



November 08, 2022

Listing Department,
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MUMBAI - 400 051
Symbol: MAXHEALTH

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MUMBAI - 400 001
Scrip Code: 543220

Sub: Presentation for investors / analysts' meet under Regulation 30 of Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015

Dear Sir / Ma'am,

In furtherance to our letter dated November 07, 2022 regarding intimation of participation by Max Healthcare Institute Limited in UBS' Flagship India Conference 2022 scheduled to be on Wednesday, November 09, 2022, in terms of Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, please find enclosed herewith the investors' presentation.

No unpublished price sensitive information shall be shared / discussed at the investors / analysts' meet.

You are requested to take the same on record.

Thanking you

For Max Healthcare Institute Limited

Rakesh Kumar Kaushik
Interim Compliance Officer

Encl: as above



MAX
Healthcare

Investor Presentation

November 2022



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Company Overview

04

Key Growth Drivers

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Financial Highlights

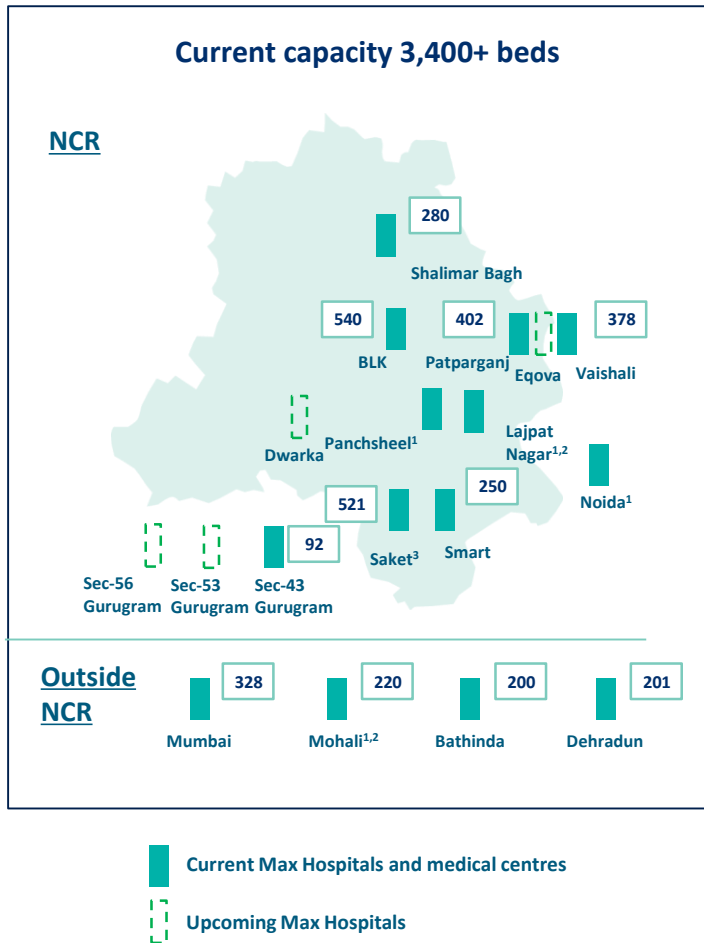
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Appendix

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Company Overview

Max Healthcare: India's Second Largest* Hospital Chain in terms of revenue, EBITDA and market capitalisation



17
Facilities



~85%
Beds in metros



76%
H1 FY23
Occupancy



12%
Revenue CAGR^
3 years

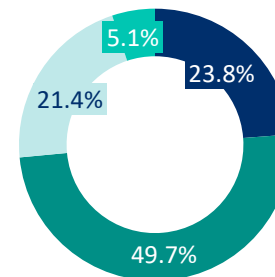


59%
EBITDA CAGR^
3 years



~32%
H1 FY23
ROCE

Shareholding structure (as on October 28, 2022)



Top Public investors:

- Capital Group (All funds)
- SBI Mutual Funds
- Government of Singapore / GIC
- HDFC Mutual Funds
- Ward Ferry
- Vanguard (All funds)
- Canara Robeco Mutual Funds
- Polar Capital (All funds)

■ Abhay Soi ■ DII
■ FPIs and FIIs ■ Others

* Based on publicly available information for listed companies (FY22)

(1) Standalone speciality clinics with outpatient and day care services | (2) 2 facilities each at these locations | (3) 320 beds in East Block and 201 in West Block

^CAGR is calculated for FY19 to FY22

To be the **most well regarded healthcare provider** in India committed to the highest standards of **clinical excellence and patient care** supported by **latest technology and cutting edge research**

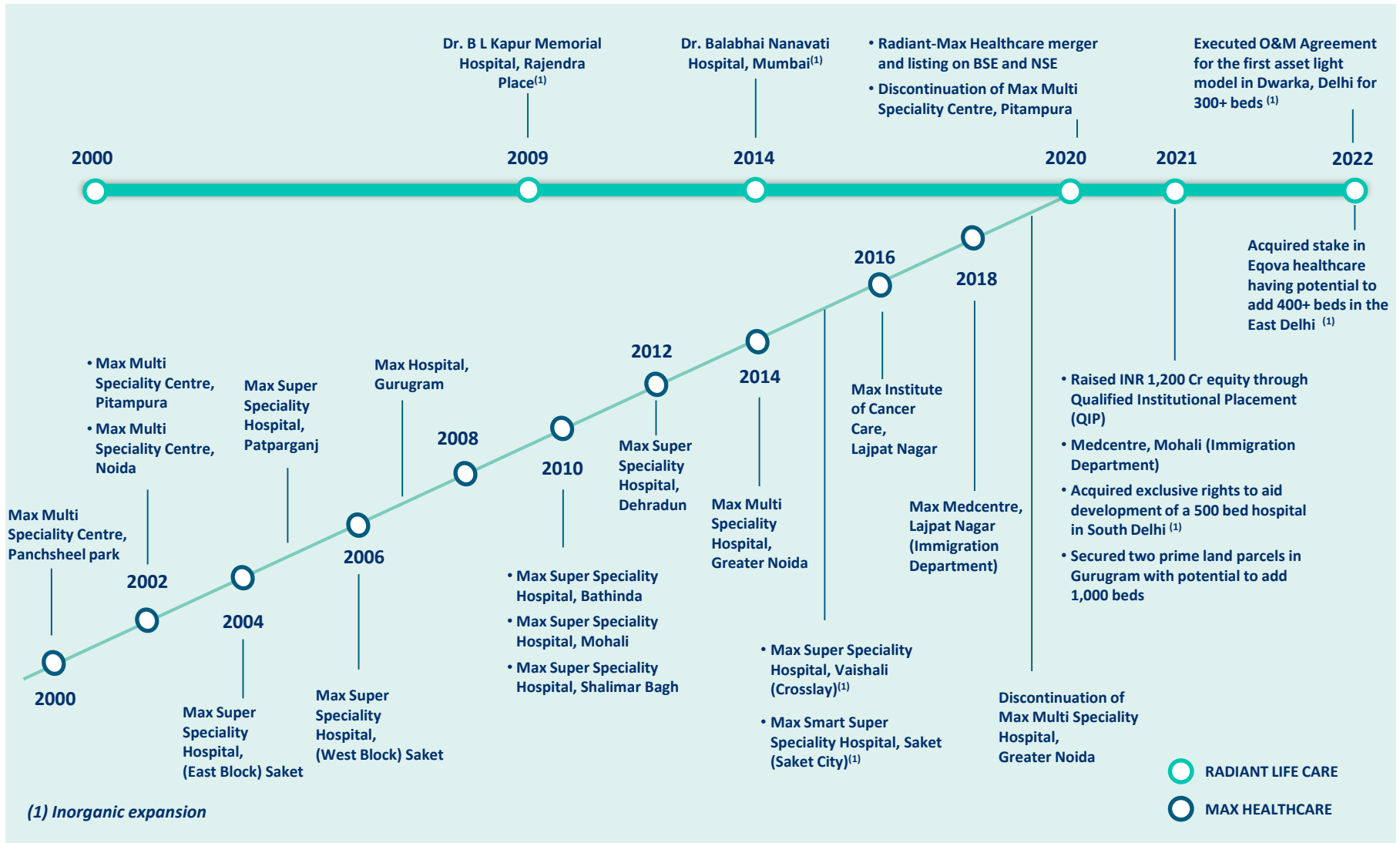
- * Quaternary care facilities
- * Best-in-class clinical outcomes
- * Patient centric approach
- * Global best practices

- * Rewarded by growth
- * Constant pursuit to strengthen management
- * Collaborative approach



- * World class infrastructure
- * State-of-the-art technology
- * Well defined clinical protocols
- * Focus on research and academics

- * Strong governance
- * Profitable growth
- * Healthy balance sheet
- * Efficient operations

