



A COMPLETE CLINIC & HOSPITAL SYSTEM · BUILT WITH AI

Clinic Spark Software

Heartbeat, then a spark.

A complete, hospital-grade system for running a clinic or hospital — designed by a doctor and built with AI. Web, iPhone and Android apps that all share one brain, so nothing is typed twice and nothing slips through the cracks. The AI is built into the core, not bolted on afterwards.

44+

MODULES · NATIVE ON ALL 3 SURFACES

3

PLATFORMS · WEB · IOS · ANDROID

210+

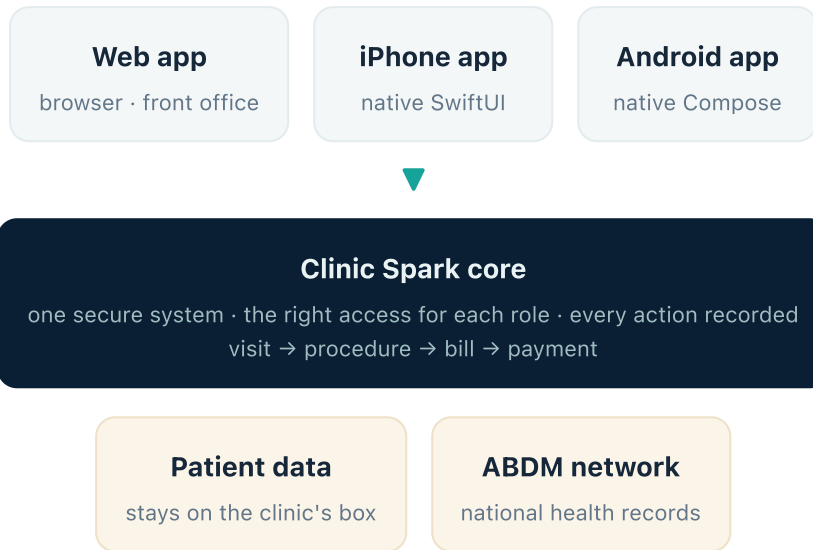
REVIEWED & TESTED RELEASES

~6 wks

CONCEPT TO FULL PRODUCT

ARCHITECTURE AT A GLANCE

One system, every screen connected



AI that helps — without ever holding the keys

"Ask Me" guides staff · safety checks when prescribing · one console to see and switch off every AI · an AI never signs a medical record

THE HONEST PRICE TAG

What this build would have cost in Hyderabad

Grade-1 firm	₹2.5 – 4 Cr
Grade-2 firm	₹80 L – 1.5 Cr
Grade-3 shop	₹25 – 60 L
Clinic Spark	Built in-house · doctor-directed

One-time build cost, custom HMS of this breadth (44+ modules, 3 platforms, AI layer). 2026 market guides: ₹1.65 – 4.15 Cr.

Vendor grade	Build	Yearly AMC	Delivery
Grade 1 enterprise house, hospital references	₹2.5–4 Cr	₹40–70 L	18–30 months

Vendor grade	Build	Yearly AMC	Delivery
Grade 2 mid-size product company	₹80 L–1.5 Cr	₹15–30 L	12–18 months
Grade 3 small software shop	₹25–60 L	₹5–10 L	8–12 months (quality risk)
Clinic Spark AI pipeline, doctor-directed	In-house	Minimal	~6 weeks

We know the lower grades first-hand: Clinic Spark replaced three previous vendor systems, and the clinic now owns every line of the code. **Market guides bill ABDM compliance alone at ₹3–8 L extra; here it is built in.**

The return for a running clinic

Software like this pays in two ways: it **stops money leaking** (missed charges, lost leads, unfollowed insurance claims, pharmacy stock gaps) and it **grows revenue** (every lead answered, every follow-up made, marketing spend finally measurable). Modelled below for two clinic sizes at typical 15–20% clinic profit margins, with a conservative 5–10% revenue improvement.

