

# Project Dolphins – DRAFT

April 2026

ALVAREZ & MARSAL

## Financial accounting due diligence

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# Team

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# Report letter

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David Afshar  
Chief Financial and Operating Officer  
American Oncology Network, LLC  
14543 Global Parkway, Suite 110  
Fort Myers, FL 33913

Dear Mr. Afshar,

We have made certain inquiries and have obtained certain information with respect to the proposed equity recapitalization of American Oncology Network, LLC (the “Company” or “Client”). The purpose of such inquiries is solely to assist Client in gaining an understanding of the historical and prospective balance sheets and statements of income with respect to the Company as an ongoing business. A substantial amount of the information contained in this report was furnished to us by Company management, and we have not verified the accuracy or completeness of what we were furnished.

This report is solely for your information to assist you in connection with the contemplated transaction and is not to be referred to or distributed to anyone outside of Client without the consent of Alvarez & Marsal Transaction Advisory Group, LLC. Our procedures were limited to those outlined in the engagement letter as described in the Appendix of this report. In performing the procedures, we had discussions with the Company’s employees.

Our procedures did not include an evaluation of the Company's internal controls or other aspects of its operations. Our report relates only to the items specified. Other matters of possible interest to Client may not be specifically addressed.

Our report does not constitute an audit, examination, review, or compilation of the historical and prospective financial information conducted in accordance with generally accepted auditing standards or other standards established by the American Institute of Certified Public Accountants (“AICPA”). Accordingly, we do not express an opinion or any other form of assurance with respect to any of the historical financial information or whether the prospective financial information is presented in conformity with AICPA presentation guidelines.

## **DRAFT**

*Alvarez & Marsal Transaction Advisory Group, LLC*  
Atlanta, GA  
April 2026

# Definition of terms

10-K	Form 10-K, annual report required by the United States Securities and Exchange Commission
A&M, we	Alvarez & Marsal Transaction Advisory Group, LLC
AFS	Audited Financial Statements
APP	Advanced Practice Providers
AR	Accounts Receivable
BS	Balance Sheet
CEO	Chief Executive Officer
CFO	Chief Financial Officer
Client, Company, AON	American Oncology Network, LLC
CMS	Centers for Medicare & Medicaid Services
COO	Chief Operating Officer
CSF	Central Service Fee, fixed component of the Company's management fee based on cash collections
DoS	Date of Service
EBITDA	Earnings before net interest expense, income taxes, and depreciation and amortization expense
EMR	Electronic Medical Record
FL	Florida
FY22, FY23, FY24, FY25	The twelve-month periods ended December 31, 2022, 2023, 2024, and ending 2025, respectively
GAAP	Generally Accepted Accounting Principles in the United States
Historical Balance Sheet Dates	As of December 31, 2022, 2023, 2024, and 2025
Historical Period	FY22, FY23, FY24, and FY25
House Model	Network Practice compensation model; whereby, employed physicians are compensated under guaranteed arrangements
HR	Human Resources
IBNR	Incurred But Not Reported
Inc	Incorporation

# Definition of terms (continued)

IT	Information Technology
IV	Intravenous infusion therapy services
IVR	Incremental Volume Rebate, a rebate program with OS
LLC	Limited Liability Company
LOI	Letter of Intent
LP	Limited Partner
Management	Todd Schonherz, Chief Executive Officer David Afshar, Chief Financial Officer Ashley Knox, Controller
MF	Management Fee, variable component of the Company's management fee based on Network Practice-level profitability
MiBA	Meaningful Insights Biotech Analytics, LLC, a joint venture partnership
MSA	Master Service Agreement
MSO	Management Service Organization (i.e., AON)
Nasdaq	National Association of Securities Dealers Automated Quotations, Inc.
NCI	EBITDA attributable to non-controlling interests (i.e., MiBA)
Network Practices	Oncology care practices under MSA with the Company
NIH	National Institute of Health
NP	Nurse Practitioner
NQ	Not Quantified
OS	Oncology Supply, a subsidiary of Cencora, Inc.
OTC	Other transaction considerations
OTCQX	OCTQX Best Market of OTC Markets Group, Inc.
PA	Physician Assistant
PBCP	Productivity-Based Compensation Pool; compensation paid to Network Practice partner physicians
PDP	Pre-Distribution Pool; Network Practice profitability used to determine variable management fees

# Definition of terms (continued)

PDP Model	Network Practice compensation model; whereby, partner physicians participate in Network Practice profitability
PET/CT	Positron Emission Tomography and Computed Tomography, imaging services provided by the Company
PIS	Pharmacy Information System
PMS	Practice Management System
PSA	Revenues earned via service arrangements with various hospital systems
Q1, Q2, Q3, Q4	The three-month periods ended March 31, June 30, September 30, and December 31, respectively
QoE	Quality of Earnings
QoR	Quality of Revenue
RCM	Revenue Cycle Management
RN	Registered Nurse
Sponsor	AEA Elevate
TIN	Tax Identification Number
VBC	Value Based Care
VIE	Variable Interest Entities (i.e., Network Practices)

# Background

## The Company is a leading fully integrated oncology care platform

### Background

The Company is organized as the parent organization and platform brand. Through its wholly owned subsidiaries, including an MSO, the Company supports independent practices nationwide and provides various non-clinical managerial and administrative services primarily focused on community oncology. Such operations are referred to herein as “Network Practices”, which are consolidated under a single TIN to allow for revenue diversification and administrative efficiencies. The MSO also wholly owns a site management organization that coordinates clinical trial activities across the Network Practices, enabling physicians to participate in clinical research with centralized infrastructure, trial access, and compliance support. The Company is a leading independent community oncology platform, offering a technology enabled, fully integrated platform to support independent oncologists.

The Network Practices operate across the United States and enter into a MSA with the Company’s MSO. The Network Practices employ physicians, APPs, RNs, and non-clinical staff, who provide oncology care services to adult and senior patients with cancer diagnoses in community-based settings. While each Network Practice is wholly owned by a single licensed Physician, the Network Practices operate as a division in which the licensed key physicians of that division direct the professional conduct and clinical affairs, as well as all diagnosis and treatment decisions. Oncology care services focus on chemotherapy and immunotherapy treatments, surgeries, diagnostic imaging, radiation therapy, and supportive care as well as ancillary service offerings sourced via the Company; refer below for more information.

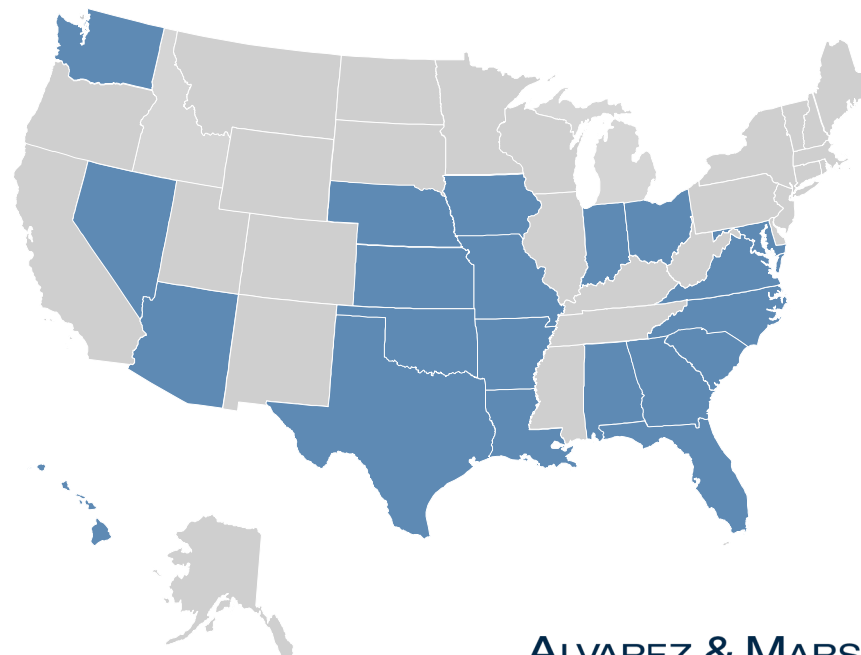
Through the MSO, the Company provides a full suite of non-clinical and managerial services to the Network Practices, including, but not limited to, purchasing and supply chain, VBC and payor strategy, IT, RCM, finance and accounting, HR, legal, marketing, and data analytics. As consideration for these services, the MSO earns monthly management fees from the Network Practices that are set in advance and typically include fixed and variable components, based on revenue and profitability, respectively, and are eliminated in consolidation within the presentation of historical earnings. Refer to the *Economics overview* within the *Appendices* for more information.

