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A PACKET FOR PROSPECTIVE PROVIDERS

A place for clinicians who want to practice, not push paper.

Who Healthaide is, how the network operates, and what to expect if you move forward to an interview. A short introduction to how we work and who we work with.

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WHO WE ARE

A telehealth operating system, built by people who care how medicine is practiced.

Healthaide is a fifty-state telehealth infrastructure company. We give wellness brands and clinics the software, the clinical network, and the operational backbone to offer telehealth responsibly. Providers are the center of that model, not an afterthought to it.

WHAT WE RUN

A custom-built platform that handles intake, prescribing, charting, communication, and fulfillment in one place, supported by a licensed practitioner network and standardized clinical protocols.

WHO WE SERVE

Wellness brands that offer telehealth to their audience, and clinics that treat their own patients. Providers deliver care across both, supported by our team and our systems.

CLINICAL LEADERSHIP

Our clinical operations are led by Dr. Russell Van Maele, D.O., Chief Medical Officer, Board-Certified in Internal Medicine and licensed across all fifty states. He oversees the protocols, the standards of care, and the physician and practitioner team, and he is directly involved in how the clinical side of the platform is built.

WHY WE EXIST

Healthaide was built to fix what is broken in telehealth operations: disconnected systems, blurred responsibilities, and software that gets in the way of care. We wanted a place where the practice of medicine stays clean.

HOW THE STRUCTURE WORKS

Clear roles, clean separation, clinical authority stays with you

Healthaide operates through a structure that keeps clinical care and business operations properly separated. It is designed so that providers make the clinical decisions and the business side never reaches into that.

THE CLINICAL ENTITY

The affiliated professional corporation employs and supports the providers, holds the clinical protocols, and is where every prescribing decision is made. This is the entity responsible for the practice of medicine.

THE BUSINESS ENTITY

Healthaide provides the software, the branded storefronts for partners, and the operational support. It runs everything around the care. It does not make clinical decisions.

WHAT THIS MEANS FOR A PROVIDER

Clinical decision-making stays with the provider. Business partners and brands do not override clinical decisions, do not direct prescribing, and do not practice medicine. The separation is intentional, and it is one of the core reasons the model is built the way it is.

OVERSIGHT AND DOCUMENTATION, BUILT IN

Record keeping, chart review, and documentation are built into the platform rather than bolted on afterward. For providers who take on oversight roles, the review workflow and the supporting records live in the same system, which keeps the work organized and traceable.

PROTOCOLS AND INTEGRITY

Protocols we stand behind

Providers want to know that the protocols they work within are written carefully and defensibly. Ours are built on a clear philosophy, reviewed on an ongoing basis, and open to clinical input from the practitioners who use them.

HOW OUR PROTOCOLS ARE DESIGNED

- Evidence-based, drawn from FDA prescribing information and clinical practice guidelines.
- Minimum necessary, so patients answer only what is clinically relevant.
- Conditional logic that adapts each intake to the individual patient.
- Clear qualify, provider-review, and disqualify pathways for every questionnaire.

HOW WE KEEP THEM SOUND

- Protocols are reviewed and updated as guidance and safety information evolve.
- Absolute contraindications trigger automatic stops. Relative ones flag for review.
- Providers can raise clinical input, and the team will consider protocol changes where collectively appropriate.
- Standardization across the network keeps quality consistent.

HOW WE OPERATE

We hold ourselves to writing protocols well, keeping documentation clean, and operating with integrity at every step. The goal is a system a clinician can stand behind without hesitation.

THE SOFTWARE

Clean, intuitive, and built to stay out of your way

Most clinical software makes providers work around it. Ours is built to do the opposite. It was designed in-house, with a direct line between the clinicians who use it and the team that builds it, so the workflow reflects how care actually happens.

ONE SYSTEM, NOT A STACK

Intake, prescribing, charting, encounters, documents, labs, communication, and fulfillment live in a single platform. There is no jumping between tools to complete one patient.

QUALIFY AND PRESCRIBE WITHOUT THE HOOPS

Structured intake with conditional logic does the preparatory work, so a provider reviews a clean, complete picture and makes the call. Charting is built into the same flow, not a separate chore.

AUTOMATIONS HANDLE THE BUSYWORK

Refill timing, lab reminders, and patient notifications run automatically based on medication lead times and monitoring needs, so routine follow-up does not fall on the provider to chase.

SUPPORT BEHIND THE SCENES

Qualified staff handle patient communication and operational questions, so provider time stays focused on clinical review and decisions rather than administrative back-and-forth.

THE POINT OF ALL OF IT

Less friction, less clicking, less administrative drag. A provider should be able to do clinical work efficiently and move on, with a system that feels intuitive rather than imposed.

THE ENVIRONMENT

A network built to be a good place to practice

Beyond the software and the structure, what makes a provider network worth joining is how it treats its providers. We are building an environment that clinicians are glad to be part of.

A CLOSE, RESPONSIVE TEAM

This is an intimate team with a direct line from the clinical side to the people building the platform. When a provider raises something, it reaches the people who can act on it.

YOUR INPUT SHAPES THE WORK

Providers help shape protocols and the roadmap. When something would make the clinical experience better, we would rather build it than work around it.

INVESTED IN YOUR GROWTH

We support the providers we work with, including ongoing education and compliance touchpoints, and we intend to keep investing in the people who deliver care on the platform.

WORK YOU CAN BE PROUD OF

Clean systems, sound protocols, and clear roles add up to work a clinician can feel good about. That is the environment we are committed to protecting as we grow.

WHAT WE ARE BUILDING TOWARD

A network where the software is a pleasure to use, the protocols are sound, and providers do work they are proud of, in an environment that respects their expertise.

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WHAT HAPPENS NEXT

If you move forward

You have submitted an application, which is the first step. Here is what the process looks like from here, and what to have in mind as you consider whether Healthaide is the right fit for you.

THE NEXT PHASE IS A CONVERSATION

The next step is an interview. It is a two-way conversation: a chance for us to understand your background, your licensure, and how you like to practice, and a chance for you to ask direct questions about the protocols, the platform, and the day-to-day of working within the network.

COME READY TO DISCUSS

- The states where you hold licensure.
- Your clinical background and areas of focus.
- How you prefer to work and communicate.
- Any questions about protocols and oversight.

WHAT WE WILL COVER

- How the platform works in practice.
- How care is delivered across the network.
- Where you would fit and how you would work.
- The questions that matter most to you.

A NOTE ON THIS PACKET

This is a brief introduction, not a complete picture. The interview is where the specifics get discussed and where your questions get answered directly.

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THANK YOU FOR APPLYING

We look forward to learning more about you.

If Healthaide sounds like the kind of place you want to practice, the interview is where we go deeper. We are glad you are considering us, and we look forward to the conversation.