



The multi-specialty EHR that documents the visit while you have it.

One clinic, four specialties, one codebase. Clinical documentation written by MeMu AI from the conversation in the room — and signed by the clinician.

RELEASE CANDIDATE · PRODUCT DOCUMENTATION

Product: ezehr+ by MeMu

First end client: ATI Physical Therapy — Texas, United States

Document date: July 16, 2026

Status: Feature-complete release candidate, verified on staging. Entering a final round of testing before production.

1. What ezehr+ is

ezehr+ is an electronic health record for small and mid-sized clinics — the kind that run four professionals on a shift, share a waiting room, and cannot afford either an enterprise EHR or an afternoon of typing notes.

It does the ordinary work an EHR must do: patients, scheduling, rooms, clinical notes, billing codes, record export. What makes it different is the last mile of the visit. **The clinician records the encounter and MeMu AI returns a structured draft note** — in the language of that specialty, with diagnoses and billing codes proposed — for the clinician to correct and sign.

Two design decisions run through everything below, and they are worth stating up front because they explain most of the choices in this document:

One codebase, four specialties

Physical therapy, pediatrics, general medicine and OB/GYN are not four installations or four products. They are four *packs* over one engine, so a clinic that adds a specialty adds a manifest — not a migration project.

The AI suggests; the clinician decides

Every note MeMu produces lands **unsigned**. Every billing code it proposes arrives as a suggestion the clinician ticks. Nothing is auto-signed and nothing is auto-billed. This is a product constraint, not a current limitation.

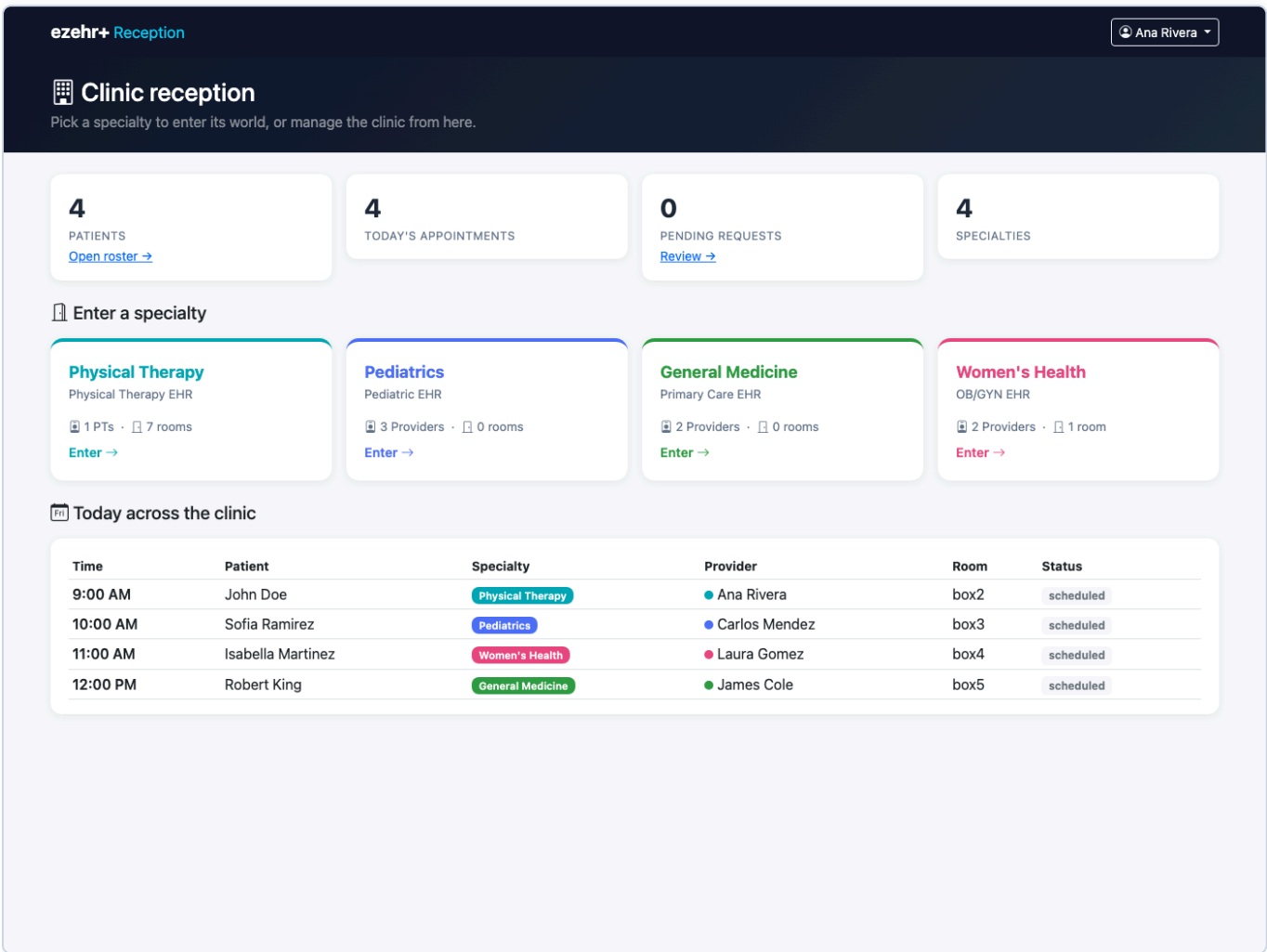
Who it is for

The target is the clinic with a front desk, a nursing station beside the waiting room, and a handful of professionals of different disciplines on duty at the same time. Physical therapy is the most mature specialty because the real-world testing ran in a PT clinic; this release brings the other three up to it.

