FOR DIRECT CARE PRACTICE OWNERS

The DPC Tech Stack Comparison Guide

Six platform vendors answered the same questions on the record. Here is what each one said, what none of them said, and the questions to carry into your next sales call.

Built from six live vendor demos, September 2026

SigmaMD · Elation Health · Akute Health · Cerbo · HealthBook+ · Hint Clinical

Goodman CPA
THE DIRECT CARE ACCOUNTANTS

HOW TO USE THIS

Same questions, six vendors, one September

Between September 1 and September 15, 2026, Goodman CPA hosted six live vendor demos for Direct Care practice owners. Each session ran the same agenda: a working product walkthrough, then a CFO read on what the platform costs, what it lets a practice cancel, and where the bill moves as the practice grows. Every page that follows is built from those six recordings and from nothing else.

WHAT IS ON THE RECORD

Every figure here traces to something a named vendor or the host said on a specific call, at a specific minute. The companion source list gives the session, the quote and the timestamp for each one.

WHAT IS NOT

Where a vendor did not answer, this guide prints the question to ask instead of a guess. A blank cell reads like an oversight; a stated "not disclosed on the call" is a fact you can act on.

No price in here is quoted as current

Rates move. Several figures were hedged by the person saying them, one was corrected in a session's closing minute, and two vendors never stated a base rate at all. Treat each number as a record of what was said in September 2026, and treat the vendor's own pricing page as the authority. Carry these figures into the call as questions, not as quotes.

Five platforms are compared. One is not.

SigmaMD, Elation, Akute, Cerbo and Hint Clinical are systems of record, and each gets one page with identical headings in identical order so the pages read side by side. HealthBook+ is a patient engagement layer that runs alongside an EHR, so it sits on its own page and stays out of the comparison tables.

> **There is no winner in here.** Six vendors were asked the same questions and this guide prints what each one said. Which platform fits depends on your panel size, your staffing and your service lines, and you are the only person holding all three numbers. Start on page 3, then read the vendor pages against your own general ledger.

BEFORE ANY VENDOR APPEARS

The four questions that decide this

Ask these four in every demo, in these words, and write the answers down while the screen share is still up. The wording matters, because each version below closes a gap that a general question leaves open.

1 What is genuinely included, and what is a separate line?

Three of the five EHRs in this guide meter the AI scribe, the telehealth room, the patient portal or the fax page count away from the base subscription. One of them prices the patient portal at $79 a month up to 1,000 active patients. A base rate tells you very little until you know which switches a practice your size turns on in month one.

Say this: "Send me the full price card with every add-on and its unit. Then mark the lines a practice my size turns on in the first month."

2 Which of my current tools does this replace?

Pull the general ledger and list every software charge on it before the demo. Owners find a form builder, an e-signature tool, a scribe, a survey product and a video platform sitting in that list, and several platforms in this guide absorb three or four of them. Two of the six also expect you to keep paying a third party for membership billing or messaging.

Say this: "Here is my subscription list. Which of these do you replace outright, which do you integrate with, and which do you expect me to keep paying for?"

3 What does the switch cost in weeks, not dollars?

Three of the six said migration carries no fee. That is not the cost. The cost is the weeks your team runs two systems, cleans an export and rebuilds workflows, and one vendor said plainly that the workflow migration lands on the practice. Timelines on these calls ranged from 10 business days to a requested 30-day window, each one conditioned on how many patients sit in the old system.

Say this: "Show me the day-by-day migration plan for a panel my size. How long do I run both systems, and name the data types that do not come across."

4 Where does the price step up?

The billing unit decides whether growth raises your bill. A per-provider rate holds flat while your panel doubles. A per-member rate rises with every signup form your front desk processes. Two of the platforms here price by the member, one prices per user by role and full-time or part-time status, and one prices per provider with unlimited staff seats at no charge.

Say this: "Price me at my panel today, at 500 members, and at two providers. Show all three on one page."

STRUCTURE, NOT RATES

How the pricing models differ

Four different billing units appeared across six sessions. The rate was missing on four of the six calls; the model was stated on all six. The model is the part that matters for a practice adding members every month, because it decides whether growth lifts the software line on your profit and loss.

Per provider

ELATION HEALTH

Billed on "anybody signing off on notes or prescribing medications," with every other staff account complimentary and uncapped. Your bill moves when you hire a second clinician, and holds still while the panel grows. Elation stated the rate on the call: $375 a month per provider.

Per user, by role and full-time or part-time status

CERBO

Every seat is billed, and the rate depends on what that person does and how many hours they work. One full-time primary prescriber or non-prescribing provider must be on the account before any other user can be classed part-time. Cerbo published its add-on prices on the call and never stated the base per-user rate; the vendor pointed to the website for it.

Base subscription plus per-seat fees

SIGMAMD

A base subscription covering at least one clinician, a fee for each additional clinician, and a smaller fee for each admin seat. This structure was described on the call by the host reading SigmaMD's public pricing page, and the vendor did not contradict it. No dollar amount was attached to any of the three parts.

Per member

AKUTE HEALTH

"Rather than being a full fee for every provider, we price a small fee per member," with the stated intent that the bill starts small and grows with revenue. Two plans were named, Essentials and a premium plan for multi-location practices. No per-member rate and no plan price were stated on the call.

Per member per month, stacked in two tiers

HEALTHBOOK+ · ENGAGEMENT LAYER

A clinical-efficiency tier described as "usually right around $3 PMPM," and a second tier that "usually adds about an additional $2." All three figures were hedged by the vendor and scoped to "this small, medium sized DPC." This sits on top of an EHR bill rather than replacing one. See page 10.

Model not discussed

HINT CLINICAL

The September 15 session covered clinical workflows only, and membership management and billing was set aside for a separate demo. No rate, unit, tier, setup cost or contract term for Hint Clinical appears anywhere in the recording. Ask Hint for the price card and for whether Clinical is sold without the billing product.

