

# Cedarline

YC Application | Founder-submitted responses

Overall: strong progress + real traction.  
Clearly written. A few areas to tighten so it feels sharper, more differentiated, and investor-ready.

## Company

**Describe what your company does in 50 characters or less.**

Automated prior authorizations for clinics

Good, but can be sharper.

Try: "Automates insurance prior auth for specialty clinics."  
(more specific + outcome focused).

**What is your company going to make? Please describe your product and what it does or will do.**

Cedarline handles prior authorizations for independent specialty clinics. Staff forward an order or connect their EHR. We identify the payer's requirements, assemble clinical evidence from the chart, submit the request through the appropriate portal or fax channel, and follow it until approval or a clear denial. The clinic sees the status and any missing documents in one queue.

Good start. Which specialties beyond ortho/pain?

Be clearer here.  
Is this an integration, upload, or manual forwarding?

Our first workflow is outpatient imaging for orthopedic and pain clinics. These offices lose hours re-entering the same patient and clinical information into different insurer systems. Our software performs the repetitive steps; a trained reviewer approves submissions when a payer requires judgment. We are not making coverage decisions or practicing medicine. We are making the administrative process faster and auditable.

Good to clarify compliance.  
Might be worth mentioning HIPAA / security here briefly.

Nice to define initial focus.  
Consider adding a line on why this is a big pain point (e.g. denial rates, revenue impact.).

**How far along are you?**

Good traction.

Consider adding logo names or customer type/size.

We launched our first paid clinic in March and now serve 14 locations across six practices. In September we processed 2,840 authorization requests, compared with 760 in June. Of September requests, 91% were submitted without clinic staff re-keying data. Median time from receiving a complete order to submission fell from 18 hours at onboarding to 2.1 hours.

Strong metrics.  
If possible, show % MoM growth (e.g. +273% from June to Sept.).

This is great.  
Maybe also mention approval/denial success rate if you have it.

September revenue was \$18,600, of which \$15,400 was recurring subscription revenue and \$3,200 was implementation revenue. Twelve locations pay today; two are in a 30-day paid pilot. We have not raised outside capital. Our two largest customers added locations after their first 60 days. These figures are illustrative company data for this drafted application.

Good to break out recurring vs implementation.  
Consider adding pricing range or per location ARR to show business model.

Expansion is a strong signal. Maybe add a short quote or specific result (e.g. time saved, fewer denials, revenue recovered).

## Product and insight

This section is not included on this page.  
Make sure to clearly explain the unique insight or why now (e.g. payer complexity, AI, policy changes.).

Overall: Strong and thoughtful answers.  
Real customer insight and clear focus.  
A few areas to tighten and make more compelling.

**If you are applying with the same idea as a previous batch, did anything change? If you applied with a different idea, why did you pivot and what did you learn from the last idea?**

This is our first YC application. We started by selling a broad AI inbox for clinic administration. Clinics liked the demos but would not replace their existing workflow just to have a better inbox. During customer interviews, practice managers repeatedly opened the same insurer portals and showed us authorizations waiting for action.

Good context and honest pivot story.

Consider being more specific here. Who did you speak to? How many clinics? Any quotes or examples?

We narrowed the product to one measurable job: get an imaging authorization submitted correctly, with less staff time. Our first customer agreed to pay for that outcome before the portal automation was complete. The lesson was that clinics do not buy 'AI efficiency.' They buy fewer delayed scans, fewer status calls, and less work per order.

This is strong. Shows customer validation and willingness to pay early.

You could add a concrete example (e.g. time saved per order or a short customer quote) to make the learning more tangible.

**Why did you pick this idea to work on? Do you have domain expertise in this area? How do you know people need what you are making?**

My cofounder led revenue-cycle operations for a 22-provider orthopedic group and spent years managing the authorizations queue. I previously built workflow software that integrated with EHRs and unreliable third-party systems. We know both sides: what clinic staff actually do, and why brittle portal automation usually fails.

Strong founder-market fit. Shows relevant domain experience.

Consider adding your specific roles and years of experience to make this even stronger.

We shadowed staff at 11 clinics and manually completed 310 authorizations before writing the first automation. Eight practices asked for a pilot; six signed, and five expanded or renewed after the initial term.

The strongest signal is not survey interest: clinics give us live work, pay every month, and keep sending more orders.

Great evidence of customer validation.

Very solid traction. If you can, mention a timeframe and any measurable outcome (e.g. time saved, faster approvals, revenue recovered).

## Market and business model

**Who are your competitors? What do you understand about your business that they do not?**

Our main competitor is the clinic's own authorization team, supported by spreadsheets, payer portals, and outsourced billing vendors. There are also revenue-cycle platforms and prior-authorization software companies. Most either sell a broad enterprise suite or stop at preparing a submission; the clinic still chases the payer.

Good to acknowledge real competitors including internal teams.

Consider naming 1-2 specific competitors (e.g. Waystar, Cohere, Kalderos, etc.) and how you are different from each.

Our insight is that the expensive part is not filling a form once. It is maintaining the request through missing-document notices, payer-specific rules, portal errors, and repeated status checks. We built a stateful workflow around the entire authorization, not a single browser action. Each step is logged, and the system escalates uncertain clinical or coverage questions to people. We start with one specialty and procedure category so we can measure accuracy and time saved before expanding.

Strong insight. Clearly explains where the real pain is.

This is a key differentiator. If you have any data (e.g. lower denial rate, faster approvals), add it here.

Good to mention focus and expansion plan. Consider adding why this wedge (orthopedic/pain) is a good starting point (e.g. high volume, large spend, clear ROI).

## How do or will you make money?

Clinics pay a \$450 monthly platform fee per location plus \$4 for each completed authorization workflow. A location processing 300 requests per month pays about \$1,650. We charge a one-time implementation fee when a practice needs custom EHR mapping. We do not take a percentage of clinical revenue or charge patients.

Good to clarify. Shows you are not a risk-revenue model.

Good to include gross margin. If possible, break down key cost drivers (e.g. human review, integrations, support).

75% is a clear target. Mention a rough timeline or key milestones to reach this (e.g. next 6-12 months)

At current usage, gross margin is 63%, including human review and third-party integration costs. Our next milestone is to reach 75% by automating the recurring payer follow-ups that still require manual handling. One six-location practice represents about \$10,000 in potential monthly recurring revenue at today's volumes. We are selling directly to practice administrators, starting with orthopedic and pain groups, where authorization volume is high and the buyer can measure staff hours and delayed appointments.

Is \$4 per request per payer or regardless of payer? Any volume discounts?

How often does this apply? Typical range? Is this a meaningful part of revenue or just onboarding?

### Overall feedback:

- Clear pricing model and unit economics.
- Consider adding more detail on customer acquisition (channels, sales cycle, conversion to paid).
- If you have early retention/expansion data, include it here (e.g. churn, NRR, expansion rate).
- A simple example customer profile with economics could make this even stronger.

This is a strong example. Consider adding average payback period or time to see ROI for the clinic.