



THE CLINICAL ENCOUNTER, REIMAGINED

The encounter, captured effortlessly.

ECNX listens to the visit — in any language, across any distance — and turns it into an evidence-grounded note, a patient-friendly summary, billing codes, and signed-off orders in the EHR. While you do the one thing that ever mattered: **be present.**

Start your subscription

See how it works

Evidence-grounded AI — every sentence shows its source

Real-time multilingual + live translation

FHIR R4 write-back to the EHR

Web · PWA · iOS · Android · Desktop

Medicine was never meant to be typed.

Every human life is a story told in conversations — and the most consequential ones happen in exam rooms. A patient describing a pain they cannot name. A physician listening for the detail that changes everything. Healing has always begun with presence: two people, face to face, one of them truly heard.

Modern medicine broke that covenant. For every hour a physician spends with patients, they spend up to two more staring at a screen — typing what they remember instead of hearing what is said. The record we built to document care has become the thing standing between the healer and the healed.

ECNX exists to give medicine its ears back.

Our conviction is simple: **the conversation itself is the source of truth**. Not the note typed from memory at 9 p.m. The living encounter — in any language, in any room, across any distance — should flow effortlessly into the record, the billing system, and the patient's own hands. Technology should recede into the ambient background so that attention, the scarcest resource in healthcare, returns to the patient.

2 : 1

Hours of screen work for every hour of patient care — the documentation debt ECNX erases.

~66%

Of physicians report emotional exhaustion, with documentation burden cited as the leading cause.

75%

Reduction in documentation time demonstrated by ambient AI in clinical pilots.

42%

Of medical groups already run ambient AI. The question is no longer *if* — it's *which one*.

Category statistics from published industry research (Stanford Medicine pilot, MGMA 2024 survey, market analyses); sources available on request.

Four promises the first generation of ambient AI never made.

Ambient scribes proved the category — then stopped at a text box, in one language, in one room, asking to be trusted on faith. ECNX was engineered to finish the job.

Their AI asks to be believed. Ours shows its work.

Every sentence ECNX writes carries a live **evidence link** back to the exact moment in the transcript — and the audio — that supports it. Click any claim and hear it said. Sentences without grounding are visibly flagged for your review, never slipped past you.

Assessment & Plan 12/13 grounded

Reports intermittent chest tightness on exertion.

Family history of CAD — needs review

Safety checks passed

Transcript · 12:41

EVIDENCE LINK
Heard at 12:41 — tap to play

IN THE THEATRE TODAY

One hallucinated allergy or a "no chest pain" that becomes "chest pain" can end a clinician's trust in AI forever — and put a patient at risk. Black-box scribes make you the proofreader of record.

- ✔ **Lineage audit on every sentence** — grounded text reads calm; unverified text is highlighted amber with a per-section "grounded" score.
- ✔ **Deterministic negation guard** — catches polarity flips ("denies fever" → "fever") before a note is ever presented, independent of any LLM.
- ✔ **Always-on safety engine** — rules-based drug–drug interaction and drug–allergy screening on every encounter, negation-aware to prevent alert fatigue, every alert traceable to the second of audio that triggered it.

They listen to a room. We convene the encounter.

Care is no longer a place. ECNX is telehealth-native from its foundation: host a session, share a code, and the people who matter join from wherever they are — each with a defined role, each heard, each documented. The ambient engine diarizes every speaker with **zero voice enrollment**.

IN THE THEATRE TODAY

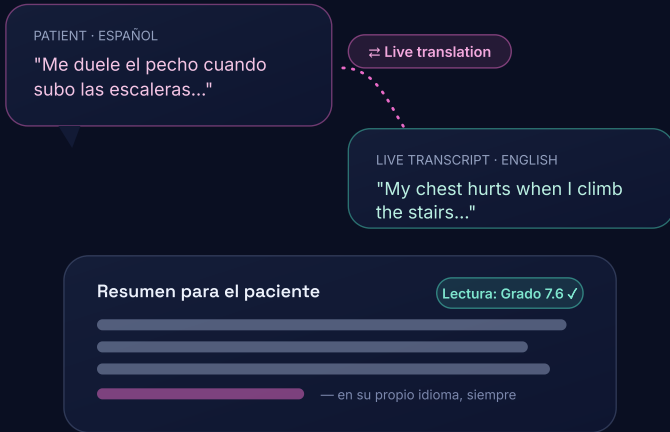
A daughter managing her father's care from another city hears about the visit second-hand. A consulting specialist gets a fax. Room-bound scribes — some requiring proprietary hardware — simply cannot see this encounter.

- ✓ **Multi-party live sessions** — host/join rooms with knock-to-enter admission, live presence, in-session chat, and real-time WebRTC audio.
- ✓ **Clinical roles built in** — Provider, Patient, Caregiver, Observer, Admin — so consent, visibility, and voice are governed, not improvised.
- ✓ **Speaker-aware transcription** — zero-enrollment diarization attributes every word to the person who said it, in the room or across the world.



They transcribe English. We understand people.