### Background (continued)

Furthermore, the Company provides the Network Practices with access to a range of ancillary offerings, including, but not limited to, a centralized specialty pharmacy, laboratory testing services, pathology diagnostic services, clinical research and trials, and care management support services. Such ancillary service offerings are typically incremental to the existing infrastructure that the Network Practices maintained prior to affiliation with the Company. While the Company does not hold any legal ownership interest in the Network Practices, the MSO structure and contractual arrangements meet the requirements for consolidation under GAAP’s variable interest entity (VIE) guidance. Accordingly, the financial presentation herein reflects the consolidated operations of the MSO and the Network Practices.

### Operations footprint

The Network Practices operate across 20 states and the District of Columbia, with 37 practices and 364 affiliated providers (including MSA providers) as of December 2025.



# Adjusted results of operations

Adjusted results of operations					% of net revenue			
(in 000s)	FY22	FY23	FY24	FY25	FY22	FY23	FY24	FY25
<b>Revenue</b>	<b>1,141,803</b>	<b>1,300,770</b>	<b>1,782,810</b>	<b>2,436,316</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<i>Practice operating expenses</i>								
Infusion expenses	551,501	705,913	944,881	1,220,657	48.3%	54.3%	53.0%	50.1%
Oral pharmacy expenses	326,589	307,041	458,903	678,993	28.6%	23.6%	25.7%	27.9%
Clinical salaries and benefit expenses	144,507	147,800	185,006	275,240	12.7%	11.4%	10.4%	11.3%
General and administrative expenses	32,684	29,970	36,197	46,330	2.9%	2.3%	2.0%	1.9%
Medical and lab expenses	13,343	13,205	15,518	18,478	1.2%	1.0%	0.9%	0.8%
Total practice operating expenses	1,068,624	1,203,930	1,640,504	2,239,698	93.6%	92.6%	92.0%	91.9%
<b>Practice operating income</b>	<b>73,179</b>	<b>96,840</b>	<b>142,305</b>	<b>196,618</b>	<b>6.4%</b>	<b>7.4%</b>	<b>8.0%</b>	<b>8.1%</b>
<i>Corporate operating expenses</i>								
Salaries and benefit expenses	39,309	41,632	43,666	55,073	3.4%	3.2%	2.4%	2.3%
General and administrative expenses	24,959	36,638	53,053	60,374	2.2%	2.8%	3.0%	2.5%
Total corporate operating expenses	64,268	78,269	96,719	115,447	5.6%	6.0%	5.4%	4.7%
<b>Operating income</b>	<b>8,911</b>	<b>18,571</b>	<b>45,586</b>	<b>81,172</b>	<b>0.8%</b>	<b>1.4%</b>	<b>2.6%</b>	<b>3.3%</b>
Other (income) and expense	-	295	529	(976)	0.0%	0.0%	0.0%	0.0%
<b>EBITDA, adjusted</b>	<b>8,911</b>	<b>18,276</b>	<b>45,057</b>	<b>82,148</b>	<b>0.8%</b>	<b>1.4%</b>	<b>2.5%</b>	<b>3.4%</b>

# Scope and process summary

## Access to Management

- We held various telephonic discussions and video-conference meetings with Management throughout our engagement.
- Our access to Management throughout our engagement was unrestricted. Management was very cooperative and willing to provide us with any information we requested.

## Scope limitations

- Management does not maintain monthly accrual-basis financial statements. Therefore, we were only able to assess quarterly accrual-basis consolidated financial statements in our *Quality of Earnings* analysis.
- Management does not bifurcate (i) MSO and (ii) Network Practice accrual-basis financial statements. A separate A&M operations team assessed and performed a bifurcation of (i) MSO and (ii) Network Practices quarterly accrual-basis financial statements for FY24 in collaboration with Management; Management prepared for FY25.
  - This assessment was foundational to our *Quality of Earnings* analysis, but was only performed for FY24 and FY25.
  - Therefore, we were unable to quantify select adjustments for FY22 and FY23 within our *Quality of Earnings* analysis due to our inability to distinguish (i) MSO and (ii) Network Practice financial statements.
- Audit workpapers were not made available to us for review in connection with our *Quality of Earnings* analysis due to timing of FY25 audit.

## Quality of information

- Financial information on which we based our due diligence included internal financial statements, trial balances, underlying general ledger transaction detail, the FY22, FY23, FY24, and FY25 financial statements audited by a third-party accounting firm, and various analyses and data sets maintained in Excel. Financial information received from Management included certain limitations; refer below for more information.
- Management maintains monthly internal financial records on a modified cash basis of accounting, which are used to evaluate Network Practice-level results and determine physician compensation expense.
- Quarterly and annually, Management converts its internal financial records on a consolidated basis to an accrual basis of accounting. We have proposed adjustments within our *Quality of Earnings* analysis to reflect significant financial statement captions on an accrual basis of accounting consistently during the Historical Period.
- Management does not maintain separate financial records for (i) MSO and (ii) Network Practices on an accrual basis of accounting; financial statements are prepared on a consolidated basis.
- The audit of the financial statements for the period ending December 31, 2025 was completed at the end of March 2026. Refer to the *Appendices* for a reconciliation between reported financial information (on which we based our analyses) and audited financial information.

## Basis of preparation summary

FY22	FY23	FY24	FY25
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- Historical Financial Information (unless stated otherwise) is presented on a consolidated basis, based on the Company's trial balances. We reconciled the Company's trial balances to the audited financial statements.
- A separate A&M operations team assessed and performed a bifurcation of (i) MSO and (ii) Network Practices financial statements on an accrual basis of accounting for FY24 in collaboration with Management. We leveraged the bifurcated financial statements for purposes of our work. During FY25 and going forward, Management prepared the bifurcation of (i) MSO and (ii) Network Practices financial statements on a quarterly basis.
- All dollar amounts are presented in thousands except per unit data, or unless otherwise noted.
- Any references to pro forma or run-rate adjustments or results are not intended to comply with the U.S. Securities and Exchange Commission's guidance on the preparation and presentation of pro forma or run-rate financial information, included in Article 11 of Regulation S-X.

# Financial reporting and systems

## Finance and accounting function

- David Afshar, Chief Financial Officer, is responsible for the finance and accounting functions located at the corporate headquarters in Fort Myers, FL.
- The finance and accounting function is comprised of the following positions:
  - Controller;
  - Director, Accounting;
  - 14 employees supporting the accounting function;
  - Vice President of Finance;
  - Director, Financial Planning and Analysis;
  - Director, Financial Reporting and Analysis;
  - Nine employees supporting the finance function;
  - Chief Revenue Cycle Officer;
  - Director, Revenue Cycle; and
  - Eight employees supporting the RCM function.

## Finance and accounting systems

- The Company uses the following systems and/or clinicians for key financial and accounting functions:
  - **Sage Intacct** – accounting and general ledger system;
  - **Prophix** – financial planning and analysis system;
  - **Athenahealth** – PMS used by Company for billing and collections for services;
  - **PrimeRx** – PIS used by Company for billing and collections for pharmacy;
  - **Centricity** – legacy PMS used by Company for billing and collections for services;
  - **CPR+** – legacy PIS used by Company for billing and collections for pharmacy; and
  - **ADP** – payroll processing system.

## Financial statement close

- The Company's fiscal year-end is December 31.
- Both the interim and year-end financial statements are prepared on an accrual basis and in accordance with GAAP.
- Management prepares consolidated quarterly and annual financial statements on an accrual basis of accounting; monthly financial statements are prepared on a modified cash basis of accounting for purposes of determining physician compensation expense and converted to an accrual basis of accounting in connection with each quarter-end financial statement close process.
- The Company's month-end close process is generally completed by the third week following month-end.