A single-specialty clinic — the rural doctor, or ATI's PT-only sites — sees none of the multi-specialty machinery. The product detects that only one specialty is enabled and takes the clinician straight to their dashboard, with no reception layer and no specialty switcher.

2. How a clinic actually works

A patient is a person the clinic knows. A visit belongs to one professional, one room and one discipline. ezehr+ mirrors that split rather than fighting it.



Time	Patient	Specialty	Provider	Room	Status
9:00 AM	John Doe	Physical Therapy	Ana Rivera	box2	scheduled
10:00 AM	Sofia Ramirez	Pediatrics	Carlos Mendez	box3	scheduled
11:00 AM	Isabella Martinez	Women's Health	Laura Gomez	box4	scheduled
12:00 PM	Robert King	General Medicine	James Cole	box5	scheduled

Clinic reception. The landing screen for a multi-specialty clinic: the day across every discipline, the clinic-wide roster, pending public booking requests, and a door into each specialty. The colour of each world carries through the whole product.

Two levels

Level	What it is	What lives there
Clinic (reception)	The front desk. Assumes no specialty.	Today's agenda across all disciplines, the clinic-wide patient roster, pending booking requests, the way into each specialty.
Specialty (a "world")	Entered from reception. One discipline's working environment.	That specialty's rooms, providers, appointment types, intake fields, note template and billing rules.

A patient is clinic-wide; a visit is not. The same person can be seen by the physiotherapist on Monday and the obstetrician on Thursday without being duplicated. What is scoped to a specialty is the appointment, the note, the room and the provider — because a hydrotherapy pool is not an OB/GYN room, and a prenatal visit is not a PT session.

Single-specialty clinics never see this

When only one specialty is enabled, sign-in goes straight to the dashboard, and the reception link and the specialty switcher disappear from the navigation. This is deliberate: it is what keeps parity for ATI, whose clinicians should notice no difference from the physio-only product they tested.

3. The four specialties

Each specialty is a manifest: its own colour, vocabulary, intake, appointment types, note template, billing model and AI summary. Everything below is data, not a fork of the code.

Specialty	Intake it collects	Note it writes	Billing model
● Physical Therapy	Referring provider, chief complaint, injury mechanism, relevant history, contraindications	SOAP with a 0–10 pain scale. Initial evaluation, progress note, re-assessment, discharge	Medicare outpatient PT: 8-minute rule, KX threshold tracking
● Pediatrics	Guardian and birth details, growth, immunisation status, allergies	SOAP framed as well-child visit, follow-up, growth & development review	E/M visit — preventive visits, immunisation administration
● General Medicine	Reason for visit, chronic conditions, medications, surgical, family and social history	SOAP framed as new patient / annual, office visit, chronic care review	E/M visit — office visit levels, in-office tests
● Women's Health (OB/GYN)	G/P/A/L, LMP, EDD, gestational age, pregnancy risk, Pap and mammogram history, contraception	OB visit note: new OB/GYN visit, prenatal visit, gynecologic exam, postpartum	E/M visit — obstetric care, ultrasound, gynecologic procedures

ezehr+ Women's Health
Reception
Women's Health
?
Ana Rivera

MAIN
Dashboard
Patients
SCHEDULING
Timeline
Appointments
New Appointment
Pending Requests
CONFIGURATION
Rooms & Providers
Clinic Settings
AI & INSIGHTS
MeMu AI

+ New Patient
Back

Identity required

First name * Last name *

Date of birth Gender Occupation / sport

dd/mm/yyyy Prefer not to say e.g., construction, runner

Contact

Phone Email

Street address

City State ZIP

NY

Emergency contact

Name Phone

Obstetric & gynecologic history

Reason for visit

Prenatal check, annual exam, contraception, symptoms, ...

Currently pregnant

No

Gravida (G) Para (P) Abortus (A) Living (L)

LMP (last menstrual period) EDD (estimated due date) Gestational age (weeks)

Tip

Only first and last name are required. Everything else can be filled in later from the patient's profile — feel free to save quickly and complete the rest after the first session.

OB/GYN intake. Gravida/Para/Abortus/Living, LMP and EDD, gestational age, pregnancy risk, Pap and mammogram history, contraception — fields that exist in no other world.

ezehr+ Pediatrics

ReceptionPediatrics?Ana Rivera

MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & Providers

Clinic Settings

AI & INSIGHTS

MeMu AI

New Patient

Back

Identity required

First name *Last name *

Date of birthGenderOccupation / sport

dd/mm/yyyy

Prefer not to say

e.g., construction, runner

Contact

PhoneEmail

Street address

CityStateZIP

NY

Emergency contact

NamePhone

Guardian & clinical

Parent / legal guardian

Full name

Relationship

Mother

Guardian phone

Guardian email

Tip

Only first and last name are required. Everything else can be filled in later from the patient's profile — feel free to save quickly and complete the rest after the first session.

Pediatrics intake. The same screen, the same engine, a different pack: guardian and birth details instead. Neither form is a special case in the code — each is a list of fields its specialty declares.