CLINIC A • ₹50 LAKH / MONTH

₹6 Cr / year revenue



≈ **+43% profit** on the same premises, with the same doctors — the gain is pure recovered leakage and answered demand.

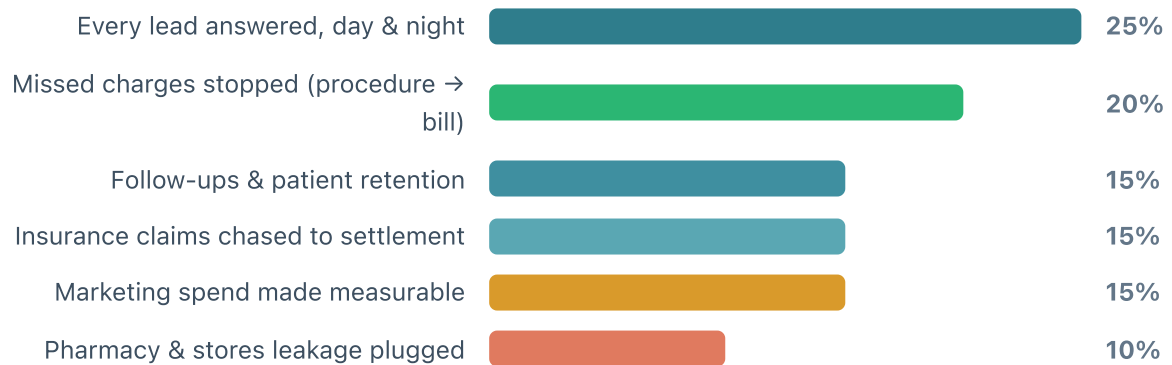
CLINIC B · ₹1 CRORE / MONTH

₹12 Cr / year revenue




≈ **+44% profit**. At this scale the system pays for a new operating theatre every year, out of recovered leakage alone.

Where the money comes from



Illustrative split of the annual benefit. Every rupee above is traceable inside the software — the daybook, P&L, marketing funnel and claims modules measure their own contribution.

 Think UPI — but for medical records

INDIA'S NATIONAL HEALTH NETWORK

ABDM, built in — not bolted on later

Just as UPI made money move instantly between any two banks, **ABDM — the Ayushman Bharat Digital Mission** — is the government's national rail for health records: one health ID for every patient, and a consent layer that lets their history move safely between any clinic, hospital or lab. It is fast becoming the standard every serious provider in India is measured against. Most hospital software here still can't touch it. **Clinic Spark already speaks it — both ways.**



Send records out

Built to plug into the national network as a record provider — discharge summaries, prescriptions and reports flow out to the patient's national health record, with their consent and national-grade encryption.



Pull records in

Request a new patient's history from other hospitals on the network. It arrives, is decrypted, and sits beside your own chart — read-only, clearly labelled, never silently merged into your notes.



Consent at the centre

Every exchange is consent-first and fully logged. The patient owns and controls exactly what is shared, and when — nothing moves without a recorded, revocable approval.

Why this is a real edge: the hard part of ABDM — the national consent handshake and the encryption it runs on — is genuinely difficult engineering, so most systems either charge **₹3–8 lakh extra** to add it later or simply don't have it. Here it is already designed, built and tested. You are buying software made for **where Indian healthcare is going — not where it was.**

Why Clinic Spark is unlike anything off the shelf

Most software makes the clinic bend to fit it. This does the opposite — it fits the way you already work, then quietly takes away the double-entry, the chasing and the leaks. Here is what that means day to day.



Real apps on your phone

Proper iPhone and Android apps that are quick and smooth to use — not a clumsy website squeezed into an app. Every screen is made for the phone in your hand.



Enter it once — it's everywhere

The patient, the procedure, the bill, the payment all join up on their own. Type something once and it shows up wherever it's needed. No re-typing, no jumping between different programs.



