



Q2 & H1 FY22 – Earnings update

November 12, 2021

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1. Healthcare undertaking of Radiant Life Care Private Limited (“Radiant”) and residual business of erstwhile Max India Limited merged into Max Healthcare Institute Limited (“MHIL” or “the Company”) through a NCLT approved Composite Scheme of Amalgamation and Arrangement on June 1, 2020. The merger resulted into Radiant promoters controlling the merged MHIL.
2. The transaction was accounted for as a business combination under Ind AS 103 “Business Combinations”. Further applying the criteria laid in the accounting standard, the merger was accounted for as follows:
 - a) Radiant was identified as the accounting acquirer and thus the merger qualified as a “reverse acquisition”
 - b) MHIL financials were considered to be the continuation of Radiant’s healthcare undertaking financials (accounting acquirer) and thus all assets & liabilities of MHIL were fair valued as per principles laid down in Ind AS 103. Demerged undertaking of Radiant was accounted for at its carrying amounts.
 - c) Further, since the business combination and control of Radiant over MHIL was achieved in stages, Radiant’s pre-merger stake was fair valued as on June 1, 2020, with resulting loss of INR 195.9 Cr which was recognised in the Group Financials for the quarter ended June 30, 2020
3. Strictly applying the principles of Ind AS 103, the financial result of MHIL (merged entity) contains operating performance of MHIL, its subsidiaries and deemed separate entities (i.e. silos for managed healthcare facilities). However, in order to present a fair view of performance of the Group and given the significant network bed capacity at partner healthcare facilities (“PHF”) and financial exposure Group carries with respect to these PHFs, it is considered appropriate to disclose the financial performance of the Network Hospitals as a whole, by way of a management consolidation of financial results of operations of MHIL, its subsidiaries, managed healthcare facilities and partner healthcare facilities.
4. The financial information contained in this presentation is thus different from that of MHIL Group since the financials of partner healthcare facilities are also included. The information is, thus drawn up based on management consolidation of the unaudited financials (post limited review by the auditors of respective entity) of the Company, its subsidiaries, managed healthcare facilities and the unaudited financials (prepared under IGAAP) of the partner healthcare facilities as received from such partners, duly accounting for intra-network eliminations and IND AS related adjustments for PHF’s. The Consolidated financial information post IND AS adjustments, is certified by an independent firm of chartered accountants.
5. The Group, while accounting for the Business Combination in June 2020 carried out a fair valuation exercise, whereby the assets and liabilities of the acquired entity & its subsidiaries (i.e. MHIL) and effects thereof were captured in the financials starting June 1, 2020. The fair valuation exercise has led to an increase in the tangible and intangible assets of the Network by INR 3,662 Cr, which includes INR 252 Cr towards the partner healthcare facilities. Further, the Company acquired a step down subsidiary during the quarter ended September 30, 2021 and the purchase price allocation of this acquisition led to incremental change in tangible and intangible assets by INR 107 Cr beyond the investment value.
6. The Profit and Loss statement takes into account line by line consolidation of the financials in an investor friendly format of the Network Healthcare Facilities. Further, in order to better explain the financial results, the items which don’t truly represent the operating income/expenditure have been identified and reported separately to reflect the Operating EBITDA. The numbers are regrouped to meet industry specific information requirement of investors.

Q2 FY22 Highlights

05

H1 FY22 Highlights

18

Network Balance Sheet

26

Covid-19 Update

28

About the Company

31

Q2 FY22 Highlights

Executive Summary (1/2)

Network Financial highlights

- ✱ Q2 FY22 gross revenue at INR 1,434 Cr versus INR 944 Cr in Q2 FY21 (+52% YoY) and INR 1,385 Cr in Q1 FY22 (+4%QoQ). Covid-19 vaccination and related antibody tests revenue dropped to INR 91 Cr in Q2 FY22 from INR 136 Cr in Q1 FY22
- ✱ Operating EBITDA for Q2 FY22 was the highest ever for 4th consecutive quarter at INR 362 Cr versus INR 143 Cr in Q2 FY21 (+153%) and INR 360 Cr in Q1 FY22 (+1% QoQ); Operating EBITDA excluding Covid-19 vaccination and related antibody tests grew by 12% QoQ and 135% YoY
 - ✱ The lower occupancies in Q2 FY22 due to reduction in Covid -19 cases were more than compensated by increase in ARPOB owing to normalisation of OPD footfalls and surgeries, leading to the highest ever EBITDA per bed, which recorded a growth of 21% QoQ
 - ✱ EBITDA margin¹ for the quarter stood at 26.8% versus 16.2% in Q2 FY21; 27.2% in Q1 FY22
- ✱ Q2 FY22 PAT was INR 207 Cr versus INR 36 Cr in Q2 FY21; INR 205 Cr in Q1 FY22. Q2 FY22 PAT includes impact of exceptional cost towards terminal benefits under VRS scheme being implemented at Nanavati Max Hospital
- ✱ Cash from operations during Q2 FY22 stood at INR 294 Cr
- ✱ Deployed INR 93 Cr to secure three prime locations in NCR with potential to add ~1,500 beds
- ✱ Net debt² reduced by INR 201 Cr during the quarter and stands at INR 259 Cr as on Sep 30, 2021
- ✱ Pre-tax ROCE³ for Q2 FY22 improved to 32.0%

Operational highlights

- ✱ Occupancy for Q2 FY22 stood at 75.2% versus 67.8% in Q2 FY21; 80.8% in Q1 FY22
 - ✱ 2% of occupied beds used for Covid-19 patients compared to 39% in Q1 FY22. ~20 Covid-19 patients under treatment currently
 - ✱ Non-covid admissions surpassed pre-Covid levels. International patient admissions continue to lag due to travel restrictions and were ~1/3rd of pre-Covid average
- ✱ Covid-19 vaccination rate has dropped towards the end of the quarter to ~700 doses per day
- ✱ ARPOB for Q2 FY22 (excluding the revenue from Covid-19 vaccination & related antibody tests and Max Lab operations) stood at INR 59.0k versus INR 46.3k in Q2 FY21 (+27% YoY) and INR 51.5k in Q1 FY22 (+15% QoQ)

Executive Summary (2/2)

Operational Highlights (contd..)

- ✳ Surgical : Medical revenue share improved to 53:47 compared to 35:65 in Q1 FY22
- ✳ ALOS normalised to pre-Covid level of 4.3 days in Q2 FY22 versus 5.4 days in Q2 FY21 and 5.9 days in Q1 FY22
- ✳ OP consults were up by 49% QoQ and stood at 5.8 lakhs in Q2 FY22
- ✳ Digital revenue through online marketing activities and web-based appointments stood at INR 157 Cr, i.e. ~11% of overall revenues; video consults stood at ~20,000;
- ✳ Max Lab (Non-captive pathology business) added ~140 channel partners during Q2 FY22, taking the overall count of active clients to 600+; Non-Covid revenue grew by 18% QoQ, however, overall revenues declined due to drop in Covid-19 related tests
- ✳ Max@home : 650+ strong team of front line and support staff catered to ~60,000 patients during the quarter. The SBU added adult immunisation to its expansive portfolio of homecare services
- ✳ ~33,700 OPD and ~1,100 IPD patients from economically weaker section were treated free of charge

Clinical highlights

Clinical update:

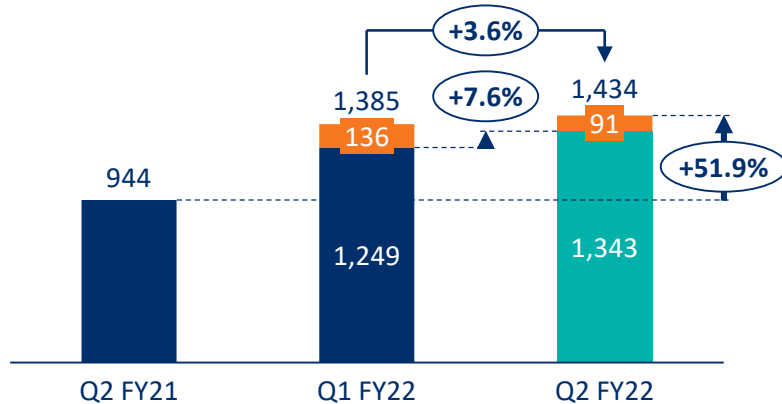
- ✳ Treated ~33,300 Covid-19 patients at hospitals and ~4,000 patients at home/extended care facilities up till Oct 31, 2021
- ✳ ~7.3 lacs RT-PCR tests done and ~20.1 lacs Covid-19 vaccination doses administered as of Oct 31, 2021
- ✳ Conducted bariatric surgery on a two year old girl weighing 45 kilograms – involved complete genome sequencing along with extensive hormonal workup and hypothalamus imaging
- ✳ Launched robotic surgery program (Da Vinci Xi Robots) at Max Patparganj and Max Shalimar Bagh – providing advanced and effective surgical solution leading to minimal blood loss and faster recovery

Research and academics:

- ✳ Published 62 articles in national and international publications; 66 clinical trials and 11 grants ongoing across MHC
- ✳ 700+ students are currently enrolled across various programs, such as Allied Health internships, MBBS internships, observerships, fellowships, Paramedical Diploma courses, Physician Diploma courses
- ✳ Awarded Level 3 accreditation by the Joint Royal Colleges of Physician training Board signifying training standards for ongoing IMT program being equivalent to UK

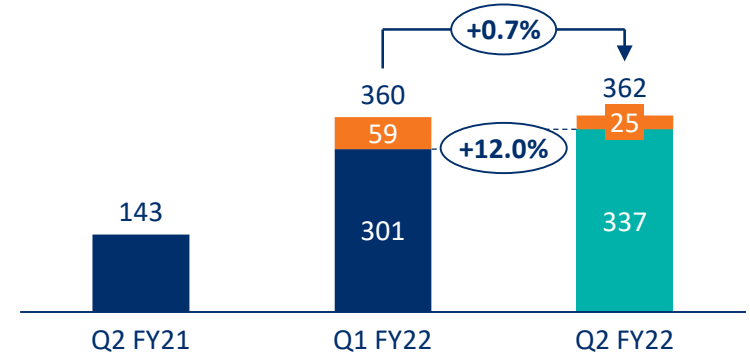
Key Financial Highlights

Gross Revenue (INR Cr)



 Covid-19 vaccination & related antibody tests revenue

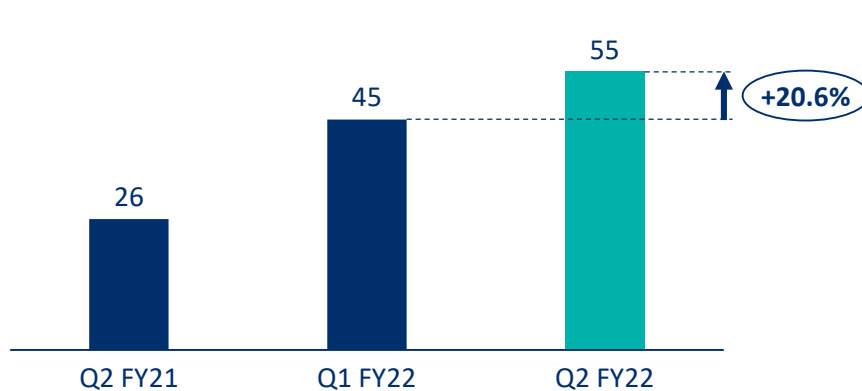
Operating EBITDA (INR Cr)



