



NUCLEUS • CLINICS & HOSPITALS
UNIFIED DIGITAL ECOSYSTEM

THE CHALLENGE

Where the day leaks

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

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? COUNT IT IN YOUR OWN HOSPITAL

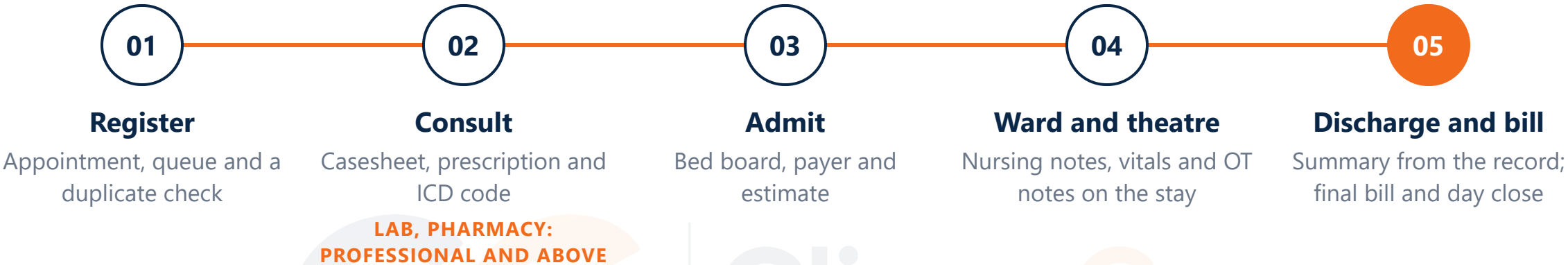
Charges delivered but not billed last month

Patients found registered twice

Hours the day close takes each night

HOW IT WORKS · ONE RECORD

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

EVERY CHARGE LANDS ON THE STAY

Room, nursing, theatre, lab and pharmacy charges reach the interim bill as they happen, so the final bill needs no ward slips.

ORDER ONCE, BILL ONCE

On Professional and Enterprise, a test ordered in the casesheet lands on the final bill, and the TPA claim is prepared from the complete stay.

A DAY CLOSE YOU CAN TRUST

Every receipt, refund and reversal is stamped with user, branch and shift. Collection reports by mode, user and shift come in every edition.

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.**

Nucleus comes in three editions, Standard, Professional and Enterprise, all on the same build.

HOW IT WORKS · MODULES

What Nucleus runs, day to day

EVERY EDITION**Front office**

Appointments, doctor calendar and queue; registration with a duplicate check, so a returning patient opens the same record

EVERY EDITION**Clinical record**

Casesheets, prescriptions, form templates and ICD-coded, NABH-ready records

EVERY EDITION**In-patient and theatre**

Admission, bed board, nursing notes and vitals, transfers, OT, and a discharge summary built from the record

EVERY EDITION**Billing and collection**

OP, interim and final bills, receipts, refunds, part payments and the day close by shift

PROFESSIONAL AND ABOVE**Lab, pharmacy and TPA**

Laboratory, pharmacy and insurance claims on the same order and bill; the claim prepared from the complete stay

OPTIONAL, ANY EDITION**Stores and blood bank**

Indent, purchase order, goods receipt and stock, plus blood bank, added without reopening the implementation

No module count is quoted for Nucleus. Each module is shown on your own forms and tariff in the working session, and its status is confirmed in writing at fit and gap.

HOW IT WORKS · REPORTS

Your own numbers, in every edition

We never sell your own numbers back to you.

Every receipt, refund and reversal carries three stamps, so a collection figure stands up when someone asks.

User who took it

Branch where it was taken

Shift it belongs to

OPERATIONAL · EVERY EDITION

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

COLLECTION · EVERY EDITION

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

ENTERPRISE ADDS

- Financial analysis
- Statutory report pack
- Controlled reversal console

HOW A DAY CLOSE TIES, SHIFT BY SHIFT

01

Receipt taken

OP, interim or final bill, part payment or refund

02

Stamped

User, branch and shift, on the record

03

Collection report

By mode, user and shift

04

Day close

Receipts equal the bills collected, for each shift

WHY NUCLEUS

Six reasons to choose Nucleus

01



Lab orders reach the bill without re-keying

On Professional and Enterprise, a test ordered in the casesheet lands on the final bill.

02



Collection reports in every edition

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

03



Change edition, keep every record

30 days' notice, with no second implementation.

04



Live within 90 days, front office first

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

05



Hosted in India, and yours on exit

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

06



99.5% uptime on our cloud

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

On your own servers, uptime, backup and recovery terms are agreed in the proposal.

HOW NUCLEUS COMPARES

Nucleus beside the usual alternatives

Categories, not vendors: what each typically offers varies, so check any option on your own data.