Built by a doctor, around your day

Shaped around how a clinic really runs — the patient queue, OPD, wards, pharmacy, lab — not how a software company imagines it works.



AI that helps — never decides

The AI warns about a risky prescription, writes up summaries and guides your staff — but **it can never sign a medical record**. You see exactly what it's doing, and can switch any of it off from one screen.



Patient data kept safe — and future-ready

Every patient consent and every action is quietly recorded, each person sees only what they should, and it already links to India's national health network (ABDM) — something most clinic software still can't do.



It catches its own mistakes

The software quietly checks its own work every day, and turns anything your staff report into a fix on its own — so it keeps getting better without you having to chase anyone.



Every rupee accounted for

The day's takings, expenses, doctor fees and profit — all in one place, with one-tap export for your accountant. You see exactly where the money went, before you go home.



Brings in patients — and shows you proof

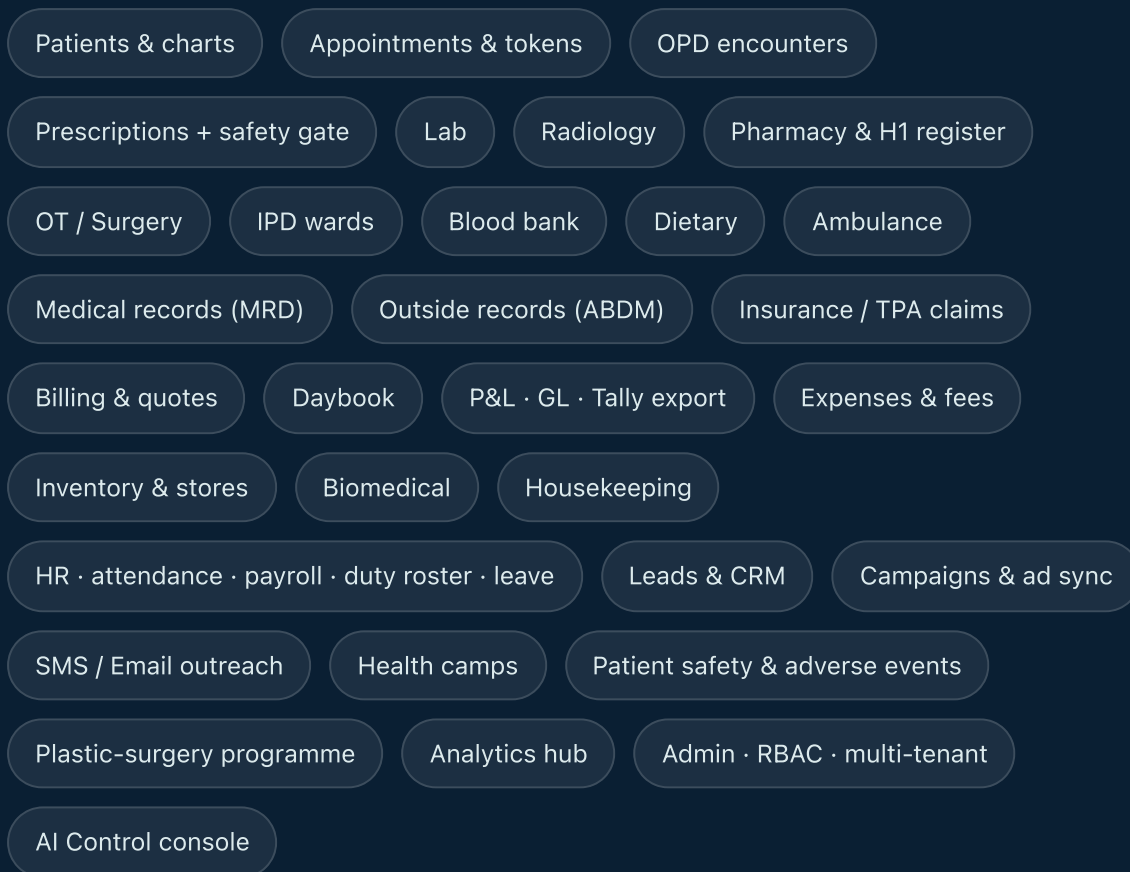
Tracks every enquiry, every advertisement and every follow-up — so you finally know which marketing actually brings patients through the door, and which is just wasting your money.