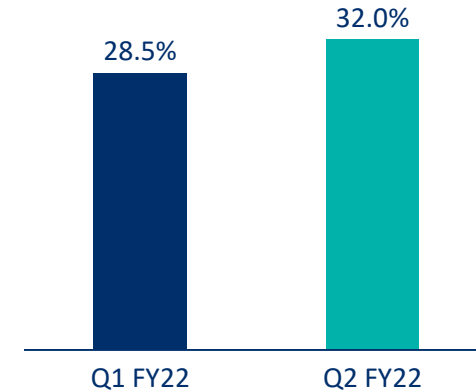
 Covid-19 vaccination & related antibody tests EBITDA

Margin¹ (%) Q2 FY21 : 16.2% | Q1 FY22 : 27.2% | Q2 FY22 : 26.8%

Operating EBITDA per bed² (INR Lakhs)

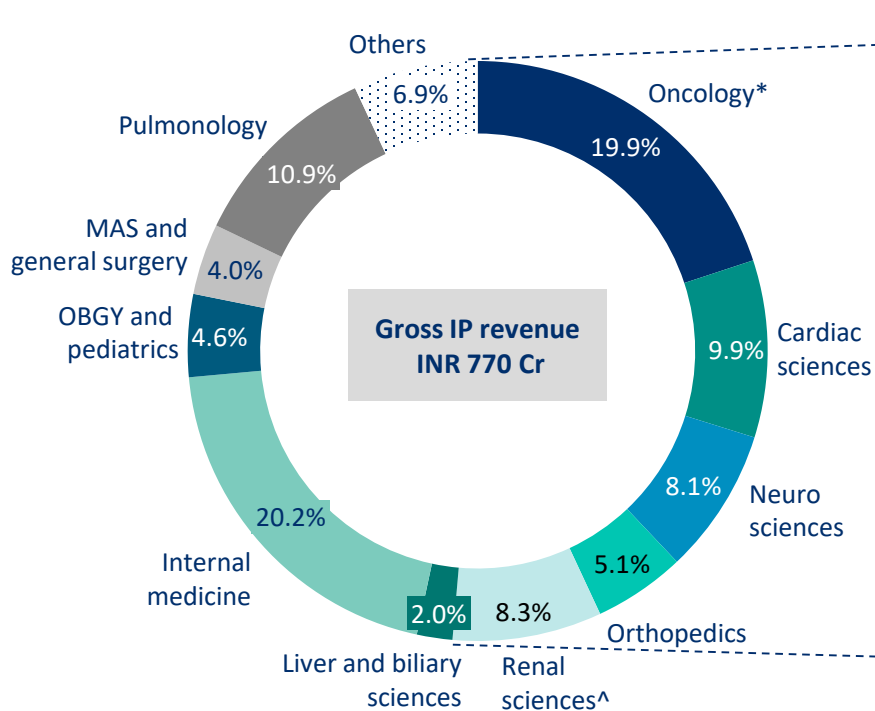


Pre-tax ROCE³

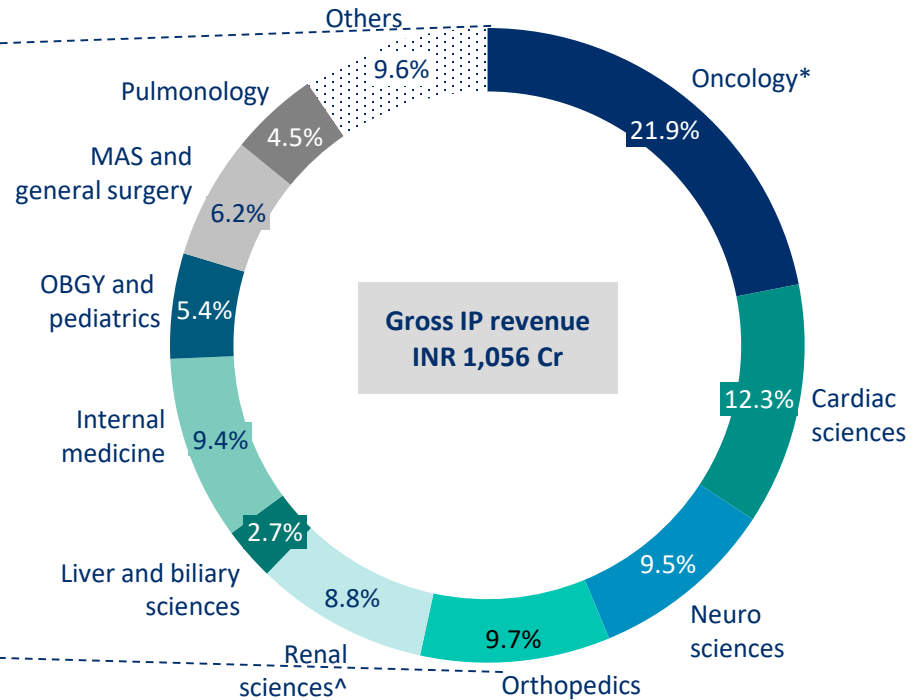


(1) Margin calculated on net revenue | (2) EBITDA per bed is annualised using relevant quarterly EBITDA and occupancy; excludes EBITDA from Covid-19 vaccination & related antibody tests and Max Lab operations | (3) Quarterly EBIT (excluding impact of Covid-19 vaccination & related antibody tests) annualised; Excludes impact of Purchase price allocation on capital employed consequent to merger with Radiant and current quarter acquisition; Also excludes short term FDRs. Depreciation has been considered based on normalised replacement capex.

Q2 FY21



Q2 FY22



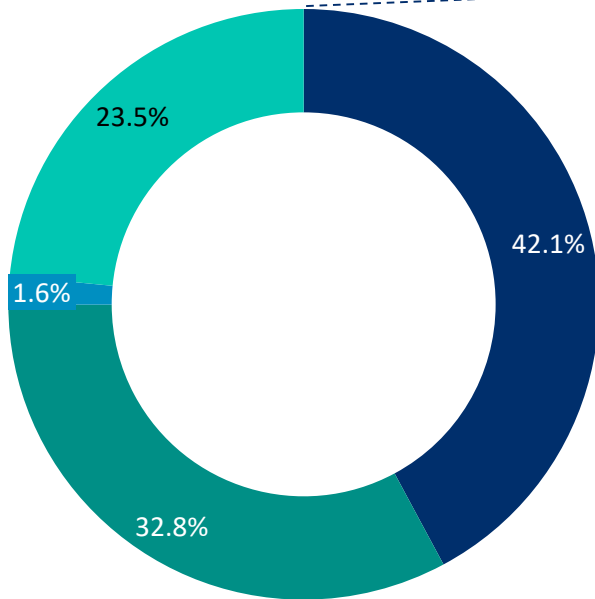
Note: Excludes OP and day care revenue, revenue from SBUs and other operating income; Post abatement of second wave of Covid-19 in Q2 FY22, Internal medicine and Pulmonology revenues declined, while revenues of other specialties grew significantly

* Includes chemotherapy and radiotherapy

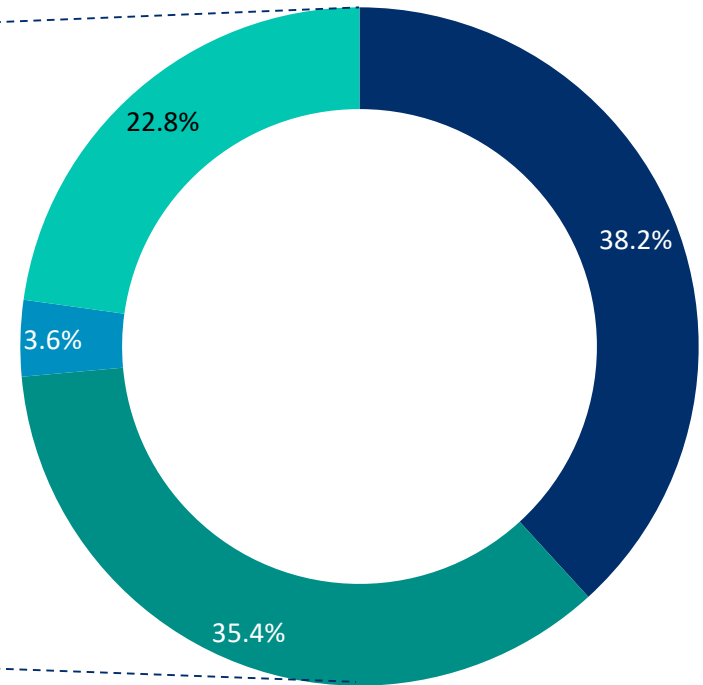
^ Includes Dialysis

Payor Profile

Q2 FY21



Q2 FY22



■ Self pay ■ TPA & corporates ■ International ■ Institutional

Note: Excludes revenue from Covid-19 vaccination & related antibody tests, SBUs and other operating income