What matters	Paper, or separate billing software	Generic clinic software	Large hospital suites	Nucleus
Patient identity	Registers and files; duplicates found by hand	One patient list, usually built around the OPD	One identity across many departments	One identity, with a duplicate check at registration
In-patient stay	Ward slips and nursing registers	Often out-patient only, or a light add-on	Full in-patient depth, built for large hospitals	Admission, bed board, nursing notes, transfers and OT on one stay
Ward and lab charges	Copied from slips at discharge	Re-keyed where lab or pharmacy run apart	On the bill, as part of a larger project	Land on the stay as they happen; lab and pharmacy on Professional and above
Day close	Counted by hand, often late	Totals; a shift view is not always there	Available, with more set-up	By mode, user and shift, in every edition
Implementation	Nothing to implement, and nothing joined up	Quick for the clinic; stops at the ward	A longer project, with more internal effort	One department at a time, within 90 days
Built for	A single counter	Clinics and doctors' practices	Large and multi-site hospitals	Clinics and hospitals up to 100 beds

Every Nucleus cell is tested on your own data in the 14-day trial, against pass criteria agreed before it starts.

TRUST · 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

ICD-coded medical records

NABH-ready records

ABDM / ABHA built, ready to enable

India cloud hosting, or your own servers

BUILT IN

- ✓ Token-based sign-in on every API call
- ✓ Activity log and approval history
- ✓ Every receipt, refund and reversal tied to user, branch, shift
- ✓ Named staff accounts, least privilege
- ✓ Breach notice within 72 hours

YOUR DATA, YOUR CONTROL

Under the DPDP Act, 2023 you stay the data fiduciary.

YOURS ON EXIT

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

NO BORROWED BADGES

We claim no ISO 27001 or NABH certification. Records are NABH-ready; accreditation is yours.

TRUST · SERVICE LEVELS

Support and recovery, in writing

Commitment	Standard cover	Critical cover · 24×7
Uptime	99.5% per calendar month, on our cloud	99.5% per calendar month, on our cloud
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	High 4 business hours · medium 1 business day · low 3 business days

PLANNED MAINTENANCE

Sunday nights, with 48 hours' notice.

CRITICAL COVER

Enterprise includes it. For Standard and Professional, 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.

VALUE · WHAT CHANGES

What the return looks like

For the hospital

- Ward, theatre and lab charges reach the final bill
- A day close that balances by user and shift
- Insurance claims go out complete, on Professional and above

For the patient

- Registered once, recognised at every visit
- One record from OP to discharge
- Discharge is a print, not an afternoon of waiting

For your staff

- The front desk stops searching paper registers
- Billing stops chasing ward slips at discharge
- Nursing notes and vitals kept against the stay

MEASURED, NOT PROMISED

Baseline from your own reports
30 days live in one department
One page for the owner

The same four measures, before and after:

Billing leakage

Day close

Claim rejections

Bed turnaround

EDITIONS

Three editions, one hospital record

STANDARD

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

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

Enterprise

Run by the numbers, round the clock

- Everything in Professional, plus
- Financial analysis
- Statutory report pack
- Controlled reversal console
- 24×7 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.

PLAN · GO-LIVE

Live within 90 days, one department at a time

DAYS 1–15**Set up**

Masters, tariff, roles and rights, and your casesheet forms.

DAYS 16–40**Migrate**

Patients, balances, stock and tariffs brought across and reconciled to your totals.

DAYS 41–60**Front office**

Appointments, registration and OP billing live, with staff trained by role.

DAYS 61–90**Clinical**

Casesheet, wards and theatre, then lab and pharmacy on Professional and above, to the first clean month.

INNOVATE • INTEGRATE • ELEVATE

Day 60

Front office live: appointments, registration, OP billing

Day 90

Clinical live: the outer limit, not the target

14 days

Trial on your own data, before you commit

Your part: one project owner, and one super-user in each department. Front office goes first, so nobody works blind on a system they have not used.

WHO STANDS BEHIND IT

Who stands behind Nucleus



A founding team, not a first attempt

Founded by a technocrat, an industry leader and a marketing professional, with more than 50 years of combined experience.



DPIIT-recognised

Recognised by the Department for Promotion of Industry and Internal Trade, Government of India.



One partner, seven products

Laboratory on MediBridge LabCore, supplier bills on LedgerFlow AI — one partner, one support desk.



AI-enabled, always moving forward

An AI-enabled software development company, always moving towards state-of-the-art technology.

WHAT YOU CAN CHECK BEFORE YOU COMMIT

- ✓ A 90-minute working session on your own tariff and forms
- ✓ A one-page fit and gap you keep, with the status of every capability confirmed in writing
- ✓ A 14-day trial on a masked sample of your own patients, balances and stock
- ✓ Service levels, data terms and the go-live plan in your proposal, in writing
- ✓ Under the DPDP Act, 2023 you stay the data fiduciary

NEXT STEP

Five steps to a decision

Every step runs on your own tariff, forms and patients, not a demo dataset.

01 · 90 MINUTES**Working session**

One test patient, from appointment and admission to the final bill and day close.

02 · ONE PAGE**Fit and gap**

Your forms, tariff and payer mix against Nucleus, with status confirmed in writing. Yours to keep.

