

ESTTA Tracking number: **ESTTA686324**

Filing date: **07/28/2015**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Notice of Opposition

Notice is hereby given that the following party opposes registration of the indicated application.

Opposer Information

Name	Urgent Care MSO, LLC
Granted to Date of previous extension	07/29/2015
Address	1751 Earl Core RdAttn: Legal Department Morgantown, WV 26505 UNITED STATES

Correspondence information	Monika Jaensson Dinsmore & Shohl LLP 900 Lee Street, Suite 600 Charleston, WV 25301 UNITED STATES monika.jaensson@dinsmore.com Phone:3043579924
----------------------------	--

Applicant Information

Application No	86414664	Publication date	03/31/2015
Opposition Filing Date	07/28/2015	Opposition Period Ends	07/29/2015
Applicant	VIDEOKALL INC 10631 BARN WOOD LANE POTOMAC, MD 20854 UNITED STATES		

Goods/Services Affected by Opposition

Class 042. First Use: 0 First Use In Commerce: 0 All goods and services in the class are opposed, namely: Software as a service (SAAS) services featuring software for connecting a computer terminal in a medical facility through a communications link to a distant self service medical cabin located in a remote facility to enable two way video communications plus control of and receiving of telemetry from medical instrumentslocated in the distant self service medical cabin

Grounds for Opposition

Priority and likelihood of confusion	Trademark Act section 2(d)
Dilution	Trademark Act section 43(c)

Marks Cited by Opposer as Basis for Opposition

U.S. Registration No.	3311726	Application Date	06/09/2005
Registration Date	10/16/2007	Foreign Priority	NONE

		Date	
Word Mark	MEDEXPRESS		
Design Mark			
Description of Mark	NONE		
Goods/Services	<p>Class 044. First use: First Use: 2001/09/10 First Use In Commerce: 2001/09/10 Outpatient medical clinics specializing in urgent physician care and treatment, excluding, discount programs for medical equipment and prescriptions, on-line computer databases for discount health programs, discounted medical and healthcare provided through third-party providers, air ambulance transport services, aeromedical medical services, mail order pharmacy services, pharmaceutical preparations namely respiratory medications and insulin, and incontinence supplies, medical and health care supplies, namely respiratory medication delivery devices, glucometers, lancets, blood hemoglobin, testing supplies, distributorship services featuring medical products and pharmaceuticals for use by retail stores, physicians, hospitals, clinics, pharmacies and industrial services, distribution and rental of medical equipment, and laboratory testing services</p>		

U.S. Registration No.	3205430	Application Date	11/28/2005
Registration Date	02/06/2007	Foreign Priority Date	NONE
Word Mark	MEDEXPRESS CORPORATECARE		
Design Mark			
Description of Mark	NONE		
Goods/Services	<p>Class 044. First use: First Use: 2003/12/31 First Use In Commerce: 2004/05/31 Medical clinics; Urgent medical care centers</p>		

U.S. Registration No.	3519373	Application Date	11/20/2007
Registration Date	10/21/2008	Foreign Priority Date	NONE
Word Mark	MEDEXPRESS		

Design Mark			
Description of Mark	The mark consists of a "MedExpress" logo including a cross.		
Goods/Services	Class 044. First use: First Use: 2005/02/07 First Use In Commerce: 2005/02/07 Medical clinics specializing in urgent medical care and treatment		

U.S. Registration No.	3733948	Application Date	06/02/2009
Registration Date	01/05/2010	Foreign Priority Date	NONE
Word Mark	MEDEXPRESS		
Design Mark			
Description of Mark	The mark consists of the term "MEDEXPRESS" in blue, above the wording is an arcin gradations from light blue to blue, and to the right of the wording is a cross design outlined in red.		
Goods/Services	Class 044. First use: First Use: 2005/02/07 First Use In Commerce: 2005/02/07 medical clinics specializing in urgent medical care and treatment		

U.S. Registration No.	4417150	Application Date	09/21/2012
Registration Date	10/15/2013	Foreign Priority Date	NONE
Word Mark	ME MEDEXPRESS		
Design Mark			
Description of Mark	The mark consists of the letters "ME" and the term "MedExpress", all in stylized form.		
Goods/Services	Class 044. First use: First Use: 2012/11/13 First Use In Commerce: 2012/11/13 medical clinics specializing in urgent medical care and treatment		

Attachments	78647080#TMSN.png(bytes) 78761441#TMSN.png(bytes) 77334306#TMSN.png(bytes) 77749596#TMSN.png(bytes) 85734744#TMSN.png(bytes) NoticeOfOpposition.pdf(32317 bytes) Exhibit A.pdf(643512 bytes) EXHIBIT B.pdf(2203775 bytes) exhibitc.pdf(1471468 bytes)
-------------	---

Certificate of Service

The undersigned hereby certifies that a copy of this paper has been served upon all parties, at their address record by First Class Mail on this date.

Signature	/Monika Jaensson/
Name	Monika Jaensson
Date	07/28/2015

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD**

URGENT CARE MSO, LLC,)	
)	Opposition No. _____
Opposer,)	
)	Mark: MEDEX SPOT
v.)	Serial No. 86/414,664
)	Published for Opposition: March 31, 2015
VIDEOKALL, INC.)	
)	
Applicant.)	
_____)	

Commissioner for Trademarks
P.O. Box 1451
Alexandria, VA 22313-1451

NOTICE OF OPPOSITION

Opposer Urgent Care MSO, LLC, d/b/a MedExpress (hereafter “MedExpress” or “Opposer”) files its Notice of Opposition against the application to register the mark MEDEX SPOT, Application Serial No. 86/414,664, and as grounds for its opposition alleges as follows:

1. MedExpress is a limited liability company of the state of Delaware with an address of 1751 Earl Core Road, Morgantown, West Virginia 26505.
2. MedExpress believes that it will be damaged by registration of the mark “**MEDEX SPOT**” shown in Application Serial No. 86/414,664 and hereby opposes the same, and opposes registration for the services set forth therein, namely:

MEDEX SPOT, in International Class 042 covering “*Software as a service (SAAS) services featuring software for connecting a computer terminal in a medical facility through a communications link to a distant self service medical cabin located in a remote facility to enable two way video communications plus control of and receiving of telemetry from medical instruments located in the distant self service medical cabin,*” in International Class 042.

The subject application (the “Application”) was filed on October 3, 2014 under Section 1(b) of the Trademark Act, as intent to use, and published in the Official Gazette of March 31, 2015. Opposer obtained an extension of time to file an opposition to the Application, up to and including July 29, 2015. Thus, this Notice of Opposition is timely filed.

3. Opposer is the owner of the well-known and famous MEDEXPRESS mark, as reflected by Opposer’s U.S. trademark registrations for the mark MEDEXPRESS covering urgent care medical clinics in International Class 44, namely:

- **MEDEXPRESS**, U.S. Registration No. 3,311,726 for “Outpatient medical clinics specializing in urgent physician care and treatment, excluding, discount programs for medical equipment and prescriptions, on-line computer databases for discount health programs, discounted medical and healthcare provided through third-party providers, air ambulance transport services, aeromedical medical services, mail order pharmacy services, pharmaceutical preparations namely respiratory medications and insulin, and incontinence supplies, medical and health care supplies, namely respiratory medication delivery devices, glucometers, lancets, blood hemoglobin, testing supplies, distributorship services featuring medical products and pharmaceuticals for use by retail stores, physicians, hospitals, clinics, pharmacies and industrial services, distribution and rental of medical equipment, and laboratory testing services” in International Class 044;
- **MEDEXPRESS CORPORATE CARE**, U.S. Registration No. 3,205,430 for “medical clinics, urgent medical care centers” in International Class 044;
- **MEDEXPRESS & Design**, U.S. Registration No. 3,519,373 for “medical clinics specializing in urgent medical care and treatment” in International Class 044;
- **MEDEXPRESS & Design**, U.S. Registration No. 3,733,948 for “medical clinics specializing in urgent medical care and treatment” in International Class 044; and
- **ME MEDEXPRESS & Design**, U.S. Registration No. 4,417,150 for “medical clinics specializing in urgent medical care and treatment” in International Class 044.

The above-listed registrations are valid, subsisting, and in good standing. MedExpress registered the MEDEXPRESS mark on October 16, 2007, citing first use on September 10, 2001 (See U.S. Registration No. 3,311,726). This registration has reached incontestable status. A copy of the TSDR status corresponding to the above-listed registrations are attached hereto as Exhibit A.

4. In addition to the above-listed registrations, Opposer's urgent care clinics marketed and promoted under its MEDEXPRESS marks have received numerous accolades and positive reviews by consumers and industry publications as superior urgent care clinics. See attached Exhibit B with some examples of recognition of Opposer's MEDEXPRESS clinics. As a result of the success and superior service of Opposer's clinics marketed under its MEDEXPRESS marks, Opposer's MEDEXPRESS brand and clinics are widely recognized and well known, and Opposer has engaged in extensive promotional and advertising efforts to further build consumer recognition of its MEDEXPRESS clinics.

5. Opposer's MEDEXPRESS trademark registrations and Opposer's common law rights associated with its widespread use and promotion of its MEDEXPRESS urgent care clinics are all collectively referred to hereinafter as the "MEDEXPRESS Marks".

6. Opposer has expended substantial amounts of time, money and effort in advertising and promoting its MEDEXPRESS Marks over many years and in building and preserving the goodwill associated therewith.

7. Opposer began using the mark MEDEXPRESS at least as early as September 10, 2001, the date of first use in commerce recited in Opposer's U.S. Registration No. 3,311,726. For almost fifteen years Opposer has continuously and exclusively used the MEDEXPRESS Marks in U.S. commerce in connection with its urgent care clinics. Presently Opposer operates one hundred and fifty urgent care clinics in Arkansas, Delaware, Florida, Indiana, Kansas,

Maryland, Massachusetts, Michigan, New Jersey, Oklahoma, Pennsylvania, Tennessee, Virginia and West Virginia.

8. Opposer's MEDEXPRESS Marks have become distinctive of, and associated in the minds of the trade and purchasing public with Opposer as a well-known provider of medical services offered under the MEDEXPRESS Marks. By virtue of Opposer's efforts, Opposer has gained a significant and valuable reputation for the services associated with its MEDEXPRESS Marks, which will be damaged by the registration of the mark MEDEX SPOT.

9. The MEDEXPRESS Marks are famous and distinctive within the meaning of the Lanham Act.

10. Upon information and belief, Applicant Videokall, Inc. is the owner of U.S. Trademark Application Serial No. 86/414,664 for the mark MEDEX SPOT for services described in the application as:

“Software as a service (SAAS) services featuring software for connecting a computer terminal in a medical facility through a communications link to a distant self service medical cabin located in a remote facility to enable two way video communications plus control of and receiving of telemetry from medical instruments located in the distant self service medical cabin” in International Class 042.

11. Upon information and belief, Applicant is a Georgia corporation with an address of 10631 Barnwood Lane, Potomac, Maryland 20854.

12. Applicant filed Application Serial No. 86/414,664 on October 3, 2014, under Section 1(b), intent to use, of the Trademark Act. As evidenced on the website a print out of which is attached hereto as Exhibit C, Applicant has made use of the herein opposed MEDEX SPOT mark on a prototype of a medical cabin for offering remote medical consultation.

13. Priority is not at issue: Opposer's longstanding use and registration of its MEDEXPRESS Marks as described above dating back to 2001 is well over ten years prior to Applicant's intent to use filing date in 2014.

14. Applicant is not entitled to use or register as a trademark the mark MEDEX SPOT for which it seeks registration in its Application Serial No. 86/414,664, either on October 3, 2014, the date of filing of said application, or on March 31, 2015, the date of publication thereof in the Official Gazette.

15. Applicant's services in International Class 042 covering software as a service used to facilitate remote medical consultation are closely related to and overlapping with the medical consultation services offered by Opposer under its MEDEXPRESS Marks at its urgent care centers, and are or may be promoted to the same or a similar class of consumers, and are or may be available through the same or similar channels of trade.

16. Applicant's proposed MEDEX SPOT mark is nearly identical to, and confusingly similar to Opposer's MEDEXPRESS Marks in sight, sound, meaning, connotation, and commercial impression, and is intended to be used in connection with services that are closely related to and overlapping with the services covered by Opposer's MEDEXPRESS Marks.

17. The mark Applicant seeks to register, namely, MEDEX SPOT, so resembles Opposer's MEDEXPRESS Marks as to be likely, when applied to the services of Applicant, to cause confusion or mistake or to deceive persons by creating the erroneous impression that Applicant's services originate with or come from Opposer, or are authorized, licensed, endorsed, sponsored by, or are connected in some way with Opposer, and therefore, the registration thereof by Applicant would be injurious to Opposer.

18. Applicant knew or should have known of Opposer's MEDEXPRESS Marks when it adopted and/or filed an application seeking to register the mark MEDEX SPOT.

19. Applicant's adoption and intended use of the mark MEDEX SPOT is without the license or permission of Opposer.

20. Registration of the MEDEX SPOT mark by Applicant is barred by the provisions of 15 U.S.C. §1052(d), for the reason that it consists of or comprises a mark which so resembles Opposer's MEDEXPRESS Marks previously registered in the United States Patent and Trademark Office, previously used by Opposer and not abandoned, as to be likely, when used in connection with the services of Applicant, to cause confusion, mistake or to deceive. For the above reasons, any use of the mark MEDEX SPOT by Applicant is likely to cause confusion, cause mistake or deceive the public, and cause the public to believe that the services offered under the mark MEDEX SPOT emanate from or are otherwise sponsored or endorsed by Opposer, in violation of Section 2(d) of the Lanham Act, 15 U.S.C. §1052(d). This likelihood of confusion will damage Opposer within the meaning of 15 U.S.C. § 1063.

21. Applicant's intended use and attempted registration of the MEDEX SPOT mark is likely to cause confusion or mistake with respect to a false affiliation with Opposer and Opposer's MEDEXPRESS Marks, and therefore should be denied registration pursuant to 15 U.S.C. §1125(a) and will damage Opposer within the meaning of 15 U.S.C. § 1063

22. Applicant's intended use and attempted registration of the MEDEX SPOT mark is likely to lessen the capacity of Opposer's famous and distinctive MEDEXPRESS Marks to distinguish and identify Opposer's services from those of others, thereby diluting the distinctive quality of Opposer's MEDEXPRESS Marks in violation of 15 U.S.C. §1125(c), and thereby causing damage to Opposer within the meaning of 15 U.S.C. § 1063.

23. Registration of the mark MEDEX SPOT to Applicant would create statutory rights in favor of Applicant, and thereby restrict, interfere with and damage Opposer in the unhampered conduct of its business and protection of its legitimate interests.

24. By reason of the foregoing, Opposer will be damaged by registration of the MEDEX SPOT mark to Applicant.

25. The opposition fee in the amount of \$300.00 is filed herewith.

WHEREFORE, Opposer prays that said Application Serial No. 86/414,664 be rejected; that registration of the mark MEDEX SPOT as a trademark to Applicant be refused and denied; and that this opposition be sustained in Opposer's favor.

Opposer requests such other and further relief as the Board may deem just and proper.