Read the model against your growth plan. A practice going from 300 to 600 members with one clinician pays the same per-provider rate the whole way and watches a per-member rate double. A practice adding a second provider and a part-time medical assistant inverts that. Price the platform at the panel you expect in 18 months, not the one on your dashboard this morning.

Source: DPC Tech Stack Demo Days — SigmaMD (Sept 1, 2026), Elation Health (Sept 3, 2026), Akute Health (Sept 8, 2026), Cerbo (Sept 9, 2026), HealthBook+ (Sept 10, 2026), Hint Clinical (Sept 15, 2026). Host-generated illustrative figures from those calls are excluded throughout.

SigmaMD

PRICING MODEL

Base subscription covering at least one clinician, a fee per additional clinician, a smaller fee per admin seat. Structure described on the call from the public pricing page, not by the vendor, and not contradicted. Month to month, no one or two year lock-in. The one spoken figure was "special pricing, which is $90 for clinicians" for launching and smaller clinics, with no unit and no period stated.

INCLUDED

E-prescribing ("we do not charge extra"), telehealth, messaging, the forms builder with interactive PDFs and patient e-signature, fax and scan-to-email, in-house dispensing with bottle label and monograph, lab and imaging ordering, employer contracts with eligibility feeds and coverage rules, CSV downloads, the patient app and web portal, and data migration with support.

ADD-ONS

The AI scribe carries "an extra fee," disclosed on the vendor's pricing page and not stated on the call. The in-product Sigma AI assistant and the API were named with no price statement in either direction, so ask about both rather than assuming they are bundled.

MIGRATION

No fee: "We do not charge a fee for the data import and the migration support. It's completely free." A 30-day window is requested, two weeks is the fastest done, and the average was given as "about 30 days." The process is templated to your current EMR with a day-by-day timeline. Discrete values are parsed even out of PDF-only exports, and stored patient payment methods come across.

DATA OWNERSHIP AND EXIT

CSV downloads exist for the billing reports, and an API was described as carrying that same report data. Chart export, export formats, data ownership, retention and what happens on cancellation were not discussed by either side. *Ask: can I export the full chart set and the billing history the day I cancel, in what format, and for how long after?*

BEST FIT AS STATED

Launching and smaller clinics, through the launch-pricing program and a startup onboarding track. Multi-location and multi-state groups, and partnerships needing separate practice accounts with their own merchant accounts. Family medicine and pediatrics. Clinics that dispense. Clinics moving off another EMR. Worst fit was not stated.

PAYMENTS

One rate on the record, volunteered as a correction in the closing minute: "our transaction processing fee is 2.4% and not 2.9." No ACH rate, no cap, no per-transaction cents, and the processor was never named. Confirm the rate against the published pricing page.

INTEGRATIONS

"Over 500 diagnostic providers" for bi-directional ordering and results, a vendor claim with no partner named and no methodology given. Fullscript is live. Outside records pull from MyChart, Cerner and Athena as discrete data. Employer eligibility feeds from a TPA, Paycom or ADP. QuickBooks was "coming up very soon. It's in development," so not available as of September 1, 2026.

REPORTING AN OWNER USES

Invoices filterable by six statuses, plus revenue, transaction, deposits, sales tax, accounting periods and monthly statements, all downloadable to CSV. Cross-location consolidation comes through the CSV download rather than an in-app consolidated report. No membership count report was named, so average revenue per member is two lookups and arithmetic.

PATIENT-FACING

Apps on iOS and Android plus a web portal: records, prescriptions, lab results, invoices, messaging and self-scheduling, and the patient can change their own payment method in the app. Caregiver and care-recipient access is modeled for a parent paying for a child. A televisit link needs no login. App adoption was called "very high," a vendor claim with no denominator.

AI

A built-in scribe at extra cost, whose Scribe Actions pull follow-ups, referrals and orders out of the visit for one-click execution with a dismiss option. Sigma AI answers questions inside the chart and was described as HIPAA compliant, with no BAA or attestation named. The vendor stated no time-saved figure.

WHAT THEY DID NOT DISCLOSE — TAKE THESE TO THE CALL

The base subscription amount and both per-seat amounts. The unit and period behind the $90 launch figure, and how long that pricing lasts. The AI scribe fee, and whether Sigma AI and the API cost extra. The ACH rate, any cap, and who the processor is. Every exit term: chart export format, ownership, retention, migration-out help. Failed-payment retries and dunning. And the data types that do not come across in a migration, which nobody named.

PLATFORM 2 OF 5 · SYSTEM OF RECORD

Elation Health

Demo Days session
September 3, 2026

PRICING MODEL

"We are $375 a month per provider," and a provider is "anybody signing off on notes or prescribing medications." Everyone else in the practice gets "a complimentary staff account" with no stated limit on how many. The rate was given flatly, with no hedge. Contract length, term and cancellation notice were not discussed. *Elation publishes no price card. Contact Elation for your own pricing.*

INCLUDED

Scheduling with patient self-scheduling and an embeddable link; reminders by email, text or phone call; intake forms whose answers land in the right chart sections; membership plans billed monthly, quarterly, semi-annually or annually with automatic charging and self-enrollment; eFax; Surescripts e-prescribing with controlled substances "for no additional charge"; the Carequality exchange, stated as in base pricing; superbill printing; bulk patient messaging.

ADD-ONS

"Our only two additional features are our telehealth, where we integrate with Zoom Health, and our AI system called Note Assist." Neither price was stated. The enhanced bulk data import carries a fee, also unstated. Every other AI workflow shown sits inside the $375 rate.

MIGRATION

Standard migration carries no fee. Inside 10 business days Elation uploads appointments, demographics, allergies and medications, lab results, social and family history, problems, immunizations and medical history, and visit notes have come across for "the last about four months." You request the export from your current system in a format they handle. The enhanced bulk data import turns old PDFs and JPEGs into searchable clinical data and does carry a fee.