Each world looks like itself

ezehr+ Physical Therapy

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MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & Pts

Clinic Settings

CPT Codes

AI & INSIGHTS

MeMu AI

Hi Ana

PATIENTS 4

TODAY'S APPOINTMENTS 1

PENDING REQUESTS 0

SCHEDULED 1

Today's Room Utilization

box1 0 bookings - 0%

box2 1 booking - 5%

box3 1 booking - 3%

box4 1 booking - 2%

box5 1 booking - 2%

box6 0 bookings - 0%

Electrotherapy 0 bookings - 0%

MeMu AI inside ezehr+

Notes to finish

Jul 14 John Doe Progress note Unassigned

Jul 14 John Doe Progress note Unassigned

Physical Therapy. Room utilisation, today's caseload, cancellation reporting.

ezehr+ Women's Health

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MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & Providers

Clinic Settings

AI & INSIGHTS

MeMu AI

Hi Ana

PATIENTS 4

TODAY'S APPOINTMENTS 1

PENDING REQUESTS 0

SCHEDULED 1

Today's Room Utilization

OB/GYN Consult 1 0 bookings - 0%

MeMu AI inside ezehr+

Notes to finish

Jul 14 John Doe Progress note Unassigned

Jul 14 John Doe Progress note Unassigned

Jul 14 John Doe Initial eval Unassigned

Cancellations this month

Women's Health. Same dashboard, this specialty's providers, rooms and vocabulary.

Adding a fifth specialty is a manifest, a migration for its satellite data and appointment types, and an AI summary prompt. No page in the engine is edited. That is the property that makes this a platform rather than four products.

4. Clinical documentation with MeMu AI

This is the reason a clinic buys ezehr+. The clinician records the visit; MeMu returns a structured draft note in that specialty's language, with diagnoses and billing codes proposed. The clinician reviews and signs.

The screenshot displays the MeMu Clinical Documentation interface. At the top, a teal header bar contains the MeMu logo, the text "Clinical Documentation", and navigation buttons: "← Back to patient" and "John Doe". The main workspace is divided into four steps, each with a teal header bar:

- STEP 1 Intake / Subjective**: Features a large light blue recording area with a microphone icon and a "00:00" timer. Below the area are "Record" and "Upload Audio" buttons. A link "No intake — go straight to treatment note" is at the bottom.
- STEP 2 Treatment Session**: Similar to Step 1, with a recording area, timer, and "Record" and "Upload Audio" buttons.
- STEP 3 Clinical Intelligence**: A teal header bar with a blank white content area below it.
- STEP 4 Import to Chart**: A teal header bar with explanatory text: "This will save an unsigned draft SOAP note to the patient's chart in ezehr+. You review and sign it there. CPT codes below are suggestions — tick the ones to bill." and an "Import draft note" button at the bottom right.

The MeMu workspace, opened from any appointment. Four steps: intake, the consultation, clinical intelligence, and import to the chart. Intake can be skipped in one tap — physiotherapists skip it routinely, and the product has to let them.

What happens, step by step

Step	What the clinic gets
1 · Record	Intake and the consultation are captured as separate segments, on any device including a phone. Audio can also be uploaded instead of recorded. Intake is optional.
2 · Transcribe	Speech becomes text on MeMu's own server. The audio is deleted immediately after transcription and never reaches a third-party transcription service.
3 · Clinical intelligence	One pass over the whole encounter produces: clinical entities, a drug-interaction screen, ICD-10 codes, CPT/HCPSC suggestions, and the specialty's summary.
4 · Import to chart	An unsigned draft SOAP note, attributed to the appointment's provider, filed under that appointment's specialty, with a pain score and ICD-10 code carried over. CPT codes wait as suggestions.

The note knows what the chart knows. Reason for visit, relevant history and precautions already on file travel with the recording, so the summary reads the patient in context rather than only today's words. In testing, a summary correctly referenced a prior L4-L5 strain from 2021 that was never spoken aloud in the session — it came from the chart.

Each specialty gets its own summary

Transcription, entity extraction, interaction screening and coding are the same for everyone. Only the *summary* changes, because the note does:

Specialty	What its summary captures
● Physical Therapy	Range of motion, strength (MMT), special tests, gait, posture, palpation, treatment performed, in-clinic and home exercise programme, short- and long-term goals
● Women's Health	Gravidity/parity, LMP, EDD and gestational age; fundal height, fetal heart rate and presentation; cervical, pelvic and breast exam; labs and imaging; risk factors; screenings and warning signs
● Pediatrics	Who gave the history; growth with percentiles; developmental milestones by domain; immunisation status, given and due; anticipatory guidance and return precautions
● General Medicine	History of present illness, symptoms, review of systems; vitals and physical exam; labs and imaging; chronic conditions and medications; medication changes, orders, follow-up and return precautions

You talk. The note writes itself.

MeMu listens to the visit, transcribes it, and turns it into a structured draft note in the language of Physical Therapy — with diagnoses and billing codes suggested for you to confirm. It is live in ezehr+ today: open any appointment and press **MeMu**. You always review and sign.

⦿ Live today Working now



LIVE

Voice to draft note

Record the visit on any device — phone included. Intake and the consultation are captured separately, and intake can be skipped when you don't use it.



Private transcription

Speech is transcribed on MeMu's own server and the audio is deleted straight after. Patient voice never reaches a third-party transcription service.



Written for Physical Therapy

Each specialty gets its own summary: ROM, strength and home programme for physical therapy; gestational age, fundal height and fetal heart rate for OB/GYN; growth, milestones and immunisations for pediatrics; history of present illness and review of systems for general medicine.



Coding, suggested

Clinical entities are extracted, drug interactions screened, and ICD-10 and CPT codes proposed from what was actually said. You tick which ones to bill. —McMurry



Lands as a draft

The note arrives **unsigned** in the chart, attributed to the appointment's provider and filed under its specialty. It is a first draft for you to correct, not a record McMy signs.