Date: July 28, 2015

Respectfully submitted,

/Monika L Jaensson/

Monika L'Orsa Jaensson

Dinsmore & Shohl LLP

900 Lee Street, Suite 600

Charleston, WV 25301

Email: monika.jaensson@dinsmore.com

Tel: (304) 357-9924

Fax: (304) 357-0919

Attorney for Opposer Urgent Care MSO, LLC

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD**

URGENT CARE MSO, LLC,)	
)	Opposition No. _____
Opposer,)	
)	Mark: MEDEX SPOT
v.)	Serial No. 86/414,664
)	Published for Opposition: March 31, 2015
VIDEOKALL, INC.)	
)	
Applicant.)	
_____)	

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Notice of Opposition and Exhibits attached thereto has been served upon the following by regular U.S. mail this 28th day of July, 2015:

VIDEOKALL, INC.
10631 Barnwood Lane
Potomac, Maryland 20854-1325

/Monika L Jaensson/

Monika L'Orsa Jaensson
Attorney for Opposer Urgent Care MSO, LLC
Email: monika.jaensson@dinsmore.com

Attorney Name: Monika J Hussell

Docket Number: MEX0003TA

Attorney Primary Email Address: monika.hussell@dinsmore.com

Attorney Email Authorized: Yes

Correspondent

Correspondent Name/Address: Monika J Hussell
Dinsmore & Shohl LLP
900 Lee Street, Suite 600
Charleston, WEST VIRGINIA 25301
UNITED STATES

Phone: 3043579924

Correspondent e-mail: monika.hussell@dinsmore.com

Correspondent e-mail Authorized: Yes

Domestic Representative - Not Found

Prosecution History

Date	Description	Proceeding Number
Nov. 06, 2012	NOTICE OF ACCEPTANCE OF SEC. 8 & 15 - E-MAILED	
Nov. 06, 2012	REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK.	70132
Nov. 06, 2012	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	70132
Oct. 17, 2012	TEAS SECTION 8 & 15 RECEIVED	
Jan. 20, 2010	NOTICE OF SUIT	
Nov. 04, 2009	ATTORNEY REVOKED AND/OR APPOINTED	
Nov. 04, 2009	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Feb. 27, 2008	AUTOMATIC UPDATE OF ASSIGNMENT OF OWNERSHIP	
Oct. 16, 2007	REGISTERED-PRINCIPAL REGISTER	
Sep. 08, 2007	EXTENSION OF TIME TO OPPOSE PROCESS - TERMINATED	
May 24, 2007	EXTENSION OF TIME TO OPPOSE RECEIVED	
May 23, 2007	REVIEW OF CORRESPONDENCE COMPLETE	68065
May 16, 2007	PAPER RECEIVED	
Apr. 24, 2007	PUBLISHED FOR OPPOSITION	
Apr. 13, 2007	ATTORNEY REVOKED AND/OR APPOINTED	
Apr. 13, 2007	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Apr. 04, 2007	NOTICE OF PUBLICATION	
Mar. 01, 2007	LAW OFFICE PUBLICATION REVIEW COMPLETED	76985
Mar. 01, 2007	APPROVED FOR PUB - PRINCIPAL REGISTER	
Feb. 08, 2007	AMENDMENT FROM APPLICANT ENTERED	76985
Jan. 16, 2007	CORRESPONDENCE RECEIVED IN LAW OFFICE	76985
Feb. 08, 2007	ASSIGNED TO LIE	76985
Jan. 16, 2007	PAPER RECEIVED	
Sep. 20, 2006	ASSIGNMENT OF OWNERSHIP NOT UPDATED AUTOMATICALLY	
Jul. 28, 2006	NON-FINAL ACTION E-MAILED	6325
Jul. 28, 2006	NON-FINAL ACTION WRITTEN	76135
Jul. 19, 2006	AUTOMATIC UPDATE OF ASSIGNMENT OF OWNERSHIP	
Jun. 06, 2006	AMENDMENT FROM APPLICANT ENTERED	65864
May 17, 2006	CORRESPONDENCE RECEIVED IN LAW OFFICE	65864
May 17, 2006	PAPER RECEIVED	
Jan. 20, 2006	NON-FINAL ACTION E-MAILED	6325
Jan. 20, 2006	NON-FINAL ACTION WRITTEN	76135
Jan. 16, 2006	ATTORNEY REVOKED AND/OR APPOINTED	
Jan. 16, 2006	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Dec. 29, 2005	ASSIGNED TO EXAMINER	76135
Jun. 14, 2005	NEW APPLICATION ENTERED IN TRAM	

Maintenance Filings or Post Registration Information

Affidavit of Continued Use: Section 8 - Accepted

Affidavit of Incontestability: Section 15 - Accepted

TM Staff and Location Information

TM Staff Information - None File Location

Current Location: TMO LAW OFFICE 112

Date in Location: Nov. 06, 2012

Assignment Abstract Of Title Information

Summary

Total Assignments: 6

Registrant: MEDEXPRESS URGENT CARE HOLDING CO., INC.

Assignment 1 of 6

Conveyance: ASSIGNS THE ENTIRE INTEREST

Reel/Frame: [3347/0240](#)

Pages: 5

Date Recorded: May 25, 2006

Supporting Documents: [assignment-tm-3347-0240.pdf](#)

Assignor

Name: [MEDEXPRESS URGENT CARE HOLDING CO., INC.](#)

Execution Date: May 09, 2006

Legal Entity Type: CORPORATION

State or Country Where Organized: NEVADA

Assignee

Name: [MEDEXPRESS URGENT CARE HOLDING CO., INC.](#)

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: No Place Where Organized Found

Address: 215 DON KNOTTS BOULEVARD, SUITE 130
KAY CASTO & CHANEY BUILDING
MORGANTOWN, WEST VIRGINIA 26501

Correspondent

Correspondent Name: DAVID G. OBERDICK, ESQ.

Correspondent Address: 1300 OLIVER BUILDING
535 SMITHFIELD STREET
PITTSBURGH, PENNSYLVANIA 15222

Domestic Representative - Not Found

Assignment 2 of 6

Conveyance: CORRECTIVE ASSIGNMENT TO CORRECT THE ASSIGNEE'S NAME, PREVIOUSLY RECORDED AT REEL 003347 FRAME 0240.

Reel/Frame: [3393/0621](#)

Pages: 6

Date Recorded: Aug. 25, 2006

Supporting Documents: [assignment-tm-3393-0621.pdf](#)

Assignor

Name: [MEDEXPRESS URGENT CARE HOLDING COMPANY, INC.](#)

Execution Date: May 09, 2006

Legal Entity Type: CORPORATION

State or Country Where Organized: NEVADA

Assignee

Name: [MEDEXPRESS URGENT CARE HOLDING CO., LLC](#)

Legal Entity Type: LTD LIABILITY CO.

State or Country Where Organized: WEST VIRGINIA

Address: 215 DON KNOTTS BOULEVARD, SUITE 130
KAY CASTO & CHANEY BUILDING
MORGANTOWN, WEST VIRGINIA 26501

Correspondent

Correspondent Name: CHRISTIAN M. BEST, ESQ.

Correspondent Address: 535 SMITHFIELD STREET
1300 OLIVER BUILDING
PITTSBURGH, PA 15222

Domestic Representative - Not Found

Assignment 3 of 6

Conveyance: ASSIGNS THE ENTIRE INTEREST

Reel/Frame: [3725/0991](#)

Pages: 6

Date Recorded: Feb. 25, 2008

Supporting Documents: [assignment-tm-3725-0991.pdf](#)

Assignor

Name: [MEDEXPRESS URGENT CARE HOLDING COMPANY, LLC](#)

Execution Date: Feb. 14, 2008

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: WEST VIRGINIA

Assignee

Name: [URGENT CARE MSO, LLC](#)

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Address: 215 DON KNOTTS BLVD.
SUITE 220
MORGANTOWN, WEST VIRGINIA 26501

Correspondent

Correspondent Name: CHRISTIAN M. BEST

Correspondent Address: 535 SMITHFIELD STEET
HENRY W. OLIVER BUILDING
PITTSBURGH, PA 15222-2312

Domestic Representative - Not Found

Assignment 4 of 6

Conveyance: SECURITY INTEREST

Reel/Frame: [3894/0765](#)

Pages: 6

Date Recorded: Nov. 26, 2008

Supporting Documents: [assignment-tm-3894-0765.pdf](#)

Assignor

Name: [URGENT CARE MSO, LLC](#)

Execution Date: Nov. 25, 2008

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Assignee

Name: [BANK OF MONTREAL](#)

Legal Entity Type: FINANCIAL INSTITUTION

State or Country Where Organized: No Place Where Organized Found

Address: 115 S. LASALLE STREET
18TH FLOOR WEST
CHICAGO, ILLINOIS 60603

Correspondent

Correspondent Name: SOKYA JONES

Correspondent Address: 1332 W. 77TH STREET
CHICAGO, IL 60620

Domestic Representative - Not Found

Assignment 5 of 6

Conveyance: RELEASE BY SECURED PARTY

Reel/Frame: [4923/0396](#)

Pages: 4

Date Recorded: Dec. 19, 2012

Supporting Documents: [assignment-tm-4923-0396.pdf](#)

Assignor

Name: [BANK OF MONTREAL, AS ADMINISTRATIVE AGENT](#)

Execution Date: Dec. 18, 2012

Legal Entity Type: CORPORATION

State or Country Where Organized: CANADA

Assignee

Name: [URGENT CARE MSO, LLC](#)

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Address: 1751 EARL CORE ROAD
MORGANTOWN, WEST VIRGINIA 26505

Correspondent

Correspondent Name: SUSAN LAKE, PARALEGAL
Correspondent Address: 1180 PEACHTREE STREET
 KING & SPALDING
 ATLANTA, GA 30309

Domestic Representative - Not Found

Assignment 6 of 6

Conveyance: SECURITY INTEREST
Reel/Frame: [4923/0418](#) **Pages:** 7
Date Recorded: Dec. 19, 2012
Supporting Documents: [assignment-tm-4923-0418.pdf](#)

Assignor

Name: [URGENT CARE MSO, LLC](#) **Execution Date:** Dec. 18, 2012
Legal Entity Type: LIMITED LIABILITY COMPANY **State or Country Where Organized:** DELAWARE

Assignee

Name: [GENERAL ELECTRIC CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT](#)
Legal Entity Type: CORPORATION **State or Country Where Organized:** DELAWARE
Address: 500 WEST MONROE
 CHICAGO, ILLINOIS 60661

Correspondent

Correspondent Name: SUSAN LAKE, PARALEGAL
Correspondent Address: 1180 PEACHTREE STREET
 KING & SPALDING
 ATLANTA, GA 30309

Domestic Representative - Not Found

Proceedings

Summary

Number of Proceedings: 2

Type of Proceeding: Opposition

Proceeding Number: [91192880](#) **Filing Date:** Dec 03, 2009
Status: Terminated **Status Date:** Jul 21, 2011
Interlocutory Attorney: ELIZABETH A DUNN

Defendant

Name: Medical Express Care
Correspondent Address: CHARLES L RIDDLE
 RIDDLE PATENT LAW LLC
 434 LACKAWANNA AVENUE, SUITE 200
 SCRANTON PA , 18503
 UNITED STATES
Correspondent e-mail: charles@charlesriddle.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MEDICAL EXPRESS CARE WALK-IN CLINIC	Abandoned - After Inter-Partes Decision	76698260	

Plaintiff(s)

Name: Urgent Care MSO, LLC
Correspondent Address: MONIKA J HUSSELL
 DINSMORE AND SHOHL LLP
 900 LEE STREET, SUITE 600
 CHARLESTON WV , 25301
 UNITED STATES
Correspondent e-mail: monika.hussell@dinslaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MEDEXPRESS	Section 8 and 15 - Accepted and Acknowledged	78647080	3311726
MEDEXPRESS	Section 8 and 15 - Accepted and	77334306	3519373

Acknowledged
 Section 8 and 15 - Accepted and
 Acknowledged

[78761441](#) [3205430](#)

MEDEXPRESS CORPORATECARE

Prosecution History			
Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Dec 03, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Dec 03, 2009	Jan 12, 2010
3	PENDING, INSTITUTED	Dec 03, 2009	
4	D'S MOT TO SUSP PEND DISP CIV ACTION	Jan 12, 2010	
5	SUSPENDED PENDING DISP OF CIVIL ACTION	Apr 06, 2010	
6	RESPONSE DUE 30 DAYS (DUE DATE)	Apr 08, 2011	May 08, 2011
7	RESPONSE DUE 30 DAYS (DUE DATE)	Apr 08, 2011	May 08, 2011
8	D'S RESPONSE TO BOARD ORDER/INQUIRY	May 06, 2011	
9	SUSPENDED PENDING DISP OF CIVIL ACTION	Jun 20, 2011	
10	DEF'S ABANDONMENT OF APPLICATION	Jul 12, 2011	
11	BOARD'S DECISION: DISMISSED AS MOOT	Jul 21, 2011	
12	TERMINATED	Jul 21, 2011	

Type of Proceeding: Extension of Time

Proceeding Number: [78647080](#)

Filing Date: May 24, 2007

Status: Terminated

Status Date: Sep 07, 2007

Interlocutory Attorney:

Defendant

Name: MEDEXPRESS URGENT CARE HOLDING CO., INC.

Correspondent Address: CHRISTIAN M. BEST, ESQUIRE
 KIRKPATRICK & LOCKHART PRESTON GATES ELL
 535 SMITHFIELD ST Henry W. Oliver Bldg.
 PITTSBURGH PA , 15222-2312
 UNITED STATES

Associated marks

Mark	Application Status	Serial Number	Registration Number
MEDEXPRESS	Section 8 and 15 - Accepted and Acknowledged	78647080	3311726

Potential Opposer(s)

Name: Medex, LLC

Correspondent Address: John J. O'Malley
 Volpe and Koenig, P.C.
 30 S. 17th Street, Suite 1600 Suite 1600
 Philadelphia PA , 19103
 UNITED STATES

Correspondent e-mail: ptomail@volpe-koenig.com , jjo@volpe-koenig.com , LMcGuinness@volpe-koenig.com

Prosecution History			
Entry Number	History Text	Date	Due Date
1	INCOMING - EXT TIME TO OPPOSE FILED	May 24, 2007	
2	EXTENSION OF TIME GRANTED	May 24, 2007	
3	INCOMING - EXT TIME TO OPPOSE FILED	Jun 22, 2007	
4	EXTENSION OF TIME GRANTED	Jun 22, 2007	

Generated on: This page was generated by TSDR on 2015-07-27 08:44:45 EDT

Mark: MEDEXPRESS CORPORATECARE

MEDEXPRESS CORPORATECARE

US Serial Number: 78761441
US Registration Number: 3205430
Filed as TEAS Plus: Yes
Register: Principal
Mark Type: Service Mark
Status: A Sections 8 and 15 combined declaration has been accepted and acknowledged.
Status Date: Mar. 19, 2012
Publication Date: Nov. 21, 2006

Application Filing Date: Nov. 28, 2005
Registration Date: Feb. 06, 2007
Currently TEAS Plus: Yes

Mark Information

Mark Literal Elements: MEDEXPRESS CORPORATECARE
Standard Character Claim: Yes. The mark consists of standard characters without claim to any particular font style, size, or color.
Mark Drawing Type: 4 - STANDARD CHARACTER MARK
Disclaimer: "CORPORATE CARE"

Goods and Services

Note: The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [...] indicate deleted goods/services;
- Double parenthesis ((...)) identify any goods/services not claimed in a Section 15 affidavit of incontestability; and
- Asterisks *..* identify additional (new) wording in the goods/services.