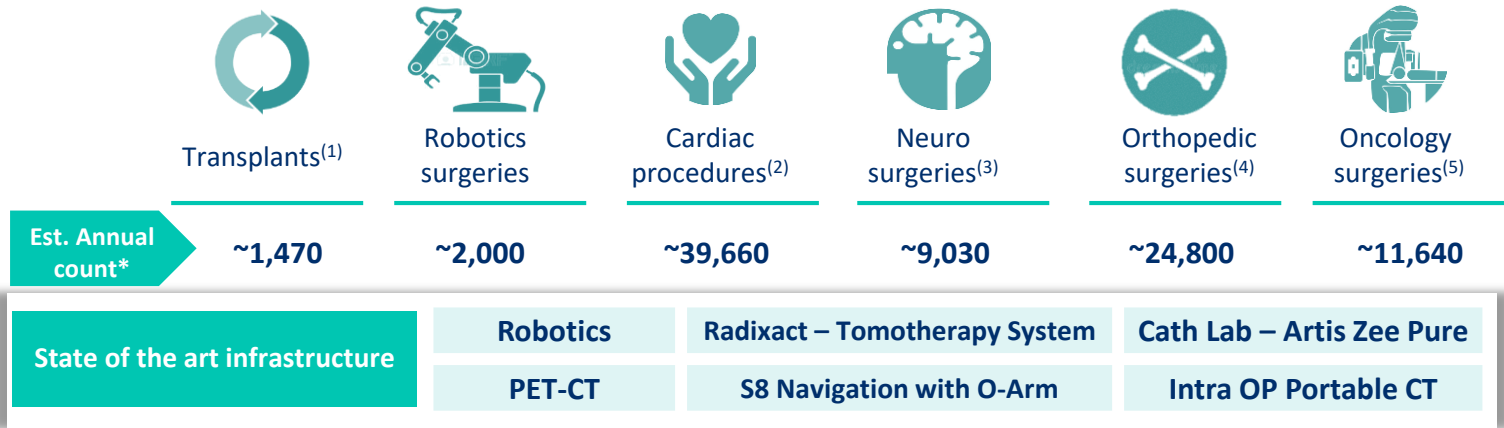


High end quaternary care facilities



including 3 JCI accredited

Complex procedures performed



Focus on Research and Academics

Research

- Significant **strategic partnerships**: Ashoka University, Imperial College UK, Pfizer, IGIB – samples of 30,000+ research participants stored in bio banks
- ~1,600 high index journal **research publications** in the last 5 years
- Several **research grants** from leading organisations such as Wellcome Trust, ICMR, Pfizer, NIHR, EURBREASCSIR, DBT, DST, INSA, etc.
- ~100 on-going **clinical research projects**

Academics

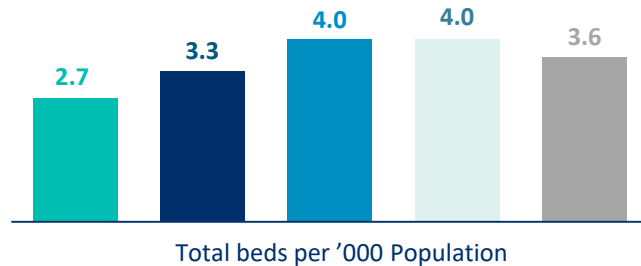
- Max Institute of Medical Excellence (MIME) is the **education division** of MHC for medical education & training
- Only approved center in North India for hosting **MRCP PACES UK** exam and running the **IMT program with JRCPTB, UK** at Level 3 accreditation
 - ~80 **Masters in Emergency Medicine** trainee doctors accredited through **George Washington University, USA**
 - ~500 trainee doctors are part of **DNB program** with NBE across **33 specialties**
 - **4,500+ students** enrolled till date across various academic programs for **healthcare professionals**

(1) Transplants include kidney, heart, liver, lung, etc. | (2) Includes Cardiac Surgery, Cardiac Paed. Surgery, Vascular Surgery, Angioplasty, Angiography and Other Cardiac Procedures | (3) Includes Surgical and Spinal Surgeries | (4) Includes Joints and Other surgeries | (5) Includes Onco Surgical and bone marrow transplant (BMT)

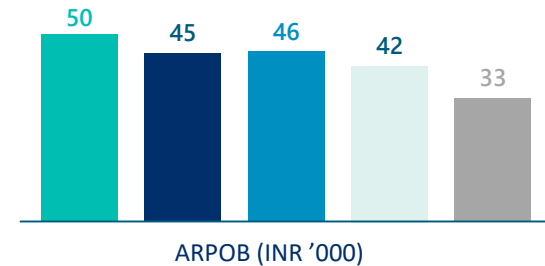
Dominant presence in the most attractive markets (1/2)

Highest demand supply mismatch, per capita income and insurance penetration leading to Delhi and Mumbai having the highest ARPOB and most profitable hospital markets in India

High demand-supply gap in Delhi NCR & Mumbai...

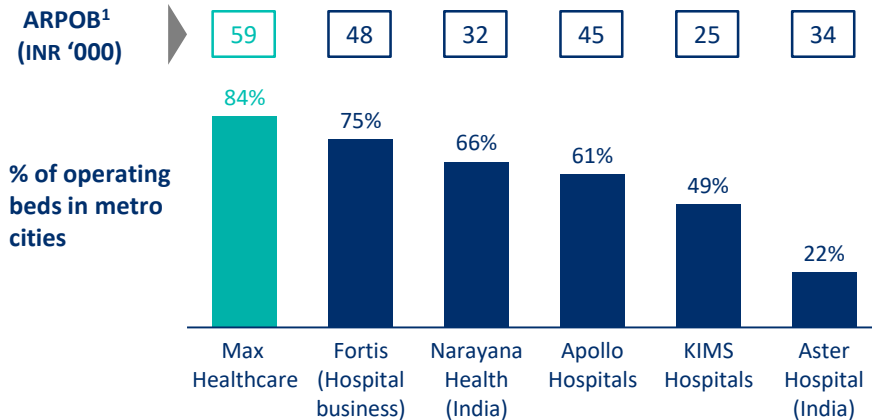


...leading to higher ARPOB



Delhi NCR Mumbai Chennai Bengaluru Hyderabad

Higher proportion of beds in these cities positions MHC for industry leading ARPOB on an aggregate basis



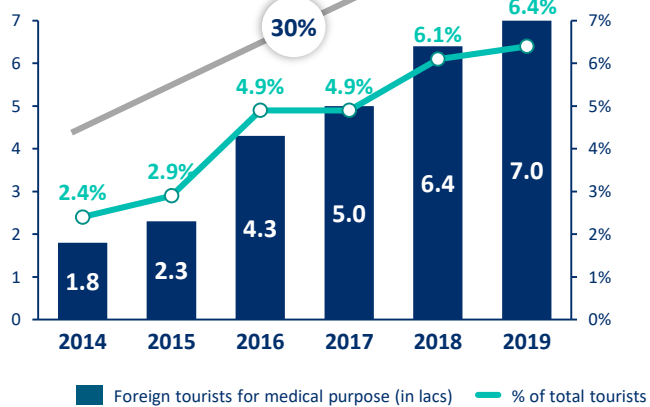
- MHC has ~2,700 beds in Delhi NCR & Mumbai – highest proportion compared to peers
- Large metros have inherent advantages:
 - High per capita income, high insurance penetration and propensity to pay for high end quaternary care facilities
 - Availability of senior/ staturesd clinical talent leading to metros becoming regional hubs
 - Higher health awareness

(1) ARPOB for FY22 (excl. Covid-19 vaccination revenues); Apollo's revenue has been grossed up for adjustment of doctor fees as per the disclosures in the last annual report of FY21 | Source: Kotak and E&Y analysis & CRISIL research report / Medanta DRHP document

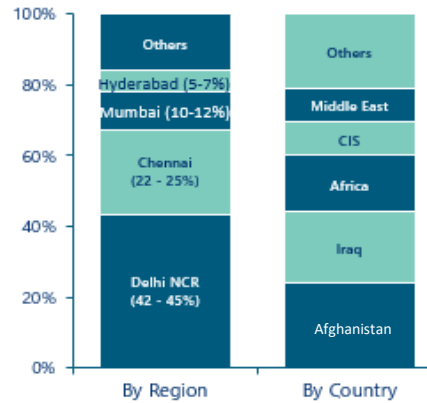
Being metro-centric also positions MHC well to capitalise on medical tourism

India's foreign medical tourism industry has been growing

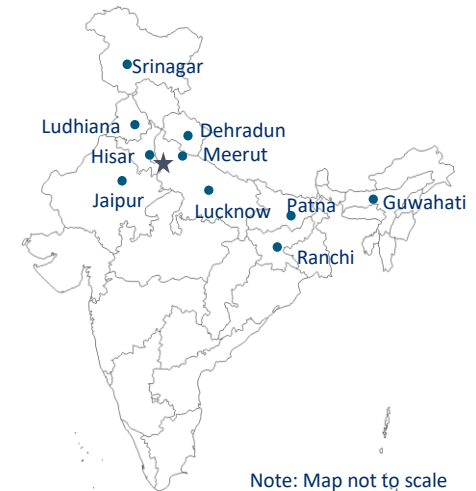
~3 Mn medical tourists in India by 2030e



Delhi NCR captures highest proportion of India's foreign medical tourists



Key hubs from domestic hinterland in North and East India feed into Delhi NCR



Note: Map not to scale

Total foreign medical tourist arrivals by region and country (2017)