Knows the chart

What you already recorded — reason for visit, relevant history, precautions — travels with the recording, so the summary reads the patient in context and not just today's

MeMu AI inside ezehr+. The capability page follows the active specialty — here it reads "Written for Pediatrics" — and separates what works today from what is genuinely on the roadmap.

MeMu never signs and never bills. The note arrives unsigned and every suggested code is a tick-box the clinician confirms. In testing, MeMu proposed four codes for a general-medicine visit; each one still required the clinician to accept it before a single billing row was written.

5. Integration through the MeMu SDK

The AI runs behind the EHR, never in the clinician's browser. That single decision is what makes the integration auditable, meterable and safe to evolve — and it is worth understanding before evaluating the product.

The change

ezehr+ originally called the MeMu service directly from the clinician's browser. It now integrates through the **MeMu SDK** — an authenticated, metered, versioned clinical-AI API — called server-to-server. The four differences below are the substance of it:

Before	Now
The browser called the MeMu service directly.	The ezehr+ backend calls the SDK server-to-server. The browser only ever talks to its own origin.
Access was gated by an origin check, which a caller can spoof.	Bearer API key authentication. The key is a server-side secret and never reaches the browser.
No usage accounting.	Per-client metering and balance: every call is costed (Claude tokens + transcription minutes) and debited.
The client was coupled to endpoint names, form fields and payload shapes.	A versioned contract . The service can evolve without breaking the EHR.

How the call flows

`browser → ezehr+ backend → api.memu.life (Bearer)`

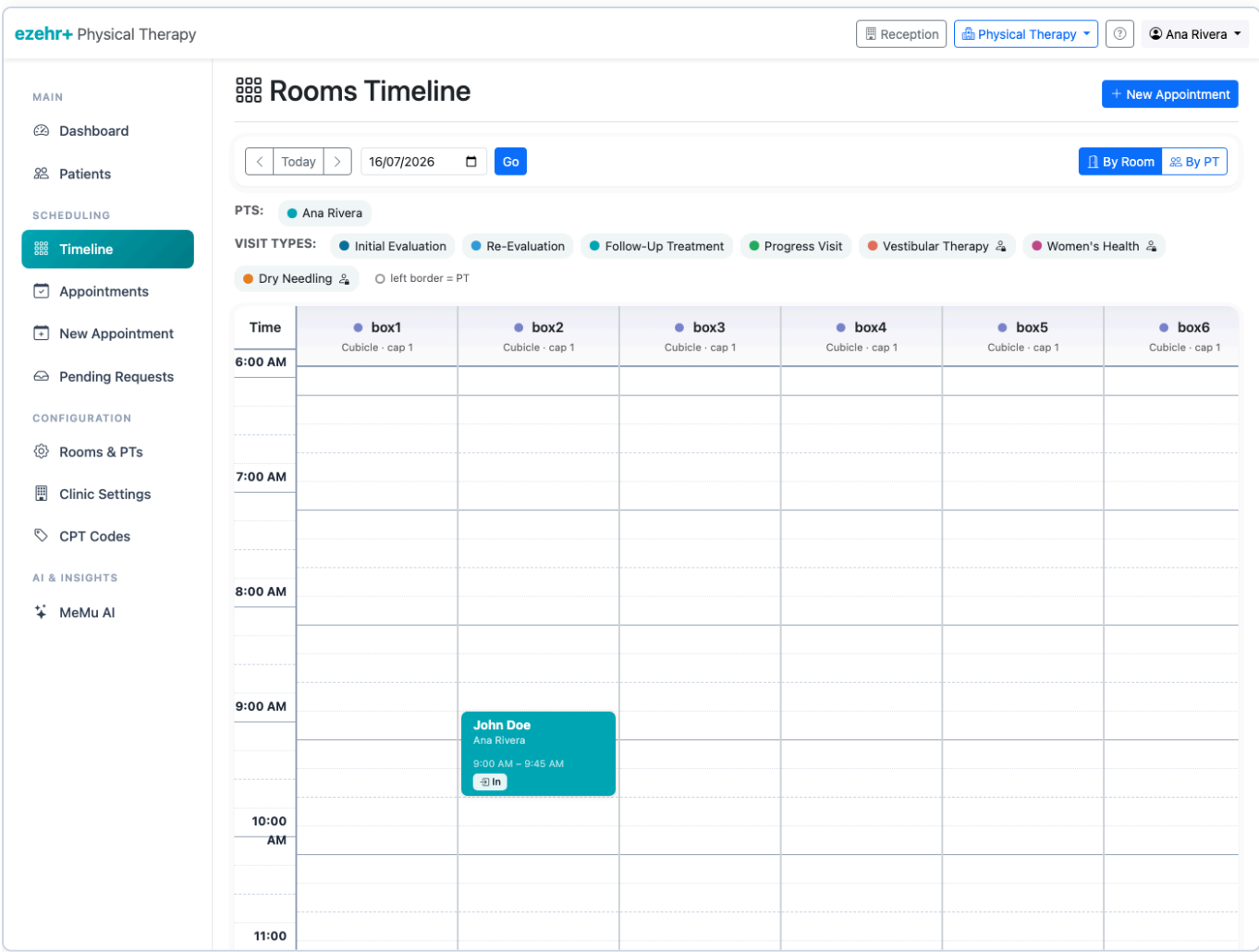
The SDK is **stateless**: it stores no sessions, no patients and no transcripts, and deletes audio after transcribing. Each segment is transcribed on its own, then one clinical pass runs over the combined encounter. The specialty and the chart context are resolved **server-side, from the appointment** — the browser cannot choose which clinical flavour runs, nor forge a patient's history.