Tens of millions of patients navigate care in a language their chart doesn't speak. ECNX treats language as a first-class citizen: real-time multilingual recognition with **integrated live translation** — and, uniquely, an after-visit summary written in the **patient's own language**, at a reading level they can actually use.



IN THE THEATRE TODAY

An interpreter joins by phone, the nuance dies in relay, and the after-visit summary arrives in clinical English the patient can't parse. Instructions not understood are instructions not followed.

- ✓ **Real-time multilingual STT + live translation** — with per-session language hints, so the encounter flows even when the room speaks two tongues.
- ✓ **Patient summaries at an 8th-grade reading level** — in the patient's language, with a readability score computed and displayed on every output.
- ✓ **One encounter, two audiences** — the clinician gets a structured, LOINC-coded note; the patient gets plain words. Both from the same conversation, at the same moment.

THE LOOP

They stop at the note. We close the encounter.

A note that sits in a text box is half a product. ECNX watches the visit live through an **agentic Encounter Co-pilot** — surfacing safety alerts, guidance, and suggested orders as they're spoken — then closes the loop: billing codes captured, orders approved in one tap and **written back to the EHR as FHIR R4 resources**. Not a summary of work to do. The work, done.

IN THE THEATRE TODAY

The medication mentioned at minute 14 never becomes an order. The complexity that justified a higher code never reaches billing. The follow-up is remembered at midnight or not at all. Every gap is revenue lost or care dropped.

- ✔ **Live Encounter Co-pilot** — a priority-ranked action feed (chest pain → ECG/troponin; documentation gaps; risk flags), each item traceable to the second of audio, each actionable in one tap. Critical safety items are guardrail-protected: no AI can demote them.
- ✔ **Revenue capture built in** — ICD-10, SNOMED, and RxNorm code suggestions with confidence scores, extracted from the conversation itself.
- ✔ **Closed-loop orders** — medications, labs, and imaging heard in the visit become proposed orders; on approval they're written to the EHR as standards-native FHIR resources.

The screenshot shows the 'Encounter Co-pilot' interface. At the top right, it says 'AI plan synthesized'. Below that, a summary line reads '2 critical items. Start with: rule out cardiac cause of chest pain.' The main content is a list of items:

- SAFETY · CRITICAL**: Chest pain on exertion → obtain ECG + troponin. Status: Done (green checkmark).
- ORDER · HIGH**: Start lisinopril 10 mg daily — heard at 14:02. Action: Approve → EHR.
- DOCUMENTATION · ROUTINE**: No follow-up interval documented yet. Status: Done (green checkmark).

At the bottom, a green bar indicates: 'MedicationRequest written to EHR · FHIR R4'.

THE FULL INSTRUMENT

Everything in the box.

Every capability below is implemented in the platform today — not a roadmap slide. Color-coded by the promise it serves.

● Evidence-linked notes

Every AI-written sentence links to the exact transcript moment — and audio second — that supports it. Ungrounded sentences are flagged amber with a per-section grounded score.

Ends the "proofread the black box" era: verify in seconds, sign with confidence.

● Negation guard

A deterministic engine screens every note for polarity flips — "denies chest pain" silently becoming "chest pain" — and raises Critical or Warning violations before you ever see the draft.

Catches the single most dangerous AI documentation failure, without relying on AI to do it.

● Always-on clinical safety engine

Rules-based drug–drug interaction and drug–allergy screening runs on every encounter — negation-aware ("stopped warfarin" won't fire), every alert traceable to its source segment.

Real decision support with engineered protection against alert fatigue.

● Lineage audit panel

Click any sentence in the finished note to reveal its transcript grounding; a waveform scrubber seeks the recording to that exact moment.

An audit trail that satisfies the physician, the CMIO, and the lawyer.

● Multi-party session rooms

Host and join live encounter rooms with knock-to-admit, presence states, in-session chat, WebRTC audio, and consent-visible recording controls.

Telehealth, family conferences, and specialist consults become first-class documented encounters.

● Zero-enrollment diarization

Every speaker is identified and attributed automatically — no voice training, no setup, no matter how many people are in the room or on the line.

"Who said what" is the difference between a transcript and a clinical record.

● Every device, one experience

Browser, installable offline-capable PWA with background sync, and native iOS, Android, Windows, and macOS apps — one codebase, one identical clinical experience.

Works in the clinic, on rounds, at home, and where the Wi-Fi doesn't.

● Ambient + dictation modes

A one-tap toggle moves between hands-free ambient capture and focused dictation, with a state machine keeping capture, processing, and finalization honest.

Matches how clinicians actually work — passive in the visit, precise at the close.

● Real-time multilingual STT + translation

Multilingual speech recognition with integrated live translation and per-session language hints keeps mixed-language encounters flowing naturally.

Tens of millions of limited-English-proficiency encounters become fully addressable.

● Readability-scored patient summaries

Every visit produces a plain-language after-visit summary in the patient's own language at an 8th-grade reading level — with the readability grade computed and shown.

Instructions patients understand are instructions patients follow.

● Bifurcated output

One conversation, two documents, simultaneously: a structured LOINC-coded clinical note for the record and a human summary for the patient — with shared evidence lineage.