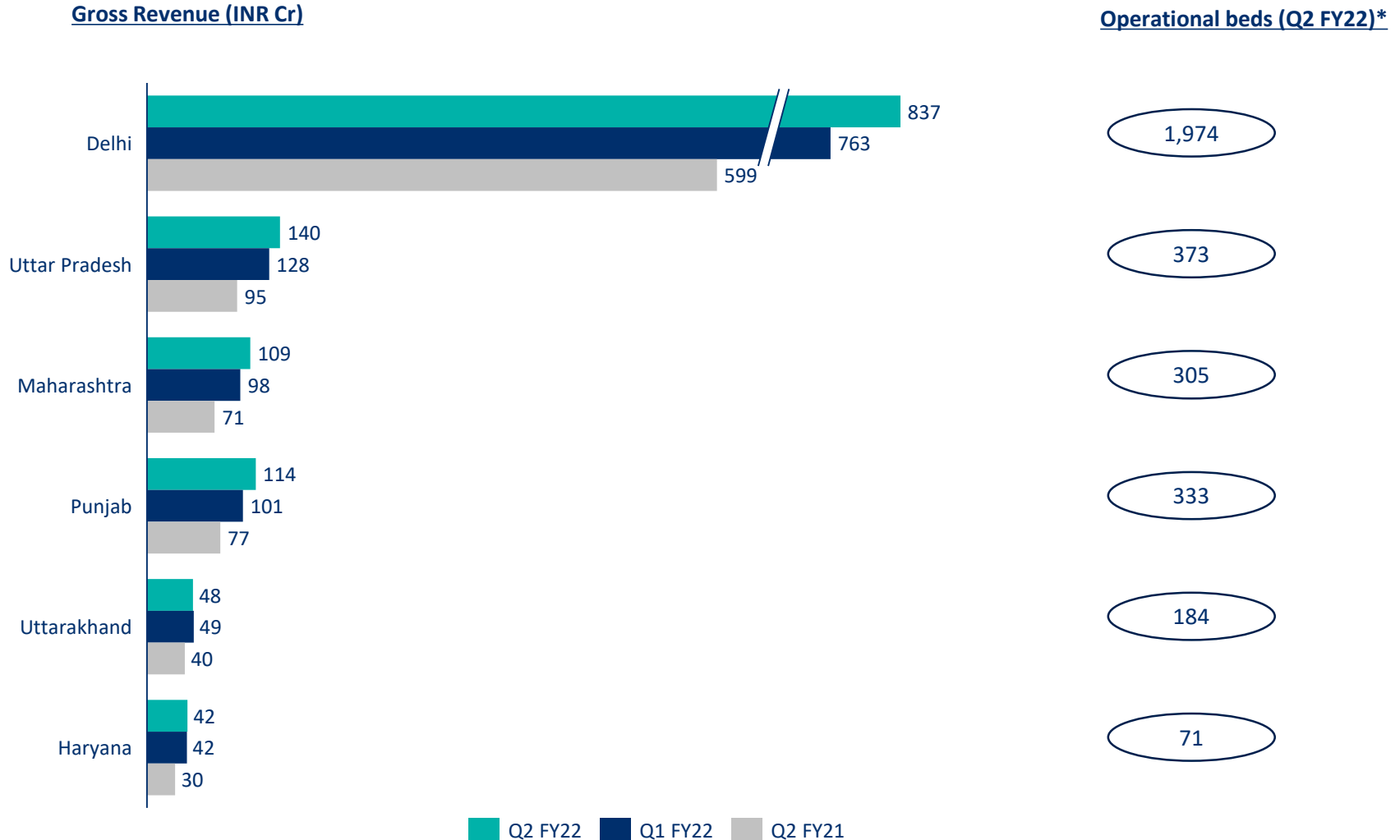
Figs in INR Cr

	Q2 FY21		Q1 FY22		Q2 FY22	
	Amount	% NR	Amount	% NR	Amount	% NR
Gross revenue (incl. movement in unbilled) ¹	944		1,385		1,434	
Net revenue	881	100.0%	1,322	100.0%	1,353	100.0%
Direct costs	363	41.2%	538	40.7%	553	40.9%
Contribution	518	58.8%	784	59.3%	800	59.1%
Indirect overheads	375	42.6%	425	32.1%	438	32.4%
Operating EBITDA	143	16.2%	360	27.2%	362	26.8%
ESOP (Equity-settled scheme)	-	-	13	1.0%	12	0.9%
Movement in fair value of contingent consideration payable and amortisation of contract assets ²	8	0.9%	6	0.5%	4	0.3%
Exceptional item : Provision for terminal benefits under VRS ³	-	-	-	-	8	0.6%
Reported EBITDA	135	15.3%	340	25.7%	338	25.0%
Finance cost (net)	35	4.0%	31	2.4%	30	2.2%
Depreciation and amortisation ⁴	56	6.4%	59	4.5%	63	4.7%
Profit before tax	43	4.9%	250	18.9%	246	18.2%
Tax	7	0.8%	45	3.4%	39	2.9%
Profit after tax	36	4.1%	205	15.5%	207	15.3%

Note : The numbers for the previous period have been recasted and regrouped to make them comparable with the current period

1. Q1 FY22 and Q2 FY22 includes gross revenue of INR 136 Cr and INR 91 Cr respectively from Covid-19 vaccination & related antibody tests
2. Non cash item represents the change in fair value of contingent consideration payable to Trust/Society over the balance period (~22 to 33 years) under O&M Contracts and represents changes in the time value of discounted liability and impact of changes in business plan projections
3. Provision for VRS expenses relate to Nanavati Max hospital and represents the likely payout to the employees who have applied under the ongoing scheme so far
4. The increase in depreciation and amortisation costs during the quarter is mainly due to accelerated depreciation for certain high end medical equipment planned to be replaced during the year

Gross revenue from hospitals, by region

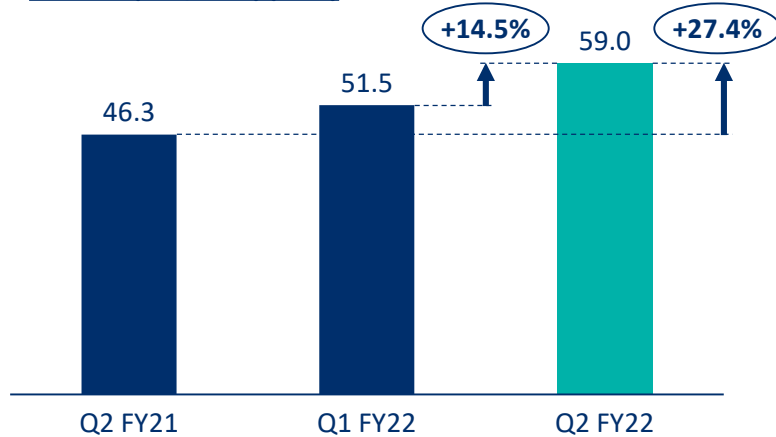


Note - Excludes revenue from Covid-19 vaccination & related antibody tests, Max Lab operations and Max@Home

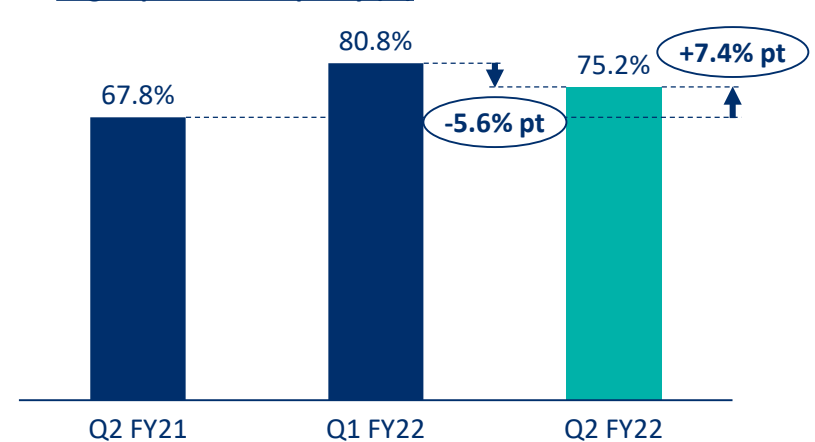
*Added 34 operational beds during Q2 FY22 comprising of 14 beds at Max Super Speciality Hospital, Dehradun, 13 beds at Max Super Speciality Hospital, Vaishali and 7 beds at Nanavati Max Hospital, Mumbai

Key Operational Highlights

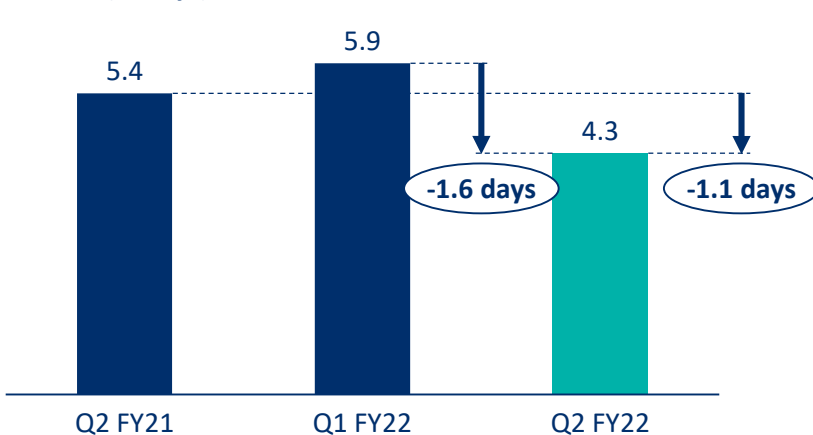
ARPOB¹ (INR/OBD) ('000)



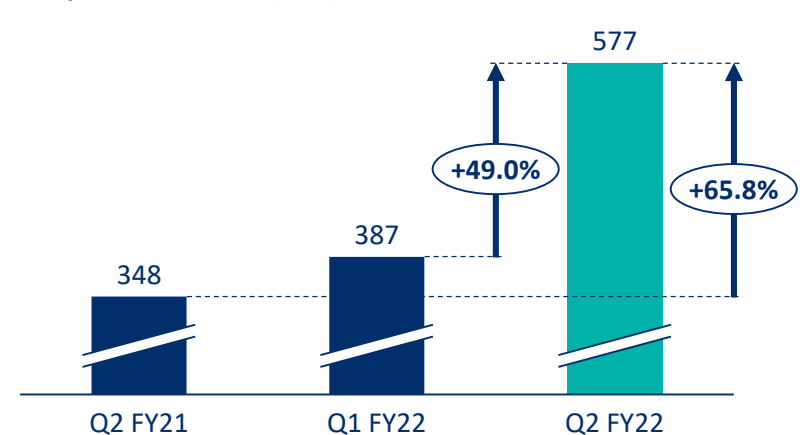
Avg. Inpatient Occupancy (%)



ALOS² (in days)



Outpatient consults ('000)

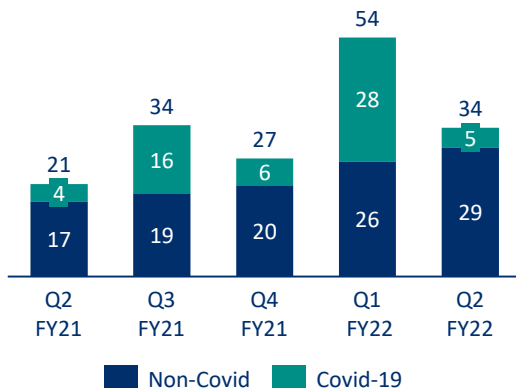


(1) ARPOB calculated as gross revenue / total OBD; Gross revenue excludes revenue from Covid-19 vaccination & related antibody tests and Max Lab operations |

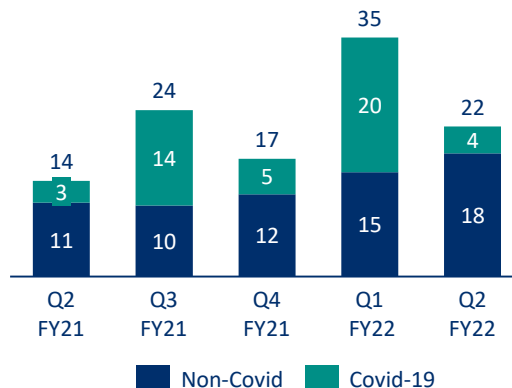
(2) ALOS calculated for discharged IP patients