MHC is well-equipped to serve medical tourists



Modern infrastructure and facilities



State-of-the-art medical equipment



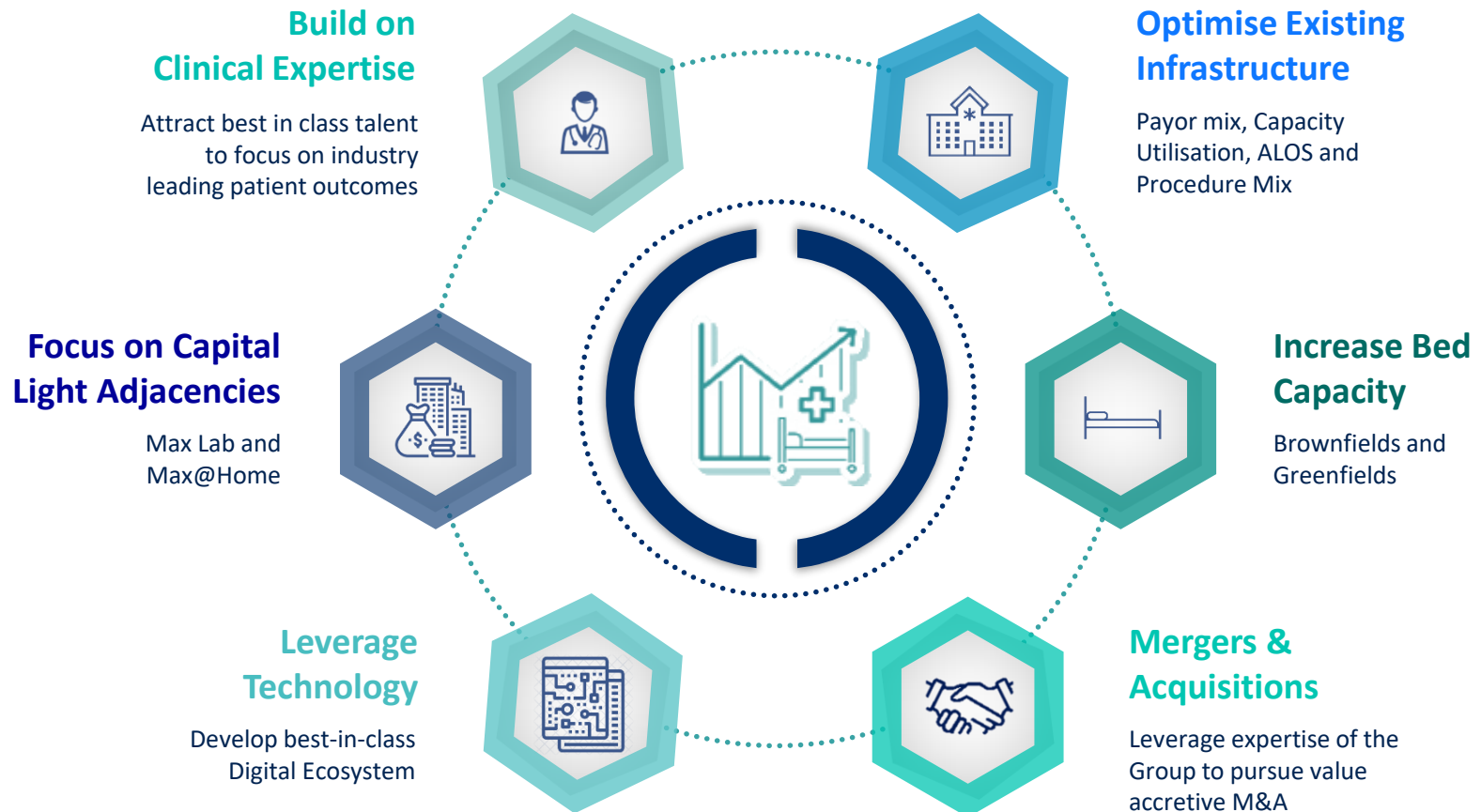
Availability of senior clinical talent



Reputed for tertiary/quaternary care



High global and domestic connectivity



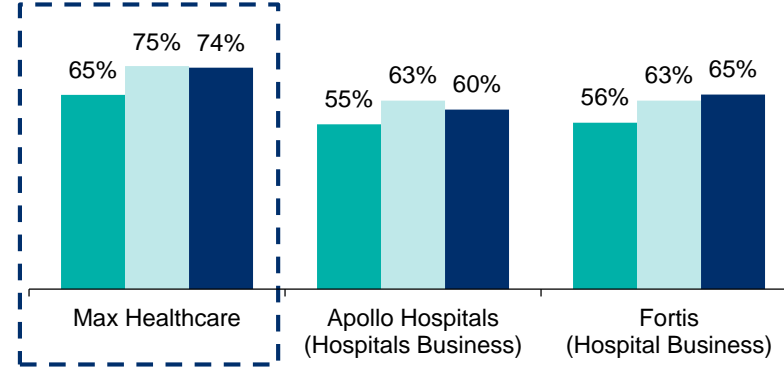
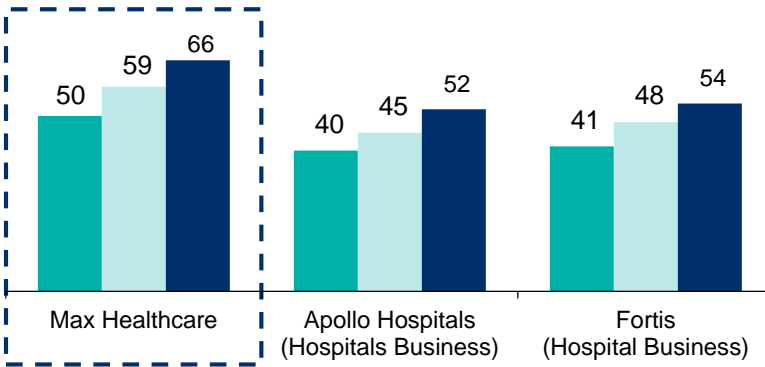
Strong free cash flow generation, Net Cash balance sheet along with brand, capability and track record to generate industry leading ROCEs to help deliver long term growth

Best in class performance parameters

ARPOB⁽¹⁾
(INR/OBD) ('000)

Occupancy
(%)

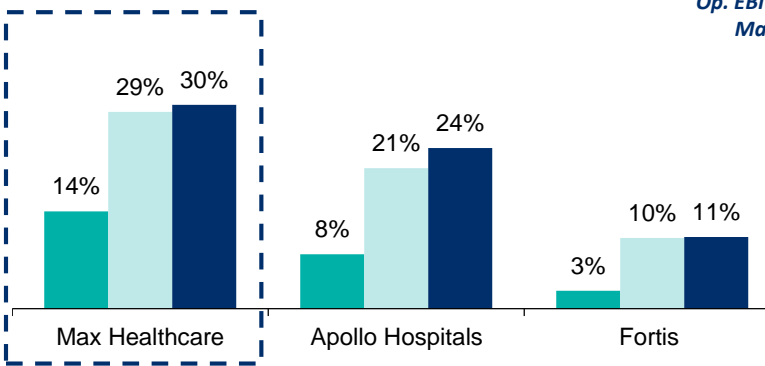
Operating parameters



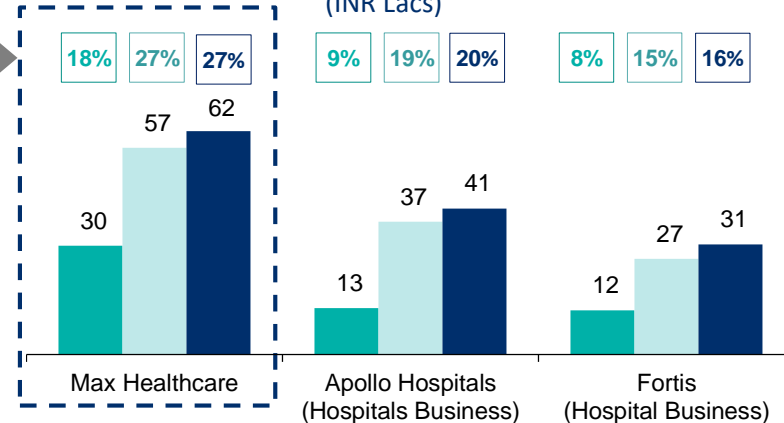
Pre-tax ROCE⁽²⁾
(%)

Operating EBITDA per bed^(3,4)
(INR Lacs)

Financial parameters



Op. EBITDA Margin



FY21 FY22 Q1 FY23

(1) ARPOB calculated on gross revenue excluding revenue from Covid-19 vaccinations, non captive Pathology and Pharmacy; ARPOB of Apollo & Fortis is as published in their Q1 FY23 Earning's update | (2) Indicative company level ROCE; Apollo ROCE is as published in Q1FY23 earning update for their consolidated financial performance; Fortis EBIT is computed from Group Consolidated P&L including share of Profits in associates and Capital employed is after adjusting for cash & bank balances assuming 85% of that are held in short term FDRs | (3) Operating EBITDA excludes exceptional items and non operating Income and non cash items | (4) Operating EBITDA per bed includes that from vaccinations in absence of information for other players and excludes that from non captive Pathology and Pharmacy; Apollo revenue & EBITDA includes Indraprastha Apollo Delhi. The revenue has been grossed up for adjustment of doctor fees as per the disclosures in the last annual report of FY22 for the calculation of operating EBITDA margin %

Distinguished Board of directors



Mr. Abhay Soi
Chairman and Managing Director



Mr. Anil Bhatnagar
Senior Lawyer & Arbitrator



Ms. Harmeem Mehta
Chief Digital and Innovation Officer at BT Group Plc



Mr. Kummamuri Narasimha Murthy
Chartered Accountant



Mr. Mahendra Gumanmalji Lodha
Chartered accountant & Investment Professional



Mr. Michael Neeb
Former President of HCA Healthcare



Mr. Pranav Amin
Managing Director Alembic Pharmaceuticals



Chairman and MD



Non-Executive director



Independent director

Experienced and dynamic management team



Mr. Yogesh Sareen
Senior Director & Chief Financial Officer



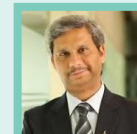
Ms. Vandana Pakle
Senior Director – Corporate Affairs



Dr. Mradul Kaushik
Senior Director – Operations & Planning



Col. HS Chehal
Senior Director & COO (Cluster 2)



Dr. Sandeep Buddhiraja
Group Medical Director
Chairman – Institute of Internal Medicine



