MPayz

Whitepaper

"Realizing the future of the healthcare industry through entirely new payment and identity systems, and the creation of a global Healthcare Industry Consortium Organization"

Disrupt that which needs disruption and preserve that which needs to be preserved.

MAPay is transforming healthcare and healthcare payments to empower B2C patient/consumer and B2B Enterprise medical commerce both domestically and globally. We believe the future of healthcare is digital, interoperable, real-time, institutional grade, regulated, self-sovereign, and transparent.

We believe our Network as a Service approach allows clients to Dare to Dream

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"*The development of an automated payment network [in the medical industry] would reduce bad debt, cut administrative costs, and save billions of dollars*."

From Revenue Cycle Management to Revenue Excellence
McKinsey and Company, June 2018

Mission

MPayz has a healthcare-focused mission to provide core blockchain technologies that are built on the Algorand blockchain and enables companies and governments around the world to launch and commercialize applications that:

- dramatically improve the execution of, and reduce costs associated with, healthcare payments;
- eliminate data silos, to enable interoperability across healthcare providers, through increased transparency and data exchange; and
- place individuals in possession and control over their personal health information.

In doing so, we will enable participants in the healthcare ecosystem to:

- provide higher levels of care;
- extend care to more people;
- enable new health care innovation to address diseases and extend lives;
- reduce costs and increase the efficiency of healthcare administration; and
- allow participants to own and control their private health data.

We believe decentralization, community, collaboration, and interoperability with multiple chains are necessary to maximize these opportunities.

MPayz

MPayz is in the process of being incorporated as a Bermuda company limited by guarantee. MPayz has been formed to become a consortium organization for the global healthcare industry. The Company will develop and conduct a token sale of a digital coin known as "MPayz" and use the proceeds to achieve the mission.

Governance. MPayz is overseen by a counsel of members, and serves alongside a large ecosystem of organizations, individuals, and companies that utilize MPayz to ensure that the decentralized governance remains intact. The Company serves the best interests of the overall MPayz community, but does not control MPayz, nor is it the only organization that will fund the development of projects utilizing MPayz. MPayz will be controlled by all token holders through voting mechanisms.

Focus. MPayz and its board will focus on developing and allocating resources to critical projects that grow the ecosystem as well as providing guidance and vision for the future growth of the ecosystem.

Structure. We believe that the Company is the ideal entity to hold a token sale and manage its proceeds due to its unique characteristics:

- Provides for a perpetuity of purpose.
- It can be established to carry out a specified useful purpose that is beneficial to all stakeholders.
- Creates a community owned governance structure.

Six Tenets. MPayz's six guiding tenets are as follows:

- ***Governance****:* Stakeholder governed, whereby every partner within the eco-system has the ability to run a node and become involved in governance. A decentralized ecosystem oversight of our mission, guided by the board that pulls expertise from global communities across healthcare & pharma, finance, legal, monetary, and gender and financial inclusion.

- ***Acumen****:* We will attract, engage, and inspire those from the top talent across the globe, as exemplified by the founding advisory team.

- ***Throughput:*** The necessary speed and capacity to support all application performance demands, as represented by the selection of the Algorand blockchain to build upon.

- ***Compliance****:* The commitment to ensure compliance with all legal and regulatory frameworks in countries where MPayz conducts business.

- ***Trust:*** Trust is our keystone, as the credibility of MPayz is a necessary pre-requisite for participants to have confidence in our network.

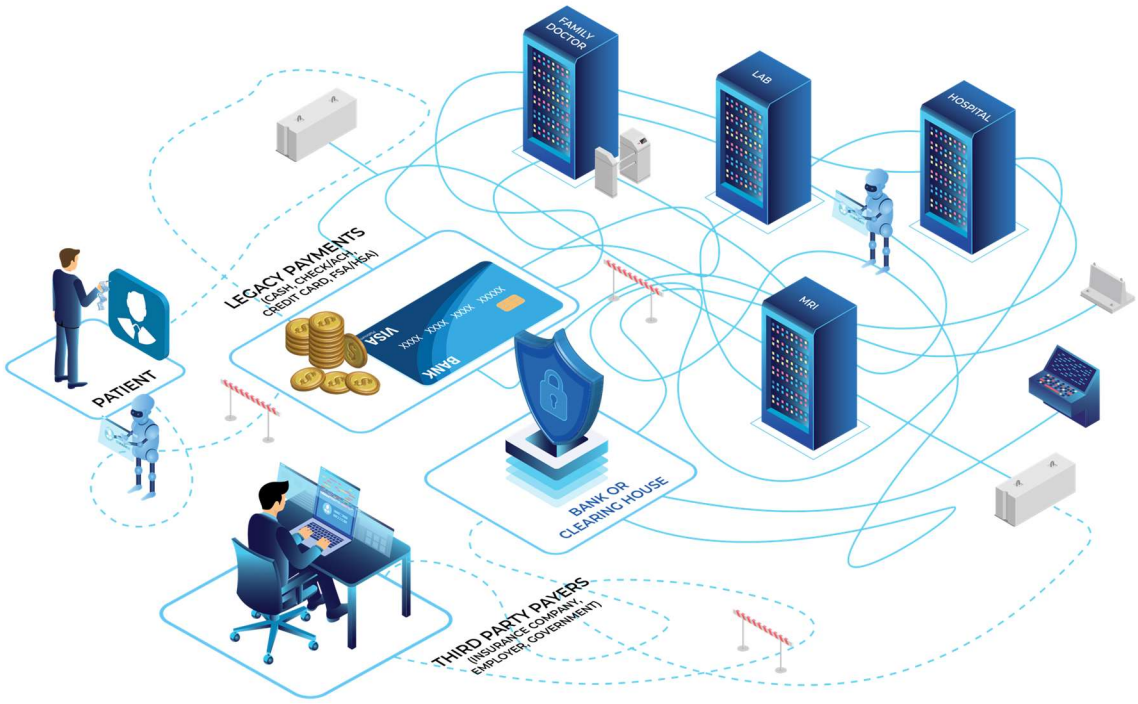
- ***Security:*** A digital highway for all healthcare related commerce, including clinical and financial data, where the security of the nodes and confidentiality and permissionability will be paramount.

Why Bermuda? Bermuda has been selected as the optimum jurisdiction in which to domicile MPayz due to the recognition of the Bermuda Monetary Authority, its sole financial services regulator as a global leader in the regulation of businesses using blockchain and cryptocurrencies. The Bermuda government has pioneered one of the world's first comprehensive regulatory and legislative frameworks specifically designed to provide legal and regulatory certainty to industry participants whilst ensuring that business in the sector is conducted in accordance with the highest international standards.

Bermuda has developed a collaborative business culture that involves government and industry working together to create opportunity and commercial success with truly independent, actively engaged and globally recognized regulators maintaining the balance between the promotion of innovation and adherence to worldwide standards of regulation, compliance, and transparency. This collaborative business culture extends to this venture, and we anticipate that Bermuda will also be one of the first adopters of MPayz.

The Problems

The current landscape of healthcare is often a zero-sum game in which misaligned incentives, a lack of transparency in billing and pricing, and non-interoperable systems drive up the cost of care to patients and insurers, while often driving down the quality of care.



Payment Systems

Existing global medical payment systems have high costs and gross inefficiencies that are prohibitive to both private users (patients) as well as large institutions (hospitals and payors). The transactions are riddled with administrative and legacy costs burdens, including overhead, clearinghouses, billing companies, and banking charges. Additionally, the lag in the adjudication of the claims is exacerbated by the addition of cross-jurisdiction transactions and the attendant foreign currency risk exposure.

These inefficiencies also include the manner in which payments are rendered from insurance providers to medical providers. In many jurisdictions insurance only covers a portion of the costs and medical providers are left to independently collect the portion for which the patient is responsible. Medical providers must then submit bills to each patient and await payment. These bills cost money to create, process, mail, and settle while patients are burdened with multiple explanation or benefit statements (EOB's), multiple bills and unclear explanations for which services they are paying.

Patient Data and Interoperability

Healthcare is an inherently fragmented industry consisting of many stakeholders, including providers (physicians), healthcare systems (hospitals), departments within healthcare systems, pharmaceutical companies, drug retailers and patients. The patient data collected across this ecosystem is maintained in disparate IT systems, across many different vendors, which do not communicate with one another. As a result, invaluable patient data remains locked, or siloed, and inaccessible.

Along a single patient's journey, dozens of departments, specialists and stakeholders will be involved in providing patient care from within the ecosystem. Despite significant efforts to increase patient accessibility and transparency of medical records, most individuals have little (or no) ability to electronically access their own medical records, regardless of their care provider. This siloed nature of healthcare prevents physicians, pharmaceutical companies, manufacturers and payors from accessing and interpreting important data sets that would allow them to make more informed decisions, share critical data with other providers and improve information that would provide better outcomes with less administrative burden. Physicians are not intentionally putting patients at risk, but this is symptomatic of a larger issue in the healthcare world, where a lack of real-world data and an absence of knowledge sharing is hurting patients. It is nearly impossible for care teams to work together for truly coordinated care.

Siloed data also significantly increases administrative cost and burden. Healthcare professionals now spend an average of 520 hours (65 days) per year on paperwork and administrative tasks, according to a 2018 survey from Medscape; and is steadily increasing annually. This can be frustrating for patients and providers when trying to transport medical history, and it is compounded when healthcare workers have to enter the same exact information over and over again—a tedious reality for many healthcare professionals and administrators. This not only prevents healthcare professionals from coordinating patient care, but it also diminishes the value of patient data and leaves room for major (and potentially costly) errors. When this happens, healthcare professionals have less time to focus on the most valuable part of their job—caring for their patients—but also lose valuable time in their schedules to care for more patients.

The problem of siloed data not only impacts the administrative burden associated with patients, but also with providers. For example, healthcare credentialing, also referred as medical credentialing or hospital credentialing, is a process of verifying a healthcare provider for his/her qualifications to provide healthcare services in one or more specialized areas. Before a healthcare provider can provide service in a jurisdiction, the provider must be verified and approved by the authorities that they are legally qualified to practice. The process includes verifying provider's education, licenses, training, work experience, insurance, background check and validity. For example, if a physician wants to work for a hospital, the hospital will check physician's credentials are current, genuine, and is valid. This is a very cumbersome and expensive process due to the inaccessibility and difficulty of obtaining this data. The medical industry has laid the groundwork for credentialing solutions to be realized, but it remains dependent upon inefficient processes and technologies to provide patient and provider

identities. A solution such as provider-to-provider cryptographic identities are simply not readily facilitated in today's systems due to numerous technical and business complexities, including, yet not limited to cost, competition, and privacy issues surrounding interoperability.