Max Lab : Key performance indicators

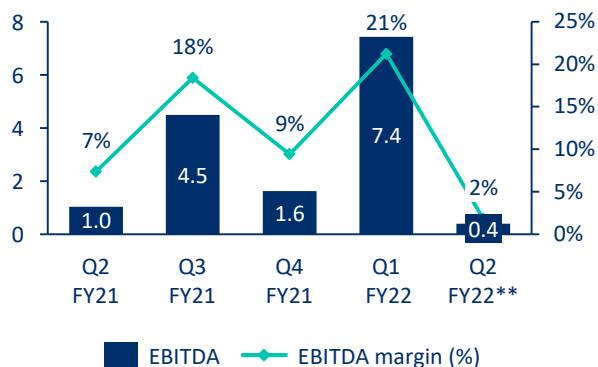
Gross Merchandise Value (INR Cr)



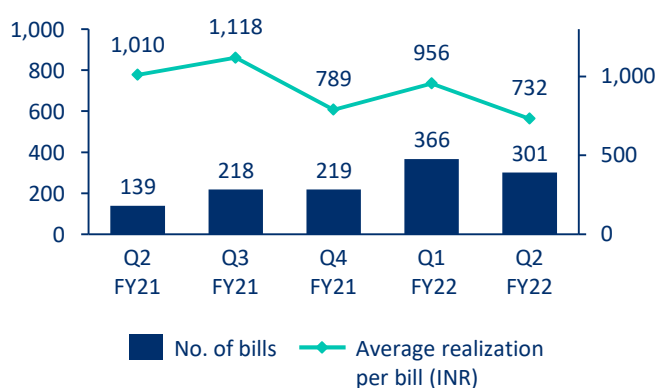
Net revenue (INR Cr)



EBITDA* (INR Cr)



No. of Bills ('000) & Avg. net realisation per bill (INR)



Operational footprint
(as of Sep 30, 2021)

220+

Partner-run
collection centres

13

Company owned
collection centres (CoCC)

135+

Phlebotomist
At Site (PAS)

200+

Pick-Up
Points (PUPs)

19

Hospital based Lab
Management (HLMs)

20+

Cities of
operations

Note: Gross Merchandise Value (GMV) is amount billed to patients; Net Revenue represents GMV minus partner share;

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

*margin computed on net revenue, based on 50:50 revenue share between Max Lab and hospitals for the samples tested in the network hospital labs;

**Q2 FY22 EBITDA is after one-off expenses for new website launch and startup costs of new CoCCs

Clinical and Research & Academics update

- ✱ Successfully performed a rare surgery to repair a **1.5 year old tendon tear in an international body builder** using an allograft
- ✱ **Air-lifted a young man from Iraq** and treated him for **severe ARDS post Covid-19** successfully
- ✱ **Conducted bariatric surgery on a two year old girl weighing 45 kilograms**– involved complete genome sequencing along with extensive hormonal workup and hypothalamus imaging
- ✱ **Launched robotic surgical programs** using Da Vinci Xi Surgical Robots at **Max Patparganj and Max Shalimar Bagh** - one of the most advanced and effective technologies, being minimally invasive, resulting in minimal blood loss and faster recovery
- ✱ **Augmented oncology department at Nanavati Max Hospital**, Mumbai by hiring a team of senior clinicians for Surgical, Medical & Radiation Oncology and Intervention Radiology
- ✱ **Successfully treated RotaTripsy case in a 65 Year old** patient with calcified left anterior descending (LAD) diffuse disease
- ✱ Cured a 39 Year old man suffering of a **rare brain abnormality by conducted knifeless radiosurgery** using Frameless Stereotactic Radiosurgery (SRS) technique, an alternative to Neurosurgery
- ✱ Successfully conducted Transcatheter Aortic Valve Implantation (**TAVI**), **amongst the first in Uttarakhand**
- ✱ **Saved multiple high risk Covid-19 patients** by administering **Monoclonal Antibody Cocktail Therapy**, including senior citizens with comorbidities

✱ National and international publications

- ✱ **62 scientific publications** in high impact factor journals during Q2 FY22

- ✱ 22 Covid-19 and 40 non-Covid related publications; Dept. of Cardiology published the publication with the highest impact factor amongst all non-Covid related specialities

- ✱ **66 studies and clinical trials** (4 Covid-19 and 62 non-Covid) are currently underway across the network

- ✱ **11 ongoing research grants** comprising of 3 International (European Union, NIHR and EUBREAST) and 8 national grants

- ✱ 66 students currently enrolled in **Masters in Emergency Medicine (International) course**, being run under the aegis of **George Washington University, USA** since 2008

- ✱ **Ongoing IMT program with 25 doctors enrolled**; Max Healthcare has been awarded Level 3 accreditation by the Joint Royal Colleges of Physician training Board **signifying training standards equivalent to UK**

- ✱ **700+ students are currently enrolled** across various programs, such as Allied Health internships, MBBS internships, observerships, fellowships, Paramedical Diploma courses, Physician Diploma courses

- ✱ **DNB accreditation** for 34 specialties; total strength of DNB residents across network hospitals at 302 currently

H1 FY22 Highlights

Executive Summary: H1 FY22

Network Financial highlights

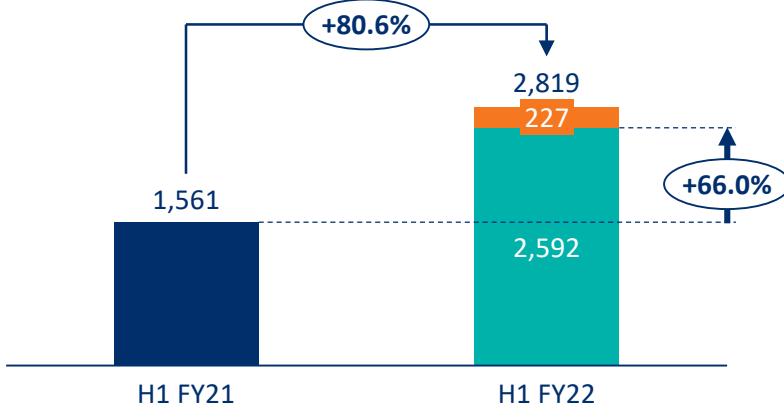
- ✱ H1 FY22 gross revenue¹ at INR 2,819 Cr versus INR 1,561 Cr in H1 FY21 (+81% YoY). This includes revenue of INR 227 Cr from Covid-19 vaccination and related antibody tests
- ✱ Operating EBITDA for H1 FY22 at INR 722 Cr versus INR 121 Cr in H1 FY21 (+497%); H1 FY22 operating EBITDA significantly exceeds full year EBITDA for FY21; EBITDA per bed grew to INR 50 lakhs (+276% YoY)
 - ✱ Margin expansion was driven by higher ARPOB, improved OPD footfalls, significant uptake in Covid -19 vaccine administration in Q1 FY22, supported by revenue enhancement and structural cost saving initiatives implemented during last two fiscal years
 - ✱ H1 FY22 EBITDA margin¹ grew to 27.0% from 8.3% in H1 FY21
- ✱ H1 FY22 PAT was INR 412 Cr versus a Net Loss of INR (339) Cr in H1 FY21
- ✱ Cash from operations during H1 FY22 stood at INR 378 Cr and Net debt² of the Company reduced to all time low of INR 259 Cr as on Sep 30, 2021

Operational highlights

- ✱ Occupancy for H1 FY22 stood at 78.0% versus 56.7% in H1 FY21
 - ✱ During H1 FY22, ~21% of the total occupied beds were used for treatment of Covid-19 patients
 - ✱ Occupancy stood at ~81% levels during Q1 FY22 due to surge of Covid-19 patients, however, it gradually declined to stabilise at ~75% levels during Q2 FY22
- ✱ ARPOB for H1 FY22 (excluding the revenue from Covid-19 vaccination & related antibody tests and Max Lab operations) stood at INR 55.1k versus INR 46.6k in H1 FY21 (+18% YoY)
 - ✱ Revenue from International medical tourism remained low (~42% of H1 FY20 levels) due to international travel related restrictions
- ✱ ALOS reached 5.9 during Q1 FY22 owing to second wave of Covid-19, however it normalised to pre-covid levels during Q2 FY22 to reach 4.3; Overall average ALOS for H1 FY22 stood at 5.0 days versus 5.4 days in H1 FY21
- ✱ OP consults stood at 9.6L in H1 FY22 (+79% YoY)
- ✱ ~77,000 video consults during H1 FY22; Digital revenue through web-based marketing activities and online appointments stood at INR 264 Cr, i.e. ~9% of overall revenues
- ✱ ~54,400 OPD and ~1,800 IPD patients from economically weaker section were treated free of charge

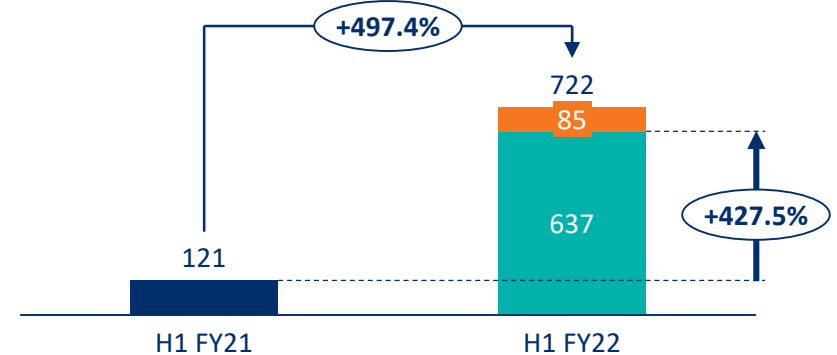
Key Financial Highlights

Gross Revenue (INR Cr)



 Covid-19 vaccination & related antibody tests revenue

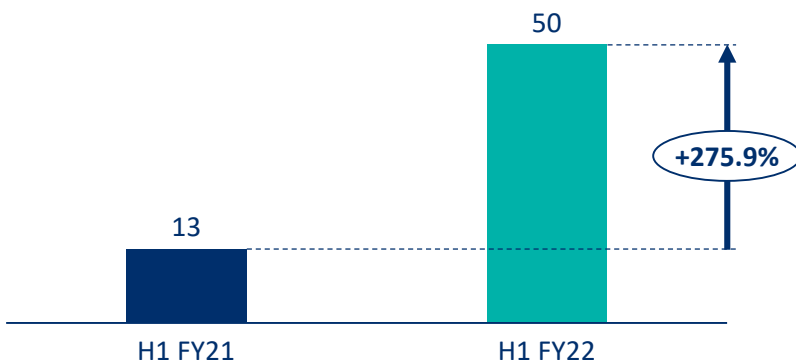
Operating EBITDA (INR Cr)



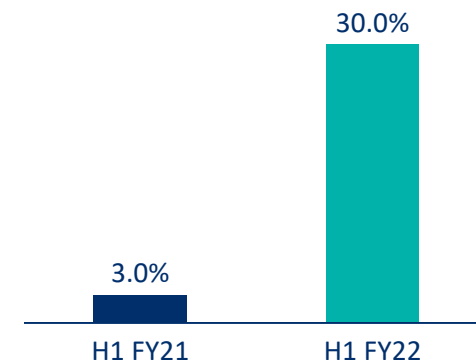
 Covid-19 vaccination & related antibody tests EBITDA