DATA OWNERSHIP AND EXIT

CSV export covers payment and membership data. Clinical export, an API, export formats, ownership, retention and cancellation terms were not raised by either side. *Ask: what is the clinical export format, is there an API, and what is the retention window after cancellation?*

BEST FIT AS STATED

Solo practices with no staff or one staff member, who use the message board as a task list. Multi-provider and multi-location practices, and two clinicians sharing staff across separate tax IDs through the practice switcher. Pediatrics, with weight-based dosing, growth charts and well-child templates. Cash-pay practices whose patients submit their own superbills. Worst fit was not stated.

PAYMENTS

Stripe, at 2.99% for credit and debit, and ACH at 1% plus 25 cents capped at $5. This is the only session of the six where both a card rate and an ACH rate were stated. No card cents component was given, and whether a practice can bring its own merchant account was not addressed. *Elation publishes no price card. Contact Elation for your own pricing.*

INTEGRATIONS

LabCorp and Quest named among lab, imaging and radiology integrations, with no count given. Carequality for outside records, arriving as structured data. Surescripts. Hint, still integrated. Spruce for texting, described as one of the oldest and best integrated partners, with texts flowing back into the chart. Zoom Health for video, Stripe for payments. Accounting software never came up.

REPORTING AN OWNER USES

Two named reports, both exportable to CSV: a patient payment report showing who paid, who did not and which payments declined, and a membership report filterable by plan and by active, pending or past-due status. Family plans enroll several patients under one plan at one price, and whether the report shows revenue past the primary member was left open: "I will triple check."

PATIENT-FACING

Portal self-scheduling, an embeddable booking link, and self-enrollment into a membership with credit, debit or ACH on file. Intake forms arrive by email or text and sit in the portal. Patients message from the portal and the clinician replies from the home screen. A dedicated patient mobile app was not stated, and neither was patient self-service on payment method.

AI

Note Assist is the native scribe, sold separately, demonstrated live from a 30-second dictation and producing a note plus actionables that prompt the prescription, the lab order and the referral. Elation put the saving at "roughly 13 minutes for every single encounter," described as feedback received over about a year and a half, with no denominator and no methodology. Inside the base rate: Wordsmith letters, AI medication reconciliation, and Clinical Insights, which cites the chart location it drew from.

WHAT THEY DID NOT DISCLOSE — TAKE THESE TO THE CALL

The telehealth price and the Note Assist price, which together decide the real monthly cost for a practice that wants video and a scribe. The enhanced bulk data import fee, and it is the tier an established practice with years of PDFs would need. Contract length and cancellation notice. Any clinical data export or API. Whether Stripe is mandatory and whose account settles. Refund and chargeback treatment. And the family-plan reporting answer the vendor promised to check.

Akute Health

PRICING MODEL

Per member: "rather than being a full fee for every provider, we price a small fee per member," so the bill starts small and rises as the panel does. Two plans were named, Essentials as the minimum and a premium plan for multi-location practices. No plan price and no per-member rate were stated. Attendee pricing was offered on the call; ask Akute whether it still stands.

INCLUDED

Every screen works on a phone. Availability rules by day, hour and appointment type. Passwordless self-scheduling on name and date of birth matched against the active panel. Bi-directional Google Calendar. Intake forms that write answers back into the chart. A 24-hour SMS reminder. A task manager that refill requests, lab results and untriaged forms route into. E-prescribing, lab ordering and trending, fax, portal messaging and SMS, and Patient Pulse cohorts.

ADD-ONS

Controlled-substance prescribing at $15 a month, the only Akute price on the record. Membership management is not built in "at this time," so Hint is bought separately; Akute described a partner deal at a lower cost than through another EMR, with no amount given. Spruce and Heidi are optional and their costs were not stated.

MIGRATION

"We don't have any cost for migrating," said twice. Import and cleanup take "usually about a week or two," and "about a month of overlap of the EMRs" is recommended, though the call gave conflicting accounts of which practices need that month. You pull the export from your outgoing EMR on their timeline; Akute imports and cleans it. A workflow migration lands on your team on top of the data.

DATA OWNERSHIP AND EXIT

Nothing. No export, no format, no API, no cancellation term, no retention statement. Every export discussed on this call was data coming out of a previous EMR into Akute. *Ask: how do I get my charts, my documents and my Patient Pulse cohorts out, in what format, and who does that work?*

BEST FIT AS STATED

Small practices: "you are most likely a small practice, maybe just yourself running the practice or just a couple other people." Membership-based practices carrying long relationships, where lab trending earns its place. Practices not billing insurance, since note templates carry no claim structure. Practices selling to employers, who need utilization to show. The premium plan is for multi-location. Worst fit was not stated.

PAYMENTS

Akute Pay attaches appointment, no-show and cancellation fees to a booking and collects them at the time of booking. Membership dues run through Hint rather than through Akute. No card rate, no ACH rate, no cap and no processor name were stated. *Ask for the full processing schedule in writing before you compare this platform on cost.*

INTEGRATIONS

LabCorp, Quest and BioReference named among the labs. Hint for membership billing, bi-directional and surfaced inside Akute's own patient portal. Spruce for messaging, bi-directional. Heidi for the AI scribe. Google Calendar. GoodRx plus manufacturer coupons texted straight to the patient. Imaging, supplements and accounting software were never mentioned.

REPORTING AN OWNER USES

A business dashboard carrying a form-score report was described as "in limited preview right now with a couple customers" and was not shown working. Slices named for it: Patient Pulse cohort, employer and membership plan, plus appointment utilization, in-person against telehealth, demographics, top diagnoses and after-hours message volume. A practice-wide single-number report was asked for and not demonstrated.

PATIENT-FACING

Self-scheduling with no account, login or password: the patient enters a name and date of birth and the system matches the active panel. A portal on iOS, Android and web carries lab trends with reference ranges, appointments, notes under a per-section open-notes setting, messaging, and invoices and payment-method updates drawn from Hint.

AI

One AI feature, and it belongs to a partner: Heidi, integrated for scribing. No Akute-native AI was shown, and no time-saved figure was claimed for the scribe or for anything else on the call.