Mr. Anas Wajid
Senior Director – Chief Sales and Marketing Officer



Mr. Umesh Gupta
Senior Director – HR & Chief People Officer



Col. Binu Sharma
Senior Director – Nursing



Mr. Prashant Singh
Director – IT & Chief Information Officer



Mr. Arjun Sharma
Director & Chief Digital Officer



Mr. Rakesh Kaushik
Director – Legal & Regulatory Affairs



Mr. Manpreet Singh Jassal
General Manager – Growth and M&A



Mr. N Venkatesan
Director & Chief Procurement Officer

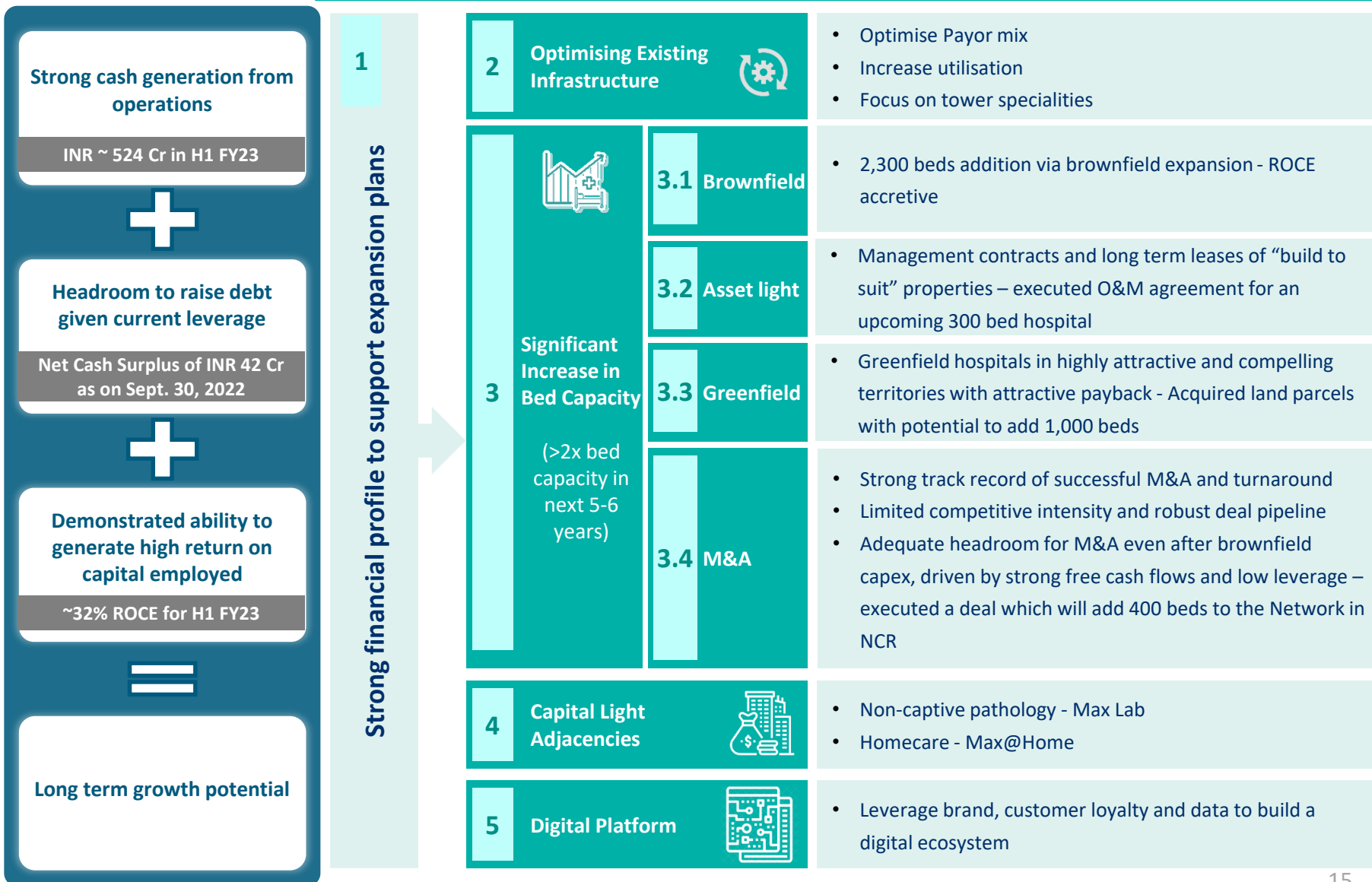


Dr. Vinita Jha
EVP – Clinical Directorate



Dr. Abhaya Indrayan
Chief Biostatistician, Academics & Research

Key Growth Drivers



Strong cash generation from operations

INR ~ 524 Cr in H1 FY23



Headroom to raise debt given current leverage

Net Cash Surplus of INR 42 Cr as on Sept. 30, 2022



Demonstrated ability to generate high return on capital employed

~32% ROCE for H1 FY23



Long term growth potential

Playbook for building capacity at attractive returns

Brownfield Expansion

Potential ROCE > 35%

- Extremely attractive economics with low risk
 - Locations where hospitals are running at or close to full capacity – high visibility on reaching optimal capacity utilisation and quick ramp up limiting pre-operating losses
 - Shared costs and medical expertise with existing facility drives operating leverage

Asset Light

Potential ROCE > 45%

- Land and Building with soft shell provided by developer/land owner – lowers developmental risk, optimises cash flow utilisation
- Yield of ~8-11% to developer on replacement cost including IDC, net of deposits if any

Greenfield expansion

Potential ROCE > 30%

- Very high bar for greenfield - Low risk locations where brand is well known, demand/supply mismatch is high and other hospital chains are already successful providing a compelling opportunity

M&A in hospital & diagnostic space

Target highly accretive acquisitions

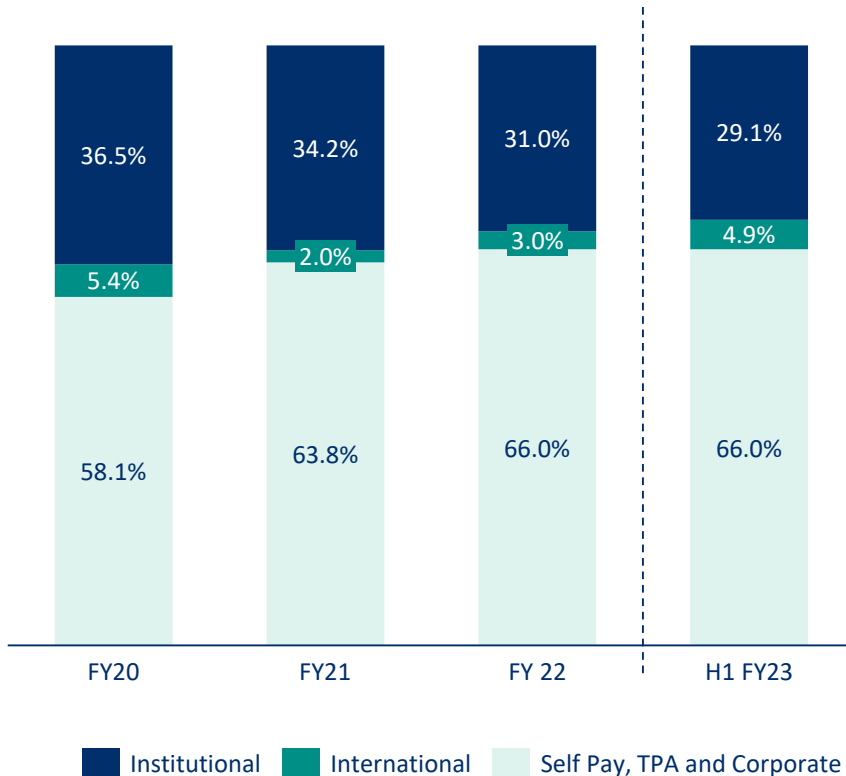
- Focus on assets in existing core markets to fortify current position or in new markets where demand/supply mismatch is very strong
- Ability to further build on the platform through brownfield development
- Target acquisitions which are accretive to earnings which will be further juiced up through synergies, economies of scale and operating efficiencies

- Strong focus on building capacity with four transactions announced in FY22 alone
- Adequate capital available through internal accruals plus under leveraged balance sheet to further build portfolio
- Robust pipeline of potential transactions across the spectrum with a number of potential PE exits
 - Low competitive intensity for transactions given high barriers to entry for new entrants and limited bandwidth for acquisitions from existing hospital players
- Agility and nimbleness in evaluating and executing transactions