Two vendors, on purpose. The clinical reasoning uses **Claude (Anthropic)**. Transcription uses **Whisper (OpenAI)**, **running on MeMu's own server** — not as a hosted API. The honest framing is best tool per task, with a privacy consequence that matters more than either brand: **patient audio never leaves the server and is deleted after transcription.**

Resilience

If the AI service fails mid-encounter — a rate limit, an overload — the SDK retries with backoff and logs what happened. If a summary still cannot be produced, ezehr+ tells the clinician to try again *while their recording is still on screen*, rather than failing later with an unusable note. A partial result never becomes a silent gap in the chart.

6. Scheduling and the clinic day



Timeline. Every room across the working day. Click an empty slot to book into it. The panel on the right updates live as the time changes — green means free, red means taken.

Booking that matches how a clinic really runs

A physiotherapist does not see one patient at a time. They have one on the bike, one in the gym and one on electrotherapy, all in the same window. An EHR that treats every professional as exclusively booked is unusable in that room — so ezehr+ does not.

- **A professional carries a concurrent cap**, not a lock: several patients in the same window, up to a limit the clinic sets (six by default). The same physiotherapist can run several patients in the same box.
- **Except when the treatment demands undivided attention.** An appointment type can declare itself one-on-one, and that reserves the professional exclusively for that window — vestibular therapy, women's health and dry needling are flagged this way out of the box. The rule holds from both directions: a one-on-one booking blocks the window, and an existing one-on-one blocks anything else being added to it.
- **Rooms have their own capacity**, independent of the professional: a shared gym takes several people, a private cubicle takes one.
- **Rooms belong to a specialty** — a hydrotherapy pool is never offered to an obstetrician.
- All of it is checked **live as the form is filled**, not after saving.

This is what "built in a real clinic" means. The concurrency model is not a configuration afterthought — it came from watching physiotherapists work, and it is the kind of detail that decides whether an EHR is used or worked around.

ezehr+ Physical Therapy

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MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & PTs

Clinic Settings

CPT Codes

AI & INSIGHTS

MeMu AI

Appointments

New Appointment

Needs closing 1TodayUpcomingAll

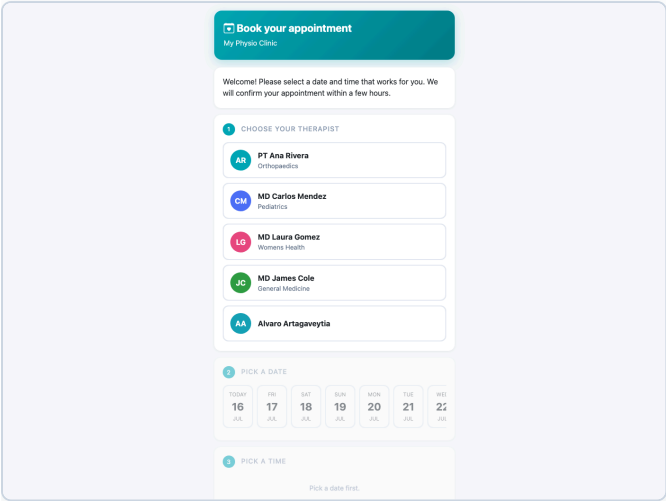
Date & time	Patient	Type	PT	Room	Status	Actions
Thu, Jul 16, 2026 9:00 AM	John Doe #MRN-DEMO-PT	Follow-Up Treatment	Ana Rivera	box2	scheduled	MeMu

The clinician's board. Opens on *today*, scoped to the specialty in use. Each visit carries the one action that matters at the visit — the teal **MeMu** button — alongside mark-complete, no-show and edit.

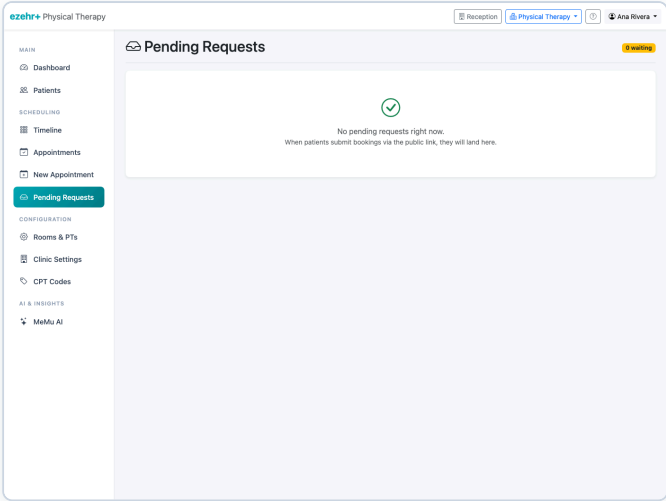
Visit lifecycle

Scheduled → confirmed → arrived → in progress → completed, with check-in and check-out timestamps, plus cancelled and no-show with structured cancellation reasons that feed the dashboard's cancellation reporting.

Patients can book themselves



Public booking. A link the clinic shares — in a WhatsApp Business profile, an Instagram bio, a website. No login.



Pending requests. Public bookings land in a queue for staff to approve or decline — they never write straight into the diary.