For: Medical clinics; Urgent medical care centers

International Class(es): 044 - Primary Class
Class Status: ACTIVE
Basis: 1(a)
First Use: Dec. 31, 2003

U.S Class(es): 100, 101
Use in Commerce: May 31, 2004

Basis Information (Case Level)

Filed Use: Yes	Currently Use: Yes	Amended Use: No
Filed ITU: No	Currently ITU: No	Amended ITU: No
Filed 44D: No	Currently 44D: No	Amended 44D: No
Filed 44E: No	Currently 44E: No	Amended 44E: No
Filed 66A: No	Currently 66A: No	
Filed No Basis: No	Currently No Basis: No	

Current Owner(s) Information

Owner Name: URGENT CARE MSO, LLC
Owner Address: 215 DON KNOTTS BLVD.
SUITE 220
MORGANTOWN, WEST VIRGINIA 26501
UNITED STATES

Legal Entity Type: LIMITED LIABILITY COMPANY
State or Country Where Organized: DELAWARE

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Monika J Hussell
Attorney Primary Email Address: monika.hussell@dinslaw.com
Docket Number: MEX0001TA
Attorney Email Authorized: Yes

Correspondent

Correspondent Name/Address: Monika J Hussell
 Dinsmore & Shohl LLP
 900 Lee Street, Suite 600
 Charleston, WEST VIRGINIA 25301
 UNITED STATES

Phone: 3043579924

Fax: 3043570919

Correspondent e-mail: monika.hussell@dinslaw.com

Correspondent e-mail Authorized: Yes

Domestic Representative - Not Found

Prosecution History

Date	Description	Proceeding Number
Mar. 20, 2012	NOTICE OF ACCEPTANCE OF SEC. 8 & 15 - E-MAILED	
Mar. 19, 2012	REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK.	68335
Mar. 19, 2012	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	68335
Feb. 07, 2012	TEAS SECTION 8 & 15 RECEIVED	
Jan. 20, 2010	NOTICE OF SUIT	
Nov. 04, 2009	ATTORNEY REVOKED AND/OR APPOINTED	
Nov. 04, 2009	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Feb. 27, 2008	AUTOMATIC UPDATE OF ASSIGNMENT OF OWNERSHIP	
Sep. 11, 2007	REVIEW OF CORRESPONDENCE COMPLETE	61619
May 16, 2007	PAPER RECEIVED	
Apr. 13, 2007	ATTORNEY REVOKED AND/OR APPOINTED	
Apr. 13, 2007	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Mar. 21, 2007	ATTORNEY REVOKED AND/OR APPOINTED	
Mar. 21, 2007	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Feb. 06, 2007	REGISTERED-PRINCIPAL REGISTER	
Nov. 21, 2006	PUBLISHED FOR OPPOSITION	
Nov. 01, 2006	NOTICE OF PUBLICATION	
Sep. 30, 2006	LAW OFFICE PUBLICATION REVIEW COMPLETED	69350
Sep. 28, 2006	ASSIGNED TO LIE	69350
Sep. 20, 2006	ASSIGNMENT OF OWNERSHIP NOT UPDATED AUTOMATICALLY	
Sep. 20, 2006	APPROVED FOR PUB - PRINCIPAL REGISTER	
Sep. 20, 2006	EXAMINER'S AMENDMENT ENTERED	88888
Sep. 20, 2006	EXAMINERS AMENDMENT E-MAILED	6328
Sep. 20, 2006	EXAMINERS AMENDMENT -WRITTEN	78325
Jul. 31, 2006	NON-FINAL ACTION E-MAILED	6325
Jul. 31, 2006	NON-FINAL ACTION WRITTEN	78325
Jul. 30, 2006	AMENDMENT FROM APPLICANT ENTERED	69350
Jul. 05, 2006	CORRESPONDENCE RECEIVED IN LAW OFFICE	69350
Jul. 19, 2006	AUTOMATIC UPDATE OF ASSIGNMENT OF OWNERSHIP	
Jul. 05, 2006	PAPER RECEIVED	
Jun. 07, 2006	NON-FINAL ACTION E-MAILED	6325
Jun. 07, 2006	NON-FINAL ACTION WRITTEN	78325
May 31, 2006	ASSIGNED TO EXAMINER	78325
Jan. 16, 2006	ATTORNEY REVOKED AND/OR APPOINTED	
Jan. 16, 2006	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Dec. 01, 2005	NEW APPLICATION ENTERED IN TRAM	

Maintenance Filings or Post Registration Information

Affidavit of Continued Use: Section 8 - Accepted

Affidavit of Incontestability: Section 15 - Accepted

TM Staff and Location Information

TM Staff Information - None File Location

Current Location: TMO LAW OFFICE 111

Date in Location: Mar. 19, 2012

Assignment Abstract Of Title Information

Summary

Total Assignments: 6

Registrant: MEDEXPRESS URGENT CARE HOLDING CO., LLC

Assignment 1 of 6

Conveyance: ASSIGNS THE ENTIRE INTEREST

Reel/Frame: [3347/0240](#)

Pages: 5

Date Recorded: May 25, 2006

Supporting Documents: [assignment-tm-3347-0240.pdf](#)

Assignor

Name: [MEDEXPRESS URGENT CARE HOLDING CO., INC.](#)

Execution Date: May 09, 2006

Legal Entity Type: CORPORATION

State or Country Where Organized: NEVADA

Assignee

Name: [MEDEXPRESS URGENT CARE HOLDING CO., INC.](#)

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: No Place Where Organized Found

Address: 215 DON KNOTTS BOULEVARD, SUITE 130
KAY CASTO & CHANEY BUILDING
MORGANTOWN, WEST VIRGINIA 26501

Correspondent

Correspondent Name: DAVID G. OBERDICK, ESQ.

Correspondent Address: 1300 OLIVER BUILDING
535 SMITHFIELD STREET
PITTSBURGH, PENNSYLVANIA 15222

Domestic Representative - Not Found

Assignment 2 of 6

Conveyance: RE-RECORD TO CORRECT THE NAME OF THE ASSIGNEE, PREVIOUSLY RECORDED ON REEL 003347 FRAME 0240.

Reel/Frame: [3390/0546](#)

Pages: 6

Date Recorded: Aug. 25, 2006

Supporting Documents: [assignment-tm-3390-0546.pdf](#)

Assignor

Name: [MEDEXPRESS URGENT CARE HOLDING COMPANY, INC.](#)

Execution Date: May 09, 2006

Legal Entity Type: CORPORATION

State or Country Where Organized: NEVADA

Assignee

Name: [MEDEXPRESS URGENT CARE HOLDING CO., LLC](#)

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: WEST VIRGINIA

Address: 215 DON KNOTTS BOULEVARD, SUITE 130
KAY CASTO & CHANEY BUILDING
MORGANTOWN, WEST VIRGINIA 26501

Correspondent

Correspondent Name: CHRISTIAN M. BEST, ESQ.

Correspondent Address: 1300 OLIVER BUILDING
535 SMITHFIELD STREET
PITTSBURGH, PENNSYLVANIA 15222

Domestic Representative - Not Found

Assignment 3 of 6

Conveyance: ASSIGNS THE ENTIRE INTEREST

Reel/Frame: [3725/0991](#)

Pages: 6

Date Recorded: Feb. 25, 2008

Supporting Documents: [assignment-tm-3725-0991.pdf](#)

Assignor

Name: [MEDEXPRESS URGENT CARE HOLDING COMPANY, LLC](#)

Execution Date: Feb. 14, 2008

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: WEST VIRGINIA

Assignee

Name: [URGENT CARE MSO, LLC](#)

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Address: 215 DON KNOTTS BLVD.
SUITE 220
MORGANTOWN, WEST VIRGINIA 26501

Correspondent

Correspondent Name: CHRISTIAN M. BEST

Correspondent Address: 535 SMITHFIELD STREET
HENRY W. OLIVER BUILDING
PITTSBURGH, PA 15222-2312

Domestic Representative - Not Found

Assignment 4 of 6

Conveyance: SECURITY INTEREST

Reel/Frame: [3894/0765](#)

Pages: 6

Date Recorded: Nov. 26, 2008

Supporting Documents: [assignment-tm-3894-0765.pdf](#)

Assignor

Name: [URGENT CARE MSO, LLC](#)

Execution Date: Nov. 25, 2008

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Assignee

Name: [BANK OF MONTREAL](#)

Legal Entity Type: FINANCIAL INSTITUTION

State or Country Where Organized: No Place Where Organized Found

Address: 115 S. LASALLE STREET
18TH FLOOR WEST
CHICAGO, ILLINOIS 60603

Correspondent

Correspondent Name: SOKYA JONES

Correspondent Address: 1332 W. 77TH STREET
CHICAGO, IL 60620

Domestic Representative - Not Found

Assignment 5 of 6

Conveyance: RELEASE BY SECURED PARTY

Reel/Frame: [4923/0396](#)

Pages: 4

Date Recorded: Dec. 19, 2012

Supporting Documents: [assignment-tm-4923-0396.pdf](#)

Assignor

Name: [BANK OF MONTREAL, AS ADMINISTRATIVE AGENT](#)

Execution Date: Dec. 18, 2012

Legal Entity Type: CORPORATION

State or Country Where Organized: CANADA

Assignee

Name: [URGENT CARE MSO, LLC](#)

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Address: 1751 EARL CORE ROAD
MORGANTOWN, WEST VIRGINIA 26505

Correspondent

Correspondent Name: SUSAN LAKE, PARALEGAL

Correspondent Address: 1180 PEACHTREE STREET
KING & SPALDING
ATLANTA, GA 30309

Domestic Representative - Not Found

Assignment 6 of 6

Conveyance: SECURITY INTEREST

Reel/Frame: [4923/0418](#)

Pages: 7

Date Recorded: Dec. 19, 2012

Supporting Documents: [assignment-tm-4923-0418.pdf](#)

Assignor

Name: [URGENT CARE MSO, LLC](#)

Execution Date: Dec. 18, 2012

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Assignee

Name: [GENERAL ELECTRIC CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT](#)

Legal Entity Type: CORPORATION

State or Country Where Organized: DELAWARE

Address: 500 WEST MONROE
CHICAGO, ILLINOIS 60661

Correspondent

Correspondent Name: SUSAN LAKE, PARALEGAL

Correspondent Address: 1180 PEACHTREE STREET
KING & SPALDING
ATLANTA, GA 30309

Domestic Representative - Not Found

Proceedings

Summary

Number of Proceedings: 1

Type of Proceeding: Opposition

Proceeding Number: [91192880](#)

Filing Date: Dec 03, 2009

Status: Terminated

Status Date: Jul 21, 2011

Interlocutory Attorney: ELIZABETH A DUNN

Defendant

Name: Medical Express Care

Correspondent Address: CHARLES L RIDDLE
RIDDLE PATENT LAW LLC
434 LACKAWANNA AVENUE, SUITE 200
SCRANTON PA , 18503
UNITED STATES

Correspondent e-mail: charles@charlesriddle.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MEDICAL EXPRESS CARE WALK-IN CLINIC	Abandoned - After Inter-Partes Decision	76698260	

Plaintiff(s)

Name: Urgent Care MSO, LLC

Correspondent Address: MONIKA J HUSSELL
DINSMORE AND SHOHL LLP
900 LEE STREET, SUITE 600
CHARLESTON WV , 25301
UNITED STATES

Correspondent e-mail: monika.hussell@dinslaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MEDEXPRESS	Section 8 and 15 - Accepted and Acknowledged	78647080	3311726
MEDEXPRESS	Section 8 and 15 - Accepted and Acknowledged	77334306	3519373
MEDEXPRESS CORPORATECARE	Section 8 and 15 - Accepted and	78761441	3205430

Acknowledged

Prosecution History			
Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Dec 03, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Dec 03, 2009	Jan 12, 2010
3	PENDING, INSTITUTED	Dec 03, 2009	
4	D'S MOT TO SUSP PEND DISP CIV ACTION	Jan 12, 2010	
5	SUSPENDED PENDING DISP OF CIVIL ACTION	Apr 06, 2010	
6	RESPONSE DUE 30 DAYS (DUE DATE)	Apr 08, 2011	May 08, 2011
7	RESPONSE DUE 30 DAYS (DUE DATE)	Apr 08, 2011	May 08, 2011
8	D'S RESPONSE TO BOARD ORDER/INQUIRY	May 06, 2011	
9	SUSPENDED PENDING DISP OF CIVIL ACTION	Jun 20, 2011	
10	DEF'S ABANDONMENT OF APPLICATION	Jul 12, 2011	
11	BOARD'S DECISION: DISMISSED AS MOOT	Jul 21, 2011	
12	TERMINATED	Jul 21, 2011	

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Monika Hussell **Docket Number:** MEX0004TA
Attorney Primary Email Address: monika.hussell@dinsmore.com **Attorney Email Authorized:** Yes

Correspondent

Correspondent Name/Address: MONIKA HUSSELL
DINSMORE & SHOHL LLP
900 LEE STREET
SUITE 600
CHARLESTON, WEST VIRGINIA 25301
UNITED STATES
Phone: 3043579924
Correspondent e-mail: monika.hussell@dinsmore.com **Correspondent e-mail Authorized:** Yes

Domestic Representative - Not Found

Prosecution History

Date	Description	Proceeding Number
Nov. 06, 2013	NOTICE OF ACCEPTANCE OF SEC. 8 & 15 - E-MAILED	
Nov. 06, 2013	REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK.	64591
Oct. 21, 2013	REGISTERED - SEC. 8 (6-YR) & SEC. 15 FILED	64591
Nov. 06, 2013	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	64591
Oct. 21, 2013	TEAS SECTION 8 & 15 RECEIVED	
Jan. 20, 2010	NOTICE OF SUIT	
Nov. 04, 2009	ATTORNEY REVOKED AND/OR APPOINTED	
Nov. 04, 2009	TEAS REVOKE/APPOINT ATTORNEY RECEIVED	
Oct. 21, 2008	REGISTERED-PRINCIPAL REGISTER	
Sep. 12, 2008	EXTENSION OF TIME TO OPPOSE PROCESS - TERMINATED	
May 28, 2008	EXTENSION OF TIME TO OPPOSE RECEIVED	
Apr. 29, 2008	PUBLISHED FOR OPPOSITION	
Apr. 09, 2008	NOTICE OF PUBLICATION	
Mar. 24, 2008	LAW OFFICE PUBLICATION REVIEW COMPLETED	78288
Mar. 24, 2008	ASSIGNED TO LIE	78288
Mar. 06, 2008	APPROVED FOR PUB - PRINCIPAL REGISTER	
Mar. 06, 2008	EXAMINER'S AMENDMENT ENTERED	88888
Mar. 06, 2008	NOTIFICATION OF EXAMINERS AMENDMENT E-MAILED	6328
Mar. 06, 2008	EXAMINERS AMENDMENT E-MAILED	6328
Mar. 06, 2008	EXAMINERS AMENDMENT -WRITTEN	72617
Mar. 04, 2008	ASSIGNED TO EXAMINER	72617
Nov. 29, 2007	TEAS CHANGE OF CORRESPONDENCE RECEIVED	
Nov. 27, 2007	NOTICE OF DESIGN SEARCH CODE AND PSEUDO MARK MAILED	
Nov. 26, 2007	NEW APPLICATION ENTERED IN TRAM	

Maintenance Filings or Post Registration Information

Affidavit of Continued Use: Section 8 - Accepted

Affidavit of Incontestability: Section 15 - Accepted

TM Staff and Location Information

TM Staff Information - None
File Location

Current Location: TMO LAW OFFICE 116

Date in Location: Nov. 06, 2013

Assignment Abstract Of Title Information

Summary

Total Assignments: 1

Registrant: Urgent Care MSO, LLC

Assignment 1 of 1

Conveyance: SECURITY INTEREST

Reel/Frame: [4923/0418](#)

Pages: 7

Date Recorded: Dec. 19, 2012

Supporting Documents: [assignment-tm-4923-0418.pdf](#)

Assignor

Name: [URGENT CARE MSO, LLC](#)

Execution Date: Dec. 18, 2012

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Assignee

Name: [GENERAL ELECTRIC CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT](#)

Legal Entity Type: CORPORATION

State or Country Where Organized: DELAWARE

Address: 500 WEST MONROE
CHICAGO, ILLINOIS 60661

Correspondent

Correspondent Name: SUSAN LAKE, PARALEGAL

Correspondent Address: 1180 PEACHTREE STREET
KING & SPALDING
ATLANTA, GA 30309

Domestic Representative - Not Found

Proceedings

Summary

Number of Proceedings: 2

Type of Proceeding: Opposition

Proceeding Number: [91192880](#)

Filing Date: Dec 03, 2009

Status: Terminated

Status Date: Jul 21, 2011

Interlocutory Attorney: ELIZABETH A DUNN

Defendant

Name: Medical Express Care

Correspondent Address: CHARLES L RIDDLE
RIDDLE PATENT LAW LLC
434 LACKAWANNA AVENUE, SUITE 200
SCRANTON PA , 18503
UNITED STATES

Correspondent e-mail: charles@charlesriddle.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MEDICAL EXPRESS CARE WALK-IN CLINIC	Abandoned - After Inter-Partes Decision	76698260	

Plaintiff(s)

Name: Urgent Care MSO, LLC

Correspondent Address: MONIKA J HUSSELL
DINSMORE AND SHOHL LLP
900 LEE STREET, SUITE 600
CHARLESTON WV , 25301
UNITED STATES

Correspondent e-mail: monika.hussell@dinslaw.com

Associated marks

Mark	Application Status	Serial Number	Registration Number
MEDEXPRESS	Section 8 and 15 - Accepted and Acknowledged	78647080	3311726
MEDEXPRESS	Section 8 and 15 - Accepted and	77334306	3519373

Acknowledged

MEDEXPRESS CORPORATECARE

Section 8 and 15 - Accepted and
 Acknowledged

[78761441](#)

[3205430](#)

Prosecution History			
Entry Number	History Text	Date	Due Date
1	FILED AND FEE	Dec 03, 2009	
2	NOTICE AND TRIAL DATES SENT; ANSWER DUE:	Dec 03, 2009	Jan 12, 2010
3	PENDING, INSTITUTED	Dec 03, 2009	
4	D'S MOT TO SUSP PEND DISP CIV ACTION	Jan 12, 2010	
5	SUSPENDED PENDING DISP OF CIVIL ACTION	Apr 06, 2010	
6	RESPONSE DUE 30 DAYS (DUE DATE)	Apr 08, 2011	May 08, 2011
7	RESPONSE DUE 30 DAYS (DUE DATE)	Apr 08, 2011	May 08, 2011
8	D'S RESPONSE TO BOARD ORDER/INQUIRY	May 06, 2011	
9	SUSPENDED PENDING DISP OF CIVIL ACTION	Jun 20, 2011	
10	DEF'S ABANDONMENT OF APPLICATION	Jul 12, 2011	
11	BOARD'S DECISION: DISMISSED AS MOOT	Jul 21, 2011	
12	TERMINATED	Jul 21, 2011	