# Key accounting policies

Financial statement line item	Policy
<b>Revenue and accounts receivable</b>	Management recognizes revenue based on estimated net realizable amounts per information generated from Athenahealth (service revenue) and PrimeRx (pharmacy revenue) and separately maintains reserves against accounts receivable to estimate net revenue. Net realizable amounts are based on an assessment of hindsight collectability metrics, forward-looking collection estimates, and an evaluation of aged accounts receivable.
<b>Cost of goods sold and inventory</b>	The Company is contracted with several manufacturers and distributors through which it routinely purchases inventory (chemotherapy drugs, specialty oral medications, and medical supplies). All cost of goods sold are invoiced by manufacturers and distributors and subject to the Company's accounts payable process. The Company generally holds 15-day to 20-day payment terms with its manufacturers and distributors and is eligible for prompt pay discounts.
<b>Rebate income and rebate receivable</b>	The Company is contracted with several manufacturers and distributors to receive rebates on drug purchases, typically based on purchasing volume. The Company generally receives rebate payments 90 days to 180 days after purchase from manufacturers and distributors. The Company recognizes rebate income as a reduction to drug expense as the underlying drugs are used.
<b>Physician compensation</b>	<p>Physicians earn compensation through (i) guaranteed draws and (ii) participation in modified cash-basis practice operating profitability after payment of management fees to the Company (i.e., productivity-based bonus). Physicians are generally paid: (i) bi-weekly or monthly negotiated guaranteed draws and (ii) productivity-based bonus typically two months in arrears to performance month. Management accrues physician compensation in accordance with how physicians are compensated (i.e., on a modified cash-basis). Productivity-based bonus expense is reported within the Company's financial statements as they are earned under the terms of the physician compensation agreements. Our analysis converts productivity-based bonus expense to the accrual basis. Refer to the <i>Quality of Earnings</i> section for more information.</p> <p>As the Company continues to scale its practice network and invest in its MSO services, Management periodically refines aspects of its physician compensation model. The most recent update occurred in June 2025 when Management refined how certain operating expenses are allocated to physician practices. Our analysis of accrual-basis physician compensation expense contemplates the current physician compensation model.</p>
<b>Employee compensation</b>	Employees are paid (i) bi-weekly base salaries or hourly wages and (ii) performance bonuses, as applicable, during the second quarter of the following calendar year based on EBITDA and other performance targets set by the Board of Directors. Payroll is generally paid twice monthly, one week in arrears to payroll period end. The Company employs both exempt and non-exempt employees and records salaries and wages, benefits, and payroll taxes separately on the income statement, based on department.
<b>General and administrative expenses</b>	General and administrative expenses are invoiced by vendors and subject to the Company's accounts payable process. The Company generally holds 30-day to 60-day payment terms with key vendors.

# Key findings

# Key findings

Finding	Summary Observation	Page																																																							
<p><b>EBITDA, adjusted totaled \$82.1 million during FY25</b></p> <p><b>EBITDA, Management run-rate totaled \$95.0 million during FY25</b></p> <p><b>EBITDA, Management pro forma totaled \$121.0 million during FY25</b></p>	<ul style="list-style-type: none"> <li>Our analysis of the Company’s historical earnings quality outlines various Management and due diligence adjustments.</li> </ul> <table border="1"> <thead> <tr> <th colspan="5">Quality of earnings</th> </tr> <tr> <th>(in 000s)</th> <th>FY22</th> <th>FY23</th> <th>FY24</th> <th>FY25</th> </tr> </thead> <tbody> <tr> <td>EBITDA, reported</td> <td>12,591</td> <td>(49,225)</td> <td>(10,087)</td> <td>51,430</td> </tr> <tr> <td>Management adjustments</td> <td>4,933</td> <td>67,102</td> <td>44,263</td> <td>36,432</td> </tr> <tr> <td><b>EBITDA, Management</b></td> <td><b>17,524</b></td> <td><b>17,877</b></td> <td><b>34,176</b></td> <td><b>87,861</b></td> </tr> <tr> <td>Due diligence adjustments [+/-]</td> <td>(8,613)</td> <td>399</td> <td>10,881</td> <td>(5,714)</td> </tr> <tr> <td><b>EBITDA, adjusted [+/-]</b></td> <td><b>8,911</b></td> <td><b>18,276</b></td> <td><b>45,057</b></td> <td><b>82,148</b></td> </tr> <tr> <td>Management run-rate adjustments</td> <td></td> <td></td> <td></td> <td>12,803</td> </tr> <tr> <td><b>EBITDA, Management run-rate [+/-]</b></td> <td></td> <td></td> <td></td> <td><b>94,951</b></td> </tr> <tr> <td>Management pro forma adjustments</td> <td></td> <td></td> <td></td> <td>26,072</td> </tr> <tr> <td><b>EBITDA, Management pro forma [+/-]</b></td> <td></td> <td></td> <td></td> <td><b>121,023</b></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>Management’s adjustments relate to (i) one-time or non-recurring income and expenses, most notably attributable to year-end warranty valuation true-up, (ii) third-party affiliation and transaction-related costs, (iii) non-cash stock compensation, (iv) clinic start-up losses for practice affiliations during FY25, and (v) other one-time or non-recurring items during the Historical Period.</li> <li>Due diligence adjustments represent (i) our <i>Quality of Revenue</i> conclusions, (ii) our estimate of accrual-basis physician compensation expense, and (iii) other out-of-period influences identified during the Historical Period.</li> <li>Management run-rate adjustments represent (i) elimination of earnings attributable to Network Practice unwinds, (ii) Q4’25 earnings contribution attributable to new Network Practice affiliations from 2024 and 2025, (iii) Q4’25 earnings contribution attributable to House Network Practices, and (iv) corporate overhead savings, most notably attributable to third-party RCM re-contracting efforts.</li> <li>Management pro forma adjustments represent (i) estimated earnings attributable to new Network Practice affiliations from 2026 and (ii) estimated earnings attributable to potential new Network Practice affiliations currently under LOI, both as of the end of March 2026.</li> </ul>	Quality of earnings					(in 000s)	FY22	FY23	FY24	FY25	EBITDA, reported	12,591	(49,225)	(10,087)	51,430	Management adjustments	4,933	67,102	44,263	36,432	<b>EBITDA, Management</b>	<b>17,524</b>	<b>17,877</b>	<b>34,176</b>	<b>87,861</b>	Due diligence adjustments [+/-]	(8,613)	399	10,881	(5,714)	<b>EBITDA, adjusted [+/-]</b>	<b>8,911</b>	<b>18,276</b>	<b>45,057</b>	<b>82,148</b>	Management run-rate adjustments				12,803	<b>EBITDA, Management run-rate [+/-]</b>				<b>94,951</b>	Management pro forma adjustments				26,072	<b>EBITDA, Management pro forma [+/-]</b>				<b>121,023</b>	18
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# Key findings

## Finding

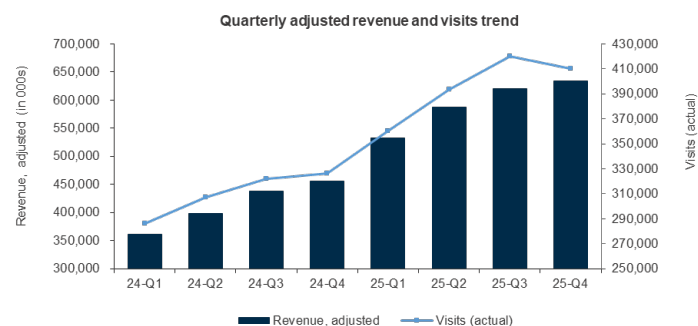
***The Company experienced earnings growth during FY25 compared to prior periods, primarily driven by (i) organic volume growth at legacy Network Practices and (ii) new Network Practice affiliations signed during 2024 and 2025.***

## Summary Observation

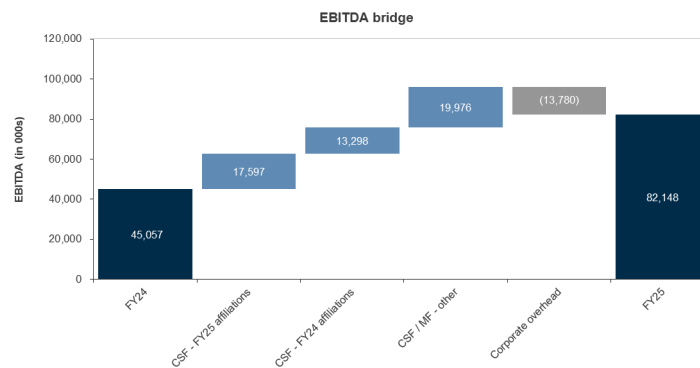
- The Company experienced meaningful volume growth across its Network Practices in 2025 (compared to prior periods). The Company experienced approximately 25.8 percent year-over-year growth in visits between Q4'24 and Q4'25, attributable to (i) organic volume growth at legacy Network Practices and (ii) the onboarding of new Network Practice affiliations signed during 2024 and 2025.

## Page

N/A



- The primary drivers of EBITDA growth between FY24 and FY25 are attributable to (i) CSF contribution from new Network Practice affiliations during FY24 and FY25, congruent with their related revenue growth, and (ii) MF contribution from legacy and new Network Practices, representative of favorable drug margin experience materializing during FY25. These growth levers were partially offset by incremental corporate overhead requirements to support new Network Practice affiliations.



