

Indicative | Non-Binding | Planning-Level Information

1. Purpose of This Document

This document provides an indicative overview of pricing principles, engagement models, and cost drivers for Eunoia Mobility's Medical Continuity & Chronic Care Mobility services.

It is intended for:

- Healthcare leadership and administrators
- Dialysis, oncology, and rehabilitation centers
- Insurers and government entities
- Medical tourism and long-stay care coordinators

This framework supports planning, budgeting, and program design discussions only.

This document does not constitute a binding quotation, contract, or rate guarantee.

Final pricing is confirmed only after intake review, scope validation, and coordination assessment.

2. Program Positioning

Medical Continuity & Chronic Care Mobility is designed for clinically stable patients requiring high-frequency, predictable, and fatigue-managed transportation across extended treatment pathways

This program is positioned as:

- A safe alternative to taxis and ride-hailing platforms
- A cost-controlled alternative to non-emergency ambulance misuse
- A subscription-based mobility layer for repeat and long-stay care
- A coordination partner to healthcare and institutional systems

Services support continuity of care but do not replace clinical services or emergency transport.

Continuity support refers solely to non-clinical transportation coordination, scheduling reliability, and fatigue-managed mobility and does not involve treatment planning, clinical oversight, or care delivery.

3. Pricing Philosophy

Post-anesthesia recovery introduces temporary physiological vulnerability, including fatigue, dizziness, nausea, delayed reaction time, and reduced situational awareness.

Eunoia Mobility pricing reflects the heightened coordination, pacing, and vigilance required to transport medically stable—but temporarily vulnerable—individuals safely, without clinical intervention.

Post-anesthesia awareness refers solely to non-clinical pacing, supervision, and coordination considerations and does not involve medical monitoring, assessment, or clinical decision-making.

Pricing balances:

- Patient safety and dignity
- Discharge-aligned coordination and timing sensitivity
- Duty of care and operational risk
- Insurance, compliance, and liability exposure
- Service sustainability and continuity

Indicative | Non-Binding | Planning-Level Information

4. Key Pricing Determinants

Final pricing is influenced by one or more of the following factors:








- Frequency of transport (weekly / monthly cycles)
- Stability and predictability of the care pathway
- Vehicle configuration and securement needs
- Staffing model (driver-only vs attendant support)
- Timing (standard hours vs after-hours)
- Journey structure (one-way, recurring, inter-emirate)
- Access constraints (stairs, non-accessible locations)
- Coordination requirements with treatment facilities

All services are planned through an intake process to ensure appropriate tiering.

5. Indicative Pricing Ranges (Non-Binding)

The following ranges are provided for planning context only and may vary based on confirmed scope.

Per-Trip & Hourly Ranges

Service Category	Indicative Range (AED)
 Standard Continuity Transport (Dubai)	300 – 365
 After-Hours Continuity Transport	400 – 525
 Inter-Emirate / Long-Distance Continuity	650-1500+ coordination surcharge
 Driver & Vehicle Standby (per hour)	200 – 300
 Trained Attendant / Escort Support (per hour)	200 – 325
 Stair / Non-Accessible Location Support	350+
 Enhanced Cleaning & Infection Control	50 – 100





These figures are indicative only and subject to reassessment based on intake, risk profile, and service demand.

Indicative | Non-Binding | Planning-Level Information

6. Subscription & Program-Based Engagement Models

Medical Continuity services are most commonly delivered through subscription-based programs. Per-trip continuity transport is the default engagement model unless frequency, predictability requirements, or coordination intensity justify subscription-based or institutional program enrollment.

Indicative Program Ranges

Program Type	Indicative Range (AED)
 Weekly High-Frequency Program	3,500 – 4,000
 Monthly Essential Program	2,800 – 3,500
 Monthly Plus Program	6,500 – 8,000
 Institutional / Long-Stay Programs	12,000 – 15,000+

Programs may include:

- Reserved capacity
- Predictable routing and timing
- Reduced intake friction after onboarding
- Coordination support with facilities
- Institutional billing (where approved)

7. Scope of Service & Clinical Boundaries

Eunoia Mobility provides non-clinical, non-emergency mobility services only.

We do not provide:

- Medical assessment or diagnosis
- Clinical monitoring or intervention
- Medication administration
- Nursing care or clinical transfers
- Emergency response or ambulance services

Medical fitness to travel is determined solely by the treating healthcare provider prior to service delivery. Passengers and caregivers are informed that Eunoia Mobility services do not replace clinical care, nursing services, care coordination, or emergency medical services.

Indicative | Non-Binding | Planning-Level Information

8. Complexity Flags & Reclassification

Medical Continuity pricing assumes routine, repeat care pathways.

Services may require reclassification under a specialized mobility program if any of the following apply:

- Post-anesthesia discharge requirements
- High fall-risk or hands-on stabilization
- Neuro-sensory or behavioral regulation needs
- Bariatric handling beyond standard capacity
- Multiple mobility devices or complex securement
- Non-accessible environments requiring stair equipment

Reclassification may occur prior to dispatch or on-site to ensure safety and scope compliance.

9. Pricing Governance & Sustainability

Pricing is reviewed periodically and may be adjusted based on:

- Insurance underwriting and coverage requirements
- Regulatory or compliance changes
- Staffing availability and training costs
- Equipment and sensory-support resources
- Operational risk exposure
- Demand and long-term sustainability

Pricing decisions are governed by documented intake criteria, internal escalation thresholds, and standardized continuity-of-care service tiers to ensure consistency across comparable long-term care pathways.

This governance approach ensures Eunoia Mobility can continue delivering safe, dignified, and reliable medical continuity and chronic care mobility services over time.

10. Final Pricing Confirmation

All pricing is confirmed in writing following completion of Eunoia Mobility's intake and coordination process.

Indicative ranges are provided solely to support planning discussions and do not constitute a binding offer or contractual commitment.

Coordination & Planning Contact

For planning discussions, institutional coordination, or discharge alignment:

info@eunoiamobility.ae

Dedicated coordination line available upon request