on the server, never the browser.

ROLE View, add, edit, delete, print: per screen.

BUILT IN

-  Token-based sign-in on every API call
-  Reversals tied to user, branch, shift
-  ICD-coded, NABH-ready records
-  Activity log and approval history
-  Named staff accounts, least privilege
-  ABDM / ABHA built, ready to enable

India cloud hosting, or your own servers. Under the DPDP Act, 2023 you stay the data fiduciary. We claim no ISO 27001 or NABH certification.

SERVICE LEVELS

Support and recovery, in writing

COMMITMENT	STANDARD COVER	CRITICAL COVER · 24x7
 Uptime	99.5% per calendar month on our cloud, on both covers	
 Backups	Twice a day, kept 30 days	Every 4 hours, kept 30 days
 Recovery point	12 hours	4 hours
 Recovery time	12 hours	8 hours
 Critical fault	1 hour, 07:00–23:00 daily	1 hour, round the clock
 Other faults	High 4 business hours · medium 1 business day · low 3 business days	

Enterprise includes critical cover; for other editions, your proposal sets out the cover. Times are to first response. Uptime, backup and recovery terms are for our cloud; on your own servers they are agreed in the proposal.

WHY NUCLEUS

Six reasons to choose Nucleus



Lab orders reach the bill without re-keying

On Professional and Enterprise, the casesheet test order reaches the bill.



Collection reports in every edition

Receipts by mode, user and shift, from the first day. Never an upsell.



Change edition, keep every record

30 days' notice, with no second implementation.



Live within 90 days, front office first

Front office by day 60, then clinical by day 90, one department at a time.



Hosted in India, and yours on exit

A full export for 60 days after you leave, then certified deletion.



99.5% uptime on our cloud

Per calendar month, with planned maintenance on Sunday nights and 48 hours' notice.

EDITIONS

Three editions, one hospital record



Standard

Front office, wards and collection

- Front office and clinical record
- In-patient, wards and theatre
- OP and IP billing, day close
- Operational and collection reports

Fits when your lab and pharmacy run separately



Professional

The whole hospital on one record

Everything in Standard, plus

- Laboratory on the same order
- Pharmacy on the same bill
- Insurance and TPA claims

Fits when you run your own lab and pharmacy, and bill TPAs



Enterprise

Run by the numbers, round the clock

Everything in Professional, plus

- Financial analysis, statutory report pack
- Controlled reversal console
- 24x7 critical cover

Fits when accounts, NABH or night admissions matter

- Your proposal sets out the edition that fits.** Moving up switches modules on; every record stays.
- Stores and blood bank** can be added to any edition, without reopening the implementation.

GOING LIVE

Live within 90 days, one department at a time

STAGE	DAYS 1-15	DAYS 16-40	DAYS 41-60	DAYS 61-90
Set up Masters, tariff, roles, casesheet forms	15 days			
Migrate Patients, balances, stock, reconciled		25 days		
Front office Appointments, registration, OP billing			20 days	
Clinical Wards and theatre, then lab and pharmacy				30 days, to the first clean month
Day 60 Front office live				
Day 90 The outer limit, not the target				
14-day trial On your own data, before you commit				

NEXT STEP

See Nucleus on your own tariff and forms



Working session

90 minutes, one test patient



Fit and gap

One page, yours to keep



14-day trial

On your own data



Your proposal

For the edition that fits



Pilot

One department, 30 days live

Bring to the working session your tariff and packages, your casesheet forms, your TPA and insurer list, and one month of in-patient bills.

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