# Key findings

Finding	Summary Observation	Page
<p><b><i>We performed an independent assessment of the Company's historical net revenue.</i></b></p> <p><b><i>Our analysis of historical revenue quality suggests reported revenue was slightly overstated by \$0.8 million during FY25.</i></b></p>	<ul style="list-style-type: none"> <li>▪ Management reports revenue in accordance with GAAP, periodically recording out-of-period revenue adjustments to account for reimbursement experience related to historical estimated net realizable amounts.</li> <li>▪ We performed an analysis comparing historical net revenues recorded by Management to our independent estimate of accrual-basis revenue, utilizing billing and collections data provided. We considered historical collection patterns, changes in reimbursement, and other financial and operational factors in developing our estimate of revenue during the Historical Period.</li> <li>▪ Our revenue quality assessment was performed mostly leveraging historical collection speed patterns, including FY22, FY23, and FY24 experience. Our analysis suggests reported revenue was overstated during FY22 and FY25 and understated during FY23 and FY24 relative to our view of revenue, and we adjusted historical earnings accordingly. As part of our assessment, we also reviewed cash collections experience through March 2026 and compared experience to future anticipated collections estimated within our revenue model (concluding our estimates were reasonable).</li> </ul>	30
<p><b><i>Physician compensation expense is reported within the Company's financial statements based on modified cash-basis Network Practice profitability, consistent with the Company's physician compensation model.</i></b></p> <p><b><i>We adjusted historical earnings to convert physician compensation expense from the modified cash basis to the accrual basis.</i></b></p>	<ul style="list-style-type: none"> <li>▪ Physicians earn compensation through (i) guaranteed draws and (ii) participation in modified cash-basis practice operating profitability after payment of management fees to the Company (i.e., productivity-based bonus).</li> <li>▪ Management accrues for (i) guaranteed draws and (ii) productivity-based bonuses based upon modified cash-basis practice-level operating results, a methodology that is consistent with GAAP, as reflected in the Company's historical audited financial statements. However, we adjusted earnings to reflect accrual-basis Network Practice-level EBITDA contribution and corresponding physician compensation expense, converting all significant inputs to Management's physician compensation calculation to the accrual basis, rather than utilizing the modified cash-basis results that Management has utilized historically.</li> <li>▪ Our analysis suggests that converting the Company's physician compensation model to the accrual-basis yields \$1.2 million and \$3.4 million of incremental expense during FY24 and FY25, respectively, primarily attributable to (i) volume growth at legacy Network Practices and (ii) newly affiliated Network Practices that joined during FY24 and FY25 which continue to ramp; both suggestive of incremental accrual-basis earnings when compared to cash-basis earnings. Furthermore, our analysis and the scope of our engagement did not contemplate an assessment of physician compensation expense prior to FY24. Refer to the <i>Quality of Earnings</i> section and <i>Appendices</i> for more information.</li> </ul>	23, 42

# Quality of earnings

# Quality of earnings

## Quality of earnings

(in 000s)	Ref	FY22	FY23	FY24	FY25
Net income, reported		2,589	(63,151)	(26,958)	28,720
Interest expense, net		3,266	5,091	3,858	3,152
Income taxes		(0)	385	2,497	7,885
Depreciation and amortization		6,736	8,450	10,516	11,673
<b>EBITDA, reported</b>	<b>A</b>	<b>12,591</b>	<b>(49,225)</b>	<b>(10,087)</b>	<b>51,430</b>
<b>Management adjustments</b>					
Non-recurring (income) expense	1	(289)	7,668	1,210	18,551
Affiliation and transaction-related costs	2	3,425	32,406	11,982	9,729
Non-cash stock compensation	3	-	4,877	17,681	5,502
Clinic start-up losses	4	-	-	3,270	1,674
Revenue cycle transformation	5	-	21,589	11,861	-
Other Management adjustments	6	1,797	563	(1,742)	976
Total Management adjustments		4,933	67,102	44,263	36,432
<b>EBITDA, Management</b>		<b>17,524</b>	<b>17,877</b>	<b>34,176</b>	<b>87,861</b>
<b>Due diligence adjustments</b>					
Quality of revenue	7	(8,308)	890	6,564	(831)
Accrual-basis compensation expense	8	[+/-]	[+/-]	(1,172)	(3,406)
Out-of-period adjustments	9	(305)	(491)	5,488	(1,477)
Total due diligence adjustments [+/-]		(8,613)	399	10,881	(5,714)
<b>EBITDA, adjusted [+/-]</b>		<b>8,911</b>	<b>18,276</b>	<b>45,057</b>	<b>82,148</b>
<b>Management run-rate adjustments</b>					
Unwound affiliations	10				(312)
FY24 affiliations	11				5,910
FY25 affiliations	12				5,795
House accounts	13				(1,021)
Run-rate corporate influences	14				2,431
Total Management run-rate adjustments					12,803
<b>EBITDA, Management run-rate [+/-]</b>					<b>94,951</b>
<b>Management pro forma adjustments</b>					
New affiliations closed during 2026	15				20,990
New affiliations under LOI	16				5,082
Total Management pro forma adjustments					26,072
<b>EBITDA, Management pro forma [+/-]</b>					<b>121,023</b>

## EBITDA, reported

A. We derived EBITDA, reported, from the Company's internal trial balances and reconciled such amounts to FY22, FY23, FY24, and FY25 audited financial statements. Refer to *Appendices* for reconciliations to the Company's audited financial statements.

## Management adjustments

Management adjustments consist of items considered to be non-operating, non-recurring, out-of-period, or run-rate. We analyzed the Company's financial records and held discussions with Management to understand the circumstances of each adjustment. Unless otherwise noted, we corroborated these adjustments with detailed trial balance information or other supporting documentation. Management adjustments are allowable under the Company's credit agreement.

1. Management adjusted historical earnings for other non-operating, non-recurring, or out-of-period influences. We adjusted components of Management's adjustment herein; adjustments are presented net of any adjustments made to Management's adjustment. Refer to the *Appendices* for more information on the underlying components of Management's adjustment and our revisions to Management's adjustment.

(in 000s)	FY22	FY23	FY24	FY25
<b>Non-recurring (income) expense</b>				
Gain/loss on derivative instruments	-	9,249	289	19,798
Settlement costs, net	-	-	0	(1,614)
Disaster costs	-	-	405	(405)
Bargain purchase gain	-	-	(511)	-
Transition and integration costs	-	-	94	-
Hurricane Ian - property loss	510	-	-	-
Management adjustment	510	9,249	277	17,778
Net one-time write-offs	(90)	(1,852)	344	2,255
Hurricane Helene	-	-	523	(1,245)
MiBA out-of-period earnings	-	-	-	(185)
Clinical Summit, vendor fairs, and ops meetings	(710)	272	66	(51)
Adjustment to Management adjustment	(799)	(1,580)	933	774
<b>Diligence adjustment</b>	<b>(289)</b>	<b>7,668</b>	<b>1,210</b>	<b>18,551</b>

# Quality of earnings

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- Management adjusted historical earnings for (i) one-time third-party professional fees incurred in connection with transaction-related events and (ii) non-cash amortization of affiliation consideration.

## Affiliation and transaction-related costs

(in 000s)	Ref	FY22	FY23	FY24	FY25
Divestiture-related costs	i	-	-	3,868	5,215
Non-cash amortization of affiliation consideration	ii	-	853	2,322	3,158
Affiliation-related costs	iii	147	-	4,453	1,356
Other transaction-related costs	iv	-	-	728	-
Project ACE	v	3,277	31,553	610	-
<b>Management adjustment</b>		<b>3,425</b>	<b>32,406</b>	<b>11,982</b>	<b>9,729</b>

## Notes to table:

- Primarily represents third-party legal and consulting fees related to the proposed recapitalization process during FY25 as well as a non-operating loss on disposal of assets related to a divested Network Practice during FY24. Management advised there are no ongoing legal efforts in connection with these divestitures as well as no remaining liabilities or open settlements.
- Affiliation consideration is offered to select new Network Practice affiliations as a form of physician compensation expense as part of their employment agreement. Represents non-cash amortization over the respective agreement term; for avoidance of doubt, these amounts are not duplicative with reported depreciation and amortization expense.
- Represents third-party legal and consulting fees related to new Network Practice affiliations during FY24 and FY25. Management advised the MSO typically incurs third-party professional fees in connection with transaction-related events in lieu of the Network Practices.
- Represents third-party legal fees incurred in connection with the Company's tender offer and delisting events during FY24. Effective May 2024, the Company voluntarily delisted its publicly-traded common stock and warrants from the Nasdaq Capital Market and commenced trading on the OTCQX Best Market in June 2024. Furthermore, effective October 2024, the Sponsor closed a tender offer with the Company to purchase shares in a newly created class of common stock.
- Project ACE reflects the Company's previous recapitalization efforts, whereby the Company publicly listed its common stock on the Nasdaq Capital Market through a series of capital restructuring initiatives. Primarily represents third-party legal, accounting, and consulting fees related to Project ACE as well as transaction bonuses paid to current and former employees.