7. The patient record

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MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & PTs

Clinic Settings

CPT Codes

AI & INSIGHTS

MeMu AI

Back to patients

Edit patientExport recordSchedule

JD

John Doe

MRN-DEMO-PT

Phone: 555-0101

Email: john@example.com

DOB: Apr 12, 1985 (41y)

Clinical

CHIEF COMPLAINT

Low back pain radiating to left leg

INJURY MECHANISM

Lifting a heavy box at work

REFERRING PROVIDER

RELEVANT HISTORY

Prior L4-L5 strain 2021

CONTRAINDICATIONS / PRECAUTIONS

None

Insurance

CARRIER

MEMBER ID

Clinical notes

3Add note

Jul 14, 2026Progress noteby PT Ana RiveraS33.5XXXAPain 4/10

S: Chief Complaint: Low back pain radiating to left leg
Pain Level: 4/10, down from 7/10 last week
Pain Location: Low back radiating to left leg
Functional Status: Sleeping better, no new numbness
Changes Since Last Visit: Pain decreased from 7/10 to 4/10; improved sleep quality
O: ROM:
- Lumbar flexion improved from 40° to 55°
Strength (MMT):
- Right hip extension 4/5
Gait: Not provided
Posture: Not provided
Palpation: Not provided
Treatment Performed:
- Manual therapy to lumbar spine
- Deep massage to left glute medius

The chart. Demographics, the specialty's clinical intake, upcoming visits, appointment history and the clinical notes on file — with the MeMu button on each visit.

One roster, whoever they see

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MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & PTs

Clinic Settings

CPT Codes

AI & INSIGHTS

MeMu AI

Patients

New Patient

Search by name, MRN or phone...Search

MRN	Name	Phone	Chief complaint	
MRN-DEMO-PT	John Doe	555-0101	Low back pain radiating to left leg	Open
MRN-DEMO-GEN	Robert King	555-0103	Follow-up hypertension and diabetes	Open
MRN-DEMO-OB	Isabella Martinez	555-0104	Prenatal visit, 28 weeks	Open
MRN-DEMO-PED	Sofia Ramirez	555-0102	Well-child check; occasional night cough	Open

Patients. The clinic knows a person once. The same patient can be seen across specialties without being entered twice or living in two charts.

Notes

Notes are SOAP — subjective, objective, assessment, plan — with a pain scale where the specialty uses one, an ICD-10 code, and a record type drawn from that specialty's vocabulary. A note is a **draft until the clinician signs it**, and signing stamps who signed and when.

ezehr+ Physical Therapy

Reception

Physical Therapy

?

Ana Rivera

MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & PTs

Clinic Settings

CPT Codes

AI & INSIGHTS

MeMu AI

New clinical note

← Back to profile

Patient: John Doe (MRN MRN-DEMO-PT)

Date *

16/07/2026

Type

Progress note

Linked appointment

— Not linked —

S Subjective — what the patient reports

Patient reports decreased pain since last session, 4/10 with prolonged sitting. No new symptoms. Sleeping better.

O Objective — measurements, observations, treatments performed

ROM lumbar flexion improved 40° to 55°. MMT hip extension 4/5. Performed: 97140 x 15 min manual therapy, 97110 x 15 min therapeutic exercise, 97112 x 10 min neuromuscular re-ed.

A Assessment — clinical reasoning, progress, diagnosis

Patient progressing as expected. Continued mobility deficits limiting return to occupational tasks. Responding well to manual therapy + therapeutic exercise.

P Plan — next steps, frequency, home program

Continue 2x/week for 4 more weeks. Progress home exercise program: add bridges 3x10. Re-assess in 4 weeks. Consider discharge if functional goals met.

Save draft

Save & sign

Cancel

Pain score

0–10 numeric rating scale (NPRS)

0

1

2

3

4

5

6

7

8

9

10

No pain

Worst imaginable

Clear

Billing helper

Updates as you type CPT codes and minutes in the Objective field.

8-minute rule

— units

Add CPT codes and minutes to Objective like:

97118 x 15 min, 97140 x 10 min

YTD therapy charges

—

KX threshold: \$2,480 · MR review: \$3,000

ICD-10 code

Type code or symptom (e.g., M54 or low

Start typing the diagnosis or a 2-3 character code. Selected: —

The note editor. Each specialty supplies its own field labels, hints and examples — this is the physical-therapy phrasing. ICD-10 is searchable inline. For physical therapy only, the live billing helper on the right counts 8-minute-rule units and tracks the Medicare KX threshold as the note is typed.

A MeMu note and a typed note are the same note. MeMu writes a first draft into exactly the same structure a clinician would fill by hand, and the clinician edits it in the same editor. There is no second-class "AI note".

8. Billing

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MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & PTs

Clinic Settings

CPT Codes

AI & INSIGHTS

MeMu AI

CPT Codes

+ Add custom code

These codes show up when documenting a session. Deactivate the ones your clinic doesn't bill — they will stay in the database (and on past records) but won't appear in pickers.

Code	Description	Timed	Unit	Order	
Evaluations					
97161	PT Evaluation - Low Complexity Low complexity initial evaluation	—	—	1	⏏
97162	PT Evaluation - Moderate Complexity Moderate complexity initial evaluation	—	—	2	⏏
97163	PT Evaluation - High Complexity High complexity initial evaluation	—	—	3	⏏
97164	PT Re-evaluation Bill only when significant change in status	—	—	4	⏏
99202	Office Visit - New Patient, Straightforward E/M new patient, level 2	—	—	100	⏏
99203	Office Visit - New Patient, Low Complexity E/M new patient, level 3	—	—	101	⏏
99204	Office Visit - New Patient, Moderate Complexity E/M new patient, level 4	—	—	102	⏏
99205	Office Visit - New Patient, High Complexity E/M new patient, level 5	—	—	103	⏏
99211	Office Visit - Established, Minimal E/M established, level 1	—	—	110	⏏
99212	Office Visit - Established, Straightforward E/M established, level 2	—	—	111	⏏
99213	Office Visit - Established, Low Complexity E/M established, level 3	—	—	112	⏏
99214	Office Visit - Established, Moderate Complexity E/M established, level 4	—	—	113	⏏

The CPT catalogue. The clinic's own list of what it bills, grouped by category. It is also the gate: a code that is not in this list cannot be written to a visit, whoever proposes it.