New features in days, not years

Ask for something new and it's planned the **same hour** and working **within the week** — instead of waiting for next year's "update" like other software.

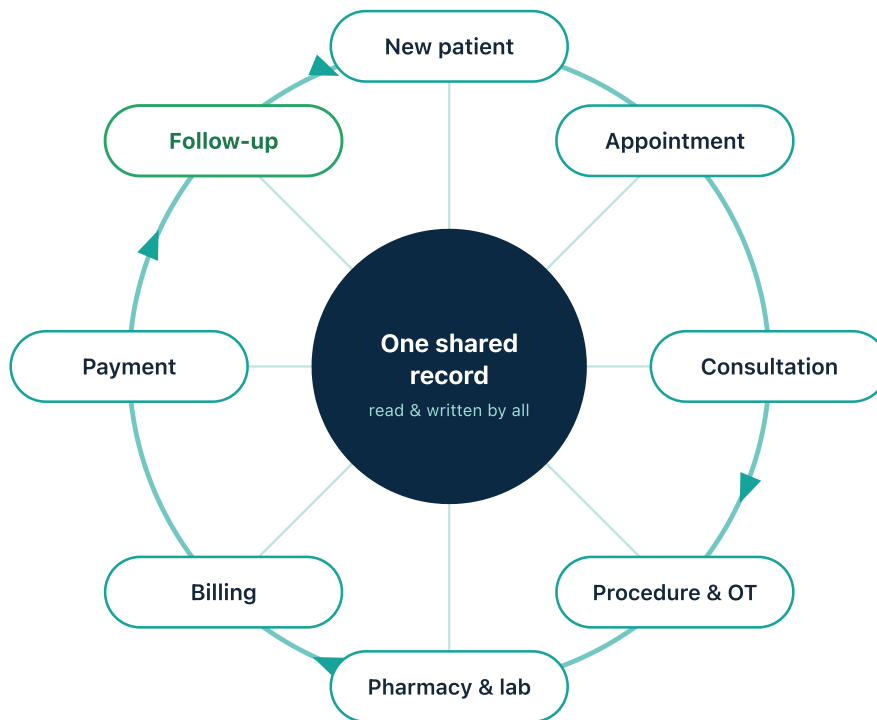
Everything a multi-specialty clinic runs on — in one system



Each module passes a written definition-of-done — native list, native detail, every action working, graceful loading / empty / error states — and is reviewed by a senior AI before merge. Quality is enforced by process, not by promise.

Every step leads to the next — and back again

Most software is a set of separate screens you jump between, re-typing as you go. Clinic Spark is a **loop**. Each module hands the patient to the next and writes to the same shared record — so the day flows in a circle: a new patient becomes an appointment, an appointment becomes a consultation, a consultation becomes a procedure and a bill, a bill becomes a payment and a follow-up — which brings the patient back to the start.



No dead ends

Every screen offers the natural next step. Staff never hit a wall wondering "what now, where do I go?"



The loop closes itself

Today's visit books tomorrow's follow-up on its own — and a follow-up is simply the same circle coming back around.