WHAT THEY DID NOT DISCLOSE — TAKE THESE TO THE CALL

Every price except the $15 controlled-substance fee: the Essentials price, the premium price, the per-member rate, any minimum. Contract length and cancellation notice. Card and ACH rates, caps and the processor. The size of the Hint partner discount, and what Hint itself costs you on top. All exit and export terms. Whether Patient Pulse sits in Essentials or premium. And the data types that do not survive a migration.

Cerbo

PRICING MODEL

"We do charge per user depending on the user role and their full time and part time status," and at least one full-time primary prescriber or non-prescribing provider must sit on the account before anyone else can be part-time. Month to month, no long-term contract. Setup is "typically for a new practice is 595" and $1,195 for an established practice. The base per-user rate was never stated; the vendor pointed to the website.

INCLUDED

Memberships and recurring billing run natively, alongside multi-month payment plans, and one patient can hold both. Provider and resource calendars, an embedded website scheduler, configurable confirmations and reminders. Chart parts, tags with panel-wide filtering, and health maintenance trackers that can be built for one patient or for every patient carrying an ICD-10 code. Lab ordering with a tracker whose optimal ranges you can edit. Lab and supplement credit banks against a membership.

ADD-ONS

AI scribe at $20 a month up to 60 encounters and $59 a month above that. Patient portal at $79 a month up to 1,000 active patients. Telemedicine at $27 per provider. Incoming eFax at $27 up to 500 pages. Telemedicine was also called "native functionality" earlier in the same session, so ask which it is. Attendee pricing was offered with no stated expiry; ask whether it still stands.

MIGRATION

Never came up on this session. No fee, no timeline, no scope, no overlap guidance, nothing on who does the work. The setup fee splits new from established practices, and the vendor never said what it covers, so do not read it as a migration fee. *Ask: what does the setup fee buy, does it include data migration, and how long does a panel my size take?*

DATA OWNERSHIP AND EXIT

Month to month with no long-term contract is the only exit-adjacent term on the record. Ownership, export, formats and API never came up; tag-filtered patient lists and tracker email lists export, in a format nobody named. *Ask: on the day I give notice, what do I receive, in what format, and what does Cerbo keep?*

BEST FIT AS STATED

Cash-pay practices, functional and integrative medicine, and direct primary care, the three markets the vendor named. Built for longer visits: "it's not built for the seven minute visits." Functional practices can override the lab's optimal ranges. Practices selling supplements, labs and procedures alongside memberships, with credit banks to track them. Worst fit was not stated.

PAYMENTS

No rates of any kind. The host asked about pricing and payment processing in one question and only the software half was answered. "No additional cost" was said of the membership-billing functionality, meaning no third-party subscription, and it is not a statement about card processing. A payment integration is referred to and never named. *Ask for card and ACH rates, caps and the processor's name.*

INTEGRATIONS

60 lab companies, 47 of them bi-directional, with LabCorp, Quest, Rupa and Vibrant America named among the larger ones. SureScripts, including compounding pharmacies. Fullscript for supplements, with its plan builder inside the chart. YouTube, Vimeo and Loom for patient-facing video. Imaging and accounting software were never mentioned.

REPORTING AN OWNER USES

End-of-day reports, revenue per patient, income reports sliced by charge, category, user or location, a discounts report, tracker reports across the panel, failed scheduled payments, and an advanced patient search that filters the whole panel on diagnosis, sex and last visit. The membership roster report was confirmed verbally and not demonstrated, because the demo environment held too few patients. Product cost and margin by service line were never addressed.

PATIENT-FACING

A browser portal carrying your logo. Patients log in to read a message. Appointments are requested and need practice approval before they hit the calendar. Card on file, in-portal payment, invoices, receipts and full statements. Intake forms with display rules that fire on criteria. Vitals self-entry, refill requests, and patient updates to allergies, vaccines, pharmacy and care team. A native mobile app was not stated.

AI

The scribe was newly released at the time of this session. It takes consent on screen, records the visit and pushes structured content into your own SOAP template, and it accepts an uploaded MP3 from another recorder. Suggested actions are built by the clinic and are explicitly not AI generated. No time-saved figure was claimed.

WHAT THEY DID NOT DISCLOSE — TAKE THESE TO THE CALL

The base per-user rate, and what the role and full-time or part-time differentials actually are. Every payment processing number. Migration in its entirety. Export, API and post-cancellation terms. What happens to the bill above 1,000 active portal patients and above 500 fax pages. Whether telemedicine is native or $27 per provider. And whether product cost lives in the system at all, which decides if you can see margin by service line without a spreadsheet.

Hint Clinical

PRICING MODEL

Not discussed on this session. No rate, unit, setup cost, contract term, minimum or discount for Hint Clinical or for the membership and billing product appears anywhere in the recording, and the host opened with a cost question that no figure followed. Roughly the first three minutes were not captured, so read this as not discussed on the record rather than as a gap in the product.

INCLUDED

Shown in the product, though nothing on the call separated bundled from paid: a dashboard of faxes, portal messages and lab results awaiting review, with per-user widgets. Clinic-wide tasks with assignment. Working hours set by day, appointment type and modality, with per-appointment booking links and one umbrella link. Intake forms tied to a visit. Note templates and keyword shortcuts. Fax out from a signed note. Practice inbox and internal team chat. Roles and permissions.

ADD-ONS

Not one line on this call distinguished an included feature from a paid one, so the list above is a feature list rather than a billing list. Bookkeeping and marketing were named inside a sentence about what the team is working on, so treat both as roadmap. *Ask for a written feature-by-feature split of bundled against paid.*

MIGRATION

"Typically our migration takes place in one to three parts," and the parts were not enumerated. A practice already on Hint for membership management and billing skips migrating demographics and payment information; a practice that is not carries that step. Duration was given as "pretty quick," conditioned on how many patients sit in the former system. No fee was stated in either direction, and no overlap period was given.