Growth opportunity in existing facilities

Optimising payor mix

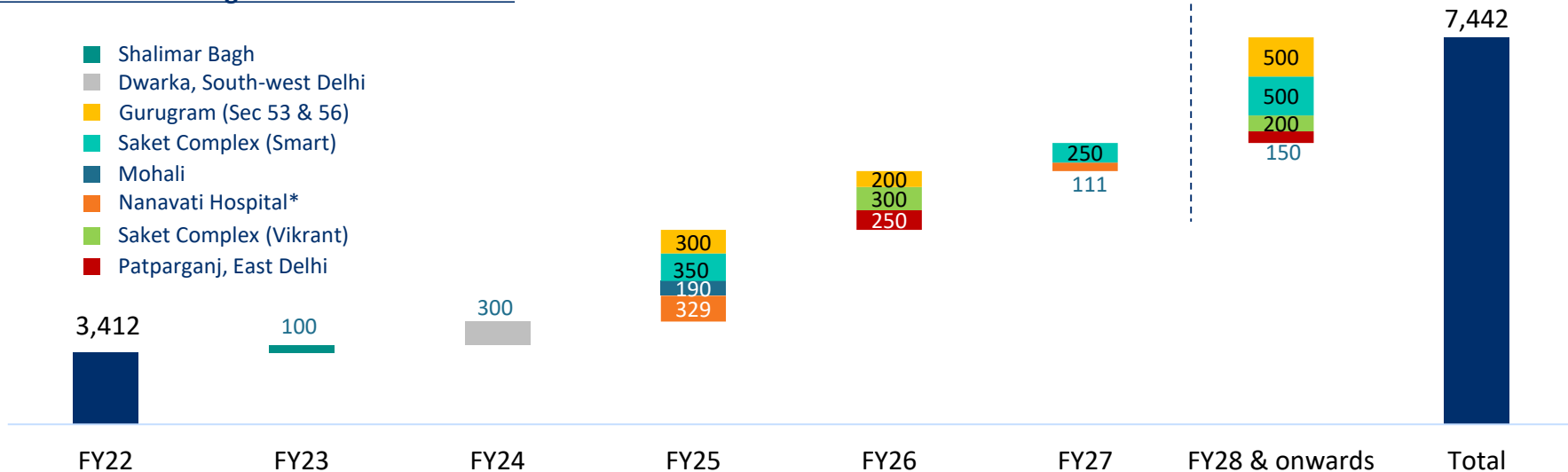
Bed share



- Push for reduction in institutional business to move towards 15% in the next 2-3 years, driven by -
 - Steady pace of organic growth in Self Pay, TPA and corporate channels, and
 - Growth in International medical tourism, post resumption of regular international travel
- Given that ARPOB for institutional business is ~40% lower than other channels, its replacement has the potential to unlock **incremental 300-400 bps in EBITDA margins**

Existing valuable land bank to enable addition of 4,000+ beds, with ~2,800 beds coming in next 5 years

Indicative commencing timelines for new beds



	FY23	FY24	FY25	FY26	FY27	FY28 & onwards
Bed Add.	100	300	1,169	750	521*	1,350
Estimated Capex** (INR Cr)	657	935	977	620	355	NA

- ✦ Clear visibility on new bed additions for the next few years based on various projects underway
- ✦ Actively looking to deploy cash generated from existing operations to meaningfully enhance bed capacity
 - ✦ Potential to add ~600 to ~800 beds every year through internal accruals itself
 - ✦ Robust pipeline of potential opportunities to further scale growth

* 160 beds need to be demolished before commencement of Phase 2 | **Values will be firmed as each project's execution gains momentum

Snapshot of recent inorganic transactions

1. Vikrant Foundation, Saket



2. Land acquired in Gurugram



Type of expansion

Brownfield

Greenfield

Capacity build up

- ✦ 500 beds on 3.5 acres of land in South Delhi

- ✦ 1,000 beds on 2 prime land parcels in Gurugram totaling 11.4 acres

Key Pointers

- ✦ Land connects two existing hospitals - Enables creation of South Asia's largest private integrated healthcare complex with 2,300+ beds in the heart of Delhi NCR since its contiguously co-located
- ✦ Max Saket is operating at an EBITDA per bed of INR >80 lakhs which is one of the highest in the country with high occupancy of >75%
- ✦ Integrated facility which will synergistically enhance business performance and overall patient experience
- ✦ NCR is the top International medical tourism market - >40% of total medical tourists travels to Delhi

- ✦ Existing Max Gurugram hospital has the highest EBITDA per bed in the network
- ✦ One of the most profitable hospital markets with competitors running at high occupancy with high ARPOB – Large demand supply mismatch with demand growing rapidly with limited new capacity coming on stream
- ✦ Capitalised on rare opportunity to acquire large parcel of land in a prime location -
- ✦ Location well connected to cater to medical tourism
- ✦ Ability to leverage Max Healthcare brand and clinical excellence to further strengthen leadership in the NCR
- ✦ ~5 KM from the existing Max Gurugram facility

Snapshot of recent inorganic transactions

3. O&M Agreement in South-west Delhi



4. Acquisition of Eqova Healthcare in East Delhi



Type of expansion

Asset Light

Acquisition

Capacity build up

- ✦ 300 beds on 8.6 acres of land in Sector 10, Dwarka

- ✦ 400 beds on 2.1 acres of land in Patparganj

Key Pointers

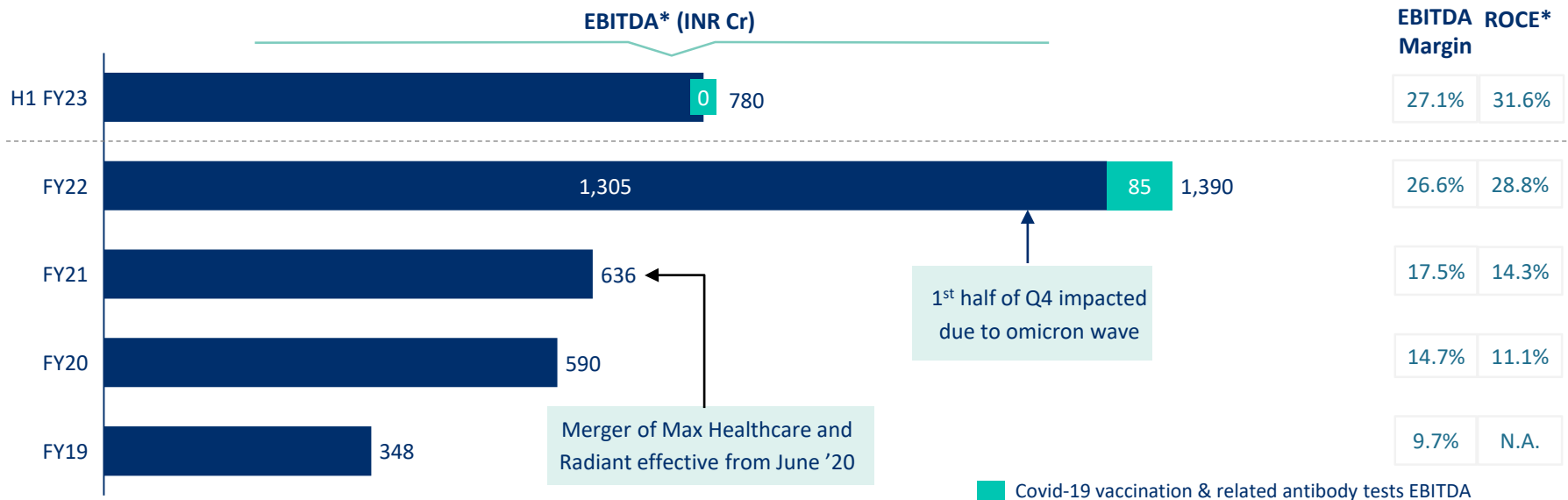
- ✦ Built to suit model with long term exclusive service agreement for 30 years, extendable to 60 years
- ✦ Asset light arrangement enables significantly high ROCE with minimal development risk
- ✦ An attractive micro market of South West Delhi having >12 lakh population with a big demand/supply mismatch
- ✦ Well connected - accessible through Metro and upcoming Dwarka expressway and 15 minutes away from the international airport
- ✦ Construction under way with super structure already completed and MEP tendering in progress
- ✦ Potential to add 1,000 more beds, however the current arrangement is limited to 300 beds (Phase 1) only
- ✦ Hospital is expected to be commissioned in H1 FY24

- ✦ To acquire Eqova Healthcare Pvt. Ltd. (in a phased manner) – having long term exclusive rights to aid development of and provide medical services in the hospital to be setup on land owned by Nirogi Charitable and Medical Research Trust
- ✦ Located 800 metres from the existing Max Healthcare facility in Patparganj which has been consistently operating at high occupancy levels
- ✦ Well connected – 300 metres from IP Extension Metro line, located on NH24 Expressway, quickly accessible from western UP
- ✦ Strengthen Max Healthcare’s presence in East Delhi in a synergistic manner - an underserved micro market in terms of healthcare infrastructure
- ✦ 20 bed hospital already operational at the site
- ✦ Hospital is expected to be commissioned in H1 FY26

Strong track record of successful acquisitions

- Management team has done multiple successful acquisitions including BLK, Nanavati and Max Healthcare
- Adequate headroom driven by strong free cash flows and low leverage to pursue M&A even after considering brownfield and greenfield expansions

Case study on Max acquisition and turnaround



Performance improvement from FY19 to FY21 driven by:

- ~INR 220 Cr worth of initiatives implemented with ~INR 140 Cr flowing in EBITDA in FY20
- New structural cost initiatives worth ~INR 108 Cr were implemented with ~INR 73 Cr flowing in EBITDA in FY21
- Full year impact on FY21 EBITDA of the initiatives implemented in FY20, amounting to ~INR 80 Cr

Sharp recovery in FY22 driven by:

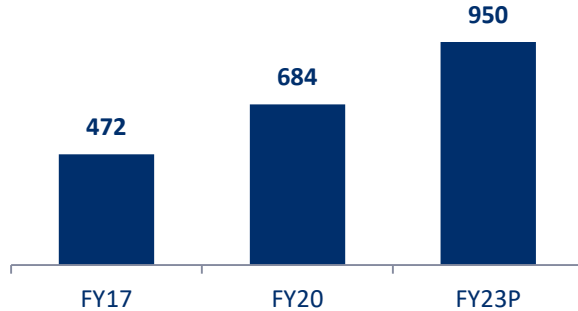
- Normalisation of Non-Covid IPD admissions and OPD footfalls
- Full year impact on FY22 EBITDA of the initiatives implemented in FY20 & FY21, amounting to ~INR 330 Cr
- Increased high-end tertiary and quaternary procedures with hiring of new senior clinical team