Margin¹ (%) H1 FY21 : 8.3% | H1 FY22 : 27.0%

Operating EBITDA per bed² (INR Lakhs)

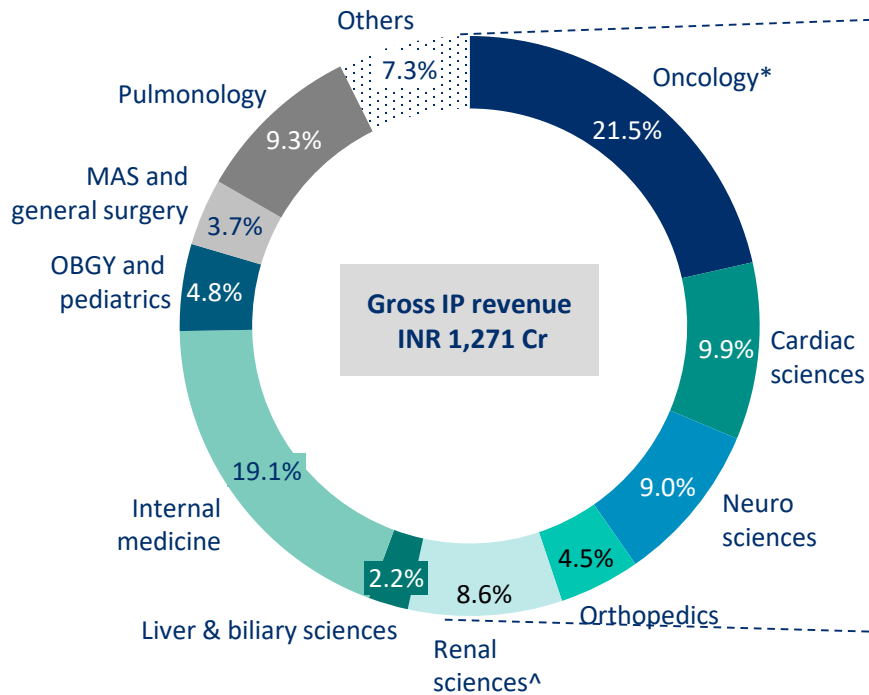


Pre-tax ROCE⁴

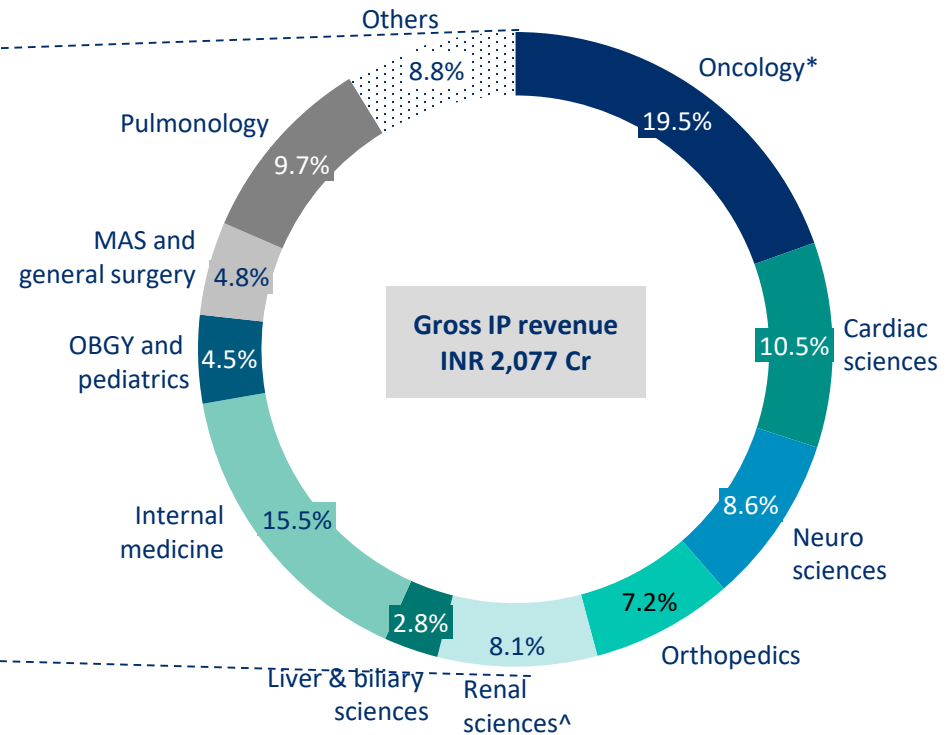


(1) Margin calculated on net revenue | (2) EBITDA per bed is annualised using relevant half-yearly EBITDA and occupancy; excludes EBITDA from Covid-19 vaccination & related antibody tests and Max Lab operations | (3) Half-yearly EBIT (excluding impact of Covid-19 vaccination & related antibody tests) annualised; Excludes impact of Purchase price allocation on capital employed consequent to merger with Radiant and current quarter acquisition; Also excludes short term FDRs. Depreciation has been considered based on normalised replacement capex.

H1 FY21



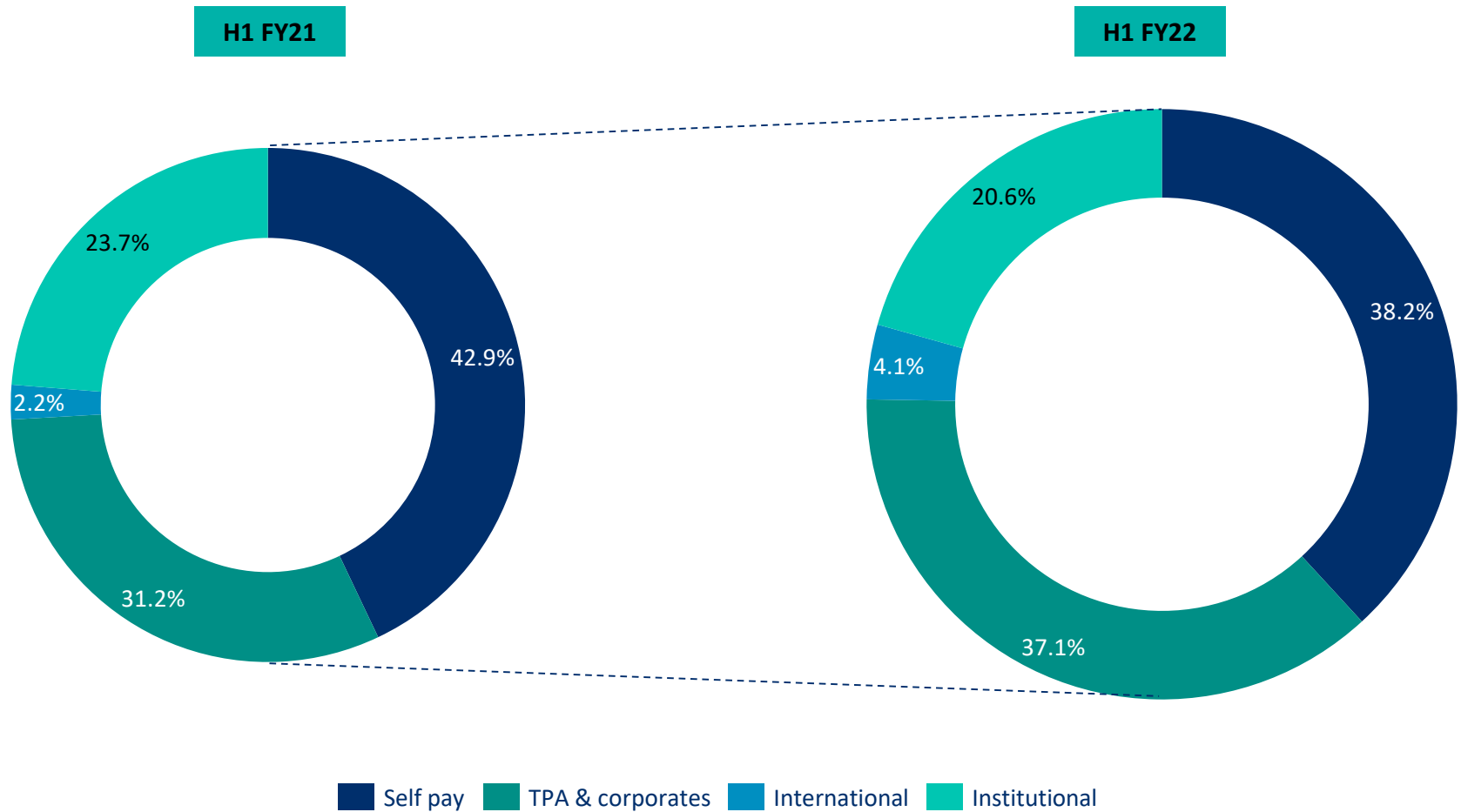
H1 FY22



Note: Excludes OP and day care revenue, revenue from SBUs and other operating income

* Includes chemotherapy and radiotherapy

^ Includes Dialysis



Figs in INR Cr

	H1 FY21		H1 FY22	
	Amount	% NR	Amount	% NR
Gross revenue (incl. movement in unbilled) ¹	1,561		2,819	
Net revenue	1,453	100.0%	2,675	100.0%
Direct costs	625	43.0%	1,090	40.8%
Contribution	829	57.0%	1,585	59.2%
Indirect overheads	708	48.7%	863	32.3%
Operating EBITDA	121	8.3%	722	27.0%
ESOP (Equity-settled scheme)	0	0.0%	25	0.9%
Movement in fair value of contingent consideration payable and amortisation of contract assets ²	14		10	0.4%
Transaction Cost including QIP related cost & Loss on fair valuation of pre-merger holding of Radiant under Ind AS 103 ²	249		-	
Exceptional costs : Provision for terminal benefits under VRS ³	-		8	0.3%
Reported EBITDA	(143)	(9.8%)	679	25.4%
Finance cost (net) ⁴	90	6.2%	61	2.3%
Depreciation and amortisation	108	7.5%	122	4.6%
Profit before tax	(341)	(23.5%)	496	18.5%
Tax	(2)	(0.2%)	84	3.1%
Profit after tax	(339)	(23.3%)	412	15.4%

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

1. H1 FY22 includes gross revenue of INR 227 Cr from Covid-19 vaccination & related antibody tests
2. Non cash item represents the change in fair value of contingent consideration payable to Trust/Society over the balance period (~22 to 33 years) under O&M Contracts and represents changes in the time value of discounted liability and impact of changes in future business plan projections
3. Provision for VRS expenses relate to Nanavati Max Hospital and represents the likely payout to the employees who have applied under the ongoing scheme so far
4. QIP proceeds received in mid-March were partially used to pre-pay some of the debt thereby reducing the interest costs during H1 FY22

Max Healthcare: Memorandum Profit & Loss Consolidation sheet of Network Financials for H1 FY22