DATA OWNERSHIP AND EXIT

Nothing on export, formats, API, ownership, cancellation or what happens to records after termination. *Ask: what do I receive on the day I leave, in what format, and does the answer change depending on whether I also use Hint for billing?*

BEST FIT AS STATED

Startups and established practices alike, with a practice phone number provided to startups so they need not buy one. Multi-clinician practices, viewing staff calendars side by side. Pediatric practices, through family conversations that carry both parents. Practices adding weight management and aesthetics lines, sold from the portal. Worst fit was not stated.

PAYMENTS

No card rate, no ACH rate, no cap and no processor. Patients view and pay invoices and update payment sources inside the portal. Whether that invoice surface belongs to Clinical or to the separate billing product was not stated. *Ask which product carries the payment rails, and for the rate card that goes with it.*

INTEGRATIONS

Two lab networks: Health Gorilla, which reaches labs across the country provided you hold your own account numbers, and Junction, which the vendor said has pre-negotiated rates on behalf of its customers, with no figures given. LabCorp and Quest are reachable through them, and results sync back without a portal download. Through the Hint Marketplace, Fullscript for supplements and Vivlio for outside records. Accounting software was never mentioned.

REPORTING AN OWNER USES

No report and no dashboard was named. The single reporting statement was that non-clinical staff can dive into "your billing and reports to see where the revenue is really coming from." AI Chat was offered for ad-hoc questions in place of a report, which answers one patient at a time rather than a panel.

PATIENT-FACING

The portal opens on an access code sent to email or phone: "that code is going to function as my password." Mobile and browser friendly. Portal chat with attachments, and SMS that lands in the patient's own messaging app. A member-access toggle publishes a note or a lab result per item. Self-scheduling, invoices, payment sources, and purchase of packages, memberships and services. Family conversations can carry two parents and a child.

AI

Three features, all demonstrated live. AI Scribe produces a SOAP note and an after-visit summary from one recording, with template choice and free-text editing. AI Analyze suggests next steps inside the note, and a person clicks accept to create the task and a person picks the assignee. AI Chat answers chart questions and drafts patient material, which a person copies out. No time saved, accuracy rate or model was claimed.

WHAT THEY DID NOT DISCLOSE — TAKE THESE TO THE CALL

All pricing, for Clinical and for the billing product, together and apart. Whether Clinical requires the billing product. The bundled-against-paid split for every feature demonstrated. Card and ACH rates and the processor. The migration fee, the duration in days, and what the "one to three parts" are. Every export and exit term. Any named report an owner could run on the panel. Ask for all of it in one written price card.

NOT AN EHR · ENGAGEMENT LAYER, PRICED ON TOP

HealthBook+

Demo Days session
September 10, 2026

Why this page sits apart from the five before it. HealthBook+ does not replace your system of record. In the vendor's words, it "is generally being run alongside the EHR that you're already using," and the session named practices running it next to Hint, Elation and Cerbo. Its unit is per member per month rather than per provider or per user. Putting it in a head-to-head EHR row would compare two different purchases.

WHAT IT IS

Two halves: a clinician portal and a patient mobile app, joined by an assistant the vendor calls Paige. The clinician portal assembles a patient's outside records, answers questions over them, and prepares the visit. The patient app carries the same records, a journal, wearable data, assigned programs and a conversation with Paige that can loop the clinician in.

WHAT STAYS IN THE EHR

Documentation of record, e-prescribing and lab ordering: "if I need to order labs or prescriptions or all those things, I'll pull up my EMR." Nothing in the session described charting, scheduling, membership billing or claims inside HealthBook+. The vendor's framing is that "the EMR kind of just becomes that old school documentation spot."

THE RECORDS CLAIM

"We're able to go out to the national health information exchanges and bring in a complete patient record kind of instantaneously." No network was named anywhere in 41 minutes, no match rate and no completeness figure was given. Epic and Cerner were named as systems records come from. *Ask which networks, what share of records come back, and what does not.*

AI

Paige runs on a major foundational model the vendor declined to name and swaps between models. Answers carry clickable citations back to the source record, which lets a clinician check the work. Care plans are generated on request. Overnight patient conversations were said to cut inbox volume, reported as customer anecdote with no deflection rate. Whether a clinician approves a generated care plan before a patient sees it was not stated.

BEST FIT AS STATED

Small and medium DPC practices, the only size the pricing was scoped to. Functional and integrative practices, where Paige analyses labs against the practice's own guidelines. Practices chasing employer contracts. Practices holding back on growth because of administrative load. Worst fit was not stated.

PRICING MODEL

Two stacked tiers, per member per month. Clinical efficiency is "usually right around $3 PMPM." The second tier "usually adds about an additional $2," so "all in, you're usually sitting around $5." Every one of those figures was hedged by the vendor and scoped to "this small, medium sized DPC," with cost coming down at scale and no thresholds given.

IN THE BASE TIER, AS DESCRIBED

Record retrieval from the national health information exchanges, clinician portal access, Paige question-answering over those records, lab ingestion, lab analysis against your own practice guidelines, and an AI scribe that "comes with the platform free of charge." The second tier adds benefits navigation, journeys and adaptive care plans.

PRICED BUT UNPLACED

The patient app, the messaging surface and the virtual visit platform were all demonstrated and none was assigned to a tier. Those are the features carrying the retention argument, so ask which tier each one sits in before you build a budget on the $3 figure.

EMPLOYER ANGLE

Benefits documents from an employer plan load into Paige, so both the patient and the clinician can ask what a referral will cost that employee. The vendor said this is newly rolling out with active populations, offered to co-sell alongside practices pursuing employers, and expects it to command a premium without naming one.

ON THE RETENTION CASE

The vendor stated no retention figure, no churn reduction, no engagement rate and no clinical outcome in the whole session. The five-hours-a-week time saving discussed on the call came off the vendor's website, carries no denominator, and the vendor called it conservative without supplying the measured number. Your own churn rate is the number to hold this purchase against.