The next generation of healthcare will operate with both patients and providers in mind and allow stakeholders to share and analyze real-world data, allowing insight and better decisions based on fact, not assumptions.

The Solution – MPayz

MPayz will be a system that facilitates better payment processing, billing, messaging, public health systems, data analytics, and identity services within the medical industry. The MPayz Platform, a culmination of all the MPayz blockchain technologies, has been established to allow industry coordination to deliver better health outcomes through interoperability. This Algorand blockchain-based platform will include a policy system, a service marketplace, a secure global database external to the blockchain PKI, a shared computation environment, smart-contracts, private communication channels between peers, and a data marketplace. In addition, the platform will track possession of tokens within the system as well changes in ownership of tokens. Within this ecosystem, tokens represent a mechanism for resource consumption control. MPayz will derive revenue from token transaction fees representing the use of its platform assets.

The promise of the MPayz platform is not based on possible future solutions and partnerships or re-defining an entire industry by side-stepping existing business models and practices. Instead, it is the union of existing successful business models coupled with solving the missing foundational features of a dependable global healthcare identity system. This realization provides a clear tangible path to success in combination with existing business partnerships that address both network interconnectivity and utility.

The promise is clear; blockchain is the future of the medical payment industry. This fact may be found in many technical papers from industry experts as well as from financial reports that predict industry spending. Blockchains serve as a secure "single source of truth" for information and state, making them ideal candidates for serving as mission-critical infrastructure components.

"Blockchain technology in the healthcare market is projected to grow at a CAGR of 72.8%."

One of the driving factors to achieving this growth lies in the utilization of patient data through medical records. Despite significant efforts to increase patient accessibility and transparency, most individuals have little (or no) ability to electronically access their own medical records, regardless of their care provider. We believe patients have an inalienable right to their own medical data. This includes the ownership, control, auditability, and authority to grant access of your records to third parties. Data should be used in such a way that it enhances research and treatment efforts and produces better medical outcomes.

The healthcare industry has laid the groundwork for a solution to be realized, but they are still dependent upon inefficient, legacy technology for patient identity. Further, provider-to-provider cryptographic identities is not readily facilitated in today's systems. This shortcoming is due to numerous technical and business complexities, including yet not limited to costs, competition, and privacy issues surrounding interoperability.

Patient data hosts immense potential to revolutionize healthcare. The ability to integrate this data into healthcare models for predictive diagnostics through contextual biomarkers, employer reward mechanisms, and public health assessment will drive a new era in health-driven big data analysis. Given that not all data is created equal, major research institutions may specifically ask for users who match a given set of criteria. If a user has stated they desire to be provided with such opportunities, patients will be fiscally rewarded for use of their data. This creates a pool of rich data for general use as well as a marketplace for the most needed data for specific medical research. When taken further, patients who have exhausted all known solutions to a disease may even utilize such a system to be paired with cutting edge researchers working with their ailment. Without an aggregate marketplace that MPayz is creating, the individual data has little or no value.

MPayz Technology Assets

The following is a description of various MPayz platform technology assets available to providers to utilize to deliver game-changing applications to the global healthcare community:

The Network

The MPayz financial network will form the backbone of the MPayz token and run on a public Algorand blockchain. The MPayz network empowers healthcare providers, healthcare systems, patients, and other parties involved in healthcare payments by providing the tools and apps to not only reduce payment costs but also execute close to real-time payments.

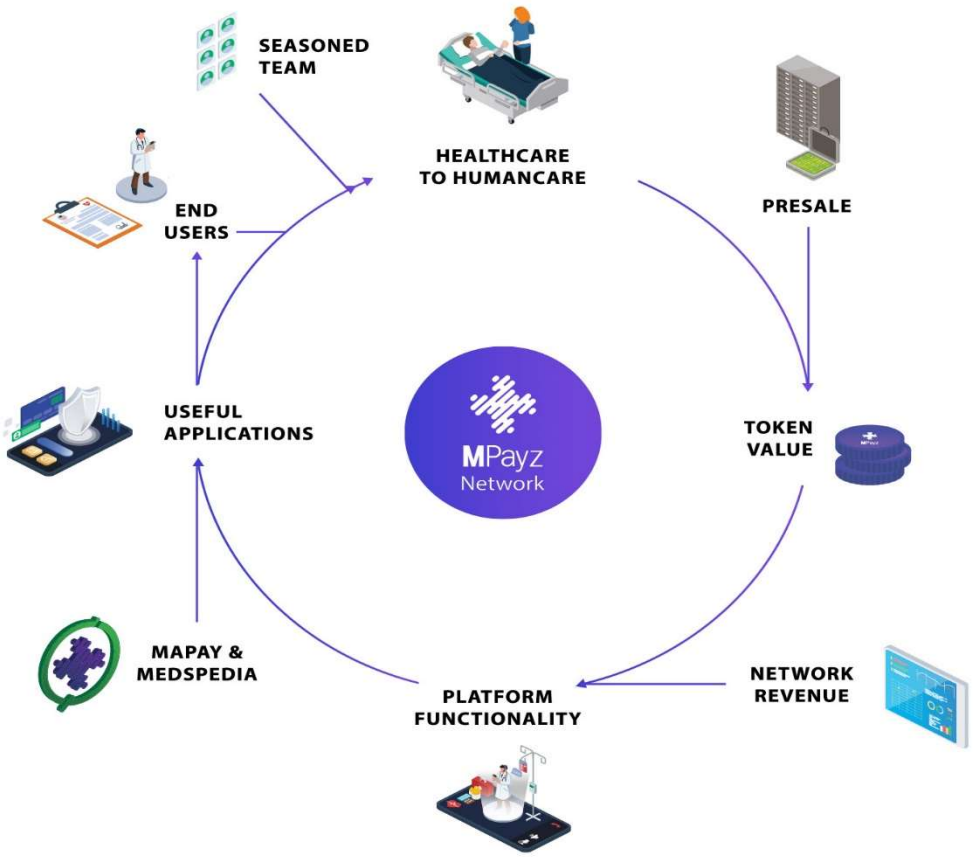
The Network will facilitate cross-border international and intra-state movement of currency for patient care and/or drug/pharmaceutical purchases and distribution. Cross-border transactions are costly, cumbersome, and exposed to exchange rate risks and lack transparency. The Network's escrow mechanism will reduce risk and therefore costs, considerably. Facilitation of the payment process can be deployed from invoicing through receipt of funds as well as ala carte based on client requirements.

The Network will contain two node types:

Authority Nodes. Authority nodes act as the source of truth in the blockchain system. These nodes are run and maintained by the network participants. In distributed systems, accurate coordination of information and change of state are some of the most primary concerns to maintain

efficacy. This coordination scales in complexity as the number of individuals increases. In order to simplify this complexity, systems may be built that follow a leader-election process. The use of BLS short signatures may be utilized for the purpose of creating secure multi-party generated randomness for this purpose. The authority nodes derive benefit from the mining rewards and act as the processing power in the network for the purpose of modification of blockchain state.

Service Nodes. Service nodes are created by system entities to increase functionality and interoperability. These nodes may either be centralized for-profit services, or these nodes may be run and controlled by the governance system of the network itself. Allowing for a generalized framework ensures that as the system demands change, or as more efficient mechanisms present themselves, system operation may change. MAPay, discussed further below, will host the first private service nodes that offer User Bill Aggregation, Industry Net Settlement, and Patient Identity Services.



MPayz Token

MPayz is a utility token that fuels the applications running on the MPayz Network. The MPayz token will be used to execute smart contracts, mint NFTs, and support cross-border payments.

The MPayz token will allow the following to occur:

- Accept payments in real time via the Web/App, mobile device, SMS, or IVR.
- A web based, enrollment based, "virtual bank account" option that enables any healthcare provider/entity to accept and/or push payments of any size, at any time, from anywhere.
- Bundled informational component associated with any and all transactions.
- Multiple bill presentment, payment, and reporting options.
- Integration into dissimilar back-end resources.
- Minting and purchasing of NFTs, which represent private patient data.

By domiciling a token generation event in Bermuda and using the Bermuda node as its "Universal Hub" for future country deployments. This will:

- Provide extensionality of function of/to other token generated events and/or development sandboxes back to Bermuda
- Create inter-exchangeability of other healthcare related tokens
- Build local technical resources
- Establish MPayz as the de facto standard for other DeFi application in healthcare

MPayz Wallet

Subject to obtaining a license to carry on the relevant digital asset business activities under the Digital Asset Business Act 2018, as amended ("**DABA**"), from the Bermuda Monetary Authority ("**BMA**"), the MPayz wallet shall be established. MPayz wallet is a mobile app that allows users to store their tokens, send and receive tokens, and make payments to other parties for the services. The wallet, or user interface nodes, facilitate simple access to system services and information. These nodes are used for injecting transactions to the network that cause stateful changes in the blockchain and pay for the utilization of system services. Additionally, these nodes allow external services to interop securely by utilizing the blockchain-based PKI.

MPayz Wallet will be accessible via its own application on both web and mobile. The wallet equips users with everything needed to manage the digital asset, including a key vault, secure login, token wallet, and token exchange.

MPayz Wallet will also generate passwords and keys on user devices, so only the user will have access to their personal health and account information, ultimately allowing 100% ownership and control over their data.

Patient Data Vault

The MPayz Patient Data Vault is a patent pending technology that allows patients on the network to create and store their healthcare data security on a permissioned blockchain. The patient data vault is a cryptographically secure vault that stores patient's private data and allows patient to provide access to other trusted parties.

The data is stored on both centralized and decentralized networks and access is granted to third parties for a limited time to the selected data.

All key data can be minted into NFTs and shared.

NFTs

A non-fungible token (NFT) is a blockchain-based asset which is not interchangeable with any other (not fungible). NFTs are used to commodify digital items, such as digital art or video game items, or in this case, patient healthcare data.

The application will extend the ability to NFT one's own healthcare data derived from medical records, DNA, contextual biomarkers, and any other sources that are meaningful. The NFT will have a unique identifier that is placed into the Patient Data Vault intermediary which will also act as the marketplace or "auctioneer" for the individual data to be combined in a fashion that has real marketplace potential for medical data buyers.