The chart gets rigor; the patient gets respect. Nobody writes twice.

● Specialty-adaptive formatting

A specialty router formats notes the way your discipline expects, and edit telemetry learns your personal note style from every correction you make.

Week two sounds more like you than week one. It keeps going.

● Encounter Co-pilot

A live, priority-ranked feed of safety alerts, clinical guidance, order suggestions, and documentation gaps — auto-synthesized into a plan headline, every item one tap to act on or dismiss, every action audit-logged.

A second set of eyes on every visit, with guardrails no LLM can override.

● Billing code capture

ICD-10, SNOMED, and RxNorm suggestions with confidence scores are extracted from the conversation itself; high-confidence codes flow toward the EHR as condition drafts.

The complexity you actually managed is the complexity you actually bill.

● Closed-loop FHIR orders

Medications, labs, and imaging spoken in the visit are detected (dose and all), proposed for review, and — on one-tap approval — written back to the EHR as FHIR R4 resources with deduplication.

The order heard at minute 14 exists in the EHR at minute 15.

- **Live orchestration metrics**

A real-time sub-dashboard streams token usage, latency, service health, and billing pipeline activity for every encounter.

Your IT team sees exactly what the AI is doing, as it does it.

What one subscription gives back, every month.

At \$250 per clinician per month, the question isn't whether ECNX pays for itself. It's how many times over. Illustrative figures per clinician, per month:

~30 hrs

Documentation time returned

Roughly 1.5 hours a day of note work eliminated. At a conservative \$120/hour of physician cost, that's ~\$3,600 of recovered capacity — a 14x return before anything else.

\$1,200+

Missed billing surfaced

Conversation-derived coding routinely captures complexity that memory-based notes drop. Even a 2–3% coding-accuracy uplift on typical physician billings adds \$1,200–1,800/month.

\$500K+

The burnout number nobody budgets

Replacing one burned-out physician costs a health system \$500K–\$1M. The strongest retention tool ever measured is giving clinicians their evenings back.

Every \$1 spent on ECNX returns an estimated \$15–20 in recovered time, captured revenue, and retained workforce. That is why ambient AI is being **bought, not sold** — and why the platform with the widest workflow captures the budget.

BUILT FOR THE BUYERS, TOO

Security review in an afternoon, not two quarters.

Hospital procurement is where products go to wait. ECNX ships a live **Trust Center**: standardized security questionnaire (SIG) answers generated from real-time cloud posture, a one-click HIPAA Business Associate Agreement generator, and pre-packaged dossiers for the vendor-risk platforms your security team already uses. PHI redaction is enforced on **every** AI call — nine pattern classes, clinical boundary checks, and an immutable audit ledger entry per call.

● Live security-posture monitoring

● PHI redaction on every AI call

● One-click HIPAA BAA generator


● SIG answers, auto-generated

● Censinet · Bitsight · Whistic dossiers


● Download & access audit ledger


● SOC 2 Type II & HITRUST — audits in progress


 Web

 Installable PWA — works offline

iOS

 Android

 Windows

 macOS

One codebase — every surface, same experience

Choose how you take the stage.

Simple per-clinician pricing. No proprietary hardware. No human scribes listening in. Cancel anytime.

Clinician

\$250 / clinician / month

- Ambient capture, zero-enrollment diarization & live transcript
- Evidence-grounded notes with negation guard
- Multilingual recognition + live translation
- Patient summaries in the patient's language
- Specialty formatting that learns your style
- Web, PWA & mobile apps

Start free pilot

MOST CHOSEN

Practice

\$325 / clinician / month

- Everything in Clinician
- Live Encounter Co-pilot with one-tap actions
- Always-on drug-interaction & allergy screening
- ICD-10 / SNOMED / RxNorm billing capture
- Closed-loop orders → FHIR R4 EHR write-back
- Multi-party remote sessions with roles & chat

Start free pilot

Health System

Custom — volume pricing

- Everything in Practice
- Trust Center: live SIG, BAA generator, vendor-risk dossiers
- Live orchestration & compliance dashboards
- EHR integration program & dedicated onboarding
- Enterprise SSO, tenancy & data-residency options

Talk to us

Pilot programs include white-glove onboarding and published-outcome measurement. Pricing shown is indicative launch pricing.

Give medicine its ears back.

Any language. Any distance. Every claim shown, every action one tap, every note closed into the record. What remains in the room is what medicine was always supposed to be: one human being, fully present, listening to another.

[Request a demo today](#)

ECNX Ambient Listening — The encounter, captured effortlessly.

Feature descriptions reflect the implemented platform as of July 2026. Category statistics are drawn from published third-party research (Stanford Medicine ambient-AI pilot; MGMA 2024 adoption survey; industry market analyses). ROI figures are illustrative estimates; individual results vary by specialty, volume, and payer mix. SOC 2 Type II and HITRUST certifications are in progress; the platform is engineered against those control frameworks with continuous posture monitoring. ECNX is a documentation and workflow aid — it does not replace clinical judgment.