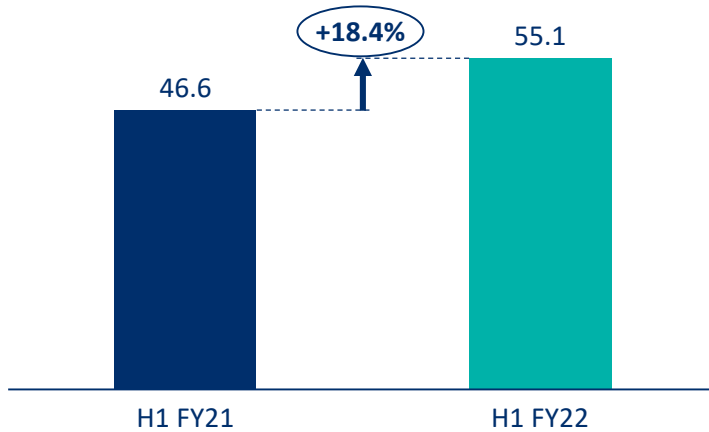
(INR Cr)	MHIL & its subsidiaries & Silos	Partner Healthcare Facilities ("PHF") Financials (IGAAP Unaudited)*				Eliminations & Adjustment ^(2,6)	MHC Network (Consolidated) (Certified by an ICA)
	Ind AS Unaudited	Balaji Society	GM Modi Society	Devki Devi Society	IND AS Adjustment ⁽¹⁾		
Revenue from operations	2,019	275	173	369	-	(175)	2,660
Other Income ⁽³⁾	19	1	1	5		(12)	15
Total Operating income	2,037	276	174	374		(186)	2,675
Purchase of pharmacy, drugs, consumables & implants	514	53	41	117	-	10	735
Employee benefits expense ⁽⁴⁾	380	38	25	38	-	84	565
Other expenses ⁽⁵⁾	608	116	80	136	(2)	(285)	653
Total Expenses	1,502	207	145	292	(2)	(191)	1,953
Operating EBITDA	536	69	29	82	2	5	722
Less : non-operating expenses							
ESOP (Equity-settled Scheme)	25	-	-	-	-	-	25
Movement in fair value of contingent consideration payable and amortisation of contract assets	10	-	-	-	-	-	10
Exceptional costs : Provision for terminal benefits under VRS	8	-	-	-	-	-	8
Reported EBITDA	492	69	29	82	2	5	679
Finance Cost (Net)	15	5	15	16	1	8	61
Depreciation & Amortisation	107	9	7	12	1	(15)	122
Profit / (Loss) before tax	370	55	7	54	--	11	496
Tax expenses	80	-	-	-	-	4	84
Profit / (Loss) after tax	290	55	7	54	-	7	412

*Newly added PHF i.e. Vikrant Children Foundation has not been reflected separately due to negligible transactions in the entity's P&L

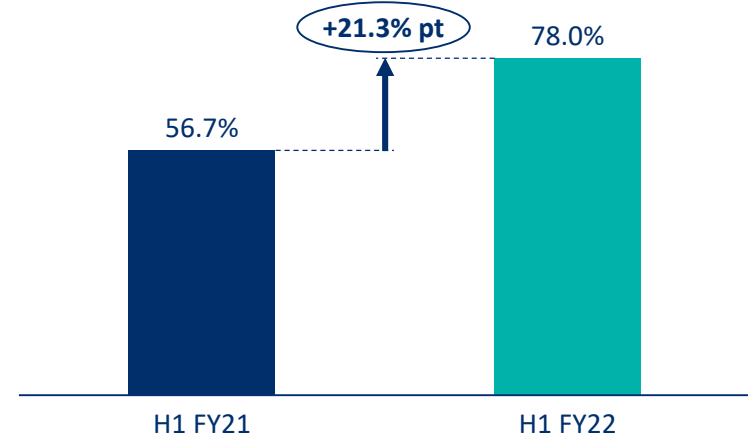
(1) Mainly relates to Ind AS 116 (Accounting for Leases) at PHFs | (2) Eliminations relate to amount charged to PHFs under medical service agreements and sale of pharmaceuticals etc. Also includes impact on amortisation due to reversal of Intangible assets recognised in MHIL & its subsidiaries for contracts with PHFs. The NPV of the amount payable by a PHF to unconsolidated part of the other Society over the contract period has been accrued under IND AS and payment there against has thus been knocked off against the liability. | (3) Other Income includes income from Clinical trials, EPCG, Unclaimed Balances written back, Sponsorships and Contributions received, etc. | (4) Includes movement in OCI for actuarial valuation impact but excludes ESOP (Equity Settled) expenses. | (5) Net of reversal of prov. for bad debts and bad debts recovered in current period and also excludes movement in fair value of contingent consideration and amortisation of contract assets which is considered below Operating EBITDA | (6) Some of the items have been reclassified across line items to match with the commonly understood industry practices, e.g. forex gain/loss reclassified under Finance costs, Clinician costs reclassified under employee benefits expense, etc.

Key Operational Highlights

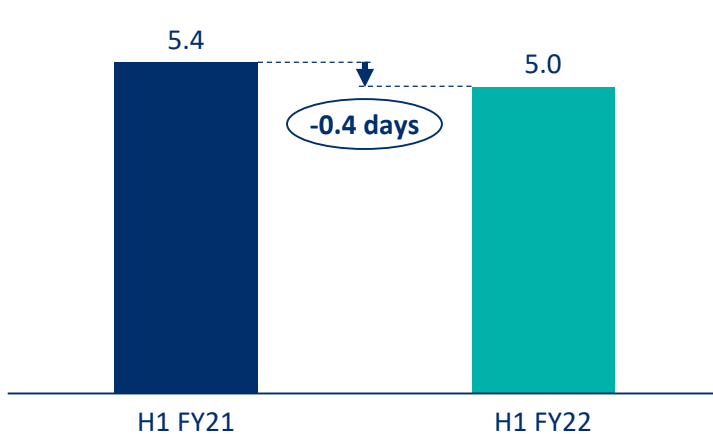
ARPOB¹ (INR/OBD) ('000)



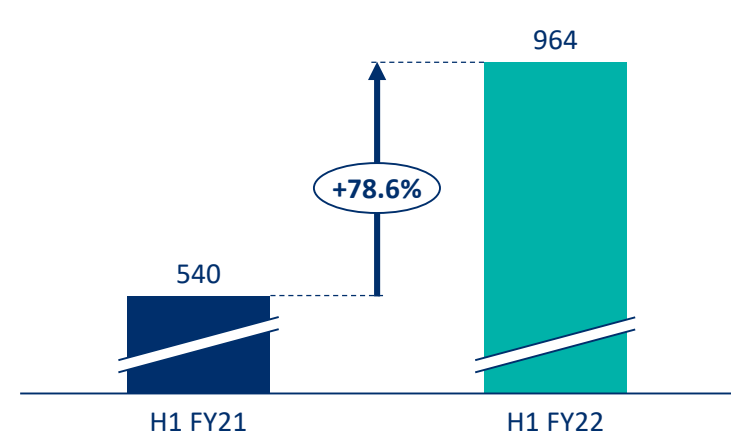
Avg. Inpatient Occupancy (%)



ALOS² (in days)



Outpatient consults ('000)



(1) ARPOB calculated as gross revenue / total OBD; Gross revenue excludes revenue from Covid-19 vaccination & related antibody tests and Max Lab operations |

(2) ALOS calculated for discharged IP patients

Network Balance Sheet

Balance Sheet¹

(Includes Managed & Partner Healthcare Facilities)

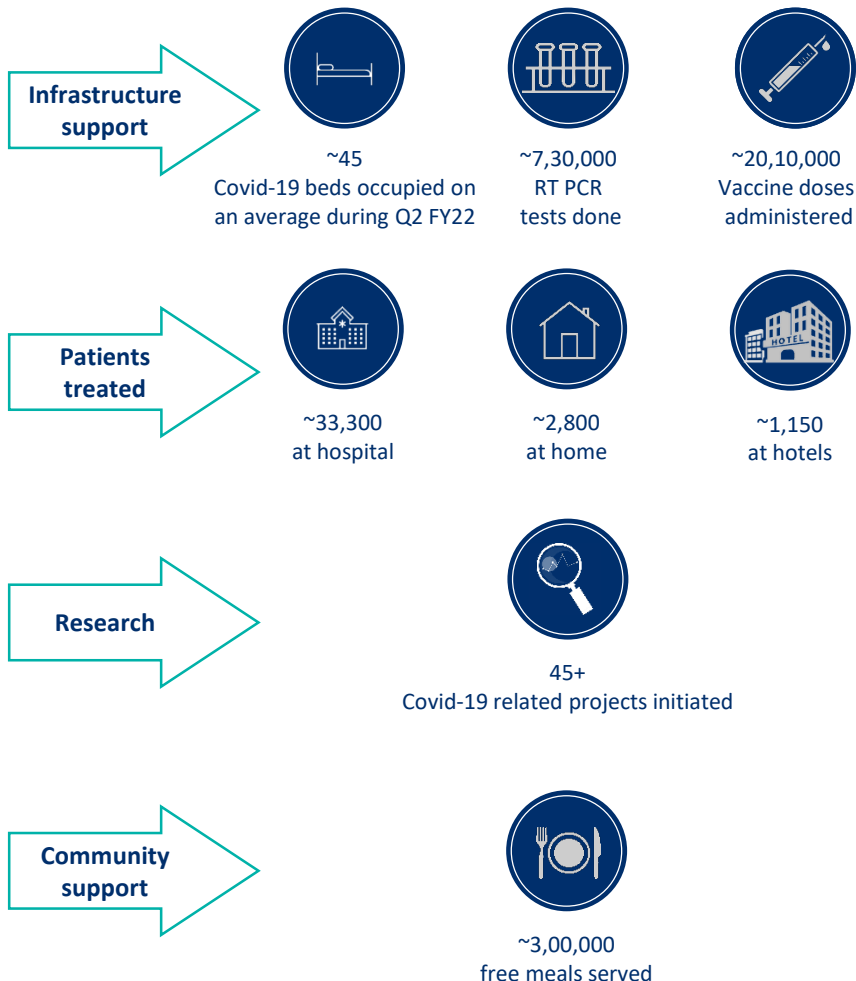
Figs in INR Cr

Particulars	Mar 21	Sep 21
Shareholders' Equity	5,738	6,282
Gross Debt	1,128	1,002
Put Option Liability	82	5
Lease Liabilities (Ind AS 116)	198	196
Deferred/Contingent Consideration Payable ³	428	440
Deferred Tax Liability/Deferred Tax Asset	158	179
Total Liabilities²	7,731	8,103
Net tangible Assets (incl. CWIP)	2,532	2,690
Intangible Assets (incl. brand and O&M rights)	658	650
Right to Use Assets (Ind AS 116)	242	234
Goodwill	3,773	3,773
Inventories	74	95
Investments	2	2
Cash & Bank balance	666	748
Net Current & Other Non-Current Assets/(Liabilities) ⁴	(215)	(89)
Total Assets²	7,731	8,103