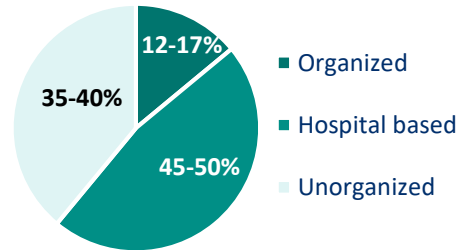
Develop asset light adjacencies: Max Lab - Targeting to be amongst the top 5 players in the industry in next 5 years

Organised diagnostics player to grow faster than overall diagnostic Industry driven by consolidation

Indian diagnostic Industry market size (INR Bn)



Indian diagnostic Industry mix by type of providers



Shift to organised diagnostics centers driven by preference for higher quality and brands

Operational footprint (as of Sept. 30, 2022)

410+
Partner-run collection centres

23
Company owned collection centres (CoCC)

~190
Phlebotomist At Site (PAS)

~240
Pick-Up Points (PUPs)

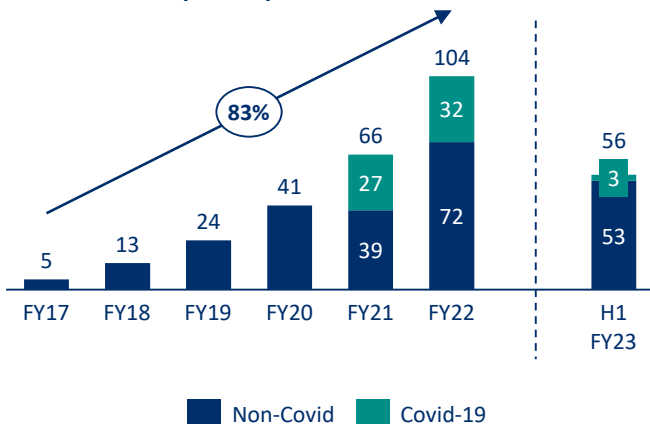
38
Hospital based Lab Management (HLMs)

34
Cities of operations

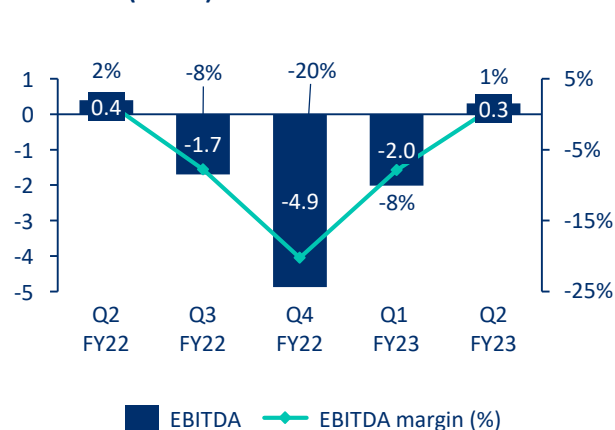
Added ~155+ partners during H1 FY23

Max Lab (Non-captive Pathology SBU) – Crossed INR 100 Cr milestone in FY22 with 83% CAGR

Net revenue (INR Cr)



EBITDA* (INR Cr)



Note: Covid-19 and related tests include RTPCR, Antigen, Antibody, CBNAAT, IL-6, D-Dimer, Ferritin, CRP, LDH, Procalcitonin

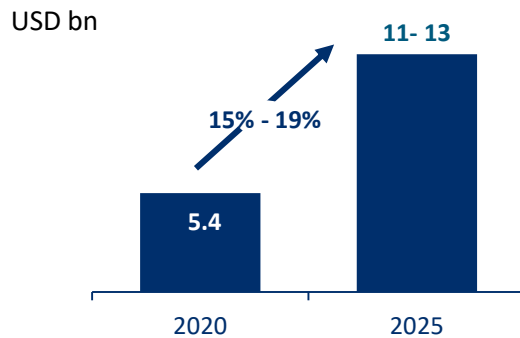
* Margin computed on net revenue, using arm length revenue share between Max Lab and hospitals (60:40 for FY23) for samples tested in hospital labs



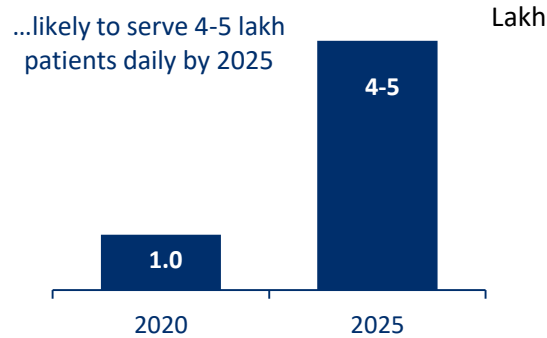
Develop asset light adjacencies: Max@Home – Targeting to be the largest player in Delhi NCR

Indian home healthcare is under-penetrated with ~3.6% of total health spending on home healthcare vis-à-vis ~8.3% in the US

Indian home healthcare market to grow at a CAGR of ~15% to 19% over next 5 years...



...with organised healthcare contributing USD 300 mn by 2025, with 40% CAGR...



Growth Drivers

Home healthcare solutions ~40% less costly compared to hospitals

Rising doctor's acceptance of home healthcare

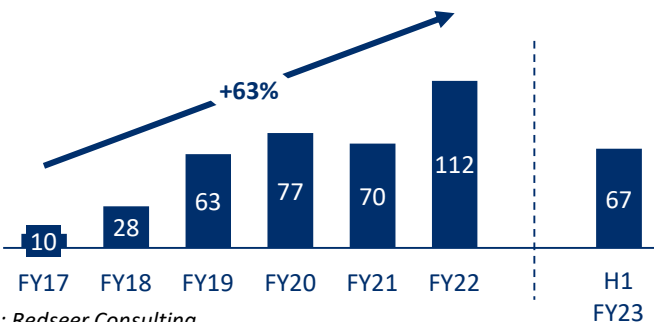
Insurance policies covering home healthcare expenses

Provide quality services through high-end digital systems

Max@Home: Over 11x revenue growth in 5 years

Gross revenue (INR Cr)

Rapid growth through scale up of direct to customer services



1,000+ daily call volumes managed

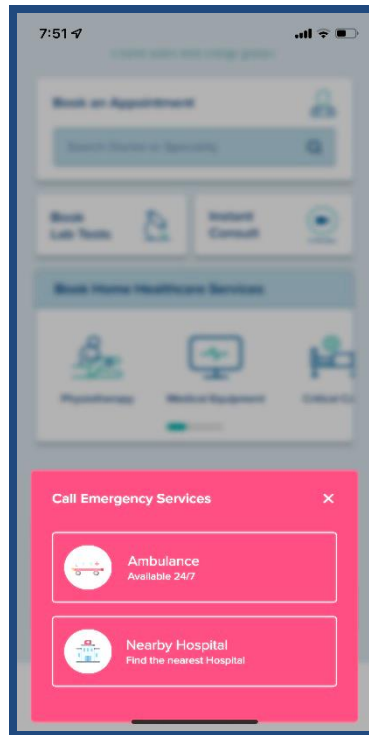
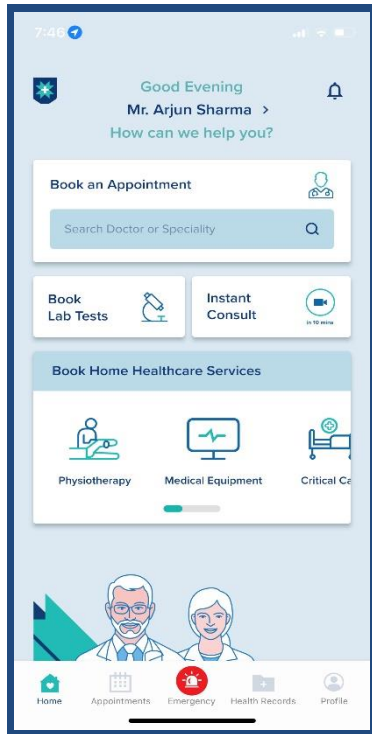
24x7 Customer Support

Max@Home comprehensive and round the clock service offerings

Critical Care | Nursing Care | Patient Attendants | X-ray at home | ECG/Holter at home | Dialysis | Physiotherapy | Medical rooms | Doctor Visits | Sleep Studies | Pathology | Pharmacy | Medical Equipment |

Proprietary digital platform enabling best-in-class omnichannel healthcare experience

Max MyHealth



New age experience for patients and doctors

- Single App **for all types of consults** (physical and virtual) for both doctors and patients
- **Instant consult** with a general practitioner **within 10 minutes** of booking an appointment
- **Book all Max@Home Services** via the same app
- Find and **connect with Doctors across Max Hospitals** irrespective of location
- **In-app easy access to prescriptions, health records, radiology and X-ray reports**, along with **trends and tables** for better comprehension.
- **Link and view family members**, book appointments and view health records for all in the same app
- **Quick access to Emergency and Ambulance services** across Max network
- **Pre-consult document quality checks and case summary preparation** for efficient video consults.
- **Enhanced patient experience** through intelligent lead management and **patient engagement platform (PEP)**.