MPayz will be the digital currency used to create, mint, and provide access to the NFTs. The NFTs use cases on MPayz network will evolve over time as users adopt these solutions and use cases become widely recognized.

DeFi Exchange

Subject to obtaining a DABA license from the BMA, MPayz DeFi solution will provide a means to exchange MPayz for commonly used cryptocurrencies. The liquidity of the tokens will be available in the pool and other token holders may participate in the pool to earn rewards.

At launch, MPayz will be made available on Algorand's DeFi exchange.

Initial Applications for the MPayz Platform

The Company has already secured several initial applications for the MPayz platform and are being launched as described below. These applications are substantively backed by the certainty of known global healthcare transactional volumes.

The first technology platforms to be deployed on MPayz are developed by MAPay and MEDspedia (for more information about MAPay, see "**About MAPay**" below). MAPay is contributing key knowhow and intellectual property rights to create core leverageable technologies that will result in the creation of a global ecosystem of applications from solutions providers. MAPay technologies will go live simultaneous with the launch of MPayz.

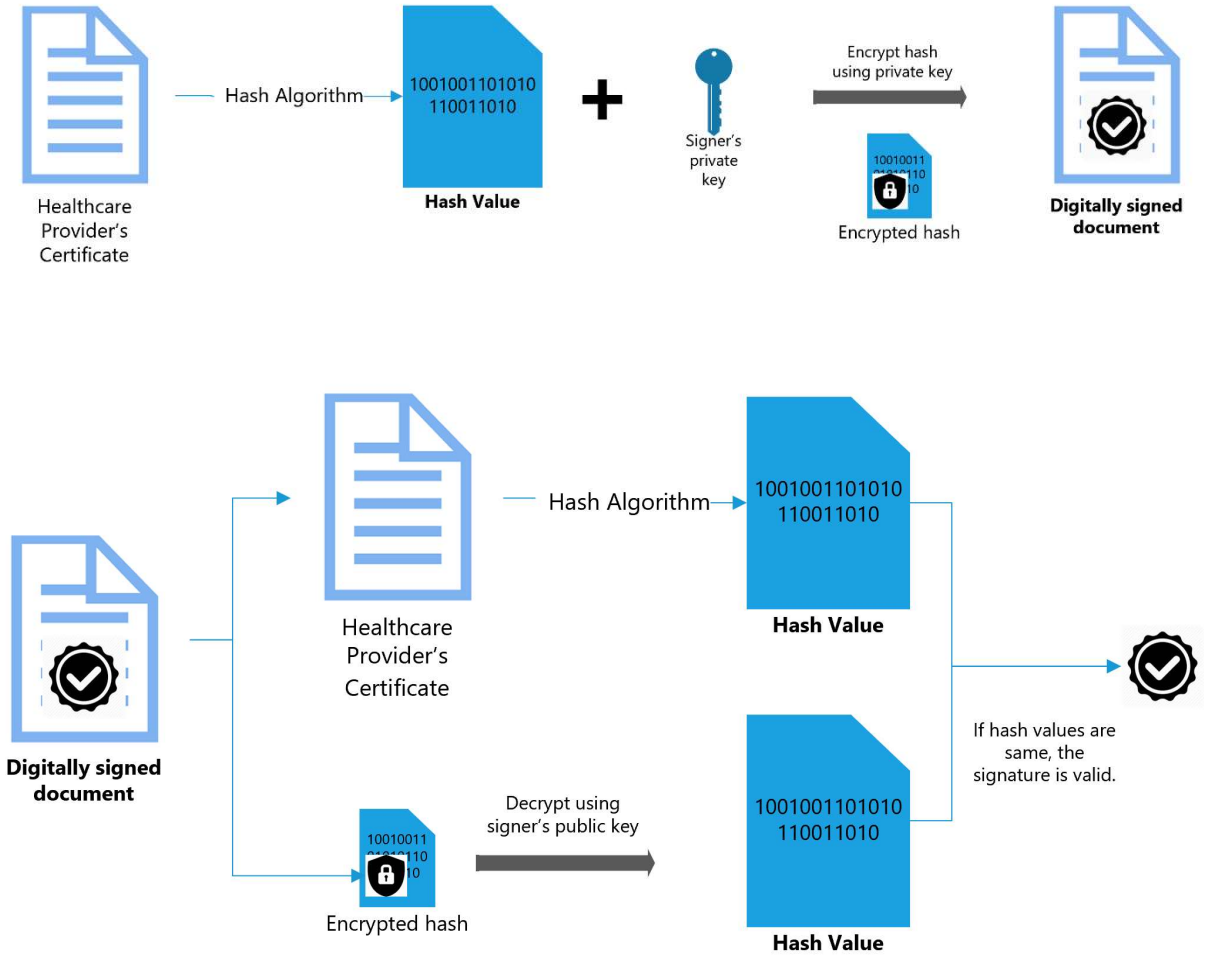
Application 1: MAPay Healthcare Credentialing System (Go Live Date in Q2 2022)

MAPay is in the midst of delivering this initial application for the Bermuda Health Council (BHC) for commercial launch in the second quarter of 2022.

While healthcare systems do not have a unified system of credentialing, most of them require all or most of the following documents and proofs:

- A National Provider Identifier (NPI), a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services.
- State license
- Curriculum vitae
- Board qualification/certification
- ACLS/BLS certification
- DEA certificate
- Surgical logs
- Documentation of hospital privileges
- 10-year insurance claims report
- Immunization records
- Residency diploma
- College degrees/School diplomas
- Driver's license
- Social Security card
- Professional references

MAPay's Healthcare Credentialing System is a suite of applications that allow healthcare providers to apply for credentialing certification from the governing authority. The system allows a provider to upload his/her documents in form of images, PDFs, docs, and scanned copies. Once uploaded, the healthcare credentialing authority can review and verify updated credentials and certify/approve. Once approved, the credentials approval is stored on a blockchain that is available publicly for anyone to check and verify.



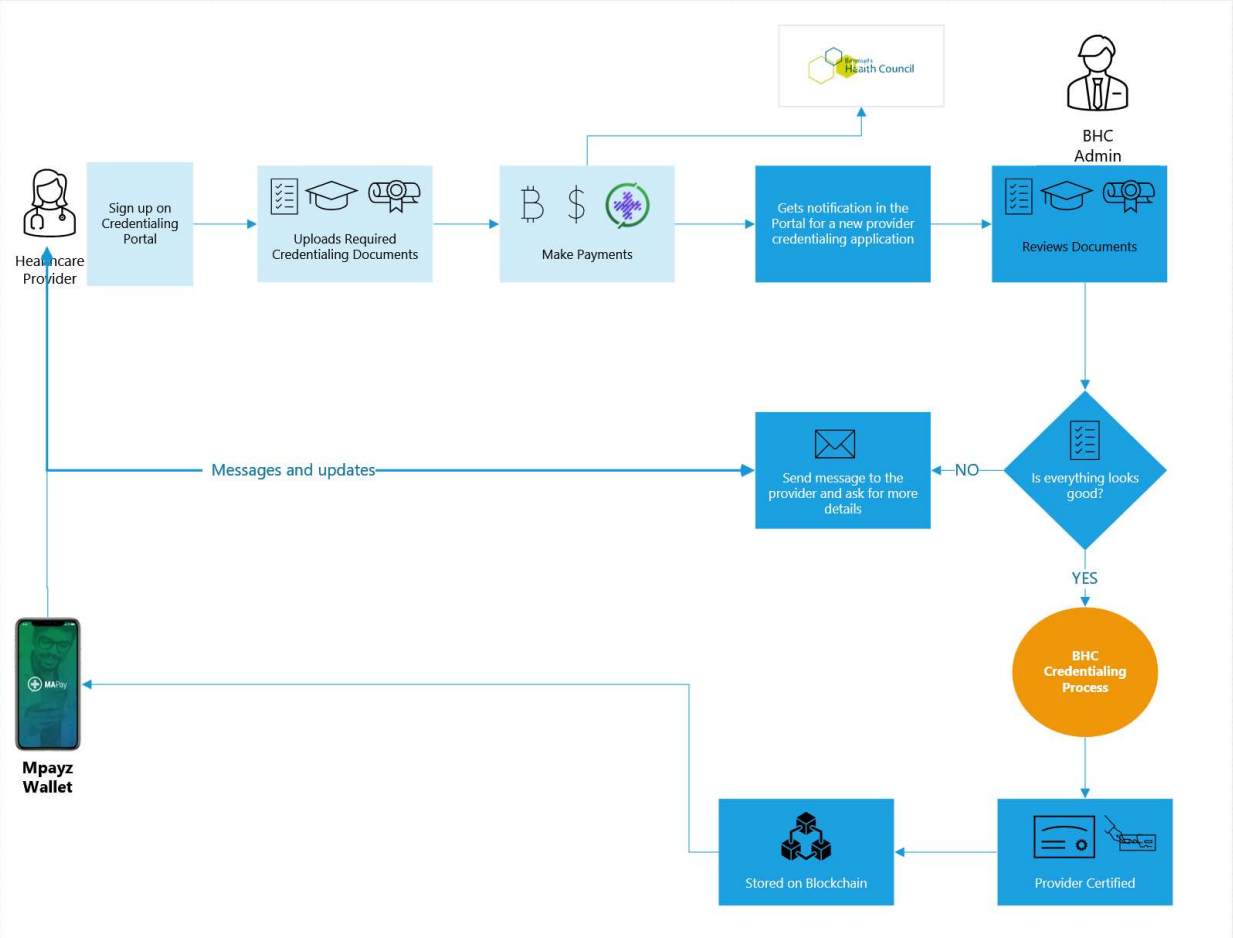
The first businesses that will implement the MAPay Credentialing System is the Bermuda Health Council (BHC). MAPay is in the process of developing a broader set of healthcare payment services to healthcare systems in Bermuda. BHC is the authority that verifies and certify healthcare providers to work in Bermuda.

Steps required:

1. Healthcare provider signs up on the website
2. Uploads his/her certificates and documents
3. Make a payment using MPayz Token
4. Authority (BHC) get a message/notification about new credentialing request
5. Authority reviews the docs
6. Certifies or ask for more details
7. Healthcare provider certified
8. BHC gets paid
9. A small fee paid to MPayz Network (0.10 MPayz)
10. Digitally signed

11. Certification is uploaded to the Blockchain
12. Certification is available in MPayz Wallet
13. Healthcare provider can show it to anyone by scanning a bar code or download the digital copy of the certificate

The following diagram depicts the workflow of the BHC credentialing process.