# Quality of earnings

## Quality of earnings

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- Physicians and senior executive-level employees participate in the Company's share-based compensation program. The Company periodically issues profit interest units to physicians and employees, which vest based on financial performance and/or time. Management advised adjusted cash compensation for the participating executive-level employees is at market rates.
- The Company signed affiliation agreements with new Network Practices during FY24 and FY25, which generated (i) start-up losses following affiliation date until revenue, volumes, and operating costs stabilize as well as (ii) materialization of operating synergies transitioning onto the Company's platform following affiliation date. We adjusted the EBITDA contribution associated with the FY24 and FY25 Network Practice affiliations to remove all loss-making quarters prior to achieving break-even profitability for the first year after each new Network Practice's respective affiliation date. Management does not discretely track Network Practice-level EBITDA contribution on an accrual basis of accounting; EBITDA contribution was determined via an independent assessment and considers all earnings adjustments.

### Clinic start-up losses

(in 000s)	Practices	FY22	FY23	FY24	FY25
Management adjustment	7	-	389	9,047	2,748
Adjustment to Management adjustment	4	-	(389)	(5,777)	(1,074)
<b>Diligence adjustment</b>		<b>-</b>	<b>-</b>	<b>3,270</b>	<b>1,674</b>

# Quality of earnings

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5. Management reported one-time bad debt write-downs related to RCM billing system conversions during FY23 and FY24. Furthermore, the Company incurred duplicative RCM billing system costs and one-time RCM billing system abandonment costs in connection with these efforts. Management does not anticipate these one-time items to occur prospectively.

### Revenue cycle transformation

(in 000s)	Ref	FY22	FY23	FY24	FY25
Legacy Billing System	i	-	20,695	9,176	-
Dual RCM Costs	ii	-	894	1,467	-
Centricity abandonment	iii	-	-	610	-
Vecure abandonment	iii	-	-	608	-
<b>Management adjustment</b>		<b>-</b>	<b>21,589</b>	<b>11,861</b>	<b>-</b>

### Notes to table:

- i. Management reported one-time bad debt write-offs related to RCM billing system conversions during FY23 and FY24. We independently assessed the out-of-period influences associated with the one-time bad debt write-offs in connection with our *Quality of Revenue* analysis. Refer to *Quality of Revenue* section for more information.
- ii. The Company incurred duplicative RCM billing system costs after centralizing Network Practices onto a single instance of its centralized RCM billing system, Athenahealth, during FY23 and FY24. Select Network Practices previously used Centricity to manage billing and collections processes. Management advised the Company no longer requires access to the legacy RCM systems and manages billing and collections on Athenahealth for all Network Practices and duplicative billing system costs ceased during 2024.
- iii. The Company incurred one-time RCM billing system abandonment costs to centralize Network Practices using Centricity onto Athenahealth.

# Quality of earnings

## Quality of earnings

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6. Management adjusted historical earnings for other non-operating, non-recurring, or out-of-period influences. We adjusted components of Management's adjustment herein; adjustments are presented net of any adjustments made to Management's adjustment.

### Other Management adjustments

(in 000s)	Ref	FY22	FY23	FY24	FY25
NCI in MiBA	i	-	(295)	(813)	976
Out-of-period OS IVR rebate income	ii	71	858	(929)	-
Operational initiatives	iii	1,726	-	-	-
<b>Management adjustment</b>		<b>1,797</b>	<b>563</b>	<b>(1,742)</b>	<b>976</b>

### Notes to table:

- i. The Company and a joint venture partner established Meaningful Insights Biotech Analytics, LLC ("MiBA") in May 2023 and holds a 56.0 percent interest in the entity. Management adjusted earnings to remove the EBITDA attributable to non-controlling interests associated with MiBA; we separately assessed adjusted earnings attributable to MiBA and removed the EBITDA attributable to non-controlling interests. For avoidance of doubt, our *Quality of Earnings* only considers the Company's share of MiBA's EBITDA.
- ii. The Company is contracted with its primary distributor, Oncology Supply ("OS"), to receive volume rebates on normal-course drug purchases. Furthermore, the arrangement provides the opportunity to earn an incremental multi-year volume rebate on drug purchases between December 2022 and November 2027. Management reported a cumulative adjustment in December 2024 to accrue the multi-year volume rebate income earned to-date under the arrangement. Management adjusted earnings to remove the out-of-period influences associated with the rebate income true-up in FY24; we adjusted earnings to reflect this rebate income in the proper periods.
- iii. Management removed one-time severance and bonuses paid to former employees in connection with strategic operational restructuring initiatives during FY22. Management advised there are no remaining severance or bonus liabilities associated with these initiatives.

# Quality of earnings

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## Due diligence adjustments

Due diligence adjustments represent items we identified that are non-operating, non-recurring, out-of-period, or run-rate. We analyzed the Company's financial records and held discussions with Management to understand the circumstances of each adjustment. Unless otherwise noted, we corroborated these adjustments with detailed trial balance information or other supporting documentation.

- Refer to our *Quality of Revenue* section for discussion of our earnings adjustment related to net revenue.
- The Company's physician compensation model is influenced by modified cash-basis inputs; whereby, each month, productivity-based physicians earn bonus compensation, which is determined by each month's modified cash-basis practice operating results (i.e., cash collections in lieu of accrual-basis revenue). We adjusted earnings to reflect accrual-basis Network Practice-level EBITDA contribution and corresponding physician compensation expense, converting all significant inputs to Management's physician compensation model to the accrual basis. Furthermore, our analysis of accrual-basis physician compensation expense contemplates the current physician compensation model as outlined within the *Key accounting policies* section.

Our analysis suggests that incremental productivity bonus expense would have been recognized on the accrual basis for FY24 and FY25, primarily attributable to (i) volume growth at legacy Network Practices and (ii) newly affiliated Network Practices that joined during FY24 and FY25 which continue to ramp; both suggestive of incremental accrual-basis earnings when compared to cash-basis earnings. During FY24 and FY25, newly affiliated Network Practices earned a productivity-based bonus under the Company's physician compensation model, determined based on the modified cash-basis; however, our analysis suggests that converting the Company's physician compensation model to the accrual-basis yields \$1.2 million and \$3.4 million of incremental expense during FY24 and FY25, respectively. Furthermore, our analysis and the scope of our engagement did not contemplate an assessment of physician compensation expense prior to FY24. Refer to the *Appendices* for more information.

# Quality of earnings

## Quality of earnings

(in 000s)	Ref	FY22	FY23	FY24	FY25
Net income, reported		2,589	(63,151)	(26,958)	28,720
Interest expense, net		3,266	5,091	3,858	3,152
Income taxes		(0)	385	2,497	7,885
Depreciation and amortization		6,736	8,450	10,516	11,673
<b>EBITDA, reported</b>	<b>A</b>	<b>12,591</b>	<b>(49,225)</b>	<b>(10,087)</b>	<b>51,430</b>
<b>Management adjustments</b>					
Non-recurring (income) expense	1	(289)	7,668	1,210	18,551
Affiliation and transaction-related costs	2	3,425	32,406	11,982	9,729
Non-cash stock compensation	3	-	4,877	17,681	5,502
Clinic start-up losses	4	-	-	3,270	1,674
Revenue cycle transformation	5	-	21,589	11,861	-
Other Management adjustments	6	1,797	563	(1,742)	976
Total Management adjustments		4,933	67,102	44,263	36,432
<b>EBITDA, Management</b>		<b>17,524</b>	<b>17,877</b>	<b>34,176</b>	<b>87,861</b>
<b>Due diligence adjustments</b>					
Quality of revenue	7	(8,308)	890	6,564	(831)
Accrual-basis compensation expense	8	[+/-]	[+/-]	(1,172)	(3,406)
Out-of-period adjustments	9	(305)	(491)	5,488	(1,477)
Total due diligence adjustments [+/-]		(8,613)	399	10,881	(5,714)
<b>EBITDA, adjusted [+/-]</b>		<b>8,911</b>	<b>18,276</b>	<b>45,057</b>	<b>82,148</b>
<b>Management run-rate adjustments</b>					
Unwound affiliations	10				(312)
FY24 affiliations	11				5,910
FY25 affiliations	12				5,795
House accounts	13				(1,021)
Run-rate corporate influences	14				2,431
Total Management run-rate adjustments					12,803
<b>EBITDA, Management run-rate [+/-]</b>					<b>94,951</b>
<b>Management pro forma adjustments</b>					
New affiliations closed during 2026	15				20,990
New affiliations under LOI	16				5,082
Total Management pro forma adjustments					26,072
<b>EBITDA, Management pro forma [+/-]</b>					<b>121,023</b>

9. We adjusted historical earnings for other out-of-period influences. Refer to the *Appendices* for more information on the underlying components of our adjustment.