Everything stays in sync

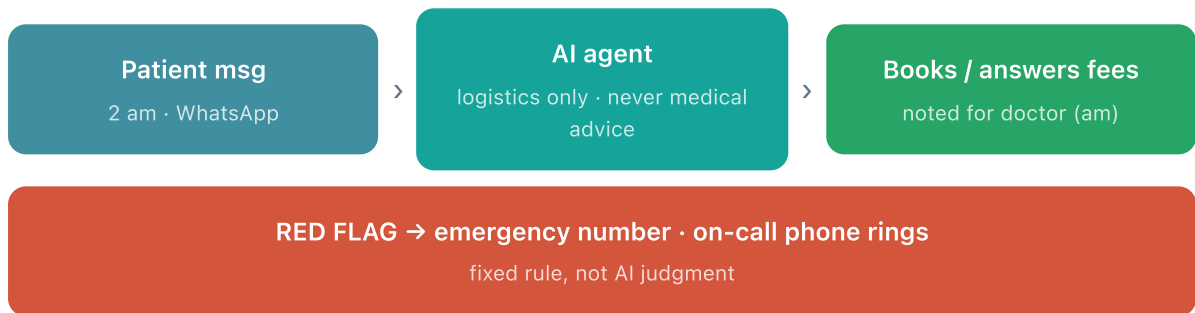
As the circle turns, finance, stock and marketing update themselves from the same events.
Nothing is entered twice.

How it talks — to patients, to staff, to the future

TO PATIENTS

Today: records from other hospitals flow in (ABDM), consents are digital, reports and bills are clean documents on their phone.

Next — the night concierge (WhatsApp): when staff sleep, an AI answers new leads instantly — timings, fees, booking — and notes patients' questions for morning. Strictly fenced:



TO STAFF

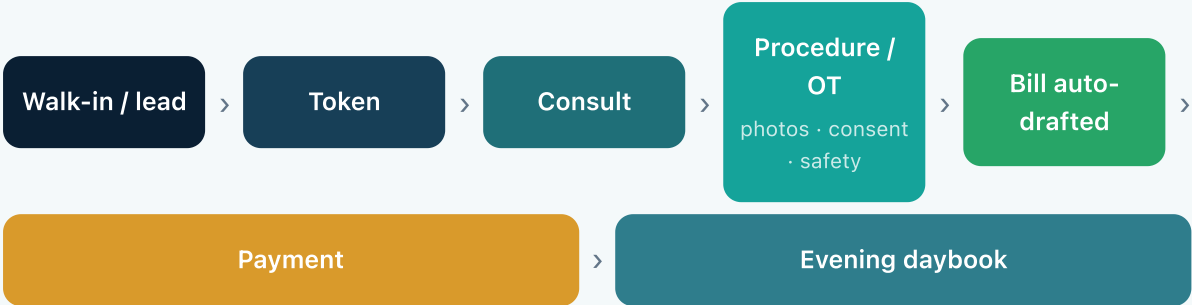
"Ask Me" sits on every screen — staff ask in plain language and are guided to the right next step. New joiners are productive on day one.

"Report a problem" turns every staff member into a quality inspector: the report lands in a triage inbox, becomes a fix, and the reporter sees the answer. Found once — guarded forever.



A real example: a clinician asked for night-time lead answering — it was a fenced, scoped roadmap item within the hour.

The streamlined day — one connected flow



Each arrow is automatic — the procedure appears on the bill by itself, the payment appears in the daybook by itself. Staff do the medicine; the software does the bookkeeping.

THE ROAD AHEAD

Hermes — your clinic, awake 24/7

Clinic Spark already has safe, built-in doors for AI. The next step plugs in **Hermes**: an always-on assistant that works while the clinic sleeps — and answers to the clinic, never to an outside company.



Night reception

Replies to patient WhatsApp, Telegram and email the moment it arrives — timings, fees, bookings — so no enquiry is ever lost after hours.



Morning brief

The doctor wakes to a short 7 am summary: who booked, what came in overnight, and what needs attention today.



Patient concierge

Friendly reminders, "your report is ready" alerts and follow-up nudges — every message saved to the patient's record.

Every Hermes feature is read-only, asks for consent, and can be switched off in one tap. After this: voice notes in the consulting room, deeper specialty tools, and the same platform offered to other clinics and hospitals. **You stop renting software — you own a product.**



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Hyderabad · Figures are estimates / projections, verified by the software's own reports in operation.