Application 2: MAPay Enterprise Payments

Subject to receiving a license under the DABA from the BMA, it is proposed to launch MAPay's Enterprise payment applications will provide real time adjudication of claims and payments, which we project will reduce transaction fees by more than 50% to help offset the rising health care costs. MAPay Enterprise is an enterprise-to-peer interoperability network and settlement engine that reduces the costs associated with mailing, processing, and collecting these payments and integrates seamlessly with a broad set of existing international large-scale legacy systems. The elimination of systematic dysfunction will be greatly amplified through this global blockchain project.

MAPay presents a strong value proposition for providers to increase coordination and efficiency by allowing care providers to operate in a net-settlement system. MAPay's net settlement system compiles transactions between banks with only the "net" paid between institutions. The promise of this form of settlement is clear in a report created by the Federal Reserve titled "*Distributed ledger Technology in Payments, Clearing, and Settlement*". The core premise of this report is that many Financial Market Infrastructure (FMI) and clearing/settlement systems may be enhanced or (in some cases) replaced by DLT implementations. A future that supports niche payment clearance technologies is clearly stated in the following, taken from the same report.

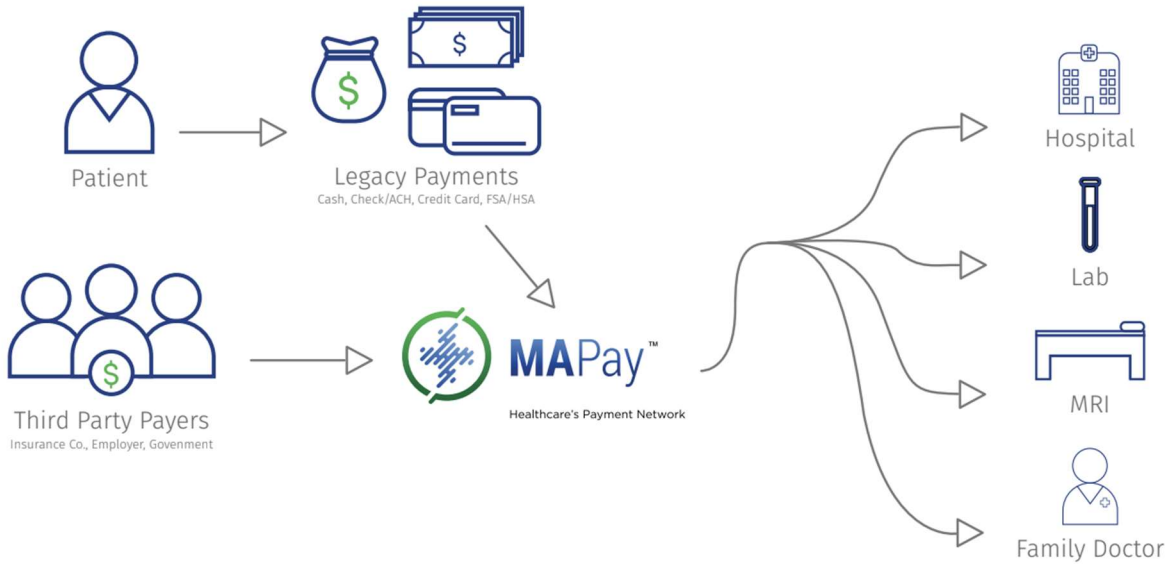


Figure: MAPay Bill Aggregation Service

This system may also be extended inside of an ecosystem framework. Many healthcare providers have bidirectional payment flows, and given a large enough network of providers, these are indirect bidirectional flows.

By allowing multiple providers and other stakeholders to share a common settlement system that is auditable and secure, net settlement may be established between institutions and the existing banking system. This will allow organizations to minimize transaction costs associated with payment processing, thus saving money, and raising the efficiency of the operation.

The MAPay enterprise and settlement system also applies to cross-border payments and are a necessity of any business in today's more integrated world. Our focus is on payments made to healthcare providers for care received by a citizen of one nation, from providers in another nation. MAPay payments solution allows business-to-business, business-to-person, person-to-business, and person-to-person cross border payments between two or more countries.

Key benefit of digital currency in cross-border payments includes the following:

- Low cost. 50-80% cost reduction in transaction costs. There is a standard 6.1% cost of transfer today, according to World Bank. Some remittance cost up to 11% of the transfer amount.
- Faster payments. Near real-time payments within a few seconds. The average international transfer takes 2-3 days.
- Verifiable. Cryptocurrency payments are stored on public and permissioned digital ledgers that are accessible publicly.
- Secure. Cryptography in blockchain uses public-private key for data encryption.
- Multi-party authorization. Decentralized and distributed control compared to centralized control.
- Green and sustainable. Most of the blockchain protocols are green, paperless, and sustainable.

Application 3: MEDspedia

Within the existing MAPay system, "MEDspedia" is the patient-facing portal that allows a patient to use multiple payment purses, to pay bills for multiple healthcare encounters, in a single transaction. In the current US health payment model, a patient must collect, review, and manage multiple EOB's, payer statements and provider bills to determine what to pay, and then navigate multiple checks, credit cards, and pay portals to complete their payments. The results have historically resulted in increased aggravation, delayed payments, and disbursed health payment history for the patient.

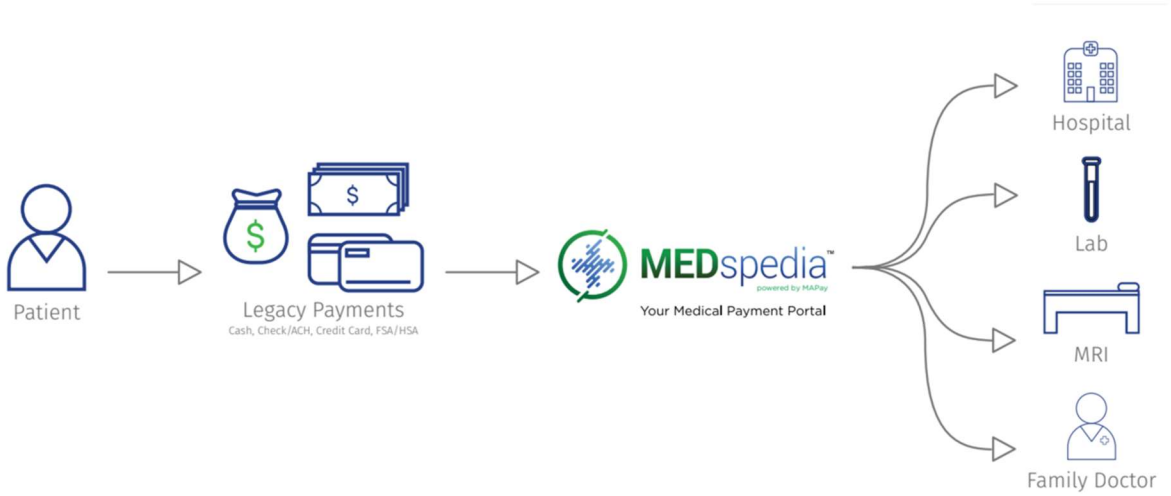
MEDspedia is the only platform that provides patients clarity around healthcare payments by combining healthcare cost transparency and access to multi-purse payment options in one place. Providers on the MEDspedia network will increase speed of collections, increase security of payments, and reduce payment costs. MEDspedia is enabling patients to better control their healthcare spending and closing provider billing gaps.

Patients:

- Easy to use payment system for all healthcare payments
- Transparency and clarity on statements
- Multiple payment purses to better control health expenditures
- Education and partner tools dedicated to controlling and reducing healthcare costs

Providers: Closed loop system incentivizes reduced collections time and cost for patient payments, while increasing security

- Collections times reduced through clear presentment of patient invoice
- Costs tied to payments reduced through electronic adoption
- Payment security increased through reconciliation of payments to accounts



MEDspedia is a tool, platform and community that helps to simplify patient healthcare education and the payment experience. The tools that a patient uses creates value to the consumer by organizing provider invoicing and discovering and organizing cost saving solutions in one place. We create stickiness for patients that have multiple healthcare engagements and invoicing per month or need to feel more comfortable that they have the right tools and information to make the best decisions to pay the patient responsibility.

The MEDspedia app will have three major focuses:

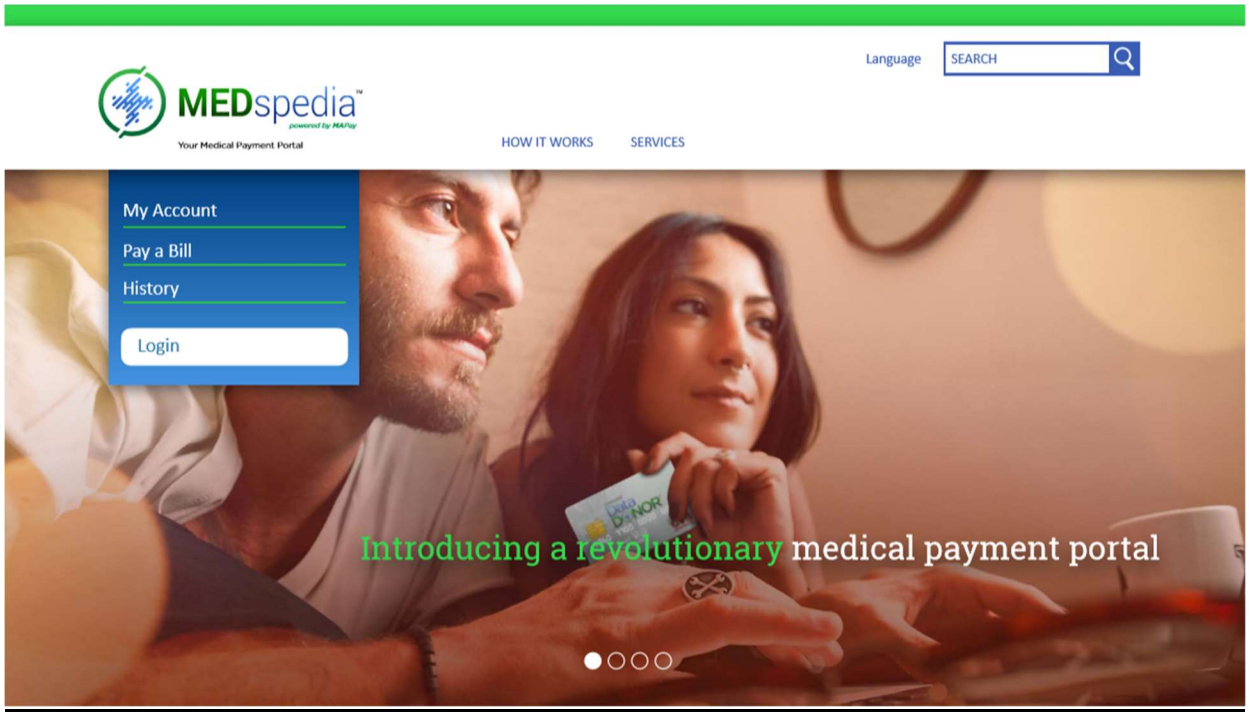
1. Resources and education: Tools based on the information they have entered about themselves and their payment options, such as searching for providers and their pricing comparisons

2. Provider Bill Presentment: Providers that are using MAPay for invoicing services will have simplified bills presented on the App, providing clarity on what is owed

3. Payment: Payment of any provider through the app, easily using their bank accounts, debit cards and credit cards to make payments

The app will act like a combination of Mint and Venmo for healthcare.