Digital revenue through online marketing activities and web-based appointments accounted for **~16% of overall revenue in H1 FY23**

Leverage Max Healthcare's strong brand, customer base, clinical expertise, doctor network and data to provide existing and new customers with a seamless and best-in-class omnichannel healthcare experience

Financial Highlights

Figs in INR Cr

	FY20		FY21		FY22		H1FY23	
	Amount	% NR	Amount	% NR	Amount	% NR	Amount	% NR
Gross revenue ¹	4,356		3,881		5,509		3,040	
Net revenue	4,023	100.0%	3,629	100.0%	5,218	100.0%	2,875	100.0%
Direct costs	1,715	42.6%	1,508	41.6%	2,103	40.3%	1,126	39.2%
Contribution	2,308	57.4%	2,121	58.4%	3,115	59.7%	1,748	60.8%
Indirect overheads	1,719	42.7%	1,485	40.9%	1,725	33.1%	968	33.7%
Operating EBITDA	590	14.7%	636	17.5%	1,390	26.6%	780	27.1%
ESOP (Equity - settled scheme)	-	-	27	0.7 %	34	0.7%	10	0.4%
Movement in fair value of contingent consideration payable and amortisation of contract assets ²	(3)	(0.1%)	1	0.0%	7	0.1%	12	0.4%
Transaction Cost including QIP related cost & Loss on fair valuation of pre-merger holding of Radiant under Ind AS 103	43	1.1%	249	6.9%	-	-	-	-
Exceptional item : Payment to employees under VRS	-	-	-	-	9	0.2%	-	-
Reported EBITDA	549	13.6%	359	9.9%	1,340	25.7%	758	26.4%
Finance costs (net)	215	5.3%	187	5.2%	112	2.2%	34	1.2%
Depreciation and amortisation	208	5.2%	216	6.0%	248	4.8%	128	4.5%
Profit before tax	126	3.1%	(45)	(1.2%)	979	18.8%	596	20.7%
Tax ³	(3)	(0.1%)	50	1.4%	143	2.7%	(144)	(5.0%)
Profit after tax	129	3.2%	(95)	(2.6%)	837	16.0%	740	25.7%

Note: The numbers for the previous period have been re-casted and regrouped to make them comparable with the disclosure in the current period

- FY22 includes gross revenue of INR 236 Cr from Covid-19 vaccination & related antibody tests; H1FY23 gross revenue includes INR 2.2 Cr from Covid-19 vaccination & related antibody tests
- Non cash item represents the change in fair value of contingent consideration payable to Trust/Society over the balance period (~21 to 32 years) under O&M Contracts and represents changes in the time value of discounted liability and impact of changes in future business plan projections
- Includes impact of one time reversal of INR 244 Cr deferred tax liability (net of capital gains tax) in Q2 FY23 pursuant to voluntary liquidation and distribution of assets of a subsidiary on a going concern basis to its holding Company (MHIL)

Figs in INR Cr

	Q2 FY22		Q1 FY23		Q2 FY23	
	Amount	% NR	Amount	% NR	Amount	% NR
Gross revenue ¹	1,434		1,473		1,567	
Net revenue	1,353	100.0%	1,393	100.0%	1,482	100.0%
Direct costs	553	40.9%	551	39.6%	575	38.8%
Contribution	800	59.1%	842	60.4%	907	61.2%
Indirect overheads ²	438	32.4%	472	33.9%	497	33.5%
Operating EBITDA	362	26.8%	370	26.5%	410	27.7%
ESOP (Equity-settled scheme)	12	0.9%	5	0.4%	5	0.4%
Movement in fair value of contingent consideration payable and amortisation of contract assets ³	4	0.3%	6	0.4%	6	0.4%
Exceptional item : Payment to employees under VRS	8	0.6%				
Reported EBITDA	338	25.0%	359	25.8%	399	26.9%
Finance cost (net)	30	2.2%	20	1.4%	14	0.9%
Depreciation and amortisation	63	4.7%	65	4.6%	64	4.3%
Profit before tax	246	18.2%	274	19.7%	321	21.7%
Tax ⁴	39	2.9%	46	3.3%	(190)	(12.8)%
Profit after tax	207	15.3%	229	16.4%	511	34.5%
Operating EBITDA (excl. Covid-19 vaccination)	337	26.7%	370	26.6%	410	27.7%

1. Q2 FY22, Q1 FY23 and Q2FY23 includes gross revenue of INR 91 Cr, INR 2 Cr & INR 0.3 Cr respectively from Covid-19 vaccination & related antibody tests
2. Increase in Q2 FY23 due to provisioning for CGHS bills > 365 days as per Company policy, seasonal increase in power cost and incremental cost of S&M relating to international patients
3. This is a non cash item representing change in fair value of contingent consideration payable to Trust/Society over the balance period (~21 to 32 years) under O&M Contracts and mainly represents impact of changes in the time value of discounted liability
4. Q2 FY23 includes impact of one time reversal of INR 244 Cr deferred tax liability (net of capital gains tax) pursuant to voluntary liquidation and distribution of assets of a subsidiary on a going concern basis to its Holding Company (MHIL)

Max Healthcare: Memorandum Profit & Loss Consolidation sheet of Network Financials for H1 FY23

Figs in INR Cr

	MHIL, its subsidiaries & Silos	Partner Healthcare Facilities ("PHF") Financials (IGAAP Unaudited)*				Eliminations & Adjustment ⁽²⁾	MHC Network (Consolidated) (Certified by an ICA)
	Ind AS Unaudited	Balaji Society	GM Modi Society	Devki Devi Society	IND AS Adjustment ⁽¹⁾		
Revenue from operations	2,203	288	189	373	-	(191)	2,862
Other income ⁽³⁾	10	2	2	3	-	(4)	13
Total operating income	2,213	289	191	377	-	(195)	2,875
Pharmacy, drugs, consumables & other direct costs	446	55	37	107	-	32	677
Employee benefits expense ⁽⁴⁾	384	39	24	39	-	113	598
Other expenses ⁽⁵⁾	767	135	97	161	(3)	(338)	819
Total expenses	1,598	229	158	307	(3)	(194)	2,095
Operating EBITDA	615	61	33	70	3	(1)	780
Less: non-operating expenses							
ESOP (Equity-settled Scheme)	10	-	-	-	-	-	10
Movement in fair value of contingent consideration payable and amortisation of contract assets	12	-	-	-	-	-	12
Reported EBITDA	593	61	33	70	3	(1)	758
Finance costs (Net)	(4)	3	14	12	1	8	34
Depreciation & Amortisation	115	11	9	8	1	(16)	128
Profit / (Loss) before tax	482	46	10	50	0	7	596
Tax	(148)	-	-	-	-	5	(144)
Profit / (Loss) after tax	631	46	10	50	0	2	740

*Newly added PHFs i.e. Vikrant Children's Foundation and Nirogi Charitable and Medical Research Trust have not been reflected separately due to negligible values

(1) Mainly Ind AS 116 (Accounting for Leases) at PHFs | (2) Eliminations relate to revenue from PHFs and intra-network sale/purchase. Also includes consequential impact on amortisation due to reversal of Intangible assets at MHIL & its subsidiaries for contracts with PHFs. The net present value of the amount payable by a PHF to unconsolidated part of the other Society over the contract period was accrued during PPA and payment there against has thus been knocked off against the liability so created. Further, cost of non-treating doctors on retainership, forex gain/loss etc. have been reclassified under Employee benefits expense & Finance costs resp. | (3) Other Income includes income from EPCG, unclaimed balances written back, donations & contributions, scrap sale, income from outlets/in hospital displays etc. | (4) Includes non-clinical doctors on retainer-ship & movement in OCI for actuarial valuation impact but excludes ESOP expenses | (5) Net of bad debts recovered & excludes movement in fair value of contingent consideration and amortisation of contract assets which is reflected below Operating EBITDA & includes cost of treating doctors

Figs in INR Cr

Sep 21	Particulars	Mar 22	Sep 22
6,282	Shareholders' Equity	6,718	7,462
1,002	Gross Debt	918	815
440	Deferred / Contingent Consideration Payable ²	425	446
5	Put Option Liability ³	139	144
196	Lease Liabilities (Ind AS 116)	202	137
179	Deferred Tax Liability / (Deferred Tax Asset) ⁴	185	(72)
8,103	Total Liabilities³	8,587	8,932
3,773	Goodwill	3,773	3,773
2,690	Net tangible Assets (incl. CWIP)	3,227	3,260
650	Intangible Assets (incl. brand and O&M rights)	688	680
234	Right to Use Assets (Ind AS 116)	235	205
95	Inventories	83	84
499	Trade Receivables (Net)	490	452
2	Investments	2	2
748	Cash & Bank balance	615	1,000
(587)	Net Current & Non-Current Assets / (Liabilities) ⁵	(526)	(524)
8,103	Total Assets	8,587	8,932

1. Represents consolidation of unaudited financials of MHIL, its subsidiaries, managed healthcare facilities and Partner Healthcare Facilities (PHFs) duly updated for IND AS related adjustments in a simplified format . The intra-network dues and intangible assets on account of medical services agreements with PHFs are eliminated & fair value of assets & liabilities of PHFs (as on June 1, 2020) are recognised, with balance reflected under Goodwill.
2. Represents fair value of long term liabilities towards fees payable to Trust/Societies over the remaining contract period ranging from 21 to 83 years
3. Put Option Liability is for the purchase of balance (74%) stake in Eqova Healthcare Pvt. Ltd.
4. This includes impact of one off reversal of INR 283 Cr deferred tax liability pursuant to voluntary liquidation and distribution of assets of a subsidiary on a going concern basis to its holding company
5. Mainly represents tax refunds receivable, capital advances, trade payables, provisions for retiral benefits and unfavourable lease liability recognised on PPA

Thank You

Appendix

1. ESG Update
2. Network structure

Appendix 1

ESG Update

Environment

18.6% reduction in combined Scope 1 & Scope 2 emissions w.r.t base year FY 2019-20