WHAT THEY DID NOT DISCLOSE — TAKE THESE TO THE CALL

Whether the per-member charge counts every member on your roster or only patients who activate the app, which can change the bill by a wide margin. Contract length, setup fee and minimums. Pricing above a medium-sized practice. How the platform connects to your EHR, and whether the scribe note reaches the chart through an interface or a copy and paste. Every export and exit term, including what happens to the assembled records if you cancel. Security posture was raised on the call and never answered.

SIDE BY SIDE, FIVE SYSTEMS OF RECORD

Two rows worth comparing

Most rows a feature grid would carry are four blank cells wide in this material, and those questions moved to page 13. These two rows have enough on the record to be read across. Every cell is marked for how firmly it was said.

STATED — SAID PLAINLY, NO HEDGE **HEDGED** — THE SPEAKER QUALIFIED IT **NOT DISCLOSED** — NO ANSWER ON THE CALL

TABLE 1 · BILLING UNIT AND WHAT MAKES THE BILL RISE

PLATFORM	BILLING UNIT	BASE RATE ON THE RECORD	WHAT RAISES THE BILL	STATUS
SigmaMD	Base subscription plus per-seat fees	Not disclosed	Each added clinician, each added admin seat, turning on the AI scribe	Not disclosed
Elation Health	Per provider who signs notes or prescribes	**$375 / provider / month**	A second clinician. Staff seats are complimentary and uncapped, and panel growth does not move the rate	Stated
Akute Health	Per member	Not disclosed	Every new member. Moving to the premium plan for multi-location. Controlled-substance prescribing at $15 / month	Unit stated
Cerbo	Per user, by role and full-time or part-time status	Not disclosed	Each user. Crossing 60 AI encounters. Crossing 1,000 active portal patients. Crossing 500 fax pages. Each telemedicine provider	Unit stated
Hint Clinical	Not discussed on this session	Not disclosed	No pricing dimension of any kind was named. Ask whether Clinical is sold apart from the billing product	Not disclosed

Source: DPC Tech Stack Demo Days — SigmaMD (Sept 1, 2026), Elation Health (Sept 3, 2026), Akute Health (Sept 8, 2026), Cerbo (Sept 9, 2026), Hint Clinical (Sept 15, 2026). Cerbo also stated setup at $595 for a new practice, described as typical, and $1,195 established. SigmaMD's one spoken figure, $90 for clinicians under launch pricing, carried no unit and no period and is not a base rate.

TABLE 2 · MIGRATION — THE MONEY QUESTION AND THE CALENDAR QUESTION

PLATFORM	MIGRATION FEE	TIMELINE STATED	RUN BOTH SYSTEMS	WHAT DOES NOT COME ACROSS
SigmaMD	**None**	30-day window requested, two weeks at fastest, "about 30 days" average	Not disclosed	Nothing named
Elation Health	**None standard**	10 business days, once the incumbent exports a format they handle	Not disclosed	Nothing named
Akute Health	**None**	"Usually about a week or two" to import and clean	"About a month" recommended	Nothing named
Cerbo	Not disclosed	Migration never came up on the session	Not disclosed	Nothing named
Hint Clinical	Not disclosed	"Pretty quick," set by how many patients sit in the former system	Not disclosed	Nothing named

Source: same five sessions. Elation's enhanced bulk data import, which converts historical PDFs and JPEGs into searchable clinical data, carries a fee that was never stated; that is the tier an established practice with years of scanned documents would need. Cerbo's setup fee is not a migration fee and the vendor never said what it covers.

Read the last column again. Six vendors, six migration conversations, and not one named a single data type that fails to come across. SigmaMD came closest to candour, saying "I don't want to make it sound like it's a perfect process," and still named nothing. Put that question in writing before you sign, and ask for the answer as a list.

THE PATTERN ACROSS ALL SIX

Nobody asked what happens to your charts

Across six sessions and roughly four and a half hours of recorded demo, not one vendor stated who owns the data, how a full chart set comes out, in what format, or what happens to your records after you cancel. On most of the calls nobody asked. A practice owner is committing years of charts, a payment file and an employer roster to one platform, and that question goes unasked in the room where it is easiest to answer.

TABLE 3 · DATA OWNERSHIP AND EXIT, AS DISCUSSED

PLATFORM	EXPORT SHOWN ON THE CALL	FULL CHART EXPORT	DATA OWNERSHIP	AFTER CANCELLATION
SigmaMD	CSV of billing reports; an API covering that report data	Not disclosed	Not disclosed	Not disclosed
Elation Health	CSV of payment and membership reports	Not disclosed	Not disclosed	Not disclosed
Akute Health	None — every export discussed came out of a prior EMR	Not disclosed	Not disclosed	Not disclosed
Cerbo	Patient lists and tracker email lists, format unnamed	Not disclosed	Not disclosed	Month to month, no other term
Hint Clinical	None discussed	Not disclosed	Not disclosed	Not disclosed
HealthBook+	None discussed	Not disclosed	Not disclosed	Not disclosed, including the assembled outside records

Source: all six DPC Tech Stack Demo Days sessions, September 1 to September 15, 2026. HealthBook+ appears in this table because the question applies to any vendor holding your records, and it stays out of the EHR comparison on pages 11 and 13.

Payment processing, the line nobody negotiates

One session in six produced a complete set of processing rates. Cerbo was asked directly and the pricing half of the question was answered. At a 300-member panel collecting $100 a month, a point of processing spread is real money every month, and it never appears on your software line.

PLATFORM	CARD RATE	ACH RATE	PROCESSOR NAMED	NOTE
Elation Health	**2.99%**	**1% + $0.25, capped at $5**	Stripe	The only session with both rates on the record
SigmaMD	**2.4%**	Not disclosed	Not named	Given as a correction in the closing minute; confirm against the pricing page
Akute Health	Not disclosed	Not disclosed	Not named	Membership dues run through Hint, so ask both companies
Cerbo	Not disclosed	Not disclosed	Not named	Asked on the call; the pricing half of the question was answered
Hint Clinical	Not disclosed	Not disclosed	Not named	Billing was set aside for a separate session

Source: the five system-of-record sessions, September 1 to September 15, 2026. Pull your merchant statement and compare the effective rate you pay today against every quote you collect.