While Phase 1 of MEDspedia is focused on payments, over the longer term, this company believes that MEDspedia will become a comprehensive community.



The MEDspedia App

In Bermuda, MAPay will create patient/consumer behavioral engagement in areas like mental health, diabetes, obesity, aging population through the patient facing MEDspedia portal to address the twenty percent of the Bermuda population with a chronic disease that in total consume eighty percent of the island's healthcare dollars.

Application 4: Patient Data Interchange

MAPay's solutions for breaking down data silos and enabling interoperability to have been based on the view that patients have an inalienable right to their own medical data. This includes the ownership, control, auditability, and authority to grant access of their records to third parties. Data should be used in such a way that it enhances research and treatment efforts and produces better medical outcomes. MAPay will deploy a Patient Data Interchange that functions globally through the MPayz network.

MAPay's methodology addresses this premise by providing a natural interoperability among providers, patients, and institutions with a sustainable business model based on a patient-centered approach. This starts with solving the hard problems surrounding identity. In most countries there is no common form of identity that is universally associated with each citizen aside from a social security number in the US, for example. Although many institutions do utilize social security numbers as a method of identification, this is far from a cryptographically secure solution. As a method of solving this issue, we have seen the financial system stand in as a means to identify individuals due to the requirements set forth in KYC, AML, and OFAC. Given these requirements, financial institutions must adhere to rigid regulations regarding independent forms of government identification that are more robust than a social security number alone.

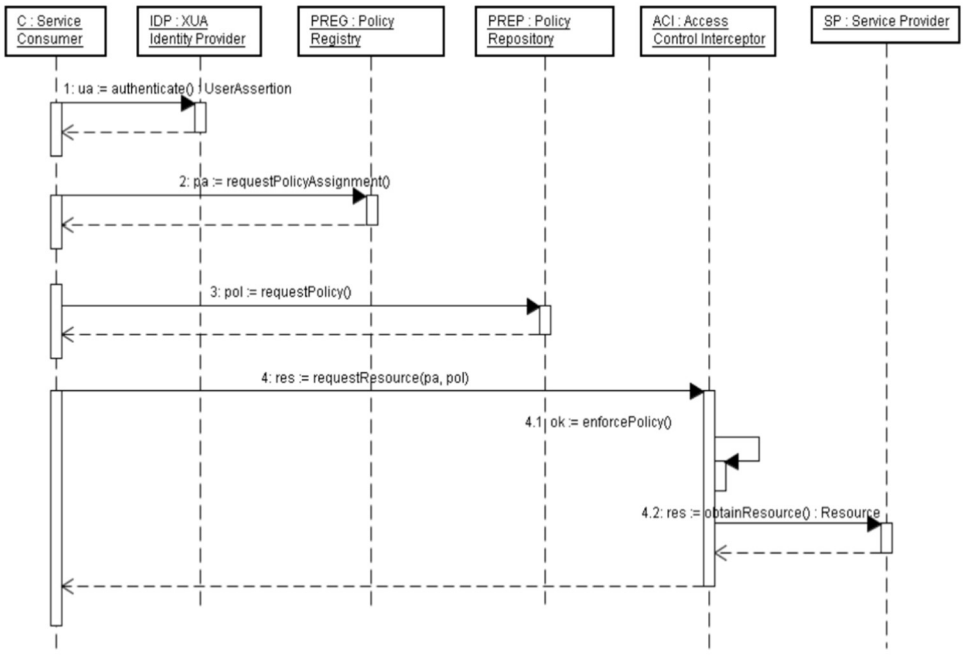
In providing payment applications, MAPay holds the valuable position of being an intermediary for multiple health providers, users, and existing financial institutions. Due to this intersection between the financial world and the medical world, MAPay is developing capabilities to relate multiple obfuscated patient identities in separate provider systems. As a result, MAPay is constructing a global identity service for patient, provider and payor identifies which index into, but are independent of the IT systems containing their data. In combination, this proprietary authentication system creates the foundation of a next generation access control system and addresses one of the largest outstanding issues for the successful union of the IT and medical industries.

"If we are to improve healthcare information management, we must start with the accurate identification of each person receiving or providing healthcare services, and anyone accessing or using this information."[15]

Healthcare Identity Management
Secure Technology Alliance, 2009

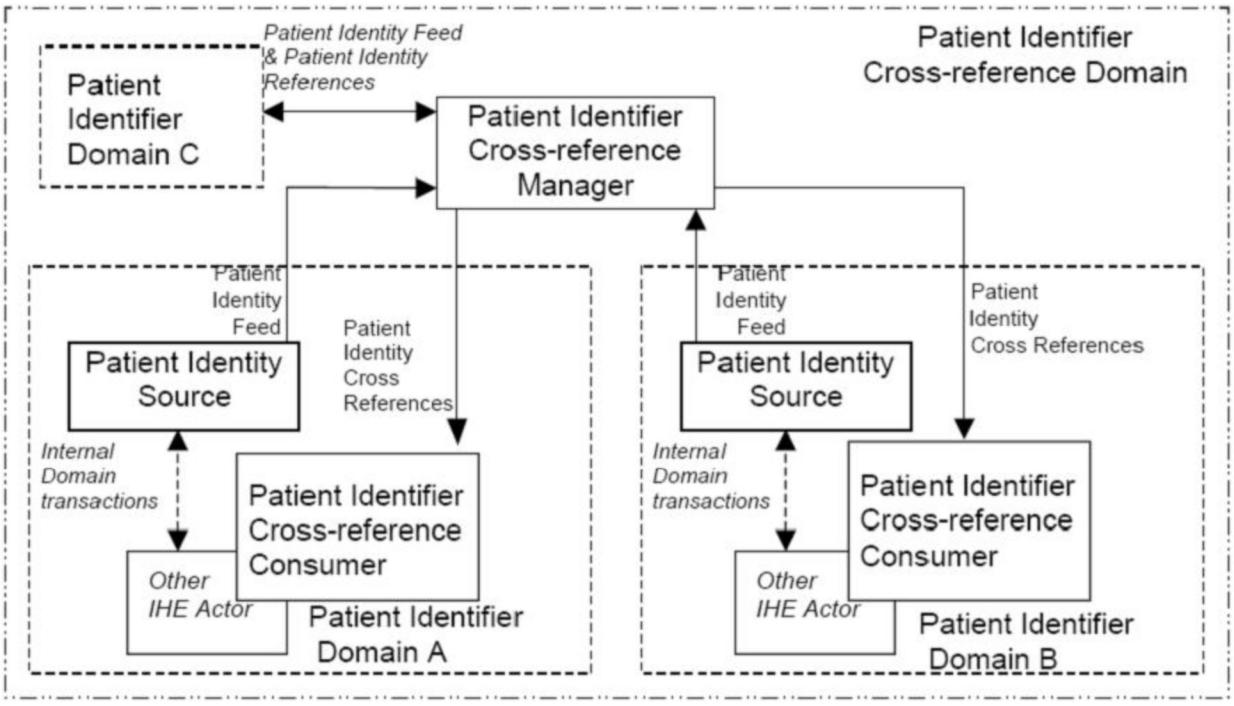
Thirteen years later, this issue remains in the forefront as data remains siloed across competing business interests.

Through the incorporation of blockchain technology with its identity authentication services, MAPay provides an economically sound solution to break down data silos and enable interoperability within the global healthcare ecosystem. For example, the following is a diagram showing the steps in a common trust framework for facilitating policy-based access control of resources across service providers. This diagram was taken from the Integrating the Healthcare Enterprise IT-Infrastructure White Paper on Access Control.



Within this model, MAPay will provide services as a universal "Identity Provider." The blockchain holds the ability to be a "Policy Registry" and "Policy Repository". The privately controlled environments at the edge of the network may function as the "Access Control Interceptor", and an external resource stands as the "Service Provider."

Another example of this operation, as implemented under FHIR API protocols, the following demonstrates cross-provider identification services:



Integrating these features as services hosted in a consortium blockchain ecosystem facilitates solving some of the other difficult issues of the modern medical system by extension.

Outside the primary benefit of a preferential position for the purposes of identification, MAPay has the secondary benefit of its partners currently working in development sandboxes with several top vendors in the medical IT industry. Through these standing partnerships, MAPay is leveraged to facilitate the interoperation between systems that contain over 90% of all primary care Electronic Health Records in the US. Thus, the benefits of participation, from the perspective of a medical provider, are immense, including dynamic diagnosing, population health management, and reduction in redundant to tasks.

MAPay's ability to provide non-probabilistic identity an economic solution will greatly benefit the MPayz network and provide users the ability to share and monetize their health data. Users will utilize MPayz token as the digital currency on the platform.

Application 5: Metaverse based Telehealth

Telehealth is a quarter-trillion-dollar post COVID-19 reality, according to McKinsey and a new analysis shows that telehealth use has increased 38X from a pre-COVID-19 baseline and this trend will continue to grow as we implement more user friendly and sophisticated augmented reality and mixed reality systems.

Metaverse is a $1.4 trillion dollar opportunity. MAPay foresees building its own telehealth metaverse that will allow healthcare systems, service providers, and patients to visit hospitals or doctors virtually but in holographic shapes using holograms.