44% share of renewables in the total power usage

4.6% reduction in total electricity consumption over base year FY 2019-20

35.9% of water recycled, up from 31.5% in FY 2019-20

> 50% of our buildings are LEED gold-rated green buildings

50.5% of our waste diverted for recycling through third-party service providers

Social

Employees

- **48.5%** women employees
- Free COVID-19 treatment for employees
- Revised compensation structure to ensure better pay parity.
- 2.5 lakh+ hours of upskilling programmes

Patients

- 1.1 lakh+ video consultations conducted
- 'Zero downtime' of our centralised call centre even during lockdown
- Launched 'Service Excellence Dashboard' with 42 Measures of Success (MoS)

Community

- **295K+** needy patients treated free
- **USD ~20 Mn** worth of medical services provided to the underserved
- More than 4,000 community engagement activities conducted

Governance

Implementing policies benchmarked against global best practices

Ensuring diversity in the boardroom

- **Four** out of Seven directors on the board are independent including **one** woman director

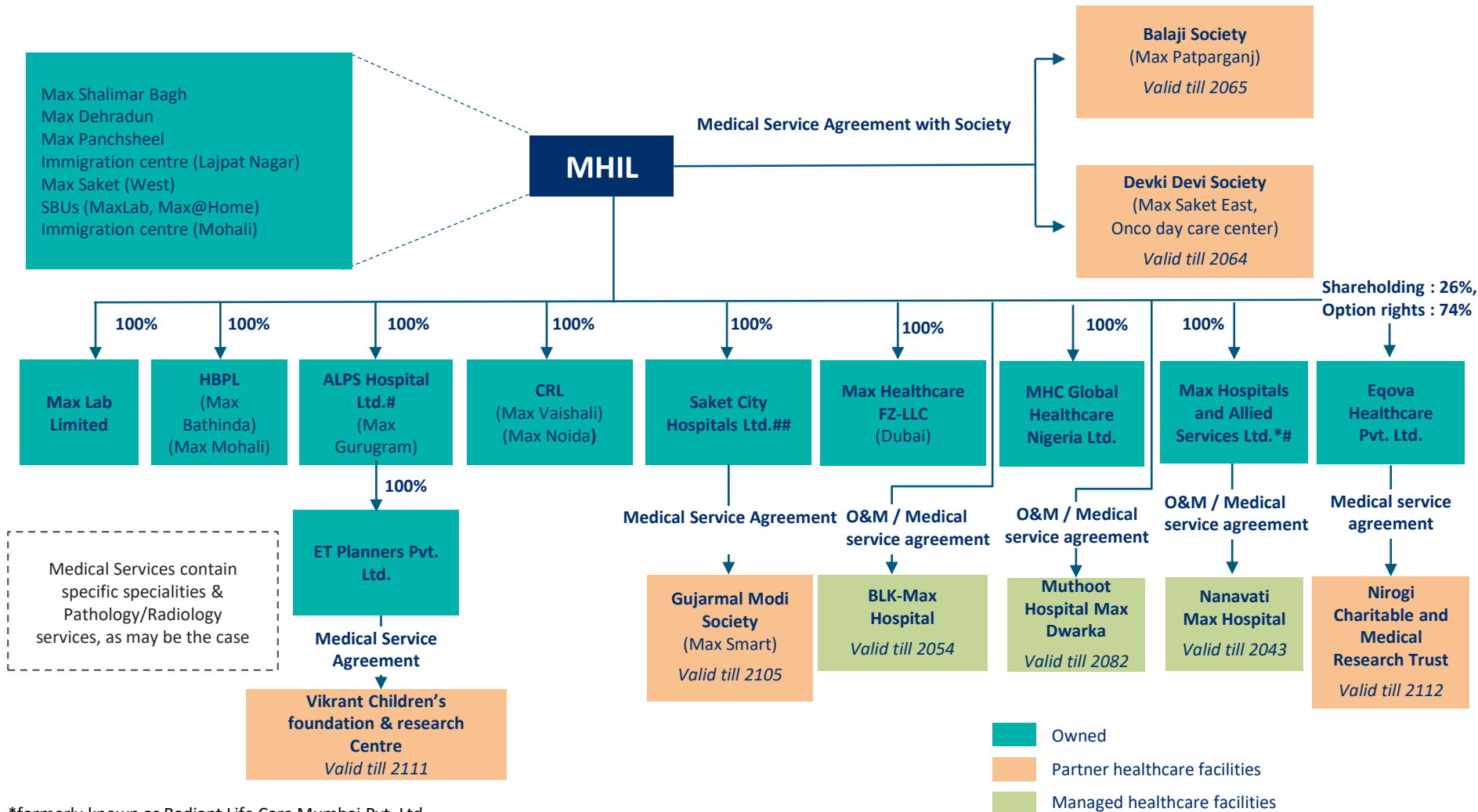
Risk management with a framework that identifies, analyses and mitigates potential threats

Instilling ethical conduct by sustaining a culture of accountability

Appendix 2

Network structure

Network Holding Structure (as of September 30, 2022)



*formerly known as Radiant Life Care Mumbai Pvt. Ltd.

The Boards of Alps Hospitals Ltd and Max Hospitals and Allied Services Ltd have approved a scheme of amalgamation of the two entities

##Under voluntary liquidation, letter of distribution of its business undertaking has been issued by the liquidator on Aug 31, 2022 and its operations have been consolidated with MHIL

MHIL – Max Healthcare Institute Limited; CRL – Crosslay Remedies Limited; HBPL – Hometrail Buildtech Private Limited

Validity includes extensions available under the contract

List of Network Healthcare Facilities

Name	Location	Description
Max Super Speciality Hospital, (West Block) Saket	Delhi	Hospital
Max Super Speciality Hospital, (East Block) Saket	Delhi	Hospital
Max Smart Super Speciality Hospital, Saket	Delhi	Hospital
BLK-Max Super Speciality Hospital, Rajendra Place	Delhi	Hospital
Nanavati Max Hospital, Mumbai	Mumbai	Hospital
Max Hospital, Gurugram	Gurugram	Hospital
Max Super Speciality Hospital, Patparganj	Delhi	Hospital
Max Super Speciality Hospital, Vaishali	Ghaziabad	Hospital
Max Super Speciality Hospital, Shalimar Bagh	Delhi	Hospital
Max Super Speciality Hospital, Mohali	Mohali	Hospital
Max Super Speciality Hospital, Bhatinda	Bathinda	Hospital
Max Super Speciality Hospital, Dehradun	Dehradun	Hospital
Max Multi Speciality Centre, Panchsheel Park	Delhi	Medical centre
Max MedCentre, Lajpat Nagar (Immigration Department)	Delhi	Medical centre
Max Institute of Cancer Care, Lajpat Nagar	Delhi	Medical centre
Max Multi Speciality Centre, Noida	Noida	Medical centre
Max MedCentre, Mohali	Mohali	Medical centre

In addition to the above, there are 4 new upcoming Network facilities – one each in East Delhi (Patparganj), Northwest Delhi (Dwarka), Golf course road - sector 53 Gurugram and sector 56 Gurugram

Term	Description
Gross Revenue	Amount billed to the patients/customers as per contracted/rack rates, as applicable, including the patients from the economically weaker section (EWS) on discharge basis; Also includes movement in unbilled revenue at the end of the period for patients admitted in the hospital on reporting date and other operating income such as SEIS income, EPCG income, unclaimed balances written back, etc.
Net Revenue	Gross revenue minus management discounts, amount billed to EWS patients, employee discounts, marketing discounts and allowance for deductions for expected credit loss.
Contribution	Net revenue minus material cost, F&B cost and salary/professional fess paid to clinicians credentialed for OPD consultations and IPD admissions
Indirect overheads	Major costs include – Personnel costs (excl. clinicians credentialed for OPD consultations and IPD admissions), hospital services, Admin, Provision for doubtful debts, advertisement and allied costs, Power and utilities, Repair and maintenance
Operating EBITDA	Contribution minus indirect overheads, excluding one-off expenses, extraordinary expenses and specific non-cash expenses (itemised separately) which are accrued due to IND AS requirements, but are not operating in nature;
EBITDA per bed	Operating EBITDA divided by occupied bed days, annualised. Excludes incremental EBITDA from Covid-19 vaccination & related antibody tests and Max Lab operations
Cash from operations	Represents cash generated from operations after amount deployed for routine capex, finance cost and working capital changes relating to operations
ARPOB	Average Revenue per Occupied Bed; Gross revenue divided by the occupied bed days; excludes revenue from Covid-19 vaccination & related antibody tests and Max Lab operations
ALOS	Average Length of Stay; on discharge basis

Max Healthcare Institute Limited (MHIL) is India's leading provider of healthcare services. It is committed to the highest standards of medical and service excellence, patient care, scientific and medical education.

MHIL has major concentration in north India consisting of a network of 17 healthcare facilities. Out of the total network, eight hospitals and four medical centres are located in Delhi and the NCR and the others are located in the cities of Mumbai, Mohali, Bathinda and Dehradun. The Max network includes all the hospitals and medical centres owned, operated and managed by the Company and its subsidiaries, and partner healthcare facilities. These include state-of-the-art tertiary and quaternary care hospitals at Saket, Patparganj, Vaishali, Rajendra Place, and Shalimar Bagh in NCR Delhi and one each in Mumbai, Mohali, Bathinda and Dehradun, secondary care hospital in Gurgaon and Day Care Centres at Noida, Lajpat Nagar and Panchsheel Park in NCR Delhi and one in Mohali, Punjab. The hospitals in Mohali and Bathinda are under PPP arrangement with the Government of Punjab.

In addition to its core hospital business, MHIL has two SBUs - Max@Home and MaxLab. Max@Home is a platform that provides health and wellness services at home and MaxLab offers diagnostic services to patients outside its network.

For further information, please visit

www.maxhealthcare.in

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