BUILT FROM WHAT SIX VENDORS LEFT UNANSWERED

The questions to ask before you sign

Print this page and take it into the demo. Every question below exists because it went unanswered on at least one of the six sessions, and most of them went unanswered on four or more. Ask for the answers in writing, in the same email as the quote.

Contract and cancellation

- Is this month to month, and how much notice do you need in writing to cancel?
- What is the minimum term, and is there an early-termination charge?
- What has your price done over the last three years, and what governs an increase?
- Is there a setup or onboarding fee separate from migration, and what does it buy?
- Does any attendee or promotional pricing still stand, and what is the expiry date in writing?

Data and exit

- Who owns the patient data, in the words of the contract?
- On the day I give notice, what do I receive: full charts, documents, notes, labs, the payment file, the membership roster?
- In what format, and is it a structured export or a pile of PDFs?
- How long after cancellation can I pull it, and what does it cost?
- Is there an API, does it reach clinical data as well as billing, and is access included?

Payment processing

- What is the card rate, including any per-transaction cents?
- What is the ACH rate, and is it capped?
- Who is the processor, and may I bring my own merchant account?
- How are refunds and chargebacks priced, and how fast do payouts land?
- When a card declines, what happens on its own: retries, a card updater, a message to the patient, a suspension?

Migration scope

- Name the data types that do not come across. Not one vendor volunteered a single one.
- Do membership enrollments and stored payment methods migrate, or are they rebuilt by hand?
- How long for a panel my size, and how long do I run both systems?
- Which tasks fall on my team, listed out, and how many hours should I plan for?
- What does the enhanced or historical-document import cost, if you have one?

Where the price steps up

- Price me at today's panel, at 500 members, and at two providers, on one page.
- Which counts trigger a higher tier: encounters, active patients, fax pages, locations, users?
- What happens to the bill the month I cross each one?
- Are part-time staff and non-prescribing providers billed, and at what rate?
- Which add-ons does a practice like mine turn on in month one, and what do they total?

Two more, because six sessions produced nothing on either

- **Accounting.** No vendor across six demos described a live accounting integration; one said QuickBooks was in development. Ask what reaches your bookkeeper each month, and whether it is a sync or a CSV your accountant journals by hand.
- **Reporting you will actually run.** Ask them to pull, live on the call and not in a slide, a roster of every member and what each one pays. That single report is how you find your average revenue per member, and two vendors could not demonstrate it.

Send this list to the vendor before the second call and ask for written answers. A vendor who answers all thirty in an email has told you a great deal about the support you will get in year two. Bring the replies to your Goodman CPA advisor and we will price the stack against your books.

THE CFO READ

Put the stack on one line of your books

A software decision lands in three places on your financials: the subscription line, the merchant fees buried in revenue, and the payroll hours nobody codes to software at all. Run these three calculations on your own numbers before you sign anything. Use your figures, not ours.

1. Your true stack cost per member per month

Add the platform subscription, every add-on you will switch on, and every point solution you keep paying for on the side. Divide by your member count. That is the number to compare across vendors, because it survives the difference between a per-provider model and a per-member one.

(Platform subscription + add-ons you turn on + surviving point solutions) ÷ members = **stack cost PMPM**

2. What falls off the bill

Pull the general ledger and list every software charge for the last twelve months. Mark each one the platform replaces outright. That total is the cancel column, and it comes off the new subscription before you judge the price. Owners find a form builder, an e-signature tool, a scribe, a video room and a survey product sitting in that list, and several platforms here absorb three or four.

New subscription − subscriptions you cancel = **net monthly change**

3. The processing line, which is usually larger than the software

Take your merchant statement for last month. Divide total fees by total collections to get your effective rate. Now apply the quoted card rate and ACH rate to your own collections mix and compare. One session in six produced a full set of rates, so ask every vendor for both numbers and a cap before you compare two platforms on subscription alone.

Merchant fees ÷ collections = **your effective rate today** · then apply each quoted rate to the same collections

4. The hours, off your payroll register

Take the payroll register, blend the hourly cost of the people who touch the software, and multiply by the hours you expect to save or lose in the first quarter on the new system. Migration weeks are a cost in that column, and so is the ramp for the next hire you make. Measure the hours after go-live rather than forecasting them, and hold the vendor's claims against what your team records.

RUN THE NUMBERS WITH US

Book a free tax strategy session

Bring your general ledger, your merchant statement and the quotes you collect. We will price the stack against your books and show you what the switch does to cash flow in the first quarter.

meetings.hubspot.com/nate-goodman

DIRECT CARE PRACTICES WE WORK WITH

Wellspring DPC, Dr. Wes Hite — $55,030 saved in 2025 and $40,103 in 2024, with revenue up 19.6% from 2024 to 2025.

Rooted Family Health, Dr. Chris Imperial — $32,925 in federal tax saved in 2025.

Coastal Maine Direct Care, Dr. Karen Saylor — $27,436 saved in 2025.

$3.16M in tax savings identified across 70 tax plans.

APPENDIX · COLLECTED FROM THE VENDORS' OWN PRICING PAGES

What four of the six publish in writing

None of the figures below were said on the demo calls. All of them sit on the vendor's public pricing page, where you can read them yourself and hold a quote against them. Rates read on **22 September 2026** — check the page again before you sign, and treat a published rate as a starting point, not a quote.