MAPay intends to leverage Microsoft's Holographic Computing, HoloLens devices, and Microsoft Mesh platform to provide virtual telehealth services. MAPay Metaverse will focus on patient care, telemedicine, and other telehealth areas that are the early use cases to utilize MPayz token as the digital currency on the platform.

About MAPay

MAPay is a global fintech company based in Bermuda and the United States delivering solutions focused on solving payment inefficiencies and other core problems within the global healthcare arena through the MAPay Network.

The MAPay Network is the culmination of more than a decade of commercial operations from predecessor companies of the founding members. The MAPay network is being extended to include

distributed ledger technology via MPayz that will power smart contracts to enable the transacting of highly secure medical solutions. The MAPay Network utilizes a hybrid architecture of both centralized and decentralized protocols for multi-party medical payments and secure and compliant data exchange.

MAPay has many years of experience in the United States processing healthcare payments that utilize traditional money transfer methods (ACH, merchant processing, wire transfer). MAPay provides automated, streamlined transactions for organizations to pull invoices and push payments for their providers, independent consultants, and other vendors. MAPay also streamlines the paper check process to providers, consultants, and principals, which is fraught with manual steps, USPS reliance, timing delays, and staff/manual reconciliation.

MAPay's solutions dramatically improve payment performance, reduce transaction costs, increase transparency, and enhance security and efficiency. The savings realized by MAPay customers can be used to lower the cost of care and be re-deployed to provide greater levels of care and access to healthcare. Some of these solutions will be the initial applications that run on the MPayz network and will provide validation and predictability of the network and utility for the MPayz coin.

MAPay has provided access, and intends to continue to provide to access, to certain of its technologies to enable the formation of the MPayz blockchain ecosystem, and to allow additional global services to be built on top of these existing technologies. The intended impact will be to provide the global healthcare industry with much-needed tools, while also allowing MAPay to use blockchain to create a new digital payment rail network for international customers. Through this collaborative effort, MPayz, MAPay and, by extension, the global healthcare industry, will reap immense benefits.

MPayz Global Reach through partnership with MAPay

Globally, public, and private sector healthcare participants need dynamic and responsive payment network options and capabilities to achieve the policy guidelines set forth by their governments. MAPay offers country-wide deployment plans that lower the transaction costs of healthcare encounters, while implementing patient-centric data interoperability and improving population health management. Today MAPay enjoys a pipeline of 21 Countries and is currently in active discussions with Bermuda, Panama, Paraguay, UAE and Uruguay to bring one or more of the applications described above to the market. The hub and spoke model of individual jurisdiction allows for risk mitigation, cross pollinating of use-cases and resource leverage, capital, technology, and human.

Global healthcare spend is estimated at approximately $10 Trillion (USD) with varying cost per capita and care outcome. According to a recent study funded by the Gates Foundation, this figure will rise by the year of 2040 to an unsustainable amount approaching $25 Trillion. In 2014, spending per capita in low-income countries varied from $33 to $347, and per capita spending in high-income countries

varied from $853 to $9,237. The study further detailed that the estimation of future health spending and the source of that funding will be vital for effective health policy. With reliable spending forecasts, decision makers can adjust long-term planning and processes. Investments can be made strategically to counter shortfalls or enhance growth in coming years. Because dependence on out-of-pocket health payments has been shown to reduce access to health services and increase medical impoverishment in some settings, understanding how funds will be collected and if they will be prepaid and pooled across groups, is also of crucial importance. The source of health funding often dictates the types of services and supplies procured and how efficiently those resources are deployed. Without careful planning, limited resources for health can translate into insufficient access to health services and an over-reliance on out-of-pocket payments."

MAPay is at the nexus of this needed change due to fractured legacy systems creating administrative burden. The following table shows the top 175 countries as it relates to healthcare spending. It also shows the type of environment the current healthcare systems operate within those borders. (i.e., Multi-payor, Single payor, patient/consumer responsibility.) The key to MPayz success is tied to the ability to quickly and effectively deploy technologies across multiple global regions that have a real positive impact on the region. Launching MPayz with multiple solutions, which are already being activated in multiple countries, will provide the core underlying efficacy and scale to convert users and encourage new solutions.

Health Care Spending By Country

The following table will give you an idea of how much money is spent on healthcare in various countries worldwide, and who pays for it. There are great disparities between countries. In general, governments in wealthy countries pay for a higher percentage of national healthcare spending than poor countries. Also, countries with a high percentage of people age 65+ tend to be appealing markets for medical device companies due to the fact that this demographic accounts for a large percentage of overall healthcare spending.

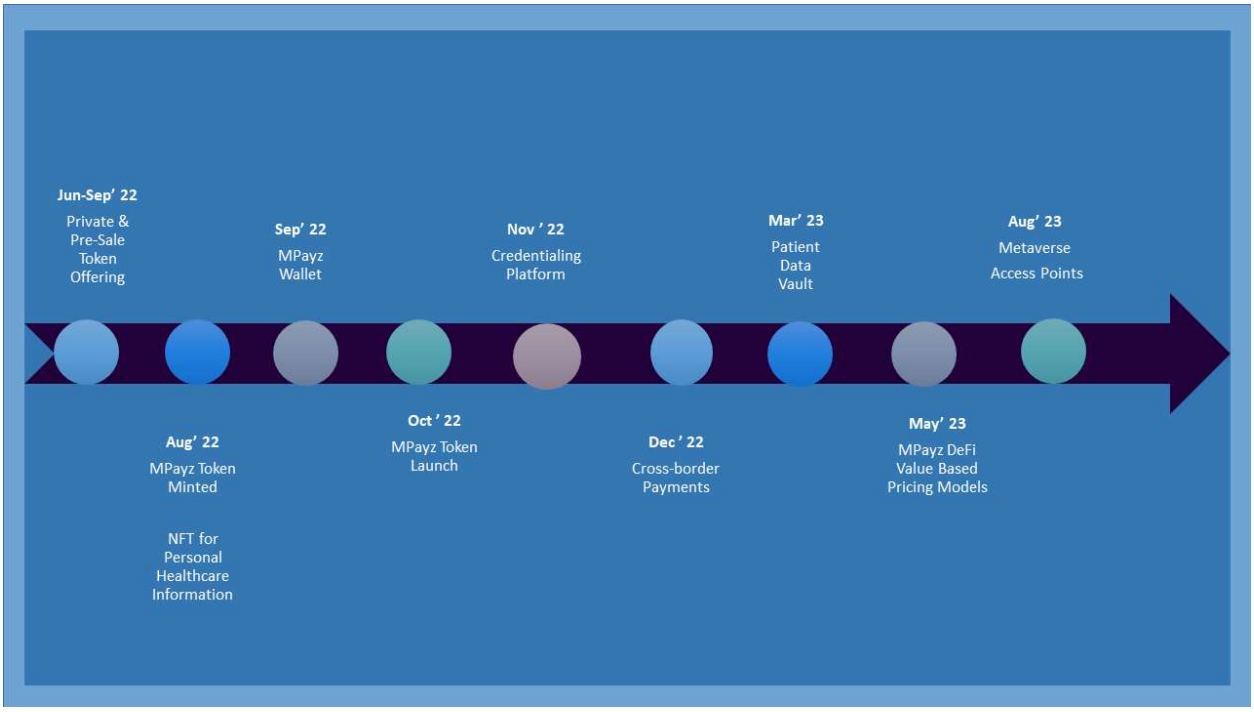
	Country	Total population July 2015	Age distribution of population			Total spending on healthcare (USD)	Distribution of healthcare spending 2014 data		Per capita spending on healthcare 2014 data (current USD)	Healthcare spending as % of GDP 2014	Per capita healthcare spending increase 2004-2014
			0-14	15-64	65+		Public	Private			
	World	7,256,490,011	26%	66%	8%	$7,699 billion	60%	40%	$1061	10%	+60%
	Argentina	43,431,886	25%	64%	11%	$26 billion	55%	45%	$605	4.8%	-1%
	Australia	22,750,000	18%	67%	15%	$137 billion	67%	33%	$6031	9.4%	+106%
	Austria	8,665,550	14%	66%	20%	$48 billion	78%	22%	$5580	11.2%	+48%
	Belgium	11,323,973	17%	65%	18%	$55 billion	78%	22%	$4884	10.6%	+51%
	Brazil	204,259,812	23%	69%	8%	$193 billion	46%	54%	$947	8.3%	+273%
	Bulgaria	7,186,893	15%	66%	19%	$5 billion	55%	45%	$662	8.4%	+177%
	Canada	35,099,836	15%	67%	18%	$186 billion	71%	29%	$5292	10.4%	+73%
	Chile	17,508,260	20%	70%	10%	$20 billion	50%	50%	$1137	7.8%	+164%
	China	1,367,485,388	17%	73%	10%	$574 billion	56%	44%	$420	5.5%	+492%
	Colombia	46,736,728	25%	68%	7%	$27 billion	75%	25%	$569	7.2%	+287%
	Costa Rica	4,814,144	23%	70%	7%	$5 billion	73%	27%	$970	9.3%	+180%
	Czech Rep	10,644,842	15%	67%	18%	$15 billion	85%	15%	$1379	7.4%	+79%
	Denmark	5,581,503	17%	64%	19%	$36 billion	85%	15%	$6463	10.3%	+40%
	Egypt	88,487,396	32%	63%	5%	$16 billion	38%	62%	$178	5.6%	+218%
	Europe	513,949,445	16%	65%	19%	$1,856 billion	78%	22%	$3613	10%	+45%
	Finland	5,476,922	16%	64%	20%	$25 billion	75%	25%	$4612	9.7%	+55%
	France	66,553,766	19%	62%	19%	$330 billion	78%	22%	$4959	11.5%	+38%
	Germany	80,854,408	13%	66%	21%	$437 billion	77%	23%	$5411	11.3%	+53%
	India	1,251,695,584	28%	66%	6%	$93 billion	30%	70%	$75	4.7%	+178%
	Indonesia	255,993,674	26%	67%	7%	$25 billion	38%	62%	$99	2.8%	+267%
	Iran	81,824,270	24%	71%	5%	$29 billion	41%	59%	$351	6.9%	+142%
	Ireland	4,892,305	21%	66%	13%	$21 billion	66%	34%	$4239	7.8%	+20%
	Israel	8,049,314	28%	61%	11%	$23 billion	61%	39%	$2910	7.8%	+101%
	Italy	61,855,120	14%	64%	22%	$201 billion	76%	24%	$3258	9.2%	+23%
	Japan	126,919,659	13%	60%	27%	$469 billion	84%	16%	$3703	10.2%	+27%
	Kenya	45,925,301	42%	55%	3%	$4 billion	61%	39%	$78	5.7%	+290%
	Malaysia	30,513,848	28%	66%	6%	$14 billion	55%	45%	$456	4.2%	+147%