Type of Proceeding: Extension of Time

Proceeding Number: [77334306](#)

Filing Date: May 28, 2008

Status: Terminated

Status Date: Aug 28, 2009

Interlocutory Attorney:

Defendant

Name: Urgent Care MSO, LLC

Correspondent Address: Christian M. Best, Esquire
 Kirkpatrick & Lockhart Preston Gates Ell
 14th Floor 535 Smithfield Street
 Pittsburgh PA , 15222-2312
 UNITED STATES

Associated marks

Mark	Application Status	Serial Number	Registration Number
MEDEXPRESS	Section 8 and 15 - Accepted and Acknowledged	77334306	3519373

Potential Opposer(s)

Name: Blue Cross and Blue Shield Association

Correspondent Address: Jimmie J. Cecil
 Blue Cross and Blue Shield Association
 225 North Michigan Avenue
 Chicago IL , 60601
 UNITED STATES

Correspondent e-mail: jimmie.cecil@bcbsa.com

Prosecution History			
Entry Number	History Text	Date	Due Date
1	INCOMING - EXT TIME TO OPPOSE FILED	May 28, 2008	
2	EXTENSION OF TIME GRANTED	May 28, 2008	
3	TERMINATED	Aug 28, 2009	

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Monika J. Hussell **Docket Number:** MEX0005TA
Attorney Primary Email Address: monika.hussell@dinslaw.com **Attorney Email Authorized:** Yes

Correspondent

Correspondent Name/Address: MONIKA J. HUSSELL
 DINSMORE & SHOHL, LLP
 900 LEE ST E STE 600
 CHARLESTON, WEST VIRGINIA 25301-1773
 UNITED STATES
Phone: 3043579924
Correspondent e-mail: monika.hussell@dinslaw.com **Correspondent e-mail Authorized:** Yes

Domestic Representative - Not Found

Prosecution History

Date	Description	Proceeding Number
Jan. 21, 2015	NOTICE OF ACCEPTANCE OF SEC. 8 & 15 - E-MAILED	
Jan. 21, 2015	REGISTERED - SEC. 8 (6-YR) ACCEPTED & SEC. 15 ACK.	67723
Jan. 21, 2015	CASE ASSIGNED TO POST REGISTRATION PARALEGAL	67723
Jan. 05, 2015	TEAS SECTION 8 & 15 RECEIVED	
Jan. 05, 2010	REGISTERED-PRINCIPAL REGISTER	
Oct. 20, 2009	OFFICIAL GAZETTE PUBLICATION CONFIRMATION E-MAILED	
Oct. 20, 2009	PUBLISHED FOR OPPOSITION	
Sep. 17, 2009	LAW OFFICE PUBLICATION REVIEW COMPLETED	66213
Sep. 17, 2009	APPROVED FOR PUB - PRINCIPAL REGISTER	
Sep. 17, 2009	EXAMINER'S AMENDMENT ENTERED	88888
Sep. 17, 2009	NOTIFICATION OF EXAMINERS AMENDMENT E-MAILED	6328
Sep. 17, 2009	EXAMINERS AMENDMENT E-MAILED	6328
Sep. 17, 2009	EXAMINERS AMENDMENT -WRITTEN	83186
Sep. 15, 2009	TEAS/EMAIL CORRESPONDENCE ENTERED	88889
Sep. 15, 2009	CORRESPONDENCE RECEIVED IN LAW OFFICE	88889
Sep. 15, 2009	TEAS RESPONSE TO OFFICE ACTION RECEIVED	
Sep. 10, 2009	PREVIOUS ALLOWANCE COUNT WITHDRAWN	
Sep. 10, 2009	WITHDRAWN FROM PUB - SENIOR ATTORNEY REQUEST	81876
Sep. 09, 2009	LAW OFFICE PUBLICATION REVIEW COMPLETED	66213
Sep. 09, 2009	ASSIGNED TO LIE	66213
Sep. 02, 2009	APPROVED FOR PUB - PRINCIPAL REGISTER	
Sep. 02, 2009	EXAMINER'S AMENDMENT ENTERED	88888
Sep. 02, 2009	NOTIFICATION OF EXAMINERS AMENDMENT E-MAILED	6328
Sep. 02, 2009	EXAMINERS AMENDMENT E-MAILED	6328
Sep. 02, 2009	EXAMINERS AMENDMENT -WRITTEN	83186
Sep. 02, 2009	ASSIGNED TO EXAMINER	83186
Jun. 06, 2009	NOTICE OF DESIGN SEARCH CODE AND PSEUDO MARK MAILED	
Jun. 05, 2009	NEW APPLICATION OFFICE SUPPLIED DATA ENTERED IN TRAM	
Jun. 05, 2009	NEW APPLICATION ENTERED IN TRAM	

Maintenance Filings or Post Registration Information

Affidavit of Continued Use: Section 8 - Accepted

Affidavit of Section 15 - Accepted

Incontestability:

TM Staff and Location Information

TM Staff Information - None

File Location

Current Location: TMEG LAW OFFICE 109

Date in Location: Jan. 21, 2015

Assignment Abstract Of Title Information

Summary

Total Assignments: 1

Registrant: Urgent Care MSO, LLC

Assignment 1 of 1

Conveyance: SECURITY INTEREST

Reel/Frame: [4923/0418](#)

Pages: 7

Date Recorded: Dec. 19, 2012

Supporting Documents: [assignment-tm-4923-0418.pdf](#)

Assignor

Name: [URGENT CARE MSO, LLC](#)

Execution Date: Dec. 18, 2012

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Assignee

Name: [GENERAL ELECTRIC CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT](#)

Legal Entity Type: CORPORATION

State or Country Where Organized: DELAWARE

Address: 500 WEST MONROE
CHICAGO, ILLINOIS 60661

Correspondent

Correspondent Name: SUSAN LAKE, PARALEGAL

Correspondent Address: 1180 PEACHTREE STREET
KING & SPALDING
ATLANTA, GA 30309

Domestic Representative - Not Found

Generated on: This page was generated by TSDR on 2015-07-27 08:43:16 EDT

Mark: ME MEDEXPRESS



US Serial Number: 85734744
US Registration Number: 4417150
Register: Principal
Mark Type: Service Mark
Status: Registered. The registration date is used to determine when post-registration maintenance documents are due.
Status Date: Oct. 15, 2013
Publication Date: Feb. 26, 2013

Application Filing Date: Sep. 21, 2012
Registration Date: Oct. 15, 2013

Mark Information

Mark Literal Elements: ME MEDEXPRESS
Standard Character Claim: No
Mark Drawing Type: 5 - AN ILLUSTRATION DRAWING WITH WORD(S) /LETTER(S)/ NUMBER(S) INSTYLIZED FORM
Description of Mark: The mark consists of the letters "ME" and the term "MedExpress", all in stylized form.
Color(s) Claimed: Color is not claimed as a feature of the mark.

Related Properties Information

Claimed Ownership of US Registrations: 3311726, 3519373, 3733948

Goods and Services

Note: The following symbols indicate that the registrant/owner has amended the goods/services:

- Brackets [...] indicate deleted goods/services;
- Double parenthesis (()) identify any goods/services not claimed in a Section 15 affidavit of incontestability; and
- Asterisks *..* identify additional (new) wording in the goods/services.

For: medical clinics specializing in urgent medical care and treatment

International Class(es): 044 - Primary Class

U.S Class(es): 100, 101

Class Status: ACTIVE

Basis: 1(a)

First Use: Nov. 13, 2012

Use in Commerce: Nov. 13, 2012

Basis Information (Case Level)

Filed Use: No	Currently Use: Yes	Amended Use: No
Filed ITU: Yes	Currently ITU: No	Amended ITU: No
Filed 44D: No	Currently 44D: No	Amended 44D: No
Filed 44E: No	Currently 44E: No	Amended 44E: No
Filed 66A: No	Currently 66A: No	
Filed No Basis: No	Currently No Basis: No	

Current Owner(s) Information

Owner Name: Urgent Care MSO, LLC
Owner Address: Attn: Legal Department
1751 Earl Core Rd.
Morgantown, WEST VIRGINIA 26505
UNITED STATES

Legal Entity Type: LIMITED LIABILITY COMPANY
State or Country Where Organized: DELAWARE

Attorney/Correspondence Information

Attorney of Record

Attorney Name: Monika J. Hussell

Docket Number: MEX0011TA

Attorney Primary Email Address: monika.hussell@dinsmore.com

Attorney Email Authorized: Yes

Correspondent

Correspondent Name/Address: MONIKA J. HUSSELL
DINSMORE & SHOHL LLP
900 LEE ST E STE 600
CHARLESTON, WEST VIRGINIA 25301-1773
UNITED STATES

Phone: 3043579924

Fax: 3043570919

Correspondent e-mail: monika.hussell@dinsmore.com

Correspondent e-mail Authorized: Yes

Domestic Representative - Not Found

Prosecution History

Date	Description	Proceeding Number
Oct. 15, 2013	REGISTERED-PRINCIPAL REGISTER	
Sep. 10, 2013	EXTENSION OF TIME TO OPPOSE PROCESS - TERMINATED	
Mar. 20, 2013	EXTENSION OF TIME TO OPPOSE RECEIVED	
Feb. 26, 2013	OFFICIAL GAZETTE PUBLICATION CONFIRMATION E-MAILED	
Feb. 26, 2013	PUBLISHED FOR OPPOSITION	
Feb. 06, 2013	NOTIFICATION OF NOTICE OF PUBLICATION E-MAILED	
Jan. 22, 2013	NOTICE OF ACCEPTANCE OF AMENDMENT TO ALLEGE USE E-MAILED	
Jan. 21, 2013	APPROVED FOR PUB - PRINCIPAL REGISTER	
Jan. 21, 2013	USE AMENDMENT ACCEPTED	73360
Jan. 21, 2013	ASSIGNED TO EXAMINER	73360
Nov. 14, 2012	AMENDMENT TO USE PROCESSING COMPLETE	88889
Nov. 14, 2012	USE AMENDMENT FILED	88889
Nov. 13, 2012	TEAS AMENDMENT OF USE RECEIVED	
Sep. 26, 2012	NOTICE OF PSEUDO MARK MAILED	
Sep. 25, 2012	NEW APPLICATION OFFICE SUPPLIED DATA ENTERED IN TRAM	
Sep. 25, 2012	NEW APPLICATION ENTERED IN TRAM	

TM Staff and Location Information

TM Staff Information - None

File Location

Current Location: PUBLICATION AND ISSUE SECTION

Date in Location: Oct. 15, 2013

Assignment Abstract Of Title Information

Summary

Total Assignments: 1

Registrant: Urgent Care MSO, LLC

Assignment 1 of 1

Conveyance: SECURITY INTEREST

Reel/Frame: [4923/0418](#)

Pages: 7

Date Recorded: Dec. 19, 2012

Supporting Documents: [assignment-tm-4923-0418.pdf](#)

Assignor

Name: [URGENT CARE MSO, LLC](#)

Execution Date: Dec. 18, 2012

Legal Entity Type: LIMITED LIABILITY COMPANY

State or Country Where Organized: DELAWARE

Assignee

Name: [GENERAL ELECTRIC CAPITAL CORPORATION, AS ADMINISTRATIVE AGENT](#)

Legal Entity Type: CORPORATION

State or Country Where Organized: DELAWARE

Address: 500 WEST MONROE

CHICAGO, ILLINOIS 60661

Correspondent

Correspondent Name: SUSAN LAKE, PARALEGAL
Correspondent Address: 1180 PEACHTREE STREET
KING & SPALDING
ATLANTA, GA 30309

Domestic Representative - Not Found

Proceedings

Summary

Number of Proceedings: 1

Type of Proceeding: Extension of Time

Proceeding Number: [85734744](#) **Filing Date:** Mar 20, 2013
Status: Terminated **Status Date:** Sep 10, 2013
Interlocutory Attorney:

Defendant

Name: Urgent Care MSO, LLC
Correspondent Address: MONIKA J. HUSSELL
DINSMORE & SHOHL LLP
900 LEE ST E STE 600
CHARLESTON WV , 25301-1773
UNITED STATES

Associated marks

Mark	Application Status	Serial Number	Registration Number
ME MEDEXPRESS	Registered	85734744	4417150

Potential Opposer(s)

Name: Blue Cross and Blue Shield Association
Correspondent Address: Emily J. Barnhart
Blue Cross and Blue Shield Association
225 North Michigan Avenue
Chicago IL , 60601
UNITED STATES
Correspondent e-mail: ttabfilings@hansonbridgett.com , soneill@hansonbridgett.com , gweng@hansonbridgett.com

Prosecution History

Entry Number	History Text	Date	Due Date
1	INCOMING - EXT TIME TO OPPOSE FILED	Mar 20, 2013	
2	EXTENSION OF TIME GRANTED	Mar 20, 2013	
3	INCOMING - EXT TIME TO OPPOSE FILED	Jun 19, 2013	
4	EXTENSION OF TIME GRANTED	Jun 19, 2013	

- ☰
- 🔍
- ⚙️

Best Franchise
Find the Perfect Franchise For You Startin



Forbes / Entrepreneurs 2 FREE Issues of Forbes

JUL 2, 2014 @ 10:21 AM **36,138** VIEWS

Drive-Thru Health Care: How McDonald's Inspired An Urgent Care Gold Rush

4
TOP
COMMENTS



73
f
SHA

1
TW

6
in
HA

SHARE C



Dr. Bruce Irwin, CEO and Founder of American Family Care. Credit: Cary Norton for Forbes.



Brian Solomon, FORBES STAFF
Covering all things entrepreneurial.
[FOLLOW ON FORBES \(1231\)](#)

FULL BIO ▾

This story appears in the July 21, 2014 issue of Forbes.

The path to owning your own medical practice typically runs through more than a decade of schooling, grinding through medical school, residency and years of specialty training.

Unless you're Rick Crews. "I knew next to nothing about health care," says the proud owner of four urgent care clinics in Massachusetts. The former UBS financial advisor isn't a board-certified physician—he's a franchisee, one of hundreds who, along with some of the biggest private equity and venture capital firms, are betting that they can use the retail lessons of McDonald's to turn the health care world upside down. And in their quest to make M.D.s wielding stethoscopes as accessible as baristas at Starbucks, they just might rescue America from its looming health care catastrophe.

The key is that the 10,000 urgent care clinics across the country, handling 160 million visits annually, are an appealing medical model wrapped up in a proven consumer-



+

TRENDING

EXHIBIT B

Urgent Care MSO, LLC v. Videokall, Inc.

Page No. 2



4
TOP
COMMENTS



73 f SHA

1 t TW

6 in HA

5 h RE C



driven business plan. Put simply, urgent care is the first retail health play. The burgeoning \$16 billion industry depends on location, customer service and brand, just like a restaurant or grocer. Because nobody plans to be sick, clinics aren't squirreled away in an office park or medical building. They are placed in highly visible, highly trafficked locations minutes from patients' work and home, off a busy highway or next to a Wal-Mart. No appointment necessary—stop by 12 hours a day, including weekends. Walk in with the flu, with a broken bone or sprain, with a cut that needs stitches. See a doctor on average within 20 minutes, get an X-ray or prescription, and get back to your life—all at perhaps 20% of the cost of an ER visit.

The holy grail is a replicable Golden Arches-style model that puts a branded urgent care shop on every corner—and that's what smart money has been chasing in a long list of deals over the last few years. Publicly traded insurer Humana grabbed Concentra, the nation's largest urgent care company, with 300 locations, for \$805 million cash in 2010. Concentra's former owner, Welsh, Carson, Anderson & Stowe, turned around a year later and bought Solantic (now CareSpot, with 56 centers), a chain founded by Florida Governor Rick Scott.

~~Forbes BrandVoice~~

Hospital system Dignity Health paid two private equity partners \$455 million for 172-clinic U.S. HealthWorks in 2012. Silicon Valley's brightest at Sequoia Capital teamed up with private equity giant General Atlantic in 2010 to buy MedExpress, an urgent care startup, for \$450 million. Based in West Virginia, MedExpress had only 42 centers but an expansion-ready blueprint that has tripled its footprint since, up to 132 centers in 11 states—fueling rumors of a billion-dollar valuation and potential IPO.