SUBSCRIPTION, AS PUBLISHED

PLATFORM	PLANS AND RATES	SETUP	TERM
SigmaMD	Per clinician per month. Standard **$350**. Launch **$90**, until 50 patients on record or twelve months after go-live, whichever comes first, and not available to practices needing data migration. Group Plan **$500**, flat, with no per-member charge. Not priced per patient.	No setup fee published. Billing starts at go-live or soft launch, not during onboarding.	Month to month, no annual contract
Akute Health	Per plan, scaling by patient count. Essentials **$300**/month, 1 clinician and 100 patients, then **$0.75** per additional patient. Premium **$550**/month, 2 clinicians and 300 patients, then **$0.85** each; adds multi-location and Akute Pay. Developer tier quoted.	None published	Monthly; $300 minimum on Essentials to 100 patients
Cerbo	Per user per month, full-time then part-time. Prescribing provider **$281 / $174**. Non-prescribing **$256 / $160**. Supporting or alternate provider **$127 / $78**. Additional staff **$63 / $39**. Restricted-access user $15 once. Part-time means under 30 hours and only in multi-provider clinics; one provider must be full-time.	**$1,195** once, payable in two instalments — dedicated cloud server, security certificates, six weeks of training and two weeks of post-go-live support. **$595** for a practice under six months old with under 30 patients.	No long-term contract or cancellation fee, per the vendor
Hint Clinical	Per clinician, with members priced above the base tier. Clinical from **$290**/month — 1 clinician, unlimited members, then $290 per full-time clinician, $140 part-time. Clinical Growth from **$320** — 1 clinician and 100 members, then $232 per clinician and $36 per 50 members. Clinical Scale from **$770** — 1 clinician and 500 members, then $232 per clinician and $140 per 250 members.	Expert-led onboarding **$500**, optional. Free until you launch; startups get the first month free after launch.	Monthly; plan changes by request to support

ELATION HEALTH

Contact Elation for pricing. Elation publishes no rates. The pricing page asks for your payment model and clinician count and routes to a quote. $375 per provider per month was said on the September 3 call, and a figure said on a call is not a price card. Resale and review sites carry numbers for Elation that disagree with one another and none come from Elation, so this guide prints none of them. Ask Elation directly, in writing.

HEALTHBOOK+

Publishes no price card. The per-member model described on the call is the only pricing signal on the record, and the question of whether it counts your whole roster or only activated app users is still open. That single answer can move the bill by a wide margin.

APPENDIX · THE LINES THAT MOVE THE TOTAL

Processing and add-ons, as published

On $40,000 of monthly collections, the gap between a 2.4% card rate and a 3.0% one is $240 a month — $2,880 a year, which on a solo practice runs close to the software itself. Read this table before you compare two platforms on subscription alone.

PAYMENT PROCESSING

PLATFORM	CARD	ACH	NOTES
SigmaMD	**2.4% + $0.15**	**$0.15** flat, no percentage	Fees paid by the practice. Optional 2.99% surcharge passes the card fee to the patient on credit only, unavailable in CO, CT, ME, MA and OK.
Hint Clinical	**3.00% + $0.30** on Clinical, 2.75% on Growth, 2.60% on Scale, plus 1% on Amex	**1.00% + $0.25** on Clinical, 0.75% on Growth, 0.60% on Scale, capped at $5	$7.50 per dispute, chargeback or ACH return. The rate falls as you move up a tier, so the tier decision is a processing decision too.
Cerbo	Not published	Not published	Names three integrated merchant partners — Propelr, Bluefin and Stripe — and publishes no rate for any of them. Get all three quoted.
Akute Health	Not published	Not published	An integrated processor sits on every plan with no rate attached anywhere. Asked on the call and not answered.
Elation Health	Contact Elation	Contact Elation	Two numbers are on record and neither is a quote for your practice. The September 3 call gave 2.99% card and ACH 1% + $0.25 capped at $5, with Stripe named as the processor. The Patient Payments page publishes a flat 3.25% with no per-transaction fee, available with All-in-One. Ask Elation which schedule applies to you, in writing.

A FLAT RATE AND A RATE-PLUS-CENTS RATE CROSS OVER

A flat percentage with no per-transaction fee is built for small, frequent charges. A rate plus a fixed cents component is cheaper once the charge is large enough for the percentage to dominate. Against a 2.70% + $0.30 schedule, a flat 3.25% costs less on a $25 charge and more on a $150 one, and the two cross near $55. Direct Care bills memberships, not copays, so most of your volume sits on the far side of that line. Work out your own crossover before you compare two processors: **divide the fixed cents component by the difference between the two percentages.**

ADD-ONS THAT ARE NOT IN THE HEADLINE RATE

SIGMAMD

AI scribe $75 per user per month on Standard and Group, $30 on Launch — included automatically at three or more clinician licences, and on smaller practices charged only in a month where that user writes five or more notes. eRx, EPCS and PDMP included. 1,500 fax pages per clinician licence per month, pooled, then $0.07 a page. API on every tier, priced per practice.

CERBO

Patient portal $79 a month at 1,000 patients. Telemedicine $27 per provider for 1:1 video, $39 multi-participant, $14 for the Zoom route. Incoming eFax $27 a month for 500 pages, then 10¢. AI scribe $29 per provider to 60 notes, $59 unlimited. Portal styling $300 once. 250 free outbound fax pages per user. Data imports quoted by volume.

HINT CLINICAL

Hint AI $100 a month, included on Growth and Scale. Core API access $100. Commissions $100. Eligibility autosync $75 per feed. Networks $500. Data exporter $500. Onboarding $500 once. Several of these are bundled into the higher tier, so price the tier and the add-ons together rather than separately.

AKUTE HEALTH

Hint Core billing runs $50 a month alongside Essentials and $110 alongside Premium — the membership layer Akute does not carry itself, priced on Akute's own page. Virtual phone line $15 a month, included in Premium. Controlled-substance prescribing $15, the one figure that was also said on the call.

THREE THINGS THE PUBLISHED PAGES SETTLE THAT THE CALLS DID NOT

The SigmaMD **$90** is per clinician per month on the Launch tier, and it ends at 50 patients or twelve months, whichever comes first — a startup rate, not a standing one, and closed to anyone migrating data. Cerbo's telemedicine is a **paid add-on at $27 per provider**, not bundled, which resolves a contradiction left open on that call. Hint, which disclosed no pricing at all in an hour, publishes a full card **— $290 a clinician** with unlimited members on the entry tier. Ask why it was not said, and get your own quote in writing either way.