### Out-of-period adjustments

(in 000s)	Ref	FY22	FY23	FY24	FY25
One-time pharmacy shipment delays (Dec24)	i	-	-	808	(808)
Out-of-period employed physician bonus expense	ii	-	-	(28)	(655)
Out-of-period VBC care coordination expense	iii	-	(507)	518	(469)
Out-of-period corporate bonus expense	iv	-	(1,500)	1,045	455
Out-of-period rebate income	v	71	858	3,426	-
Out-of-period self-insurance expense	vi	-	658	(658)	-
Out-of-period 401(k) match expense	vii	(376)	-	376	-
<b>Diligence adjustment</b>		<b>(305)</b>	<b>(491)</b>	<b>5,488</b>	<b>(1,477)</b>

### Notes to table:

- i. We adjusted earnings for out-of-period revenues and expenses attributable to a shipment delay from the Company's centralized specialty pharmacy, which caused an under-recognition of pharmacy revenue during December 2024 and over-recognition during January 2025. Such influences were considered within our *Quality of Revenue* assessment.
- ii. We adjusted earnings for the out-of-period influences in employed physician bonus expense based on underlying agreements.
- iii. We adjusted earnings for the out-of-period influences in third-party VBC care coordination expenses based on third-party invoices.
- iv. We adjusted earnings for out-of-period influences in the corporate bonus expense based on annual bonus payouts.
- v. We adjusted earnings to reflect Management's amended rebate income recognition methodology and accounting policy across the Historical Period. After consideration of this adjustment, rebate income recognized is consistent with rebate payments received in relation to FY24 based on our hindsight assessment of rebate payments received through March 2026.
- vi. We adjusted earnings based on third-party actuary estimates for the Company's self-insured health plan and other year-end and out-of-period influences in Management's expense recognition.
- vii. We adjusted earnings for out-of-period influences in 401(k) match expense to correct for historical understatement during FY22; Management advised subsequent periods were appropriately reserved.

# Run-rate and pro forma earnings considerations

# Run-rate and pro forma earnings considerations

The following table illustrates the impacts of certain run-rate and pro forma influences identified by Management.

Run-rate and pro forma earnings considerations		
(in 000s)	Ref	FY25
<b>EBITDA, adjusted [+/-]</b>		<b>82,148</b>
<b>Management run-rate adjustments</b>		
Unwound affiliations	10	(312)
FY24 affiliations	11	5,910
FY25 affiliations	12	5,795
House accounts	13	(1,021)
Run-rate corporate influences	14	2,431
Total Management run-rate adjustments		12,803
<b>EBITDA, Management run-rate [+/-]</b>		<b>94,951</b>
<b>Management pro forma adjustments</b>		
New affiliations closed during 2026	15	20,990
New affiliations under LOI	16	5,082
Total Management pro forma adjustments		26,072
<b>EBITDA, Management pro forma [+/-]</b>		<b>121,023</b>

By illustrating these influences, we do not, in any way, attest to the achievability of the earnings impacts of these adjustments. The success or failure of future operations depends on a variety of factors, some of which are beyond the Company's control. Differences between pro forma and achieved results may be material.

Unless otherwise noted, we corroborated these adjustments with detailed trial balance information or other supporting documentation. We have not performed independent analysis of assumptions and expectations other than inquiry of Management as to their confidence in such estimates.

10. During 2024 and 2025, the Company unwound select Network Practices. We removed the EBITDA contribution attributable to the Unwound Network Practices from earnings based on our estimate of accrual-basis Network Practice-level EBITDA contribution. Furthermore, we estimated the related corporate overhead savings.

Unwound affiliations	
(in 000s)	FY25
Estimated EBITDA contribution	(1,082)
Estimated corporate overhead savings	770
<b>Management run rate adjustment</b>	<b>(312)</b>

11. During 2024, the Company signed affiliation agreements with new Network Practices. We estimated the run-rate CSF and MF contribution attributable to these new Network Practices based on Q4'25 and incorporated into our view of run-rate earnings. Furthermore, we estimated the related incremental corporate overhead investment.

FY24 affiliations	
(in 000s)	FY25
Run-rate CSF and MF	6,612
Run-rate corporate overhead	(701)
<b>Management run rate adjustment</b>	<b>5,910</b>

12. During 2025, the Company signed affiliation agreements with new Network Practices. We estimated the run-rate CSF and MF contribution attributable to these new Network Practices based on Q4'25 and incorporated into our view of run-rate earnings. Furthermore, we estimated the related incremental corporate overhead investment.

FY25 affiliations	
(in 000s)	FY25
Run-rate CSF and MF	6,760
Run-rate corporate overhead	(965)
<b>Management run rate adjustment</b>	<b>5,795</b>

# Run-rate and pro forma earnings considerations

The following table illustrates the impacts of certain run-rate and pro forma influences identified by Management.

Run-rate and pro forma earnings considerations		
(in 000s)	Ref	FY25
<b>EBITDA, adjusted [+/-]</b>		<b>82,148</b>
<b>Management run-rate adjustments</b>		
Unwound affiliations	10	(312)
FY24 affiliations	11	5,910
FY25 affiliations	12	5,795
House accounts	13	(1,021)
Run-rate corporate influences	14	2,431
Total Management run-rate adjustments		12,803
<b>EBITDA, Management run-rate [+/-]</b>		<b>94,951</b>
<b>Management pro forma adjustments</b>		
New affiliations closed during 2026	15	20,990
New affiliations under LOI	16	5,082
Total Management pro forma adjustments		26,072
<b>EBITDA, Management pro forma [+/-]</b>		<b>121,023</b>

By illustrating these influences, we do not, in any way, attest to the achievability of the earnings impacts of these adjustments. The success or failure of future operations depends on a variety of factors, some of which are beyond the Company's control. Differences between pro forma and achieved results may be material.

Unless otherwise noted, we corroborated these adjustments with detailed trial balance information or other supporting documentation. We have not performed independent analysis of assumptions and expectations other than inquiry of Management as to their confidence in such estimates.

13. The Company participates in the earnings / loss of certain practices (i.e., "House accounts"). We estimated the run-rate EBITDA contribution attributable to house accounts based on Q4'25 and incorporated into our view of run-rate earnings. Furthermore, we estimated the related corporate overhead support.

House accounts	
(in 000s)	FY25
Run-rate EBITDA contribution	(1,066)
Run-rate corporate overhead	45
<b>Management run rate adjustment</b>	<b>(1,021)</b>

14. During 2025, Management achieved select corporate revenue and cost savings initiatives, partially offset by net incremental corporate compensation. The corporate revenue and cost savings initiatives include (i) third-party RCM expenses, (ii) third-party audit fees, (iii) D&O insurance premiums, and (iv) CSF rate increase for a legacy Network Practice. Furthermore, Management hired net incremental corporate support employees across multiple functions. We estimated the run-rate earnings impact associated with each item and incorporated into our view of run-rate earnings.

Run-rate corporate influences		
(in 000s)	Ref	FY25
Run-rate third-party RCM expense	i	2,068
Run-rate third-party audit fees	ii	406
Run-rate D&O insurance premiums	iii	128
Legacy affiliation, CSF rate increase	iv	95
Net incremental corporate compensation	v	(266)
<b>Management run rate adjustment</b>		<b>2,431</b>

#### Notes to table:

- i. Management renegotiated the Company's third-party RCM vendor agreement at favorable rates; considers savings attributable to current RCM tier.
- ii. The Company changed third-party auditors during 2025 at favorable rates.
- iii. The Company decreased the level of third-party D&O tail insurance coverage.
- iv. Management renegotiated the CSF rate at a legacy Network Practice.
- v. The Company restructured select corporate overhead support roles during 2025; considers net incremental corporate compensation influences.