- (1) Represents consolidation of unaudited financials of MHIL, its subsidiaries, managed healthcare facilities and partner healthcare facilities (PHF's) duly updated for IND AS related adjustments. The intra-network dues and intangible assets on account of medical services agreements with PHFs are eliminated & fair value of assets & liabilities of PHF's (as on June 1, 2020) is recognised, with balance reflected under Goodwill.
- (2) During the quarter, accounting for acquisition of ET Planner and PPA thereof has added INR 107 Cr to capital employed beyond the actual consideration paid.
- (3) Represents fair value of long term liabilities towards fees payable to Trust/Societies over the remaining contract period ranging from 23 to 85 years
- (4) Includes unfavorable lease liability (INR 228 Cr) recognised on PPA. The movement is mainly due to increase in Accounts receivables and withholding taxes by credit customers

Covid-19 Update

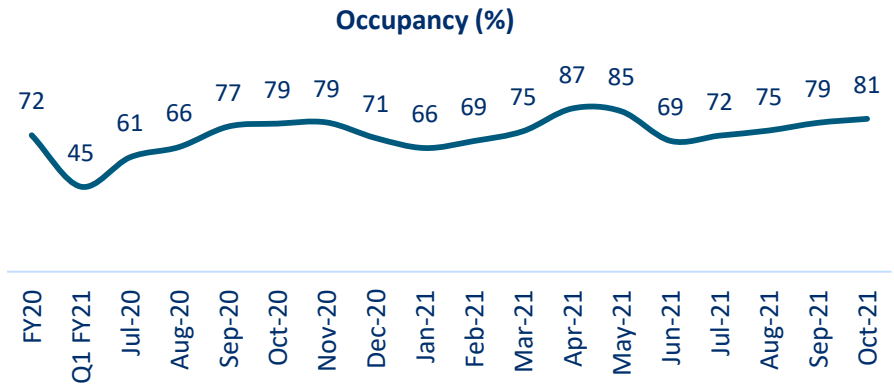
Key contributions* :



Our response :

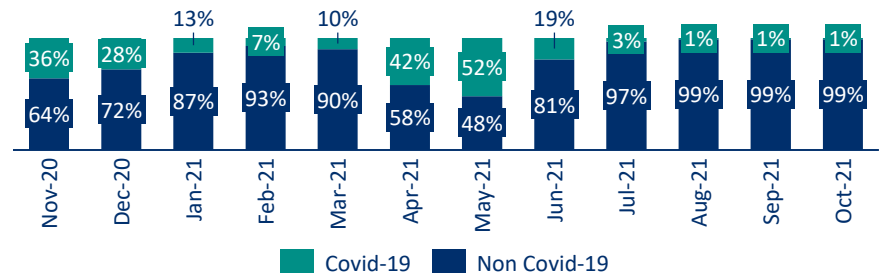
- * First private hospital to offer a dedicated facility in Delhi for Covid-19 care
- * One of the first private sector labs to start Covid-19 testing
- * Operationalised one of the largest Covid-19 vaccination centers across India
 - * spread over 1.65 acres; can operate 50 billing and 40 nursing counters
 - * capacity to administer ~10,000 vaccine doses in a day
- * Inoculated upto ~48,600 individuals in a single day across all the channels combined
- * Installed O₂ generators at five network hospitals in NCR, thereby reducing dependence on liquid medical oxygen
- * First of its kind convalescent plasma therapy trial for critically ill patients
- * Set up Covid-19 related medical processes-
 - * Formulated detailed clinical protocols for clinical management and infection prevention
 - * Created isolation areas for segregation
 - * Provided intensive training to frontline medical personnel
- * Strengthened digital platforms-
 - * Significantly ramped up tele-consulting- ~20,000 video consults during Q2 FY22
 - * Developed remote monitoring capabilities, particularly during lockdown, in Tri-city

- ✱ Post sharp fall in occupancy rate at the start of first wave of Covid-19 at the end of Mar'20, the overall occupancy steadily rose back to normal levels in Q3 FY21
- ✱ In Jan'21, occupancy decreased to ~66% levels with decline in Covid-19 cases leading to underutilisation of Covid-19 reserved beds and farmer's agitation impacting flow of upcountry non-covid patients
- ✱ Occupancy rebounded to 85%+ levels in Apr'21 and May'21 as second wave of Covid-19 hit India and normalised to ~75% levels towards the end of Q2 FY22, as Covid-19 cases declined

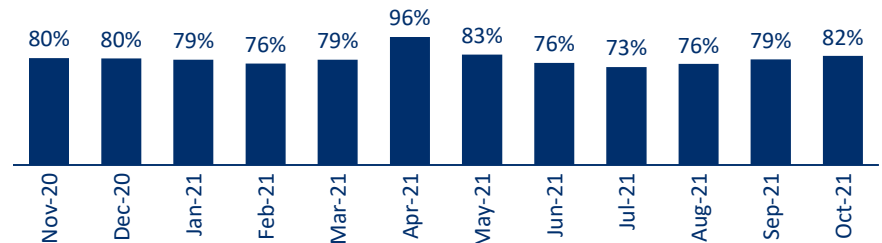


- ✱ During April-May'21, higher number of beds were allocated to cater to surge of patients in the second wave of Covid-19
- ✱ Covid-19 reserved beds were varied in tandem with the rate of Covid-19 admissions and advisory from the regulatory bodies
- ✱ Non-covid occupancy during Q1 FY22 was mainly driven by Oncology, Renal sciences and Neurosciences
- ✱ Non Covid-19 discharges have consistently risen during last 6 months
- ✱ Since Aug'21, just ~1% of the total occupied beds are being utilised for treatment of Covid-19 patients

Occupied bed share split

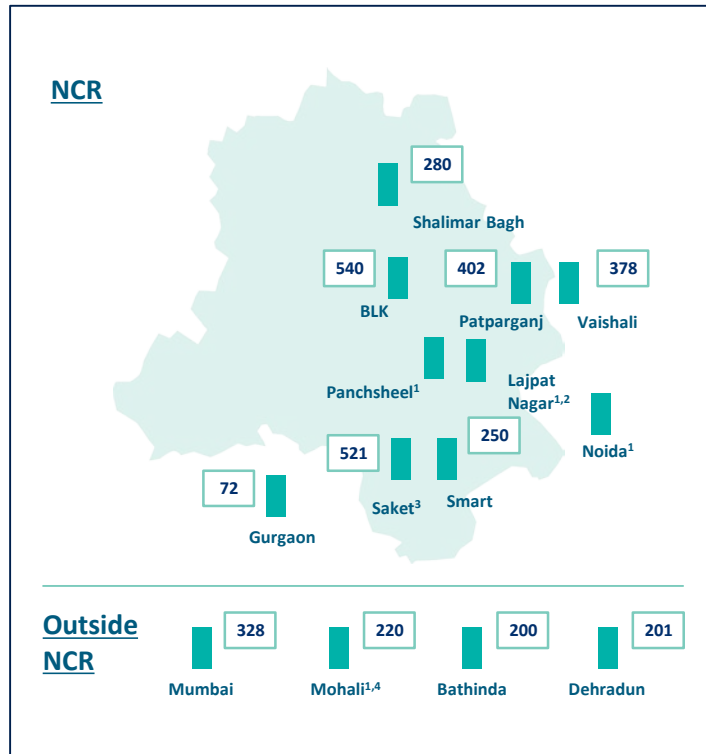


Non Covid-19 occupancy¹



1) Occupancy calculated on the basis of beds dedicated to non Covid-19 for the respective month

About the Company



Max Hospitals and medical centres



17
Facilities

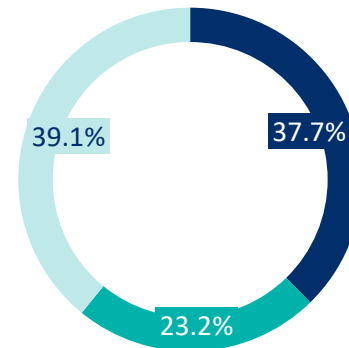


~3,400
Bed capacity



~85%
Beds in metros

Shareholding structure (as on October 31, 2021)



Top Public investors

(>1% shareholding) includes -

- SBI Mutual Fund
- Smallcap World Fund
- HDFC Mutual Fund
- Canara Robeco Mutual Fund
- Motilal Oswal Mutual Fund
- Veritas Funds

Kayak Abhay Soi Public & Others

* Based on publicly available information for listed companies (FY21)

(1) Standalone specialty clinics with outpatient and day care services | (2) 2 facilities at Lajpat Nagar | (3) 320 beds in East Block and 201 in West Block |

(4) 2 facilities in Mohali

Vision: To be the Most Well Regarded Healthcare Provider in India

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**



Robotics



Advanced robotics provides high precision and enables minimal invasive surgery across multiple specialties such as Oncology, Neurology

TrueBeam Stx LINAC System



Provides a variety of treatment techniques such as HyperArc and RapidArc to address a broad range of cancer cases

Cath Lab – Artis Zee Pure



Artis zee floor-mounted system with a large detector offers excellent performance for an improved clinical workflow with a larger field of view

S8 Navigation with O-Arm



StealthStation™ S8 navigation integrates with the O-arm(opens new window)™ imaging system, replacing intraoperative fluoroscopy with a fluid, 3D-navigated surgical experience

Radixact – TomoTherapy System



Next generation TomoTherapy platform, designed to enable more efficient, effective and precise delivery of radiation to the entire spectrum of cancer indications

Intra OP Portable CT



BodyTom® has the ability to perform axial, helical (CTA), and dynamic scanning, making it ideal for providing multi-departmental imaging solutions

Research:



Significant **strategic partnerships** including Deakin University, Australia and Imperial College London – 15,000+ research participants and 1 million pound research grant



900+ high index journal **research publications** in last 5 years



Private **bio bank** - ~15,000 bio samples stored



Several **research grants** from leading organisations such as CSIR, DBT, ICMR, INSA, etc.