Health Care Spending By Country

	Country	Total population July 2015	Age distribution of population			Total spending on healthcare (USD)	Distribution of healthcare spending 2014 data		Per capita spending on healthcare 2014 data (current USD)	Healthcare spending as % of GDP 2014	Per capita healthcare spending increase 2004-2014
			0-14	15-64	65+		Public	Private			
	Mexico	121,736,809	28%	65%	7%	$82 billion	52%	48%	$677	6.3%	+51%
	Morocco	33,322,699	26%	68%	6%	$6 billion	34%	66%	$190	5.9%	+91%
	Myanmar	56,320,206	26%	69%	5%	$1 billion	45%	55%	$20	2.3%	+300%
	Netherlands	16,947,904	17%	65%	18%	$97 billion	87%	13%	$5694	10.9%	+67%
	New Zealand	4,438,393	20%	65%	15%	$22 billion	82%	18%	$4896	11%	+150%
	Nigeria	181,562,056	43%	54%	3%	$21 billion	25%	75%	$118	3.7%	+162%
	Norway	5,207,689	18%	66%	16%	$50 billion	86%	14%	$9522	9.7%	+75%
	Pakistan	199,085,847	33%	63%	4%	$7 billion	35%	65%	$36	2.6%	+100%
	Panama	3,657,024	27%	65%	8%	$4 billion	73%	27%	$959	8.0%	+172%
	Peru	30,444,999	27%	66%	7%	$11 billion	61%	39%	$359	5.5%	+220%
	Philippines	100,998,376	34%	62%	4%	$14 billion	34%	66%	$135	4.7%	+286%
	Poland	38,562,189	15%	69%	16%	$35 billion	71%	29%	$910	6.4%	+121%
	Portugal	10,825,309	16%	65%	19%	$23 billion	65%	35%	$2097	9.5%	+18%
	Qatar	2,194,817	13%	86%	1%	$5 billion	86%	14%	$2106	2.2%	+35%
	Romania	21,666,350	14%	70%	16%	$12 billion	80%	20%	$557	5.6%	+189%
	Russia	142,423,773	17%	69%	14%	$127 billion	52%	48%	$893	7.1%	+319%
	Saudi Arabia	27,752,316	27%	70%	3%	$32 billion	75%	25%	$1147	4.7%	+198%
	Singapore	5,674,472	13%	78%	9%	$16 billion	42%	58%	$2752	4.9%	+232%
	South Africa	53,675,563	28%	67%	5%	$31 billion	48%	52%	$570	8.8%	+50%
	South Korea	49,115,196	14%	73%	13%	$101 billion	54%	46%	$2060	7.4%	+161%
	Spain	48,146,134	15%	67%	18%	$128 billion	71%	29%	$2658	9.0%	+35%
	Sweden	9,801,616	17%	63%	20%	$67 billion	84%	16%	$6808	11.9%	+86%
	Switzerland	8,121,830	15%	67%	18%	$79 billion	66%	34%	$9674	11.7%	+74%
	Thailand	67,976,405	17%	73%	10%	$25 billion	86%	14%	$360	6.5%	+219%
	Turkey	79,414,269	25%	68%	7%	$45 billion	77%	23%	$568	5.4%	+82%
	Ukraine	44,429,471	15%	70%	15%	$9 billion	51%	49%	$203	7.1%	+123%
	UAE	5,779,760	21%	78%	1%	$9.3 billion	72%	28%	$1611	3.6%	+76%
	UK	64,088,222	17%	65%	18%	$252 billion	83%	17%	$3935	9.1%	+33%
	USA	321,368,864	19%	66%	15%	$3,021 billion	48%	52%	$9403	17.1%	+48%
	Uruguay	3,341,893	21%	65%	14%	$45 billion	71%	29%	$1442	8.6%	+202%
	Vietnam	94,348,835	23%	70%	7%	$13 billion	54%	46%	$142	7.1%	+373%

Product Roadmap

The following timeline shows the product roadmap and launch of the MPayz platform and initial MAPay applications with the assumption of the successful token sales.



MPayz Tokenomics

We have constructed a token model for the operation, administration, and economic remuneration of participants in the system. The MPayz token provides for the secure and fair utilization of the healthcare interoperability system previously described. The MPayz tokens will be referred to as the UT (Utility Token) henceforth.

There will be an initial issuance of 5,000,000,000 UT. These tokens will be divided and have liquidity as follows:

Token Issuance and Terms

Token Allocations		Percent	Tokens
1. Executives/Staff/Advisors	Payroll and Compensation Expenses for MPayz operators.	23.00%	1,150,000,000
2. Partners & Service Providers	Initial Adopters/Users of the MPayz Network building and providing technology to be deployed that accepts and promotes the MPayz token and assets.	15.00%	750,000,000
3. Private and Public Sale	Investor Allocation	30.00%	1,500,000,000

4. Liquidity Pool	Decentralized Finance and Exchange Liquidity Pools	8.00%	400,000,000
5. Marketing & Operations (ex. Payroll)	To cover the expenses of the Company	10.00%	500,000,000
6. MPayz Board	Strategic Advisory Services and Oversight	3.00%	150,000,000
7. Charitable Foundation	Charitable donations to mission aligned endeavors and grants to fund healthcare disruptive technologies.	5.00%	250,000,000
8. MPayz Reserve Pool	Reserves for future endeavors	6.00%	300,000,000
		100.00%	**5,000,000,000**

MPayz Executive Team and Advisors

Michael K. Dershem, MPayz Chairman of the Board

Michael Dershem, aka Dersh, is a seasoned business development entrepreneur who has assisted multiple ventures and attracted millions of dollars of capital. Outstanding track record in strategic business planning and development, capital and financial sourcing, multi-disciplinary problem solving, and technology development. Strong technology-transfer background from government and university research to private sector commercialization. Michael began his 'serial entrepreneur' career over twenty years ago. His first foray was as co-owner of RX Returns, which grew to become the largest pharmaceutical returns company in the nation. He later helped form a niche banking company, which became one of the fastest growing private companies in New Jersey. Serving as founding CEO of Pharmasset, an Emory University start-up company, successfully raised over $25 million in private equity funding and executed a $30 million research and development agreement with DuPont. This company has subsequently gone public and was acquired by Gilead Sciences for $11 Billion. Michael graduated with a BA in Economics from Dickinson College and holds an MBA as well.

John Parker, MPayz General Counsel

John Parker has an extensive and diverse professional career financing, advising, counselling, and managing growth companies in a variety of leadership capacities. Currently, John is the President and CEO of HI Solutions, Inc., a provider of smart home automation solutions located in Newtown, Pennsylvania. John is also the managing partner of GenCounsel, LLC, a professional services firm through which he also established a sizeable practice as strategic advisor and attorney to many growth-oriented technology firms. John (i) has also served in a variety of executive positions with several technology companies, (ii) was a senior business attorney with Morgan, Lewis & Bockius, LLP where he led many strategic business transactions, mergers/acquisitions, and public and private securities' offerings, and (iii) was a lending officer for predecessor banks of Wells Fargo and Comerica. John graduated from Villanova University School of Law and Dickinson College (economics) where he also co-captained the intercollegiate football and baseball teams.

Mahesh Chand, MPayz Innovation Advisor/Blockchain Advisor

Digital Transformation and Innovation Leader. Mahesh is the CEO Mindcracker Inc. and founder of C# Corner, a social network of 29.4 million (annual) software professionals. Mahesh is a publish technical author and published his first programming book at the age of 25. He is also a former Microsoft Regional Director and 14-time Microsoft MVP.

Saleem Elmasri, MPayz Financial Advisor

Experienced advisor to finance and accounting executives with a penchant for above and beyond client service and dedication. Experienced, with a demonstrated history of working in management consulting, accounting advisory, and audit. Skilled in navigating technical accounting issues, carve-outs and divestitures, acquisitions, including purchase accounting and integrations, corporate financial reporting for public and private companies, forecasting and budgeting, process improvement and effectiveness assessments, SOX implementations and testing, and much more. Focused on and extremely well versed in the finance and accounting issues facing the Life Sciences, including pharmaceutical manufacturers, Biotech and R&D stage companies, healthcare and pharmaceutical providers, and technology industries.

MPayz Advisory Team

Founding Advisors

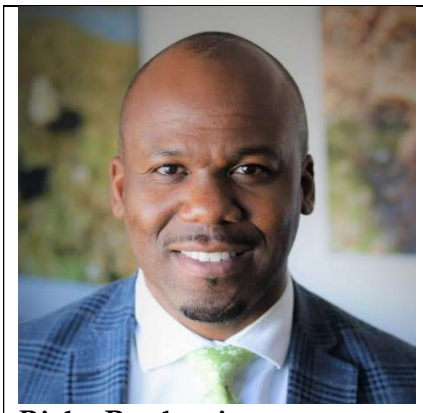
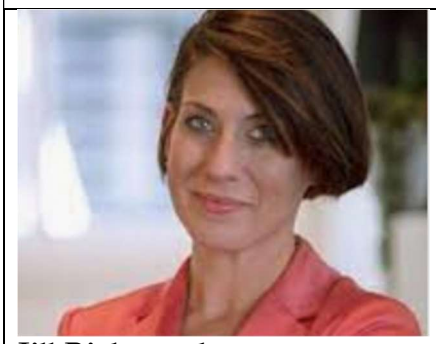
Michael K. Dershem

MAPay, Founder and CEO/Chairman of the Board

Michael Dershem, aka Dersh, is a seasoned business development entrepreneur who has assisted multiple ventures and attracted millions of dollars of capital. Outstanding track record in strategic business planning and development, capital and financial sourcing, multi-disciplinary problem solving, and technology development. Strong technology-transfer background from government and university research to private sector commercialization. Michael graduated with a BA in Economics from Dickinson College and holds an MBA as well.