BIG BRANDS, BIG BACKERS
The vast majority of urgent care clinics are still local mom-and-pops, but investors with deep pockets lust after a Golden Arches-style national brand. Here are the five largest chains:

 Concentra urgent care CLINICS 350 OWNER HUMANA (INSURER)	 US HealthWorks CLINICS 219 OWNER DIGNITY HEALTH (HOSPITAL SYSTEM)	 ME MedExpress CLINICS 132 OWNER SEQUOIA CAPITAL (VC) GENERAL ATLANTIC (PE)	 ofc CLINICS 128 OWNER INDEPENDENTLY OWNED	 NextCare URGENT CARE CLINICS 106 OWNER ENHANCED EQUITY FUNDS (PE)
--	--	--	--	---

Recommended by Forbes



+
TRENDING



To investors who want to retire comfortably.

If you have a \$500,000 portfolio, download the guide by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."

[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS®



4
TOP
COMMENTS



73f
SHA

1
TW

6
in
HA

SHARE
C



TRENDING

Dr. Bruce Irwin has been in the urgent care business for over 30 years, and he's never seen anything like the current gold rush. "It's like we're in a rock band and all of sudden we have a hit, we're an overnight sensation. But in reality we've been playing in bars and honky-tonks for years," he says. Irwin is the founder and CEO of American Family Care, the largest independent chain in the country, with 128 clinics, mostly in the Southeast.

Irwin, 64, now has a slight hunch to his back, but he was there before urgent care was even a blip on private equity's radar. Raised in rural Alabama, he began shining shoes in his father's cobbler shop at age 6 but dreamed of becoming a doctor. At 14 he accidentally sliced an inch off the tip of his right index finger while fixing his motorcycle. While he worried the injury would limit his future, it didn't stop Irwin from eventually graduating from the [University of Alabama](#) medical school.

The idea for creating a new model first occurred to him during a stint in an emergency room as a young doctor. Each day he saw how many people came in with coughs and scrapes and minor fractures—ailments that could be treated better and cheaper elsewhere. With no training at all he scribbled out a business plan in 1982 for four branded clinics in the Birmingham area.

As Irwin and other early adopters conceived it in the early 1980s, urgent care would cut through health care's biggest hurdles: affordability and accessibility. Our rapidly aging population is woefully bereft of primary care physicians, with over 66 million people underserved, by last count. Good luck getting in the door with a cold; appointment books are filled with chronic conditions like diabetes, hypertension, emphysema. And expensive emergency rooms, the catch-all purgatory of medicine, are already overflowing with patients waiting hours for treatment of non-life-threatening conditions.

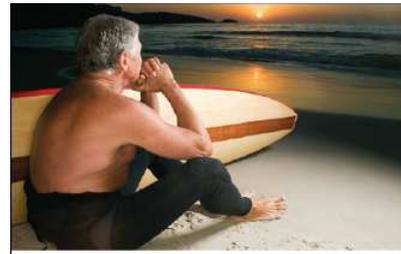
"Health care has been treated like a rare commodity in this country," says Irwin, his index-finger stub fiddling with two seashells on his desk as he speaks. "The dirty little secret is that denying access has long been the best way to keep costs down."

THE DOLLAR MENU

Chest pains mean rushing to the ER, but minor ailments like earaches have a cheaper and friendlier alternative.

	URGENT CARE COST	ER COST	PERCENT SAVINGS
ALLERGIES	\$97	\$345	72%
ACUTE BRONCHITIS	127	595	79
CHRONIC BRONCHITIS	114	665	83
EARACHE	110	400	73
PHARYNGITIS	94	525	82
PINK EYE	102	370	72
SINUSITIS	112	617	82
STREP THROAT	123	531	77
UPPER RESPIRATORY INFECTION	111	486	77
URINARY TRACT INFECTION	110	665	83

SOURCE: MEDICA HEALTH PLANS.



Should you be selling your stocks right now?

If you have a \$500,000 portfolio, you should download the latest report by *Forbes* columnist Ken Fisher's firm. In it he tells you where he thinks the stock market is headed and why. This must-read report includes his latest stock market forecast, plus research and analysis you can use in your portfolio right now. Don't miss it!

[Click Here to Download Your Report!](#)

FISHER INVESTMENTS*

EXHIBIT B

Urgent Care MSO, LLC v. Videokall, Inc.

Page No. 4



4 TOP COMMENTS



73f SHA

1 TW

6in HA

SHARE C



TRENDING

American Family Care was designed to deliver medicine like hamburgers: customer-friendly and efficiently. Eliminating appointments and cutting down on wait times are the first steps, but they're only part of a customer-satisfaction puzzle that includes cheerful assistants, flat-screen TVs and free Wi-Fi. In-house pharmacies, digital X-ray machines and drug test facilities make them one-stop shops for patients. Doctors focus only on medicine, in standard ten-hour shifts and with no on-call duty. The operational bugaboos of private practice (insurance, billing, purchasing, hiring, certification, etc.) are outsourced to one centralized office. Employees at each clinic are rewarded every month with bonuses based on metrics like the rate of day-later follow-up calls (Irwin expects 100%).

As with all retail, location is paramount. No one wants to waste his or her lunch break driving half an hour just to get a sandwich; finding a doctor to treat a sore throat is no different. A standard American Family Care center needs 30 patients a day to break even, so Irwin has always invested in detailed population and traffic studies to find the most convenient locations. But ever since big-box stores invaded the retail landscape, he's had a shortcut—follow Wal-Mart and Target TGT +1.25% .

When American Family Care closes old clinics and reopens them in a Wal-Mart shopping center half a mile down the road, the immediate patient spike can be 30% or more. One of his newest Birmingham storefronts is in a renovated former Ruby Tuesday's.



An American Family Care clinic in Alabama. (Credit: Cary Norton for Forbes)

In the early days insurance providers feared “doc in a box” stores would drive up prices. Without strong support from the third-party payer system, many would-be urgent care chains fizzled out. American Family Care survived the initial bust by bootstrapping only one or two new clinics a year, slowly proving to patients and payers that its model was actually significantly cheaper than other options. While a trip to a hospital or stand-alone emergency room can easily top \$1,000, the average urgent care visit costs under \$200.

American Family Care coasted past its 25-year anniversary in 2007 with only 17 stores and \$50 million in revenue. Then during the recent recession Irwin began receiving calls from private equity firms looking to snatch his small but profitable chain and merge it with other regional systems. He held advanced talks with MedExpress and others but backed out



To Investors Who Want to Retire Comfortably

If you have a \$500,000 portfolio, download the guide by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The Fifteen-Minute Retirement Plan".

Click Here Now

FISHER INVESTMENTS*

EXHIBIT B

Urgent Care MSO, LLC v. Videokall, Inc.

Page No. 5



once he realized how much more valuable his little company would be at a larger size.

With no major debt on the books and a proven model, Irwin used cash flow to fund his own aggressive expansion into new markets such as Atlanta and Nashville. In the last five years American Family Care has ballooned to \$200 million in sales across 128 wholly owned and franchised clinics, with 16 more on track to open this year.

As sole owner of a well-regarded operation in what has become a landgrab business, Irwin admits that he's out to beef up the value of his chain. He still receives multiple unsolicited buyout offers a week, and the bids now push \$400 million (up fivefold from an \$80 million offer in 2009).

"I could pick up the phone this afternoon and have a deal done," he says. But with none of his children involved in the business, Irwin is making one final growth push before retiring to his yacht. He has abandoned his long-held principle of building rather than buying. A few five-to ten clinic chains founded by doctors in Texas have piqued his interest. If he can integrate them at the right price, their value in a sale is significantly greater than what he'd pay to get them.

4 TOP COMMENTS



Roll-up strategies like Irwin's are gaining momentum, especially among venture and private-equity-backed firms, which account for less than 10% of the industry. NextCare, an Arizona chain owned by Enhanced Equity Funds, has nearly doubled its number of clinics from 54 in 2010 to 106 today. CEO John Julian says the typical solo urgent care practice is doing \$300,000 in yearly profit on \$1.5 million in sales. He snaps them up at four to five times earnings.

73 SHARED

1 TWITTER

6 LINKEDIN

SHARE



Roll-ups, which typically include consolidations, are making the business more efficient. "It's not healthy to oversaturate the market," Julian says. "Only so many people in a given day need to see a doctor, so unless you're going out spreading germs. ..."

The franchise model fits urgent care well. In April 2013 AFC bought Doctors Express, a fledgling chain that now counts 73 urgent care franchises. Most franchisees are entrepreneurs like Rick Crews in Massachusetts, not doctors. Irwin's team at AFC provides a recipe for new franchisees to follow, along with marketing support and purchasing power. Upfront costs run up to \$1.1 million, plus there's a 6% recurring royalty.

Consumers accept that the owner of their local Pizza Hut isn't a chef and that there's probably no expert hairstylist behind Supercuts. But will they do the same for medicine? Apparently so, because urgent care clinics are projected to grow to more than 12,000 by 2019. Les Berglass, retail recruiter at Berglass & Associates, thinks Americans will get on board but cautions that the drive-in docs have a lot to learn about marketing, differentiation and branding.

"I suspect good retailers know more about their customers than doctors know about their patients," says Berglass, whose clients have included Victoria's Secret, Brinker International and [Ralph Lauren](#) (RL +0.79%).



TRENDING



To investors who want to retire comfortably.

If you have a \$500,000 portfolio, download the guide by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."

[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS®



4 TOP COMMENTS



73f SHA

1t TW

6in HA

SHARE C



TRENDING

Marrying retail and health is clearly an attractive proposition for private equity firms, which love cleaning up fragmented industries—especially in an area like health care, where expenditures account for nearly 20% of GDP. But with few barriers to entry, the deals aren't riskless. Costs remain high, regulation is stifling and many would-be patients don't yet understand what urgent care offers. "Some people think they can throw urgent care up and be successful, but it's not 'If you build them, they will come,'" says Laurel Stojmenoff, founder of consulting firm Continuum Health Solutions.

Some buyers expected faster returns, but the long-term trends are undeniable. "This market is going to shift toward a handful of large players," says Gordon Maner, health care banker at Allen, Mooney & Barnes, noting that discount druggists like Walgreens are eyeing the business.

Understanding the immense potential in providing branded health care, [CVS Caremark](#) CVS +1.80%, the country's largest drugstore by sales, announced in February that it will drop cigarettes and other tobacco products from its stores, forgoing a \$2 billion revenue stream in the name of healthy living. Meanwhile, it already offers a stripped-down version of urgent care with in-store MinuteClinics at more than 800 locations, where nurse-practitioners dispense flu shots and other basic remedies. Even Wal-Mart, already in the pharmacy and vision care businesses, may see a lucrative opportunity.

Not everyone thinks a switch to big-brand retail medicine is a good thing. Dr. Kenneth Davis, CEO of the Mount Sinai Health System, a hospital network in New York, would love for his ten urban clinics to assume a bigger role, helping patients avoid unnecessary emergency room visits. But beyond that he wants the clinics to act as feeders into his hospital's broader network of services. "We need patients to get connected in some way that provides follow-up and continuity of care, rather than just episodic," says Davis. "[Urgent care] is no way to prevent disease or maximize outcomes."

Insurers are echoing that sentiment as they experiment with prevention-based payments. "We're moving from a sickness model toward a wellness model," says NextCare's Julian. "Right now, every time you get sick I get paid. I'm not monetarily incented to keep you well."

Irwin argues that he has designed his clinics to be more than episodic. "If you put the stitches in, you should take them out. If you give them antibiotics, follow up," he says. "What you're really delivering isn't urgent care. It's accessible primary care."

About 20% of American Family Care's business is now chronic care management for people who either can't wait to see their physicians or don't have one at all. Moreover, 75% of AFC's clients are repeat visitors.

"Why can't you get good health care as easily as you get fast food?" asks Irwin.

Urgent care operations that are as efficient and profitable as a Starbucks or McDonald's may prove that a dose of Dr.



To investors who want to retire comfortably.

If you have a \$500,000 portfolio, download the guide by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan."

[Click Here to Download Your Guide!](#)

FISHER INVESTMENTS®

mistress
america
august 14

The New York Times

<http://nyti.ms/1mAQO0T>

BUSINESS DAY

Race Is On to Profit From Rise of Urgent Care

By JULIE CRESWELL JULY 9, 2014

NORWALK, Conn. — Start in Room 4, just beyond the reception area: A man is having blood drained from a bruised finger. Over in Room 1, a woman is being treated for eye trouble. Next door, in Room 2, a boy is having his throat swabbed.

For more than eight hours a day, seven days a week, 52 weeks a year, an assortment of ailments is on display at the tidy medical clinic on Main Avenue here. But all of the patients have one thing in common: No one is being treated at a traditional doctor's office or emergency room.

Instead, they have turned to one of the fastest-growing segments of American health care: urgent care, a common category of walk-in clinics with uncommon interest from Wall Street. Once derided as "Doc in a Box" medicine, urgent care has mushroomed into an estimated \$14.5 billion business, as investors try to profit from the shifting landscape in health care.

The office here is part of PhysicianOne Urgent Care. Bankrolled by two private investment companies, PhysicianOne has grown into an eight-clinic operation, the largest of its kind in Connecticut, with plans for even greater expansion.

But what is happening here is also playing out across the nation, as private equity investment firms, sensing opportunity, invest billions in urgent care and related businesses. Since 2008, these investors have sunk \$2.3 billion into urgent care clinics. Commercial insurance companies, regional health systems and local hospitals

are also looking to buy urgent care practices or form business relationships with them.

The business model is simple: Treat many patients as quickly as possible. Urgent care is a low-margin, high-volume proposition. At PhysicianOne here, most people are in and out in about 30 minutes. The national average charge runs about \$155 per patient visit. Do 30 or 35 exams a day, and the money starts to add up.

Urgent care clinics also have a crucial business advantage over traditional hospital emergency rooms in that they can cherry-pick patients. Most of these centers do not accept Medicaid and turn away the uninsured unless they pay upfront. Hospital E.R.s, by contrast, are legally obligated to treat everyone.

But as urgent care centers expand their reach, regulators in some states are scrutinizing their activities. While some states require the clinics to be licensed, most do not. It is unclear whether such urgent care centers offer better or worse care than other providers. But some family physicians — who stand to lose business to the newcomers — wonder if patients are trading quality for convenience.

“The relationship I have with my patients and the comprehensiveness of care I provide to them is important,” said Dr. Robert L. Wergin, a family physician in Milford, Neb., and the president-elect of the American Academy of Family Physicians. “While there is a role for these centers, if I were sick I’d rather see my regular doctor, and I hope my patients feel that way.”

Already, the race is on to build large chains with powerful, national brands — a McDonald’s or a Gap of health care. Wall Street money is driving the growth, but so are other forces. Millions of newly insured Americans are seeking care. Others are frustrated by long waits at E.R.s, or by having to conform to regular doctor’s hours.

Many experts say a cultural shift is also underway.

“We expect to do our banking 24 hours a day, seven days a week, and to shop 24/7,” said Dr. Ateev Mehrotra, an associate professor in the Department of Health Care Policy at Harvard Medical School and an adjunct policy analyst at the RAND Corporation. “So now we want our health care to be 24/7.”

While convenience is one factor, so is cost. The average charge to treat acute bronchitis at an urgent care center in 2012 was \$122, compared with \$814 at an emergency room, according to data on the website of CareFirst Blue Cross Blue Shield, which operates in Maryland, Northern Virginia and the District of Columbia. The price of treating a middle-ear infection was \$100 versus nearly \$500 in an E.R. Such cost differences matter not only to commercial insurers, but also to consumers with high-deductible health plans.

Still, just how quickly urgent care is proliferating is difficult to measure. The Urgent Care Association of America, which represents more than 2,600 clinics, estimates there are more than 9,000 clinics in the United States. But Thomas Charland, who runs Merchant Medicine, a research and consulting firm in Minnesota, puts the number at 5,000 to 6,000.

One reason for the discrepancy, Mr. Charland explained, is that the industry is dominated by physician-owned practices with one or two facilities that nobody tracks. But a bigger issue, he said, is that the industry lacks clear criteria about what exactly urgent care means.

“Just because a physician’s office extended its hours doesn’t make it urgent care,” Mr. Charland said. “To me, urgent care means you can do X-rays, that you can do sutures, maybe you’re open one weekend day, plus one or two evenings.”

Regulators in some states are struggling with that question and others as well. In Illinois, for instance, the authorities restrict the use of the word urgent, so clinics there are called “immediate care” facilities. Other states have weighed proposals on whether urgent care facilities should be required to accept Medicaid or uninsured patients.

Despite concerns of possible increased regulations, companies are lining up to buy urgent care groups.

The insurance giant Humana paid nearly \$800 million in 2010 to buy Concentra, the nation’s largest group of urgent care centers, with about 300 currently. Two years later, Dignity Health, a San Francisco-based health system, acquired U.S. HealthWorks, a group that today has 176 centers.