# Run-rate and pro forma earnings considerations

The following table illustrates the impacts of certain run-rate and pro forma influences identified by Management.

Run-rate and pro forma earnings considerations		
(in 000s)	Ref	FY25
<b>EBITDA, adjusted [+/-]</b>		<b>82,148</b>
<b>Management run-rate adjustments</b>		
Unwound affiliations	10	(312)
FY24 affiliations	11	5,910
FY25 affiliations	12	5,795
House accounts	13	(1,021)
Run-rate corporate influences	14	2,431
Total Management run-rate adjustments		12,803
<b>EBITDA, Management run-rate [+/-]</b>		<b>94,951</b>
<b>Management pro forma adjustments</b>		
New affiliations closed during 2026	15	20,990
New affiliations under LOI	16	5,082
Total Management pro forma adjustments		26,072
<b>EBITDA, Management pro forma [+/-]</b>		<b>121,023</b>

By illustrating these influences, we do not, in any way, attest to the achievability of the earnings impacts of these adjustments. The success or failure of future operations depends on a variety of factors, some of which are beyond the Company's control. Differences between pro forma and achieved results may be material.

Unless otherwise noted, we corroborated these adjustments with detailed trial balance information or other supporting documentation. We have not performed independent analysis of assumptions and expectations other than inquiry of Management as to their confidence in such estimates.

15. New Network Practice affiliations were signed during 2026 by the Company as of the end of March 2026. Pro forma earnings were estimated by Management; we did not perform financial due diligence on these new affiliations. Refer to financial model under separate cover for more information on these pro forma earnings influences.

New affiliations closed during 2026	
(in 000s)	FY25
Network Practice A	15,259
Network Practice B	5,049
Network Practice C	225
Network Practice D	212
Network Practice E	182
Network Practice F	64
<b>Management pro forma adjustment</b>	<b>20,990</b>

16. New Network Practice affiliations are currently under LOI ("Letter of Intent") with the Company as of the end of March 2026. Pro forma earnings were estimated by Management; we did not perform financial due diligence on these potential new affiliations. Refer to financial model under separate cover for more information on these pro forma earnings influences.

New affiliations under LOI	
(in 000s)	FY25
Network Practice A	1,400
Network Practice B	1,192
Network Practice C	1,082
Network Practice D	530
Network Practice E	378
Network Practice F	320
Network Practice G	180
<b>Management pro forma adjustment</b>	<b>5,082</b>

# Quality of revenue

# Quality of revenue

## Revenue overview

The Company's revenue is primarily generated from professional services provided to patients within the Company's Network Practices, wherein physicians and other medical providers deliver treatments and other professional medical services. Fees are typically charged to the patient (or patient's insurance carrier, assuming coverage exists) based on fee-for-service arrangements. Revenues from such arrangements are billed utilizing Athenahealth (beginning October 2023) and Centricity (until September 2023) and categorized herein as "net service revenue" (and further summarized at right). We focused our primary quality of revenue analysis on these elements, which comprised 64.2 percent of total revenue during FY25. Refer to the following pages for additional commentary and discussion.

In addition to the foregoing, within certain geographies, the Company operates a centralized specialty pharmacy in Fort Myers, Florida, which dispenses pharmaceutical drugs for patient treatments. These activities are charged primarily to PBMs and billed utilizing PrimeRx (beginning December 2024) and CPR+ (until November 2024). Amounts earned in relation to these arrangements are categorized and referred to herein as "pharmacy revenue" and summarized at right. We also tested this subset of revenues as part of our quality of revenue analyses. Pharmacy revenue accounted for 34.5 percent of total revenue during FY25. Refer to the following pages for additional commentary and discussion.

Furthermore, the Company earns other revenue that is invoiced directly to healthcare organizations in lieu of being billed via one of the Company's primary PMS's and PIS's (i.e., informatics revenue, research revenue, clinical trials, and service arrangements with various hospital systems). Collectively, such income resources comprised 1.3 percent of total revenue during FY25 and is referred to herein as "other revenue". We assessed these revenues for out-of-period influences and made certain adjustments, as applicable.

The table at right summarizes the Company's reported revenue by service offering during the Historical Period.

## Reconciliation of reported revenue

### Quality of revenue - reconciliation of net revenue, reported

(in 000s)	Ref	System	FY22	FY23	FY24	FY25
Drugs	i	Athenahealth	780,307	804,713	1,006,075	1,345,447
E&M and Ancillary	ii	Athenahealth	9,676	92,595	133,041	152,798
PET/CT	iii	Athenahealth	15,144	11,755	27,620	21,379
Lab and Pathology	iv	Athenahealth	16,838	13,269	17,879	20,750
Radiation	v	Athenahealth	2,733	6,567	3,062	34,355
Net service revenue			824,698	928,899	1,187,676	1,574,730
Pharmacy	vi	PrimeRx	310,543	331,812	550,117	845,717
Other revenue	vii		14,870	18,474	21,691	30,071
<b>Total net revenue, reported</b>			<b>1,150,111</b>	<b>1,279,185</b>	<b>1,759,485</b>	<b>2,450,517</b>
<i>Reconciling items to 10-K audited financial statements</i>						
Other income	viii		(151)	-	-	-
Interest income	ix		(289)	-	-	-
Rounding	x		(1)	(0)	(1)	1
<b>Net revenue, per AFS</b>			<b>1,149,670</b>	<b>1,279,185</b>	<b>1,759,484</b>	<b>2,450,518</b>

### Notes to table:

- i. Pharmaceutical drug revenue from chemotherapy and immunotherapy treatments and supportive care performed by physicians within Network Practices.
- ii. Professional fees attributable to servicing patients within Network Practices.
- iii. Imaging revenue from PET/CT scans performed by physicians within Network Practices.
- iv. Lab and pathology diagnostics revenue from services performed by lab techs and pathologists within the Company's centralized lab.
- v. Radiation treatment revenue from services performed by physicians within Network Practices.
- vi. Oral prescription drug revenue from dispensing services performed by pharmacists within the Company's centralized specialty pharmacy.
- vii. Company generates informatics revenue, research revenue, clinical trials, and service arrangements with various hospital systems.
- viii. Audited financial information presented other income within both net revenue and below-the-line other income.
- ix. Audited financial information presented interest income within both net revenue and below-the-line interest income.
- x. Audited financial information includes rounding differences.

# Quality of revenue

## Overview of accounting – net service revenue

Net service revenue is earned primarily through professional and other medical services rendered to patients on a fee-for-service basis, which primarily include pharmaceutical drug revenues and professional fees earned in connection with oncology care services performed in Network Practice clinical settings.

Revenue is reported at estimated net realizable amounts and expected net reimbursement under significant contracts with commercial insurers are based on pre-determined fee schedules. The majority of the Company's patients are insured by third-party payors which are contracted (in-network) or governmental programs; an insignificant number of patients are covered by insurance plans that are out-of-network with the Company.

Co-pay and deductibles for fee-for-service services are typically collected on the date of service or in advance of services being provided in certain instances, such as prepayments for surgery procedures to be performed at a future date. Third-party payors typically pay in arrears (generally within six months after the date of service). Because third-party payors typically only cover a portion of the total charge (assuming coverage exists), reimbursement risk primarily relates to self-pay and patient responsibility elements.

Management recognizes revenue based on estimated net realizable amounts based on information generated from Athenahealth and separately maintains bad debt reserves to estimate net revenue. Management utilizes hindsight analytics to regularly assess the accuracy of its historical revenue recognition and records adjustments, as necessary.

Management centralized Network Practices' multiple instances of the Company's legacy PMS (Centricity) onto one centralized PMS (Athenahealth) during FY23. For avoidance of doubt, we contemplated all date of service billing and collections activity across the legacy and current systems within our *Quality of Revenue* analysis and categorized herein as "legacy system" activity.

## Revenue overview – net service revenue

We focused our primary *Quality of Revenue* analysis on the Company's net service revenue utilizing billing and collection data obtained from Athenahealth and Centricity. The table below summarizes the Company's reported net service revenue during the Historical Period.