How a code gets billed

- MeMu proposes codes from what was actually said in the visit.
- The clinician ticks the ones to bill and sets units.
- Each code is validated against the clinic's catalogue; anything unknown is rejected and reported, never silently written.

Per-specialty billing models

Model	Who uses it	What it does
Medicare outpatient PT	Physical Therapy	8-minute-rule unit calculation from timed codes, live KX-threshold tracking against the annual cap, medical-review threshold warning
E/M visit	General, Pediatrics, OB/GYN	Evaluation & management office visits, preventive visits, procedures and in-office tests. No 8-minute rule — it does not apply outside therapy

The catalogue ships as a starting point, not a fee schedule. It carries the standard codes each specialty bills — E/M levels, common labs and imaging, well-child and immunisation administration, obstetric care and ultrasound, plus the existing physical-therapy set. It has not been reconciled against any payer contract. Each clinic curates its own catalogue before billing.

9. Interoperability and the patient's rights

A record the clinic cannot hand over is not a record. ezehr+ exports the whole chart in the formats the rest of American healthcare actually reads.

ezehr+ Physical Therapy

ReceptionPhysical Therapy?Ana Rivera

MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & PTs

Clinic Settings

CPT Codes

AI & INSIGHTS

MeMu AI

Export Patient Record

HIPAA Right of Access - the patient is entitled to a copy of their record in any format that is "readily producible" (45 CFR 164.524).

John Doe · MRN MRN-DEMO-PT2 appointment(s) · 3 clinical note(s) on record

Printable summary

A clean, printable view of the entire record. Use your browser's "Save as PDF" to produce a portable file.

Best for: patient handover, paper file, audit copy

Open printable view

CCD / C-CDA

HL7 v3 Continuity of Care Document. The XML format that hospitals and most established EHRs (Epic, Cerner) can import.

Standard: HL7 CDA R2 · ONC Meaningful Use

Download .xml

FHIR R4 Bundle

Modern interoperability standard required by the 21st Century Cures Act. JSON format with Patient, Encounter and Observation resources.

Standard: HL7 FHIR R4 · ONC 2015 Cert. · USCDI

Download .json

All formats (ZIP)

One archive containing the printable HTML, the CCD XML and the FHIR JSON together. Hand this to any receiving organization.

Includes: HTML + XML + JSON

Download .zip

Compliance notes

Under HIPAA Right of Access, patients can request their record in any format that is "readily producible by the covered entity". The CCD and FHIR exports satisfy that bar.

Exported files contain PHI. Transfer them through a secure channel (encrypted email, patient portal, secure file share).

Every export is logged with the patient ID, the requesting provider, and a timestamp - check the exports_log table if you need an audit trail.

Export hub. Four formats, one screen, framed by the obligation it serves: HIPAA Right of Access — the patient is entitled to a copy of their record in any form that is "readily producible" (45 CFR 164.524).

Format	Standard	Who reads it
FHIR R4 Bundle	HL7 FHIR R4 · ONC 2015 Cert · USCDI	The modern interoperability standard required by the 21st Century Cures Act. Patient, Encounter and Observation resources as JSON.
CCD / C-CDA	HL7 v3 CDA R2 · ONC Meaningful Use	Continuity of Care Document. The XML hospitals and established EHRs (Epic, Cerner) import on a transfer of care.
Printable summary	HTML → PDF via the browser	Patient handover, the paper file, an audit copy.
All formats	ZIP	One archive to hand to a receiving organisation or upload to a portal.

Every export is on the record

Each export writes an audit row: which patient's chart left, in what format, at the request of which provider, when, and from which IP address. The trail is a first-class table in the schema, and an export that could not be logged is reported as such rather than passing quietly.

Exported files contain PHI. The product says so on the screen and tells staff to move them over a secure channel. Compliance is a workflow, not a checkbox, and the product's job is to make the obligation visible at the moment of the act.

10. Architecture and data

Shape of the system

Piece	What it is
ezehr+	The EHR the clinic uses. PHP 8.2 + MySQL 8, server-rendered. Runs on ordinary managed hosting — no container platform required.
api.memu.life	The MeMu SDK: authenticated, metered clinical-AI API. Stateless.
Claude (Anthropic)	Clinical reasoning: summaries, entities, interactions, coding.
Whisper (OpenAI), on-premise	Transcription, running on MeMu's own server. Audio deleted after use.

The engine and the packs

Everything specialty-specific lives in one manifest per specialty — colour, vocabulary, navigation, intake fields, appointment types, note template, billing model, AI summary schema. The engine reads from those manifests instead of hard-coding a discipline. Specialty-specific patient data lives in its own satellite table per pack, so pediatrics' growth data does not sit in OB/GYN's chart as empty columns.

ezehr+ Physical Therapy

Reception

Physical Therapy

Ana Rivera

MAIN

Dashboard

Patients

SCHEDULING

Timeline

Appointments

New Appointment

Pending Requests

CONFIGURATION

Rooms & PTs

Clinic Settings

CPT Codes

AI & INSIGHTS

MeMu AI

Clinic Settings

General

Clinic name

My Physio Clinic

Phone

Timezone

Eastern (New York)

Address

Your public booking link

Paste this in your WhatsApp Business profile, Instagram bio, website, or email signature.