Even hospitals are embracing the trend. Florida Hospital in Orlando, for example, has opened 24 Centra Care urgent care clinics.

“We have a number of urgent care centers that have opened up around where I practice, and almost every day, we have patients transferred to us from one of them,” said Dr. Robert E. O’Connor, the chairman of emergency medicine at the University of Virginia in Charlottesville and vice president of the American College of Emergency Physicians.

But some of the most aggressive buyers have been private equity firms, according to data from a research firm, PitchBook.

In 2010, General Atlantic, a private equity firm, and Sequoia Capital, a giant in venture capital, acquired a stake in MedExpress Urgent Care, which operated 47 clinics in four states. Today, MedExpress has 130 clinics in 10 states.

Last fall, when Dr. R. Robert Rohatsch and his partners decided they needed additional capital to expand their practice, Urgent Care of Connecticut, they received bids from about a dozen private equity firms. Dr. Rohatsch and his partners chose PineBridge Investments and Pulse Equity Partners, which specializes in health and wellness investments.

“We’ve focused on how health care is going to be delivered to consumers in the new world order and how do consumers want their health care to be delivered,” said Douglas W. Lehrman, the founder and chief executive of Pulse Equity.

For now, at least, many patients seem satisfied. At a PhysicianOne clinic, Roberta Giordano got an X-ray recently after she dropped a kitchen knife on her foot, severing a tendon. Peter Andino arrived at the Norwalk clinic on a recent Thursday evening after smashing his finger in a car door. The doctor quickly punctured his nail to relieve the pressure and wrapped up the finger. Mr. Andino was in and out in 45 minutes.

“Dealing with the E.R. is a hassle,” Mr. Andino said. “This place is clean, it’s quick, and it’s about five minutes away from my house. What more could you want?”

A version of this article appears in print on July 10, 2014, on page A1 of the New York edition with the headline: Race Is on to Profit From Rise of Urgent Care.

Markets Overview**World Markets****Market News**

PR Newswire 06/23/2015 3:01 PM ET

text size: T | T

MedExpress Gears Up For Increase In Preventable Injuries This Summer

MORGANTOWN, W. Va., June 23, 2015 /PRNewswire/ -- With summer in full swing, MedExpress, a leading provider of neighborhood medical care with 146 centers in 12 states, is preparing for a predicted annual increase in injury visits for fractures, sprains, strains, abrasions and various other types of wounds.

Summer is often described as "trauma season" for emergency rooms across the country due to increases in both outdoor and physical activities. Urgent care centers such as MedExpress also see an upward trend in visits for non-traumatic, non-emergent injury care. From May through September, MedExpress traditionally sees a 20 percent increase in wounds, a 17 percent increase in abrasions and a higher number of patient sprains and strains than during other seasons.

"Kids are on break and ideally are outside playing. Parents also have more daylight in the evening to complete outdoor projects. This means we'll see more patients needing care for what the Centers for Disease Control (CDC) would label as an unintentional injury. These are injuries considered predictable and preventable when proper safety precautions are taken," said Dena Nader, MD, Regional Medical Director for MedExpress. "The CDC distinguishes these injuries from 'accidents'."

"From fire pits to lawn mowers and fireworks on the fourth of July, a little mindfulness and preparation can go a long way in preventing injuries this summer while still enjoying all the season has to offer," said Nader.

MedExpress physicians offer some specific tips to avoid unintentional injuries this summer:

- **Wear a helmet with a chin strap.** Whenever you ride a bike or a horse, skate or engage in other sporting activities that could cause a fall, a helmet should be worn. A chin strap can help avoid stitches.
- **Scout the landscape before going for a ride or run.** Potholes and cracks result when the summer sun heats the water that seeps into our roads and sidewalks over the winter months. Look out ahead before embarking on a trail. Even paths you know well could have changed over the winter.
- **Consider gloves, even in the summer.** Fish hooks are sharp. Poison ivy is often where you least expect it. If working with your hands this summer in the garden or at the pond, work gloves can help avoid rashes, cuts, bites and blisters.
- **Leave the fireworks to the professionals.** Fireworks can reach temperatures above 1,000 degrees F. Children should never play with fireworks and adults should be extra cautious.
- **Use good judgment at the playground.** The playground should have safety-tested mats or loose-fill materials installed at least six-feet from the equipment to cushion falls. Avoid loose-fitting clothing that can get caught on protruding "S" hooks. And, if the monkey bars look too high for your child, they probably are.

About MedExpress

MedExpress is a national leader in delivering high-quality, convenient and affordable walk-in care. It provides a broad scope of services including urgent care, employer health services and basic wellness and prevention services. MedExpress' full-service neighborhood medical centers accept most insurance and are open 12 hours a day, seven days a week and always have a fully staffed medical team. MedExpress has administrative offices in Morgantown, W.Va., and Canonsburg, Pa.

To view the original version on PR Newswire, visit:<http://www.prnewswire.com/news-releases/medexpress-gears-up-for-increase-in-preventable-injuries-this-summer-300103513.html>

SOURCE MedExpress

Acquire Media

Additional content provided by Acquire Media



DID YOU KNOW?

West Virginia water officials study test results after chemical spill

By Tom Watkins and Ralph Ellis, CNN

🕒 Updated 6:58 PM ET, Sun January 12, 2014



West Virginia water still deemed unsafe 02:00

Story highlights

NEW: Gov. Earl Ray Tomblin says he can see light at the end of the tunnel

Water tests after a chemical spill in West Virginia are encouraging, the governor said, but it's unclear when people might be able to use their taps again.

EXHIBIT B

Urgent Care MSO, LLC v. Videokall, Inc.

Page No. 13

NEW: 10 people have been admitted to hospitals, none in serious or critical condition

A chemical used to clean coal has polluted water in southwestern part of the state

So far only a few people have been hospitalized, but 300,000 can't use tap water



Advertisement

About 300,000 residents in nine counties in the southwest section of the state can't use tap water.

"Our team has been diligent in testing samples from throughout the affected area. The numbers look good and, like last night, they are very encouraging. I believe that we're at a point where we can say that we see light at the end of the tunnel," West Virginia Gov. Earl Ray Tomblin told reporters Sunday.

Jeff McIntyre, president of West Virginia American Water -- a company affected by the

spill -- said that officials will begin lifting the water bans by zone. Certain areas will be prioritized, including downtown Charleston, but decisions will also depend on test results.

He declined to put a timeline on when the do-not-use orders will be lifted.

"I don't believe we're several days from starting to lift, but I'm not saying today," McIntyre said.

Officials have warned water customers to watch for symptoms of exposure to the chemical, which is used to clean coal, such as skin irritation, nausea, vomiting or wheezing.

Karen Bowling, secretary of the state's Department of Health and Human Resources, said Sunday that more than 1,000 people had called the West Virginia Poison Center, concerned about their exposure to contaminated water. There have also been more than 60 animal exposures reported.

A total of 10 people have been admitted to three hospitals, none in serious or critical condition, and 169 patients have been treated and released from emergency rooms, Bowling said.

Water restrictions were imposed Thursday after it was discovered that about 7,500 gallons of a chemical used to clean coal -- [4-methylcyclohexane methanol](#) -- had leaked out of a storage tank a mile upriver from the West Virginia American Water plant.



Residents were told to use bottled water to wash hands, brush teeth or take showers.

EXHIBIT B

Urgent Care MSO, LLC v. Videokall, Inc.

Page No. 14



Water contamination a 'disaster'

01:44

PLAY VIDEO ↘



Toxic tap water in West Virginia

01:51

PLAY VIDEO ↘



Erin Brockovich to take on chemical leak

01:53

PLAY VIDEO ↘



The federal Department of Homeland Security sent 16 tractor-trailer loads of bottled water to help and the water company also provided truckloads.

The medical impact was hard to assess.

"We've had a lot of worried-well calls," Dr.

Rahul Gupta of the Kanawha-Charleston Health Department said over the weekend. He cited complaints of irritation of the skin, throat, chest and stomach that some residents have linked to possible exposure.

The unknowns made residents anxious.

"They don't even know what the health risks are," Stacy Kirk of Culloden told [CNN affiliate WSAZ](#). "We had bathed, cooked and everything right before the news came on yesterday."

"I don't know anything about the chemical to say too much good or bad about it, so we're all up in the air," said Arthur Taylor. "We're common folks -- we're not chemists."

[No quick fix for water woes](#)

Anxiety about effects of chemical

Water company spokeswoman Laura Jordan urged people to get medical attention "if they are feeling something ... isn't right."

Many did just that.

"Our emergency rooms have been very busy with individuals unnecessarily concerned and presenting no symptoms," said the Charleston Area Medical Center.

EXHIBIT B

Urgent Care MSO, LLC v. Videokall, Inc.

Page No. 15



Dr. Robert Maha, chief medical officer for MedExpress, a group of seven medical clinics in the area, said many patients sought treatment for symptoms they worried were tied to the chemical exposure.

PLAY VIDEO ↘

He said the water crisis may contribute to the spread of flu because people are having a difficult time finding clean water to wash their hands.

"That's one of our biggest concerns for the community," Maha said.

The goal: Less than 1 part per million

Officials will know that the water is safe for more than firefighting and toilet flushing -- its only sanctioned uses now -- when tests find less than 1 part per million of 4-methylcyclohexane methanol in treated water, said McIntyre, with West Virginia American Water.

Four laboratories have been set up to measure the levels in a uniform manner. "The treatment plant must consistently produce samples at or below this level before the current do-not-use order is lifted," he said.

West Virginia National Guard Maj. Gen. James Hoyer said Sunday that sampling and testing at the water treatment facility showed a consistent number of below 1 part per million for 24 hours at the outflow of the facility.

"This allows us to move forward to the next phase of sampling and testing throughout the system," he said.

Though the water woes since Thursday have led scores of businesses to close, Gupta said that some restaurants were reopening after devising alternative plans.

The problem affected people of all ages.

"I'm here to get some water for the baby because she has to make formula," Deborah Williams, who was caring for a granddaughter in Culloden, told WSAZ. "Right now, we're in desperate need of washing baby bottles and filling them up."

7,500 gallons leaked

EXHIBIT B

Urgent Care MSO, LLC v. Videokall, Inc.

Page No. 16

The chemical overflowed a containment area around the tank run by Freedom Industries, which supplies products for the coal-mining industry. It migrated over land and through the soil into the river. The leak happened about a mile upriver from the West Virginia American Water plant.

Mike Dorsey, chief of the Department of Environmental Protection's Homeland Security and Emergency Response group, said officials estimate that 7,500 gallons -- the equivalent of about 10 hot tubs that can accommodate eight people each -- leaked through a 1-inch hole in the tank's stainless steel wall.

"It's an old system," he said about the physical plant, adding that the company had planned to upgrade it.

C.W. Sigman, the deputy emergency manager for Kanawha County, said the tank appeared to be "antique."

"When I see a riveted tank I know it's an old tank," he said.

Dorsey expressed confidence that the chemical, which smells like licorice, did not start leaking long before Thursday morning, when it was reported. "We would have gotten odor complaints earlier than that if it had been going on longer," he said.

After concluding late Thursday afternoon that the tap water was contaminated, officials issued a stop-use warning to customers in Boone, Cabell, Clay, Jackson, Kanawha, Lincoln, Logan, Putnam and Roane counties.

Since then, the offending material has been hauled from the site, officials said.

Some residents have directed their anger at Freedom Industries, the coal industry company from whose storage tank the chemical leaked.

"It's caused us more problems than you could ever imagine," said Danny Jones, the mayor of Charleston, the state's capital and most populated city. "It's a prison from which we would like to be released."

Kanawha County Commission President Kent Carper told CNN on Saturday that more than 100,000 customers were affected, bringing the number of people affected to about 300,000.

"It was scary because I went to brush my teeth this morning, and I went to turn the water on, and it was like, you can't turn your water on yet," Evelyn Smith of Rand said. "You have to change your mindset of how you do things right now."

EXHIBIT B

Urgent Care MSO, LLC v. Videokall, Inc.

Page No. 17

An investigative team from the U.S. Chemical Safety Board on Saturday deployed to the scene of the spill. The CSB is an independent federal agency charged with investigating industrial chemical accidents.

Freedom Industries President Gary Southern said two Freedom employees noticed material leaking from a storage tank into a dike around 10:30 a.m. Thursday. They contacted authorities and began the cleanup process -- including hauling away the chemical still in the tank and vacuuming up some from the nearby ground, he said.

"We have mitigated the risk, we believe, in terms of further material leaving this facility," he said.

But Sigman, the emergency management official, said it didn't appear the company was in emergency mode when his team began to arrive Thursday.

"They didn't appear to understand the magnitude of the incident at the time, and we didn't either because we just got there," he said, adding that investigators from the Environmental Protection Agency had also arrived and took the lead in the investigation.

"It took a little bit of time to get a determination how serious it was," he continued. "I never got a good indication from the plant folks how bad the leak was, how much was going to the river, anything else. It was probably a little ways into the incident before we realized how bad it was getting into the river."

Promoted Stories



30 Female Athletes With Jaw Dropping Beauty

Your Daily Dish



Insanely Popular Sweatshirt has 4-Month Wait List

Business Insider



Never Forget The Horrible Crime These Celebs

BuzzLamp



Bull Shark Pulls Fisherman into Water

The Weather Channel on The Scene

Recommended by

More Promoted Stories

More from CNN



The ConvUrgentCare[®] Report

U.S. Walk-In Clinic Market Report

Volume 8, No. 7

July 2015

Consolidation, Competition and Confusion

2015 Mid-Year Review

By Tom Charland

If you are reading this publication, you are more than likely a hospital system or medical group executive interested in making the right decisions in this converging, mass-market space of on-demand, low-acuity medical care. But if you are

looking at both the urgent

care and retail clinic markets, there are mixed signals to sort out. In the first six months of 2015 the urgent care market continues to show gains.

When run correctly, not only can urgent care clinics show strong returns, but they can be highly strategic in the broader competitive dynamics of a health system's service area. For these reasons, we continue to recommend entering or expanding in this space, either directly or through joint ventures with established independent operators.

The retail clinic market continues to show conflicting signs

between strength and weakness. With few exceptions, we recommend extreme caution. Hospital systems have historically made mistakes in this market largely because they fail to look at what is now a substantial history of experience.

The first half of 2015 provides evidence that the two markets

and those who continue to believe that it will see growth.

Urgent Care

The predictions were out there, both at our January symposium and through other forums, that a number of urgent care transactions were about to happen.

And it was no secret that health

insurance as an industry was interested in the urgent care market. But when Optum, United-Health Group's services arm, announced on April 8 that it was buying MedExpress, it still sent shock waves through the industry.

At the time,

MedExpress had 141 clinics in 11 states. Optum was already operating a number of urgent care clinics either under the Optum Clinic brand, or under the brands of any number of private practices or medical groups that the company has acquired over the years.

Blue Cross Blue Shield plan

(continued next page)



couldn't be on more different paths. Urgent care shows steady growth, predictable margins and private investment from all sectors: private equity, angel investors, health insurers and health systems. The retail clinic market, on the other hand, can best be described as a strange mix of those who have burned enough cash and are exiting the market,

DX Marketing brings advanced consumer insight to urgent care operators and healthcare systems. Our analytics and marketing programs drive patient traffic and revenue. DX Marketing has profiled hundreds of clinics and millions of patients, and is the leader in analytical healthcare marketing. To learn more visit: www.dxmarketing.com

DX Marketing
Intelligence. Execution.

(continued from page 1)

Highmark owned 10 percent of MedExpress. Based on remarks by Highmark President and CEO David Holmberg at a Pennsylvania Insurance Department meeting, the *Pittsburgh Business Journal* reported that the value of the MedExpress transaction was \$1.5 billion.

In December 2010, another major insurance company, Humana, bought urgent care operator Concentra from private equity firm Welsh Carson Anderson and Stowe (WCAS). But Humana sold Concentra back to a WCAS joint venture on June 1 of this year.

On May 21, private equity firm ABRY Partners announced it was purchasing FastMed, another of the top pure-play urgent care operators with 87 clinics in North Carolina and Arizona. Like Horizon in the MedExpress deal, Blue Cross Blue Shield of North Carolina was part owner of Fast Med.

Across the rest of the urgent care industry, large players continued to acquire smaller players during the first six months of the year, reflecting a trend that has been ongoing for several years. Operators with one or two clinics appear to be in as much demand as those with five or six clinics, regardless of the size of the acquiring operator. For example, NextCare, the third largest pure-play urgent care operator, just bought two clinic operators in Arizona, one with two clinics and the other with one. NextCare is a private-equity backed player that is reported to be for sale as well.