Researching use of Artificial Intelligence in Radiology with leading international partners



80+ on-going clinical **research projects**

Academics:

Max Institute of Medical Excellence (MIME) is the **education division** of MHC for medical education & training

- * Hosts prestigious Royal college of Physicians exam - successfully hosted 4 examinations
- * Recognised by JRCPTB to deliver post graduate Internal medicine training outside UK
- * Conducts Masters in Emergency program in collaboration with George Washington University, USA
- * 15,000+ students trained in Life Support programmes in last 5 years
- * ~12,000 trainees participate in various training programmes and exams annually
- * ~1,200 trainees undergo CMEs, workshops and bespoke trainings annually
- * 300+ post graduate students enrolled across 30+ specialties

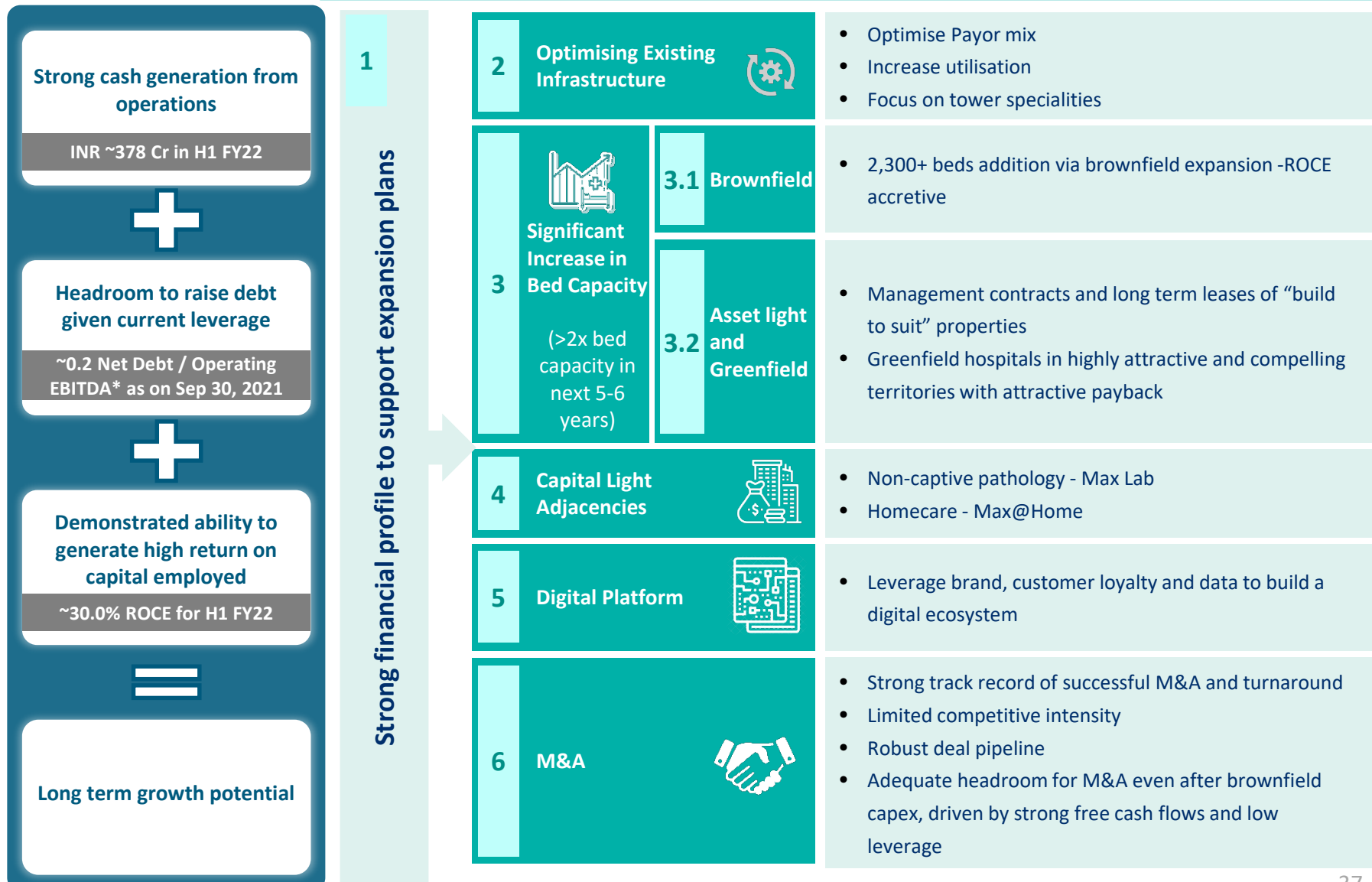
Figs in INR Cr

	FY19		FY20		FY21		H1 FY22	
	Amount	% NR	Amount	% NR	Amount	% NR	Amount	% NR
Gross revenue (incl. movement in unbilled)	3,920		4,356		3,881		2,819	
Net revenue	3,599	100.0%	4,023	100.0%	3,629	100.0%	2,675	100.0%
Direct costs	1,566	43.5%	1,715	42.6%	1,508	41.6%	1,090	40.3%
Contribution	2,033	56.5%	2,308	57.4%	2,121	58.4%	1,585	59.2%
Indirect overheads	1,685	46.8%	1,719	42.7%	1,485	40.9%	863	32.3%
Operating EBITDA	348	9.7%	590	14.7%	636	17.5%	722	27.0%
Loss on fair valuation of pre-merger holding of Radiant under IND AS 103	-	-	-	-	196	5.4%	-	0.0%
Transaction cost	30	0.8%	43	1.1%	48	1.3%	-	0.0%
ESOP (Equity - settled scheme)	-	-	-	-	27	0.7 %	25	0.9%
One time policy harmonisation impact	-	-	-	-	5	0.1%	-	0.0%
Movement in fair value of contingent consideration payable and amortisation of contract assets	19	0.5%	(3)	(0.1%)	1	0.0%	10	0.4%
Exceptional costs : Provision for terminal benefits under VRS ⁴	-	-	-	-	-	-	8	0.3%
Reported EBITDA	299	8.3%	549	13.6%	359	9.9%	679	25.4%
Finance cost (net)	155	4.3%	215	5.3%	187	5.2%	61	2.3%
Depreciation and amortisation	186	5.2%	208	5.2%	216	6.0%	122	4.6%
Profit before tax	(42)	(1.2%)	126	3.1%	(45)	(1.2%)	496	18.5%
Tax	18	0.5%	(3)	(0.1%)	50	1.4%	84	3.1%
Profit after tax	(60)	(1.7%)	129	3.2%	(95)	(2.6%)	412	15.4%

Note:

1. The numbers for the previous periods have been re-casted and regrouped to match with the disclosure in the current period
2. FY19 financials are pre-IND AS -116 unaudited numbers based on arithmetic total of line items appearing in the pre-merger P&L of Max Healthcare and Radiant Lifecare
3. Operating EBITDA (pre Ind AS-116) stood at INR 548 Cr in FY20, INR 601 Cr in FY21 and INR 703 Cr in H1 FY22
4. Provision for VRS expenses relate to Nanavati Max Hospital and represents the likely payout to the employees who have applied under the ongoing scheme so far

Key drivers for future growth



Clinical Safety

- * Patient Safety Award by FICCI
- * Diamond Award for Stroke Ready Centre by the World Stroke Organisation
- * Times Healthcare Achievers Award



- * Nursing Excellence Award at AHPI Healthcare Excellence Awards 2020



Operational Excellence

- * Best use of six sigma in Healthcare



- * FICCI Excellence Awards for 'Operational Excellence'
- * Best green hospital (reducing carbon foot print of tertiary care hospital)
- * Best hi-tech hospital at ET Healthcare awards 2020



Service Quality

- * Best customer service in Healthcare



- * Bronze award for 'Life savers' project (Max Bike responder) at 'American Society for Quality'
- * BPM Asia Star 2017 by CII Institute of Quality
- * D.L. Shah National Award for 'Economics of Quality' by QCI



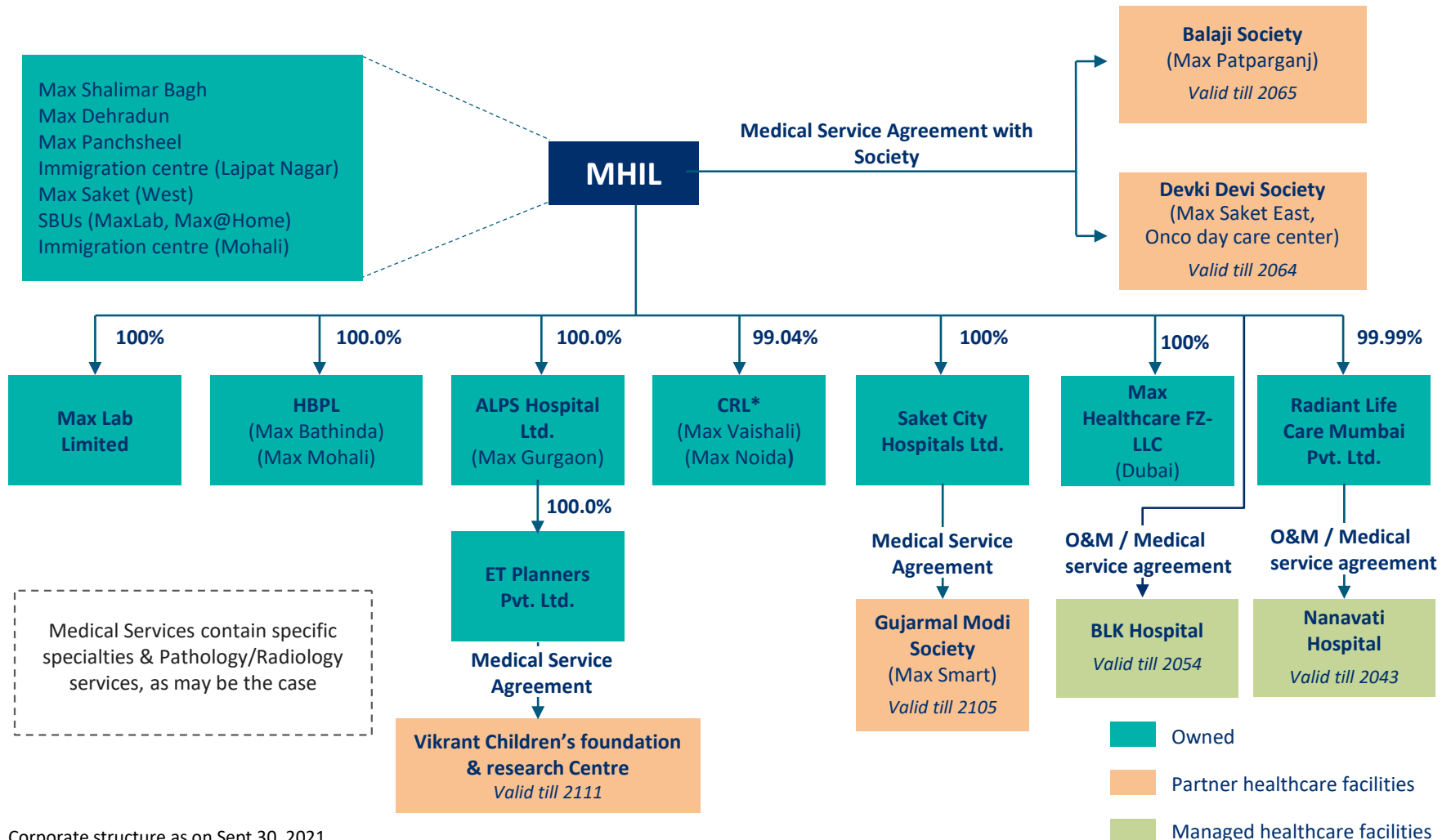
Others

- * ET Best Healthcare brand
- * HIMSS-Elsevier Digital Healthcare Award 2019



- * Best organisation for staff/employee engagement for patients by the CRM Academy of Asia
- * Gold award from Hospital Management Asia





Corporate structure as on Sept 30, 2021

Validity includes extensions available under the contract

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

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

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, payment of taxes 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,
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www.maxhealthcare.in

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