<https://stg.ezehrplus.com/public/book.php>

Copy

Preview

What happens next

Every booking submitted on that link lands in [Pending Requests](#) for approval. Nothing is auto-confirmed.

Public booking widget

How patients see your schedule when they tap the public booking link.

Show provider names

Patients pick a specific PT before choosing a slot. Best for clinics where therapists have personal patient lists.

Show open slots only

Patients see times that are free; the clinic decides who treats them at approval. Best for triage-style intake.

Intro message shown to patients on the booking page

Welcome! Please select a date and time that works for you. We will confirm your appointment within a few hours.

Save settings

Clinic settings. One place for the clinic's identity, operating hours and public-booking policy — including whether patients may pick their provider when they book themselves.

Data model

Patients, providers, appointments, medical records, treatment rooms, appointment types, CPT codes, appointment billing, public booking requests, clinic settings, MeMu imports, export audit trail, and one satellite per specialty. Every multi-specialty change was additive: existing rows carry a specialty by column default, so a single-specialty database behaves exactly as it did before.

The MeMu import is auditable. Every AI run stores its raw result before anything is written to a chart, linked to the note it produced. If a note is ever questioned, the exact material the draft came from is still on file.

Privacy posture

- **Patient audio never leaves MeMu's server** and is deleted immediately after transcription.
- **The SDK stores nothing** — no sessions, no patients, no transcripts. Clinical data lives in the clinic's own database.
- **The AI key is server-side** and never reaches the browser.
- **The browser only talks to its own origin**; ezehr+ makes every AI call itself.
- **Chart context is resolved server-side** from the appointment — a browser cannot forge a patient's history or choose which clinical flavour runs.

- **Every record export is logged** with patient, format, provider, timestamp and IP.

11. Release candidate status

This is a release candidate, not a shipped product. What follows is an honest account of what has been verified, what has not, and what the coming weeks of testing are for.

Verified

Capability	Status
Multi-specialty platform: four packs, reception, per-world data	Verified on staging
MeMu documentation, end to end, from a real recording on a phone	Verified — iPhone, Safari, 45-second visit
Per-specialty AI summaries — all four	Verified live
Billing across all four specialties	Verified on staging
FHIR R4, C-CDA, printable and ZIP export, with audit trail	Verified on staging
Physical-therapy parity — the hard gate for the existing clinic	Verified case by case
Production cutover for the first client	Pending client approval

What the final testing round is for

- Real clinicians, real visits, real audio.** The AI was proven end-to-end on a genuine recording, but at the scale of one visit. Accents, noisy rooms, long consultations and the four specialties' vocabularies need volume before production.
- Access control hardening.** The current model — a shared clinic access key plus provider identification — is a beta arrangement appropriate to a supervised pilot, not to general availability. Per-user credentials and session policy are part of the pre-production work.
- Credential rotation.** The pilot's access key and AI API key are rotated before production.
- The billing catalogue** is reconciled against each clinic's payer contracts before a claim is filed from it.
- Long-visit behaviour.** A long consultation makes for a long AI pass; the timeout budget for very long encounters is being measured under real conditions.

The existing physical-therapy production site is untouched by this release. Every change in this document was built and verified on staging. The cutover is a separate, gated step with a dress rehearsal and backups, on the client's go-ahead.

On the roadmap, honestly

Named here because the product itself no longer advertises them as if they existed: clinical Q&A inside the chart, guided digital intake feeding the note, outcome-measure auto-charting, home-programme prescription with a video library, and a patient portal with adherence reminders. A nursing intake station at reception — one nursing take, shared across every specialty — is designed and scheduled next.

12. Product sheet — at a glance

Field	Value
Product	ezehr+ — multi-specialty EHR with integrated clinical AI
Vendor	MeMu
Category	Healthcare — clinical documentation and practice management
Target customer	Small and mid-sized clinics, single- or multi-specialty; outpatient
Specialties	Physical therapy · Pediatrics · General medicine · OB/GYN. Extensible by manifest
Headline capability	Record the visit; get a specialty-specific draft note with ICD-10 and CPT suggested. The clinician signs
AI — reasoning	Claude (Anthropic), via the authenticated MeMu SDK
AI — transcription	Whisper (OpenAI), on-premise. Audio deleted after transcription
AI governance	Never signs, never bills. Every output is a draft or a suggestion. Raw AI results retained for audit
Interoperability	FHIR R4 Bundle (ONC 2015 Cert · USCDI · Cures Act) · CCD/C-CDA (HL7 v3 CDA R2 · Meaningful Use) · printable · ZIP
Patient rights	HIPAA Right of Access export hub (45 CFR 164.524), with a full audit trail
Billing	Per-specialty models: Medicare outpatient PT (8-minute rule, KX threshold) and E/M visit. Clinic-curated CPT catalogue
Scheduling	Concurrent-patient cap per professional with one-on-one override, room collision detection and capacity, live timeline, public booking with staff approval
Platform	PHP 8.2+ · MySQL 8 · server-rendered. Runs on ordinary managed hosting
Deployment	Single codebase, one database per clinic. Additive, idempotent migrations
Data residency	Clinical data in the clinic's own database. The AI SDK stores nothing
Languages	Interface in US English. The AI writes the note in the language spoken in the visit
Status	Release candidate — final testing round before production

Where the AI story is honest. ezehr+ uses Claude for clinical reasoning and Whisper for speech, and says so. The claim worth making is not which vendor is in the box; it is that **the patient's voice never leaves the server**, the AI never signs a record, and every clinical output is a draft a licensed professional accepts or rejects.