It seems that the larger the geographic footprint, the higher the multiple times earnings that

is paid for a given operator. So growth continues among the regional players looking to carve out as much territory as possible, while still showing returns. The best way to expand is through a radial approach, where regional managers can adequately support a group of clinics within reasonable drive times. But this pattern of rapid expansion through organic growth and acquisition by many different operators with what seems like an unlimited amount of funding has caused some to believe that an end to the high valuations must be coming soon.

Many markets are at or nearing saturation, particularly with hospital systems becoming more aggressive in opening their own branded urgent care centers in order to protect their service areas. This has led to an increase in the number of private-equity-backed urgent care operators willing to enter joint ventures with hospital systems. We expect more than a dozen of these joint ventures to be completed in the next six months.

We believe telehealth will begin to impact this expansion now that reimbursement is becoming clearer. Until now, most operators using telemedicine carts have accepted cash only.

The charts on page 4 show continued expansion by most of the typical players like MedExpress and NextCare. In fact, MedExpress opened five new locations since its acquisition by Optum. Even the hospital system operators show significant activity during the first half. CareSpot was the one surprise during the first half, having exited the Austin market.

Retail Clinics

Unlike the urgent care market, a cloud of confusion sits over retail clinics. If you are a health system interested in this space, we have two suggestions to help you sort out the confusion..

First, make sure you are clear on your vocabulary when asking questions of vendors, consultants and retailers. If the word convenient care is used, ask what is meant by that term. Does it include urgent care, retail clinics, telehealth, worksite clinics, and near-site clinics? The same can be said for "walk-in clinics."

Second, ask for documented history on the performance of the clinics any vendor is talking about. Merchant Medicine maintains an ongoing database on the openings and closures of every retail clinic since the inception of the industry. If you think a vendor may not be sharing the whole story, check with us.

The problem is that this confusion is amplified by some fairly upbeat reports about the retail clinic market from reputable sources, which are then countered by actions by operators that would lead one to believe things are not so rosy. Some examples:

#1 -- In 2013, a Big-Four consulting firm published a report saying that the number of retail clinics would grow from 1,418 in 2012 to 2,868 by the end of 2015. It was a risky prediction given the limited number of players in the market and their relatively slow growth. At this point, for that prediction to come true, the market would have to expand by nearly 1,000 clinics in the next six months. During the first six months of this year the market

(continued next page)

(continued from page 2)

added only 49 retail clinics and 37 of those came from Minute-Clinic.

#2 -- Prior to that, another Big-Four consulting firm published a similar report predicting the number of retail clinics in the United States would hit 3,200 by the end of 2014. We are midway through 2015 and the market stands at 1,918.

#3 – A popular hospital consulting firm just published a report suggesting that hospital systems and their medical groups seriously consider the “convenient care” space. The report points to Bellin Health’s retail clinic platform, called Fast Care, as a model to profitability. The report says that Bellin has replicated this “profitable” model for 25 provider groups around the country. What this consulting firm either didn’t say or didn’t know is that of the 57 clinics that have opened under this model, 28 have closed, 10 of them in Wisconsin, which is home to Bellin Health. Of the 29 still open, 11 have been open less than two years, meaning the jury is still out on whether they will survive.

#4 Just last month, a healthcare investor web site published a column entitled, “Investors May Find Opportunities in Retail Clinic Growth.” It said that the private equity community has actively invested in this arena with some regularity in the past decade. In truth, there has been virtually no private equity money in the retail clinic market. Most was venture capital money, and that exited fairly early, most notably Bain Capital’s Minute-Clinic sale to CVS. Solera Capital, also a venture fund, owned

a significant share of The Little Clinic, but they divested in early 2010. The only money that has come into the retail clinic market is from six retailers: CVS, Walgreens, Kroger, Target, Walmart and RiteAid. Those retailers represent 94 percent of the retail clinics open today. The rest of the investment has come from health systems.

If there hasn’t been enough evidence yet that retail clinics are not as easy as they look, that evidence came on June 15 when Target announced it was exiting not only the retail clinic market, but the entire pharmacy market as well. Through its 1,790 stores, Target’s shoppers are about as close to the core retail clinic patient demographic as you can get. And yet since 2003, Target struggled to make the retail clinic business work, managing to open just 85 clinics. The 83 clinics that remain today will become CVS property.

The chart on page 7 shows the inconsistent record of expansion among retail clinic operators. The most impressive growth did not come from MinuteClinic or Walgreens. Instead it came from The Little clinic (Kroger) and RediClinic (Rite Aid). Minute-Clinic ended the first six months of 2015 with 979 clinics. The company has said it will reach 1,500 clinics by 2017, but adds now that Target’s 83 acquired clinics will be factored into that count. Also during the last six months MinuteClinic announced several more affiliation agreements with health systems. But it is clear now that those affiliations are no longer exclusive arrangements for a specific geography. MinuteClinic now is entering affiliation agreements

with multiple health systems from the same service area.

The Little Clinic ended the first six months of the year with 162 clinics, a 9.5 percent growth clip. The company has shown consistent and impressive growth for two years now, although it is from a much smaller base than MinuteClinic or Walgreens. Despite an inconsistent track record for retail clinics inside grocery stores across the country, Kroger has found a way to achieve its goals with the model.

RediClinic, which was acquired by Rite Ad in 2014, also showed strong growth in the first half, adding 15 new clinics, a 30 percent growth rate.

Among those showing virtually no activity in the first six months of 2015 are Walmart and Rite Aid. Walmart now has two different retail clinic models: The Clinic at Walmart, under which Walmart leases space to hospitals and medical groups; and Walmart Care clinic, under which Walmart hired QuadMed to operate clinics to provide primary care to both Walmart employees and shoppers. During the first half of 2015, there has been virtually no activity with the Clinic at Walmart model with either openings or closures. The Walmart Care Clinic model, which was characterized as a pilot project when the first clinics opened in the spring of 2014, started the year with 16 clinics and ended the first six months with 17.

Walgreens appears to be reaching a fork in the road when it comes to retail clinics. Since the start of the second quarter Walgreens Healthcare Clinic has pruned its retail clinic footprint

(continued next page)

(continued from page 3)

from 441 to 412. Merchant Medicine has also confirmed that a Walgreens chief medical officer was at the UCAOA meeting in April actively seeking out hospital systems to either open new retail clinics or take over operations of current Walgreens Healthcare Clinics. Added to this confusing picture was the announcement on June 10 that Walgreens was expanding its platform with MDLIVE to extend telehealth visits to patients living in Colorado, Illinois and Washington state. By the end of 2015, the drugstore giant will have expanded telehealth capabilities to 25 states. MDLIVE maintains a network of physicians for a range of acute conditions who can e-prescribe medications when appropriate. Visits with MDLIVE physicians are only \$49.

Other Developments

Consolidation is not just happening among urgent care and retail clinic operators, it's happening in a big way among health insurers. As this issue was going to press, Aetna and Humana announced their proposed merger. Anthem and Cigna are also rumored to be close to a deal.

The other development is that telehealth appears to be gaining momentum. And it isn't just retailers like Walgreens who are pushing this technology into the mainstream. Health insurers like UnitedHealth and Anthem are also pushing their telemedicine services hard. In April UnitedHealth expanded its 24-hour virtual service to 47 states plus the District of Columbia. That platform is based on American Well.

We are entering a period of much more intense competitive pressure manifested in many different ways. With health insurers consolidating there will be pressure on fee schedules. Those same health insurers are

(continued page 6)

Top Independent Urgent Care Operators Jan. 1 - Jul. 1, 2015

Operator	1-Jul	1-Jan	1st Half Change	1st Half % Change	1-Apr	2nd Qtr Change
Concentra	290	290	0	0.0%	290	0
MedExpress	146	139	7	4.8%	141	5
American Family Care DRX	145	143	2	0.7%	143	2
NextCare	123	115	8	6.5%	119	4
FastMed	88	86	2	2.3%	87	1
Patient First	57	55	2	3.5%	56	1
CareSpot	52	57	-5	-9.6%	52	0
Doctors Care	51	51	0	0.0%	51	0
CityMD/Premier Care	48	38	10	20.8%	39	3
Urgent Care Extra	48	48	0	0.0%	48	0
Physicians Urgent Care	33	32	1	3.0%	33	0
Medspring	26	18	8	30.8%	22	4
Zoomcare	25	25	0	0.0%	25	0
ExpressCare of MD	25	15	10	40.0%	20	5
CareNow	24	24	0	0.0%	24	0
Fast Pace	24	24	0	0.0%	24	0
Hometown	22	20	2	9.1%	22	0
MD Now	21	19	2	9.5%	20	1
ProHEALTH of NY	18	14	4	22.2%	17	1
Immediate Clinic	17	14	3	17.6%	16	1
Premier Immediate Medical	17	16	1	5.9%	16	1
PM Pediatrics	17	14	3	17.6%	15	2
Texas MedClinic	16	16	0	0.0%	16	0
MHM	15	16	-1	-6.7%	16	-1
AppleCare	14	13	1	7.1%	14	0
Primary Health	13	13	0	0.0%	13	0
Righttime Medical Care	13	13	0	0.0%	13	0
Urgent Team	12	12	0	0.0%	12	0
Health Care Partners	11	11	0	0.0%	11	0
Carewell	10	10	0	0.0%	10	0
ClearChoiceMD	10	9	1	10.0%	10	0
Lake After Hours	10	10	0	0.0%	10	0
Michigan Urgent Care	10	10	0	0.0%	10	0
AmCare	9	9	0	0.0%	9	0
Doctors on Duty	9	9	0	0.0%	9	0
Night Lite Pediatrics	9	9	0	0.0%	9	0
PhysicianOne	9	9	0	0.0%	9	0
Rocky Mountain UC	9	9	0	0.0%	9	0
Optum Clinic	8	8	0	0.0%	8	0
Stat Health	8	8	0	0.0%	8	0
WellStreet	8	7	1	12.5%	7	1
Excel Urgent Care	7	7	0	0.0%	7	0
MASH Urgent Care	7	7	0	0.0%	7	0
MEDcare	7	6	1	14.3%	7	0
OneHealth	7	7	0	0.0%	7	0
Urgent Clinics Medical Care	7	5	2	28.6%	7	0
CRH Healthcare	7	6	1	14.3%	6	1

Retail and Urgent Care Clinic Openings and Closings - 2nd Quarter 2015

RETAIL CLINICS OPENED

MinuteClinic (4 CVS)

- Kaneohe, HI
- Buffalo Grove, IL
- Palmer, MA
- Buffalo, MN

RediClinic (1)

- Bellevue, WA

The Little Clinic (8)

- Stone Mountain, GA
- Carrollton, GA
- Bardstown, KY
- Upper Arlington, OH
- Holland, OH
- Miamisburg, OH
- Murfreesboro, TN (2)

Walgreens (7)

- Pace, FL
- New York, NY
- Houston, TX
- Richmond, TX
- Sugar Land, TX
- Katy, TX
- Rosenberg, TX

The Little Clinic (5)

- Derby KS
- Andover KS
- Westfield IN
- Lexington, KY
- Carmel, IN

RETAIL CLINICS CLOSED

MinuteClinic (1 CVS)

- Ocean City, MD

Walgreens (36)

- Atlanta, GA
- Chicago, IL
- Coconut Creek, FL
- Conyers, GA
- Dade City, FL
- Denver, CO
- Duluth, GA
- Fairfield, OH
- Fayetteville, GA
- Federal Heights, CO
- Fountain Hills, AZ
- Gainesville, GA
- Highland Heights, KY
- Highland Park, IL
- Kenner, LA
- King of Prussia, PA
- Largo, FL
- Lawrenceville, GA
- Lenoir City, TN
- Longmont, CO
- Louisville, KY
- Mandeville, LA
- Marrero, LA
- Memphis, TN (3)
- Metairie, LA
- New Orleans, LA

- New York, NY (2)

- Norcross, GA
- Orlando, FL
- Plant City, FL
- Saint Louis, MO
- Slidell, LA
- Temple Terrace, FL

URGENT CARE CLINICS OPENED

Advocate Health (2)

- Chicago, IL (2)

Alliance of AZ (7)

- Buckeye, AZ
- Gilbert, AZ
- Goodyear, AZ
- Peoria, AZ
- Phoenix, AZ
- Queen Creek, AZ
- Tolleson, AZ

American Family Care (1)

- Jacksonville, FL

Baptist Health of KY (2)

- Powderly, KY
- Shelbyville, KY

Carolinas HealthCare (1)

- Lenoir, NC

Centra Care (2)

- Leesburg, FL
- Daytona Beach, FL

CityMD/Premier Care (3)

- Brooklyn, NY
- New York, NY (2)

CRH Healthcare (4)

- LaGrange, GA
- Mableton, GA
- Fayetteville, GA
- Newnan, GA

Doctors Express (1)

- Indianapolis, IN

Express Care of MD (5)

- Baltimore, MD
- Abington, PA
- Folsom, PA
- Havertown, PA
- Springfield, PA

FastMed (1)

- Candler, NC

Hartford Health (1)

- Enfield, CT

Integrity Clinic (3)

- Colorado Springs, CO (3)

MD Now (1)

- Delray Beach, FL

MedExpress (5)

- Benton, AR
- Russellville, AR
- Lawton, OK
- Connellsville, PA

- Glen Dale, WV

Medspring (4)

- Chicago, IL (2)
- Irving, TX
- Dallas, TX

NextCare (4)

- Chino Valley, AZ
- Flagstaff, AZ
- Lake Havasu City, AZ
- Rio Rancho, NM

Night Lite Pediatrics (1)

- Orlando, FL

Novant Health (1)

- Salisbury, NC

Patient First (1)

- Rockville, MD

PM Pediatrics (2)

- Brooklyn, NY
- Greenbelt, MD

Premier Immediate Medical (1)

- Levittown, PA

ProHEALTH of NY (1)

- West Islip, NY

Providence Health & Services (1)

- Canby, OR

U.S. Healthworks (6)

- Tucson, AZ (3)
- Minneapolis, MN
- Franklin, WI
- Milwaukee, WI

Wellstreet (1)

- McDonough, GA

URGENT CARE CLINICS CLOSED

Doctors on Duty

- San Jose, CA

MHM

- Slidell, LA

Night Lite Pediatrics

- Orlando, FL

Retail Clinics By the Numbers

Retail Clinics on April 1, 2015: 1,931

Retail Clinics on July 1, 2015: 1,918

Net 2nd Quarter Change: -13

Retail Clinics on January 1, 2015:

1,869

Net YTD Change: +49

Retail Clinics on July 1, 2014: 1,686

Net One-Year Change: +232

(continued from page 4)

also entering the provider space with telehealth and urgent care centers. National brands backed by retailers and private equity groups are eventually going to dominate the walk-in space.

On the retail clinic side of the market, it is no longer so new that vendors can get away with saying “it’s too soon to tell.” The shortest runway to break even with retail clinics is two years; in most cases it is three years and beyond. If you are a health system seriously considering a move into the retail clinic space you should have your medical group physicians fully on board and you should have your finance team fully prepared for operating losses for the first three years. We believe urgent care is a much smarter way to go.

On the urgent care side, if you are a hospital system looking to enter the market or expand an urgent care footprint, make sure you know what you are up against in terms of competition and saturation in your market. Also make sure your costs are in line with the most competitive pure-play independent operators and that you have someone in a leadership position who has direct urgent care experience. We have found time and again that when hospital systems place someone with general ambulatory care experience at the helm of an urgent care operation, the results are less than stellar.

Our advice is to use caution and demand data. But don’t stand still. We’ve used the Will Rogers quote before, but it is more relevant than ever: “Even if you’re on the right track, if you just sit there, you’ll get run over.”