 **Claudette McGowan**	**TD Bank, Global Executive Officer** Claudette McGowan is a global information technology leader with more than 20 years of success leading digital transformations, optimizing infrastructure, and designing new approaches that improve service and security experiences. She has worked in the technology industry for several organizations such as Deloitte, Metropolitan Police Services, North York General Hospital, Bank of Montreal, and TD Bank.
 **Joel Naroff**	**Naroff Economics, President and Founder** Joel L. Naroff is the President and founder of Naroff Economics LLC, a strategic economic consulting firm. He advises companies across the country on the risks and opportunities that economic developments may have on the organization's operating environment. Joel is the author, with veteran reporter Ron Scherer, of "*Big Picture Economics: How to Navigate the New Global Economy."* His materials are quoted by news agencies around the world.
 **Alison Swan**	**Swan Group, Director** Alison Swan is the Vice President of Leasing and Business Development at the Swan Group, a family office concentrated on its commercial real-estate assets in Bermuda but expanding its diversification into digital assets as well as traditional financial asset classes for its next stage of growth. Ms. Swan is also the co-founder of Winnow, a travel app that connects visitors to a destination with unique experience.

 **Chris Were**	**Verida, Co-Founder and CEO** Chris Were is an Australian based technology entrepreneur who has spent more than 20 years devoted to developing innovative software solutions. He has applied these technology skills across finance, media, and healthcare industries. Chris strongly believes that empowering individuals to control their digital identity and personal data will create a more equitable world, while also unlocking significant opportunities to innovate in user centric business models.
 **Darren Wolfberg**	**Blockchain Triangle, Co-Founder & CEO** Darren has almost 20 years of institutional finance experience and has served in management capacities. Darren is a registered representative in the US and a holder of FINRA Series 7, 63, 55 and 24 designations. His previous roles included Head of US Cash Equities, Program and Electronic Trading and Futures Execution for BNP Paribas, nearly 10 years at Morgan Stanley and 5 more at BTIG & Bay Crest Partners.
 **David Walcott**	**Novamed, Founder and Managing Partner** A Medical Doctor (MD. Ph.D. MSc.) and Entrepreneur with over 10 years' experience as a Founder, Operator and Consultant to several businesses in emerging markets. Founded a medical education business that operates across the Caribbean and a Founding Partner of The Visionaries' Summit, a platform designed to attract wealth and investment into the Caribbean, which convenes a global community controlling over US$140B in investment capital.

 **Ricky Brathwaite**	**Bermuda Health Council, CEO** Dr. Brathwaite has over 20 years of strong experience in health economics, bioengineering, healthcare systems research and analytics. His solutions focus is on meeting the needs of health systems within the Caribbean, Latin America and island nations around the globe; in addition to providing support for larger systems in larger countries. With reach into program, clinical and business arenas, the organizational goals are to ensure that systems optimize their economic frameworks, technical infrastructure and strategic fundamentals for the provision of comprehensive and innovative healthcare.
 **Michael Ruddock**	**First Interstate Bank, Innovation Officer** Michael Ruddock is the director of innovation at First interstate Bank. Michael is a serial entrepreneur having created bleeding edge solutions with startups in industries from industrial additive manufacturing to financial services.
 **Jill Richmond**	**GDA Capital, Strategic Advisor** Jill Richmond is a senior strategy advisor and thought leader on emerging technology. She is working with new leaders and high growth areas of technology and policy in blockchain, artificial intelligence, Web 3.0., DeFi, NFT's, governance, distributed ledger technology, digital assets, crypto, digital identity, e-commerce, fintech, data policy, cross-border data, data privacy, data for common purpose, data intermediaries, ethics and bias in tech and data, social impact, equity, & inclusion. She is currently serving as a strategic and operations Advisor to Evo.Art and GDA Capital and a Partner at a stealth fund.

 **Kevin Dorrance**	**TransformCare, Founder and CEO** Kevin Dorrance, M.D., CAPT (ret.) is the former Chief Medical Officer of the U.S. Navy, Internist, and former Chief of Medicine at Bethesda Naval Hospital and Walter Reed National Military Medical Center, the President's hospital. Over his more than 35-year military career he served in numerous executive leadership roles and operational assignments. He has continued to focus his efforts on changing health behaviors and the relationship between the individual, social networks, the community, and the healthcare system. He is currently the CEO and Founder at TransformCare Inc. and serves as Chief Medical Officer for Docsnap.
 **Jenny Whitthoff**	**Georgetown University Medical Center, Adjunct Faculty** Dr. Witthoff received her BS in Animal Bioscience from Pennsylvania State University and holds her Veterinary degree from the University of Pennsylvania. She frequently consults with private, corporate, national, and international government clients as a subject matter expert on infectious disease outbreaks, biosafety and security, and population health concerns. Jenny currently advises several pharmaceutical and biotechnology company clients on product research and development strategies relating to health communication and early disease detection and diagnosis.
 **Bhasker Das**	**MCN Solutions, Chief Strategy Officer** Experienced Solution Architect with a demonstrated history of working in the information technology and services industry. Skilled in Agile Methodologies, Databases, Client-Server Architecture, Optimization, Program Management and Client Relationship. Strong engineering professional graduated from Rani Durgavati Vishwavidyalaya.
 **Basil Hantash**	**Eluscent Therapeutics, Inc., Co-Founder, CEO, Chairman** Dr. Hantash is a serial entrepreneur who has successfully founded multiple healthcare companies. During the course of his career, Dr. Hantash has acquired or launched over a dozen life sciences products in medical devices, diagnostics, small molecule drugs, biomaterials, cosmeceuticals, nutraceuticals, cell therapy, and nanotechnology. In addition, he has served on the founding team of over 10 medical device and biotech start-ups, accumulating 18 years of operational experience including executive, BOD, SAB, and

	consultant roles. Dr. Hantash's intellectual property has led to the development of several breakthrough medical devices and skin care products and his R&D efforts have led to the completion of 4 acquisitions, over a dozen FDA-approvals, >100 issued and pending patents, >165 scientific peer-reviewed articles, abstracts, and book chapters, and the creation of over $1B of shareholder value.

Summary

MPayz foresees its network domiciled in Bermuda with global local nodes becoming a "Global Escrow Jurisdiction" for the $10 Trillion in world-wide healthcare transfer payments, including:

- Maintaining global "Enterprise" stored value of all transactions regardless of fiat or alt
- Manage ecosystem participants, e.g., institutions & gov'ts and providing verification, creditability, transparency, and reconciliation across borders
- Self-sovereign asset collateralization of a marketplace functioning digital currency
- Global jurisdiction of transactions and trusted recompilation in real-time
- Create global data analytic & self-sovereign authentication repository across institutions and borders.

Further Resources

https://healthcare.mckinsey.com/sites/default/files/727922%20Overhauling%20the%20US%20Health%20Care%20Payment%20System.pdf

https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/ the-next-wave-of-change-for-us-health-care-payments

https://healthcare.mckinsey.com/sites/default/files/From%20revenue%20cycle%20management%20to%20revenue%20excellence.pdf

https://www.marketwatch.com/press-release/blockchain-technology-in-the-healthcare- market-is-projected-to-grow-at-a-cagr-of-728-2018-07-30

https://www.caqh.org/sites/default/files/oldsitefiles/Host/CORE/ 11-17-16%20EFT%20ERA%20-%20Final.pdf

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https://enterprise.gem.co/gemos/

https://www.ncbi.nlm.nih.gov/pubmed/27565509

http://wiki.ihe.net/index.php/Personnel_White_Pages

http://wiki.ihe.net/index.php/Cross-Community_Access

http://wiki.ihe.net/index.php/PCD_Profile_Alert_Communication_Management Overview

http://wiki.ihe.net/index.php/PCD_Profile_DEC_Overview

https://www.securetechalliance.org/publications-healthcare-identity-management/

https://www.hhs.gov/hipaa/for-professionals/special-topics/cloud-computing /index.html

https://dfinity.org/pdf-viewer/library/dfinity-consensus.pdf

Legal Disclaimer

This Whitepaper contains forward-looking statements that reflect our current expectations and views of future events. These forward-looking statements can be identified by words or phrases such as “may,” “will,” “expect,” “should,” “anticipate,” “aim,” “estimate,” “intend,” “plan,” “believe,” “is/are likely to” or other similar expressions. These forward-looking statements include, among other things, statements relating to our goals and strategies, our competitive strengths, our expectations and targets for our results of operations, our business prospects and our expansion strategy. We have based these forward-looking statements largely on current expectations and projections about future events and financial trends that we believe may affect our financial condition, results of operations, business strategy and financial needs. Although we believe that we have a reasonable basis for each forward-looking statement contained in this whitepaper, we caution you that these statements are based on our projections of the future that are subject to known and unknown risks and uncertainties and other factors that may cause our actual results, level of activity or performance expressed or implied by these forward-looking statements, to differ.

The forward-looking statements included in the whitepaper are subject to risks, uncertainties and assumptions about MPayz. Our actual results of operations may differ materially from the forward-looking statements as a result of risk factors described under “Risk Factors” and elsewhere in this whitepaper, including, among other things:

- our ability to successfully meet anticipated revenue levels from sales of our software licenses;
- our ability to successfully develop, market or sell new products or adopt new technology platforms;
- our ability to grow investments in technologies;
- risks related to the continued uncertainty in the global financial markets and unfavorable global economic conditions;
- our ability to attract and retain qualified personnel;
- our ability to adequately manage our growth;
- risks related to competition;
- our ability to maintain good relations with our partner companies;
- risks associated with our international operations and fluctuations in currency values;

- risks related to unanticipated performance problems or bugs in our software product offerings; and

- our ability to protect our intellectual property and proprietary rights.

These risks are not exhaustive. Other sections of this whitepaper include additional factors that could adversely impact our business and financial performance. Moreover, we operate in an evolving environment and new risk factors emerge from time to time. It is not possible for our management to predict all risk factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause our actual results to differ materially from those contained in any forward-looking statement.

You should not rely upon forward-looking statements as predictions of future events. All forward-looking statements attributable to us or persons acting on our behalf are expressly qualified in their entirety by the cautionary statements included in this prospectus. These forward-looking statements speak only as of the date of this whitepaper. We do not intend to update or revise these forward-looking statements, whether as a result of new information, future events or otherwise, unless the securities laws require us to do so.

No part of this whitepaper should be considered to be business, legal, financial or tax advice regarding MPayz, the UT or the tokens or any of the matters to which all or any part of the whitepaper relates. You should consult your own legal, financial, tax or other professional advisor regarding the whitepaper. You should be aware that you may be required to bear the financial risk of any purchase of tokens or UT for an indefinite period of time.