03 · 14 DAYS**Trial on your data**

A masked sample of your patients, balances and stock, against pass criteria agreed first.

04 · YOUR EDITION**Proposal**

The edition that fits, with the go-live plan scoped from the fit and gap and the trial.

05 · ONE DEPARTMENT**Pilot**

The first department live, measured over 30 days on the four measures.

BRING TO THE WORKING SESSION

Your tariff and packages

Your casesheet forms

Your TPA and insurer list

A month of IP bills

MEASURED, NOT PROMISED

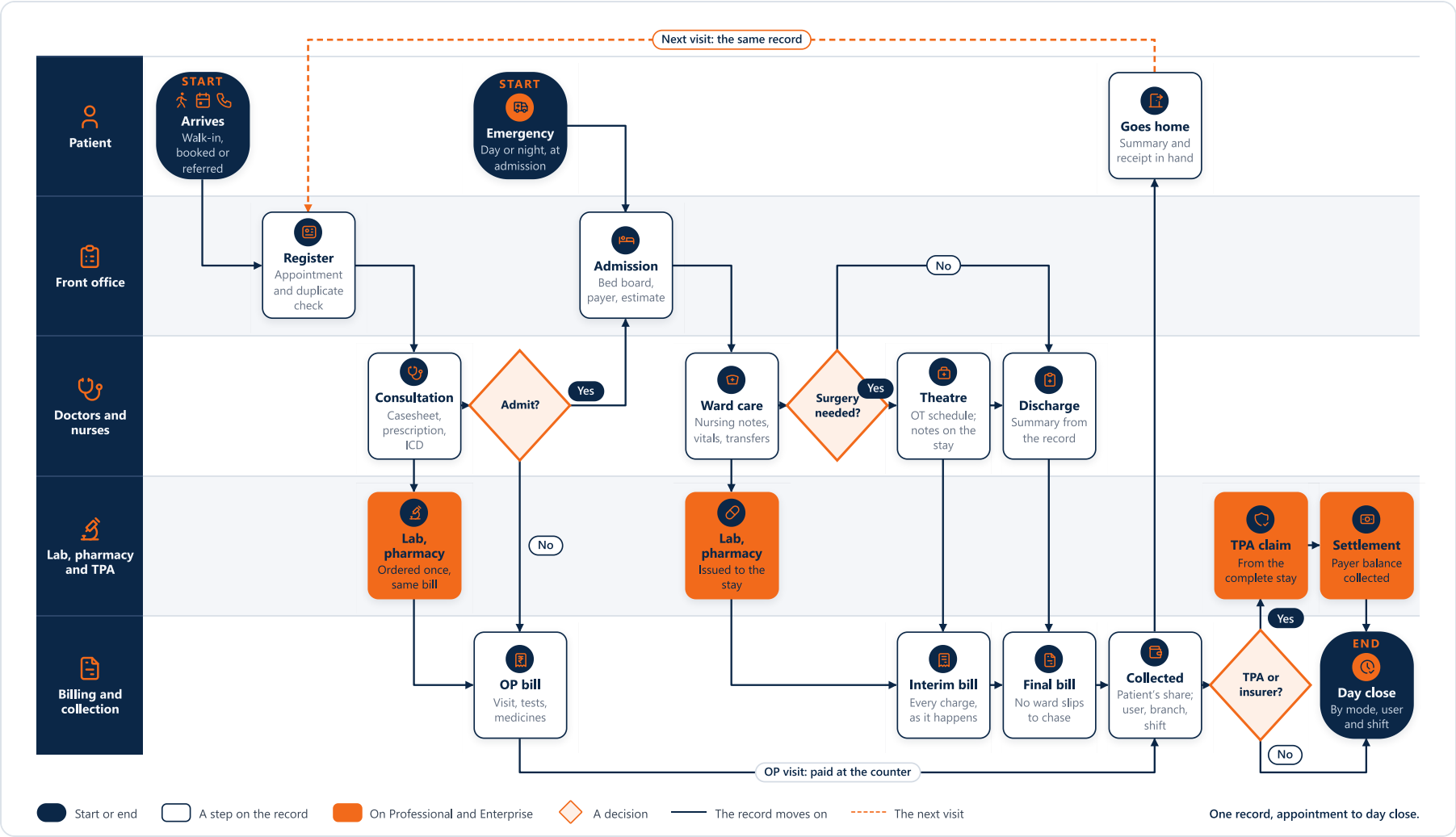
Billing leakage, day close, claim rejections and bed turnaround, from your own reports, before and after.

YOUR PART

One project owner who can decide tariff, forms and rights, and one super-user in each department.

APPENDIX · PROCESS FLOWCHART

One patient, from appointment to day close





THANK YOU

info@clinexgen.com • +91 7338 786 196 • www.clinexgen.com

Clinexgen Private Limited

Gemini Square (Parsn Manere), B Wing, 8th Floor, 602 Anna Salai, Chennai 600006

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