Top Hospital/Multispecialty Group Urgent Care Operators Jan. 1 - Jul. 1, 2015

Operator	1-Jul	1-Jan	1st Half Change	1st Half % Change	1-Apr	2nd Qtr Change
U.S. HealthWorks/Dignity	166	162	4	2.4%	162	4
MedPost	39	39	0	0.0%	39	0
Aurora Health	35	34	1	2.9%	35	0
Carolinas HealthCare	31	30	1	3.2%	30	1
Intermountain Health	30	29	1	3.3%	30	0
Centra Care	28	25	3	10.7%	26	2
Sutter Urgent Care	24	23	1	4.2%	24	0
HealthPartners/Park Nicollet	23	23	0	0.0%	23	0
Providence Health & Services	22	22	0	0.0%	22	0
Advocate Health	20	18	2	10.0%	18	2
Baptist South Florida	17	17	0	0.0%	17	0
Baptist Health of KY	13	13	0	0.0%	12	1
Novant Health	13	12	1	7.7%	12	1
OSF Promptcare	13	13	0	0.0%	13	0
Hartford Health	12	12	0	0.0%	11	1
Norton Immediate Care	12	12	0	0.0%	12	0
Allina Health	10	10	0	0.0%	10	0
Mayo Clinic Health System	10	10	0	0.0%	10	0
MedStar PromptCare	10	10	0	0.0%	10	0
MultiCare	10	10	0	0.0%	10	0
UPMC	10	10	0	0.0%	10	0
Everett Clinic	9	9	0	0.0%	9	0
St. Vincent of IN	9	9	0	0.0%	9	0
Columbia St. Mary’s	8	8	0	0.0%	8	0
Community Health MedCheck	8	8	0	0.0%	8	0
Fairview Health	8	8	0	0.0%	8	0
Hoag	8	8	0	0.0%	8	0
Marshfield Clinic	8	8	0	0.0%	8	0
OhioHealth	8	7	1	12.5%	8	0
Presbyterian Health	8	7	1	12.5%	8	0
Alexian Immediate Care	7	7	0	0.0%	7	0
BayCare	7	7	0	0.0%	7	0
Cadence Health	7	7	0	0.0%	7	0
Floyd Medical Ctr of GA	7	7	0	0.0%	7	0
Lutheran Health Redimed	7	7	0	0.0%	7	0
Sanford Health	7	6	1	14.3%	7	0
Sentara	7	6	1	14.3%	7	0
Bayfront Convenient Care	6	6	0	0.0%	6	0
Northwest Medical Center	6	6	0	0.0%	6	0
Rockwood Health System	6	6	0	0.0%	6	0
Spectrum Health	6	6	0	0.0%	6	0
Carilion Velocity Care	5	5	0	0.0%	5	0
Community Care of ID	5	5	0	0.0%	5	0
Duke	5	5	0	0.0%	5	0
Essentia Health	5	5	0	0.0%	5	0
Inova Health	5	5	0	0.0%	5	0
Mercy StatCare	5	5	0	0.0%	5	0
Presence Health	5	5	0	0.0%	5	0
Sharp HealthCare	5	5	0	0.0%	5	0

Retail Clinics by Operator Jan. 1 - Jul. 1, 2015

Operator	1-Jul	1-Apr	2nd Qtr Change	1-Jan	1st Half Change
MinuteClinic	979	975	4	942	37
Walgreens Healthcare Clinic	412	441	-29	425	-13
The Little Clinic	162	156	6	148	14
Target Clinic	83	83	0	83	0
RediClinic	65	59	6	50	15
FastCare	28	28	0	28	0
Baptist Express Care at Walmart	17	17	0	17	0
Walmart Care Clinic	17	17	0	16	1
Aurora QuickCare	10	10	0	10	0
Family Statcare	7	7	0	7	0
Lindora Health Clinics	7	7	0	7	0
Mayo Express Care	7	7	0	7	0
Alegent Quick Care	6	6	0	6	0
Access Health	5	5	0	5	0
Cox Health at Walmart	5	5	0	5	0
Family Medicine Specialists at Walmart	4	4	0	4	0
Family Quick Care	4	4	0	4	0
Living Well Express Care	4	4	0	4	0
Owensboro Medical at Walmart	4	4	0	4	0
PPH Express Care	4	4	0	4	0
St Vincent Health at Walmart	4	4	0	4	0
Carson-Tahoe Hospital at Walmart	3	3	0	3	0
Group Health CareClinic	3	3	0	3	0
MedPoint Express	3	3	0	3	0
St Alphonsus Express Care	3	3	0	3	0
Sutter Express Care	3	3	0	3	0
All others (2 or fewer)	69	69	0	69	0
Totals	1918	1931	-13	1869	49



ConvUrgentCare Strategy Symposium

The next ConvUrgentCare Strategy Symposium is set for January 25-27, 2016 at the Scottsdale Marriott at McDowell Mountains. Please save the dates.

The 2016 symposium will be an invitation-only event in order to maintain the same size and group interaction. Invitations will go out on August 1.

The Scottsdale Marriott at McDowell Mountains is on the TPC golf course, which will be hosting the Waste Management Phoenix Open the following week.

We look forward to seeing you there!



Merchant Medicine, LLC
 3550 Lexington Avenue N, Suite 302
 Shoreview, MN 55126
 (651) 483-0450
 info@merchantmedicine.com



Ready to learn more?
Call us today - **1-805-233 7844**

[HOME](#)

[ABOUT](#)

[PRODUCT](#)

[OUR TEAM](#)

[NEWS](#)

[INVESTORS](#)

[CONTACT US](#)

Product



MEDEX Spot Unmanned Micro Clinic



MEDEX Spot in Retail Locations

High Volume Retailers, Grocery Stores, and Drugstore Chains

PERFECT FOR SUPERMARKETS WITH PHARMACIES AND HIGH VOLUME RETAILERS

The small footprint of the MEDEX Spot Unmanned Micro Clinic cabin enables it to be located in the most trafficked part of a retail store to raise awareness and attract patients. Ideally the cabin will be branded with the name of a leading hospital which will reassure patients that they are effectively entering an annex of the hospital when they enter the cabin. It is planned that for the first month of operation a customer service representative will be present in the retail store close to the cabin to reassure patients that the cabin is safe to use.

The small footprint of the cabin combined with the expected 20 patients per day serviced by each cabin will ensure that the revenue share provided to the retail outlet by MEDEX Spot will generate significantly more income per square foot floor space than many other groceries sold by the retail outlet.

MEDEX Spot will deploy the UMC cabin in retail outlets at its own cost and pay for the electrical power it uses thereby making it easy for a retail outlet such as a supermarket or drug store to justify its installation.

The MEDEX Spot cabin is shipped flat packed and installed on site in a matter of hours together with a small VSAT satellite antenna which ensures that the cabin does not occupy bandwidth on the retail outlet internet connection

The MEDEX Spot cabin has an optional (restaurant style) vibrating pager service which enables patients to carry on shopping if the cabin is occupied when they first arrived and be advised as soon as the cabin is available for service.

In addition to the revenue share the retail outlet will earn from virtual examinations in the cabin its expected that those using the cabin will spend money in the store on drugs and other commodities thereby providing an earning multiplier on the cabin presence.



MEDEX Spot in Hospitals

Electronic Emergency Room (E 2 R) enables hospitals to offer a two tier system - Regular ER and E 2 R. Click on the link for product leaflet.

A SOLUTION FOR HOSPITALS TO REDUCE ER VISITS

In the USA in 2010 there were 117 million ER room visits where patients were not admitted. Possibly 20% of these visits may be categorized as those which could have been treated without the patient being physically present with a medical professional. That is a staggering 23.4 million ER visits which could have been eliminated if there was an alternative solution. The MEDEX Spot Unmanned Micro Clinic offers such a solution. It is a small footprint high quality construction cabin which can be located in or near a hospital Emergency Room connected by a communications link to a video triage Medical Call Center either in the same hospital or another hospital. Low priority patients typically have to wait 2-6 hours in busy periods. Patients can be in/out of the ER for these conditions, and some indicate a willingness to pay a premium for the Fast Track service. All ambulatory patients can self check-in and be triaged immediately. And for hospitals supporting local retail and corporate locations, utilizing Medex Spot micro clinics at these sites would be more economical for them, the patient and the insurance carrier.

[DOWNLOAD LEAFLET](#)



MEDEX Spot in Corporate Locations

AFFORDABLE HEALTHCARE FOR MID-SIZE BUSINESSES

Companies with 100-500 employees at one location may not find it economical to have a permanently staffed clinic on site. Now there is a self service micro clinic which can be installed on site to provide instant healthcare service reducing time staff need to be absent from work for minor ailments and injuries plus regular wellness checks.

The MEDEX Spot Corporate Service Unmanned Micro Clinic is designed to provide mid-size businesses ready access to affordable primary health care at the touch of a button and also instant access to health specialists. All this from a small footprint continuously sanitized cabin connected by satellite to the MEDEX Spot Medical Call Center in Minneapolis staffed 24 x7.

MEDEX Spot Timeline for Success

MEDEX SPOT HAS ONE PATENT PENDING AND TWO PROVISIONAL PATENTS FILED, AND WILL HAVE EXCLUSIVE RIGHTS TO ALL THREE PATENT APPLICATIONS BY TWO OF THE COFOUNDERS.

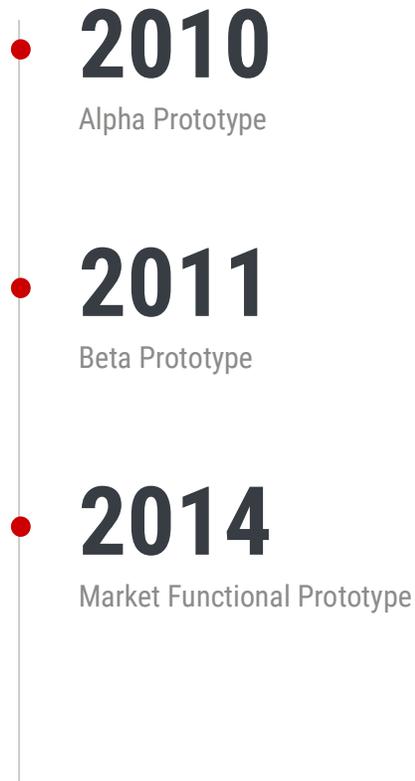
Today's manned mini-clinics in stores provide primary healthcare services to patients who cannot see a doctor in good time or are uninsured. Mini-clinics typically need to be staffed by a Nurse Practitioner (NP) who examines 20 patients per day for a worthwhile profit at a charge of at least \$79 per visit. MEDEX Spot services cost nearly half that amount because there is no dedicated staff at the Point of Service, as the hospital-based NP staff can conduct virtual examinations of patients in cabins across the country or region, and NPs can be moved as needed to/from the hospital medical pool to minimize costs as cabin customer demand rises and falls throughout the day. Close proximity of supervising physicians in hospitals means medical centers can provide more advanced patient examinations than is typically provided by retail manned mini-clinics which do not have supervising physicians on site.

The Company has spent several years developing a service platform to meet the medical and performance requirements for this service, based upon multiple inputs, including:

-  Market research confirms the attractiveness of our approach and patients' willingness to pay
-  Received input from our medical advisors -- all have expertise in Telehealth, two are shareholders
-  Partnered with a long established medical call center to provide Nurse Practitioners with physician supervision
-  Input from actual experiences of a Nurse Practitioner and a marketing officer of a visiting nurse organization
-  Use of all FDA approved devices for systems integration
- 

Using input from two of the leading Telehealth law firms into our approach

- 🔗 Developed and demonstrated that the service platform works over satellite (more challenging than fiber)
- 📄 An LOI for outright purchase of 10 units, where the CEO is past president of a rural Telehealth organization



MEDEX Spot Unmanned clinic



BLOOD PRESSURE CUFF



Patient using Blood Pressure Cuff



TEMPORAL THERMOMETER



Patient using Temporal Thermometer



STETHOSCOPE



Patient using Stethoscope on chest



GLUCOSE MONITOR



Patient using Glucose Monitor



EKG MONITOR



Patient using self administered EKG Monitor Disposable Glove



MEDICAL STAFF VIEW



Medical Staff reviewing patient EKG results on MEDEX Spot terminal at hospital Medical Call Center

MEDEX SPOT © 2015 PRIVACY POLICY | SITE MAP



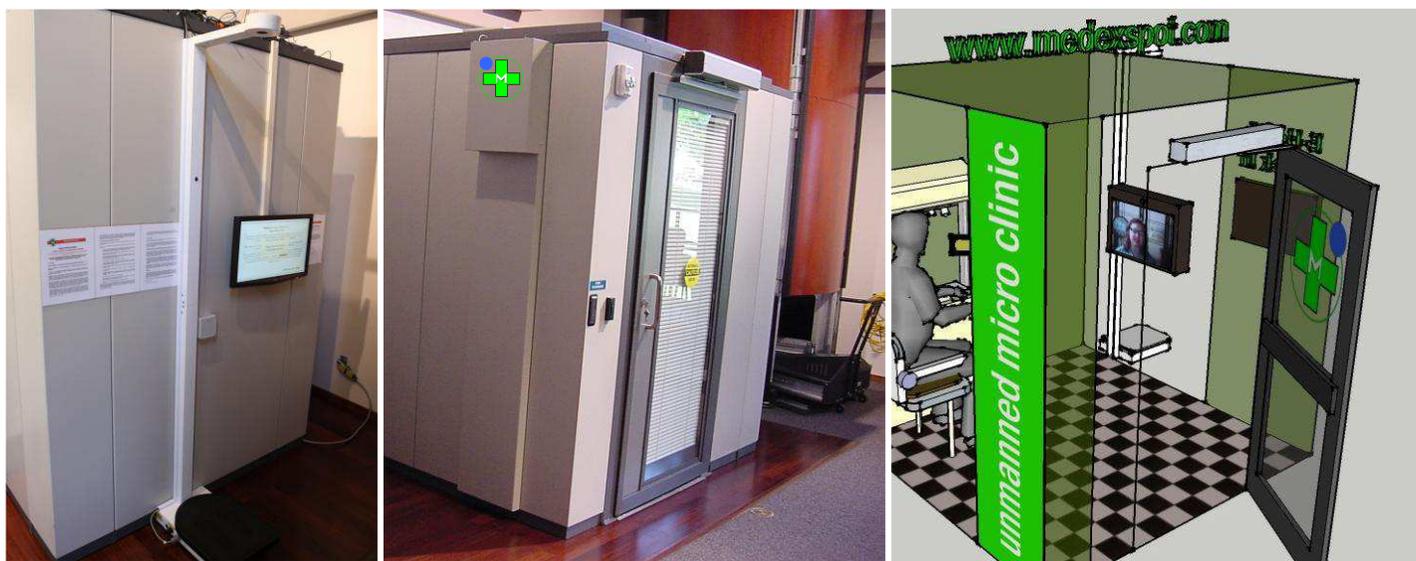
MEDEX Spot

UNMANNED MICRO CLINIC

A solution for hospitals to reduce ER visits

In the USA in 2010 there were 117 million ER room visits where patients were not admitted. Possibly 20% of these visits may be categorized as those which could have been treated without the patient being physically present with a medical professional. That is a staggering 23.4 million ER visits which could have been eliminated if there was an alternative solution.

The MEDEX Spot Unmanned Micro Clinic offers such a solution. It is a small footprint high quality construction cabin which can be located in or near a hospital Emergency Room connected by a communications link to a video triage Medical Call Center either in the same hospital or another hospital.



OVERVIEW

The Unmanned Micro Clinic (UMC) is a cabin equipped with a two way video terminal and vital signs monitoring devices connected by private satellite link to a regional hospital with a Medical Call Center department. The UMC provides a sound isolated environment where patients can have a truly private medical consultation with a medical professional of their choice. Each cabin incorporates a device to continuously sanitize the air and surfaces in the room ensuring that the cabin is fresh from contaminates for each new patient.

Each cabin is equipped with a two way video terminal and a number of vital signs monitoring devices remotely controlled by a medical professional at a Medical Call Center. The monitoring devices provided with the UMC include – **digital scales and height measurement device, blood pressure cuff, infra red thermometer, oximeter, EKG monitor, stethoscope, microscope cameras** to examine skin, orifices including ears and mouth, also to examine the retina.

Mounted on an exterior wall of the UMC is an E-Check In terminal touch screen where patients can enter medical record data which is stored on a SMART card for later transfer by secure satellite to the Medical Call Center.

For information contact VideoKall Inc: Tel: +1 805-641-2677

Email: info@medexspot.com



MEDEX Spot

Medical Call Center (MCC)



The MEDEX Spot Medical Call Center will typically be located in a hospital where trained medical personnel operate MEDEX Spot terminals which enables the hospital staff to both see the remote patient on video and monitor results of the patient's readings taken with the vital signs monitoring equipment in the UMC cabin.

The UMC cabins are equipped with a SMART card system which is used to permit prepaid access to the cabin and also store patient medical record data for the patient's own use only.

When the UMC cabins are located on hospital premises then prescription vending machines can be collocated with the cabin enabling patients to collect their medicines immediately they exit the cabin.

MEDEX Spot Network

The MEDEX Spot System uses broadband communications links to connect the hospital Medical Call Center to each Unmanned Micro Clinic cabin. Hospitals can choose to operate their own MCC just for their own hospital patients or also offer the service to other hospitals equipped with MCC cabins.

Visit www.medexspot.com/video2012 to see a demonstration of the MEDEX Spot cabin.