Quality of revenue - summary of net service revenue, comparable for QoR

(in 000s)	Ref	FY22	FY23	FY24	FY25
Net service revenue, reported	i	824,698	928,899	1,187,676	1,574,730
<i>Reconciling items for QoR</i>					
Legacy billing system - one-time bad debt write-offs	ii	-	-	9,176	-
Population Health - shared savings	iii	-	-	(1,191)	(1,045)
CMS EMR incentive	iv	-	-	(936)	-
Integrated precision healthcare services	v	-	-	(736)	-
Unapplied funds / ThymeCare advance	vi	-	-	(384)	158
Reconciling items for QoR		-	-	5,929	(887)
<b>Net service revenue, comparable for QoR</b>		<b>824,698</b>	<b>928,899</b>	<b>1,193,605</b>	<b>1,573,843</b>

### Notes to table:

- i. Reported net service revenue, which reconciles to a previous page.
- ii. Management reported one-time bad debt write-downs related to RCM billing system conversions during FY24; refer to item '5' within the *Quality of Earnings* section for more information. We contemplated the one-time bad debt write-offs within comparable net service revenue to correct for out-of-period influences via our *Quality of Revenue* analysis.
- iii. Shared savings incentive revenue earned via the Company's participation in an Accountable Care Organization ("ACO"). These revenues are billed and collected outside of Athenahealth and Centricity and separately contemplated in our *Quality of Revenue* assessment of other revenue.
- iv. CMS incentive revenue earned via the Company's participation in the CMS Oncology Care Model ("OCM"). These revenues are billed and collected outside of Athenahealth and Centricity and separately contemplated in our *Quality of Revenue* assessment of other revenue.
- v. Data services revenue earned via participation in precision health program participation with NIH, focused on leveraging artificial intelligence and data analytics to improve patient outcomes. These revenues are billed and collected outside of Athenahealth and Centricity and separately contemplated in our *Quality of Revenue* assessment of other revenue.
- vi. Unapplied funds attributable to timing influences of the Company's year-end financial statement close. We obtained cash collections through February 2026.

# Quality of revenue

## Analysis of revenue quality – net service revenue

We developed a comprehensive net patient revenue quality assessment using DoS charges and collections information from Athenahealth (beginning October 2023) and Centricity (until September 2023) to establish an independent estimate of accrual-basis net service revenue. Our analysis compares DoS cash collections and anticipated future cash collections to reported net revenue.

Based on historical speed patterns (developed using collection history through February 2026), we determined DoS prior to January 2024 to be 'mature' from a collection cycle perspective. For periods considered 'immature' (i.e., January 2024 through December 2025), we utilized trends in historical cash collection speed, reimbursement rates, and certain "per unit" reimbursement metrics to estimate future anticipated collections. Our analysis suggests reported revenue is overstated during FY22, FY23, and FY25 and understated during FY24 relative to our view of revenue, and we adjusted historical earnings accordingly.

Related to our revenue quality assessment, we estimated offsets attributable to (i) physician compensation and (ii) management fees, which are calculated based on Network Practice revenue and profitability and thus, impacted by our revenue conclusions. Refer to item '8' within the *Quality of Earnings* section for more information on these components.

## Revenue quality conclusion – net service revenue

The table at right summarizes our assessment of the Company's historical accrual net service revenue billed out of Athenahealth and Centricity and the resultant impact on earnings quality. Our revenue quality assessment was performed mostly leveraging historical collection speed patterns, including FY22, FY23, and FY24 experience. As part of our assessment, we also reviewed cash collections experience through March 2026 and compared experience to future anticipated collections estimated within our revenue model; concluding our estimates were reasonable.

## Revenue quality conclusion – net service revenue

### Quality of revenue - net service revenue

(in 000s)	Ref	FY22	FY23	FY24	FY25
Net service revenue, comparable for QoR	i	824,698	928,899	1,193,605	1,573,843
<i>Reconciliation to net service revenue, adjusted</i>					
Date of service collections	ii	816,685	928,190	1,126,544	1,549,558
Anticipated future collections	iii	-	-	250	19,544
Legacy system date of service collections	iv	-	-	72,921	4,345
Legacy system anticipated future collections	v	-	-	-	901
Credit balances / refund obligations	vi	(10)	(97)	(1,118)	(1,567)
Net service revenue, adjusted		816,675	928,093	1,198,597	1,572,782
<b>Quality of Revenue, revenue adjustment</b>		<b>(8,023)</b>	<b>(806)</b>	<b>4,993</b>	<b>(1,061)</b>

### Notes to table:

- i. Comparable net service revenue for purposes of our *Quality of Revenue* analysis. Refer to previous page for more information.
- ii. DoS cash collections, net of refunds, through February 2026 (with respect to dates of service December 2025 and prior).
- iii. Our estimate of anticipated future cash collections (net of refunds) for December 2025 and prior dates of service from Athenahealth and Centricity developed in connection with our revenue recognition model, discussed at left.
- iv. Legacy system DoS cash collections, net of refunds, through February 2026 (with respect to dates of service December 2025 and prior).
- v. Our estimate of legacy system anticipated future cash collections (net of refunds) for December 2025 and prior dates of service developed in connection with our revenue recognition model, discussed at left.
- vi. Credit balances / refund obligations as of December 2025 attributable to dates of service December 2025 and prior from Athenahealth and Centricity. We contemplated the credit balances / refund obligations within our view of adjusted revenue.

# Quality of revenue

## Overview of accounting – pharmacy revenue

Pharmacy revenue is earned via oral prescription drugs dispensed by pharmacists within the Company's centralized specialty pharmacy. Management recognizes revenue based on estimated net realizable amounts based on information generated from PrimeRx (beginning December 2024) and CPR+ (until November 2024).

Furthermore, the estimated net realizable amounts are generally known at point of sale and majority of cash is collected in the month of service. Based on collection data provided and discussions with Management, our analysis considers the collection cycle to be substantially complete approximately three months subsequent to the date of service (nearly 100.0 percent of DoS cash is collected in the first three months under normal circumstances).

Management converted the legacy pharmacy PIS (CPR+) onto a new PIS (PrimeRx) during FY24. For avoidance of doubt, we contemplated all date of service billing and collections activity across the legacy and current systems within our *Quality of Revenue* analysis and categorized herein as "legacy system" activity.

## Analysis of revenue quality – pharmacy revenue

We developed a comprehensive pharmacy revenue quality assessment using DoS charges and collections information from PrimeRx and CPR+ to establish an independent estimate of accrual-basis pharmacy revenue. Our analysis compares DoS cash collections and anticipated future cash collections to reported pharmacy revenue.

Based on historical speed patterns (developed using collection history through February 2026), we determined all DoS to be 'mature' from a collection cycle perspective. Our analysis suggests reported revenue is slightly understated during FY23, FY24, and FY25 relative to our view of revenue on a DoS basis, and we adjusted historical earnings accordingly.

Related to our revenue quality assessment, we estimated offsets attributable to (i) physician compensation and (ii) management fees, which are calculated based on Network Practice revenue and profitability and thus, impacted by our revenue conclusions. Refer to item '8' within the *Quality of Earnings* section for more information on these components.

## Revenue quality conclusion – pharmacy revenue

The table below summarizes our assessment of the Company's historical accrual pharmacy revenue billed out of PrimeRx and CPR+ and the resultant impact on the Company's *Quality of Earnings*. Our revenue quality assessment was performed leveraging date of service collection experience through February 2026.

Quality of revenue - pharmacy revenue					
(in 000s)	Ref	FY22	FY23	FY24	FY25
Pharmacy revenue, reported	i	310,543	331,812	550,117	845,717
<i>Reconciling items for QoR</i>					
Legacy billing system - one-time bad debt write-offs	ii	-	20,695	-	-
Non-recurring income - legal settlement	iii	-	-	-	(4,600)
Reconciling items for QoR		-	20,695	-	(4,600)
<b>Pharmacy revenue, comparable for QoR</b>		<b>310,543</b>	<b>352,507</b>	<b>550,117</b>	<b>841,117</b>
<i>Reconciliation to pharmacy revenue, adjusted</i>					
Date of service collections	iv	310,258	353,982	527,987	806,257
Legacy system date of service collections	v	-	-	23,371	37,019
<b>Pharmacy revenue, adjusted</b>		<b>310,258</b>	<b>353,982</b>	<b>551,359</b>	<b>843,276</b>
<b>Quality of Revenue, revenue adjustment</b>		<b>(285)</b>	<b>1,475</b>	<b>1,241</b>	<b>2,159</b>

### Notes to table:

- i. Reported total pharmacy revenue, which reconciles a previous page.
- ii. Management reported one-time bad debt write-downs related to RCM billing system conversions during FY24; refer to item '5' within the *Quality of Earnings* section for more information. We contemplated the one-time bad debt write-offs within comparable pharmacy revenue to correct for out-of-period influences via our *Quality of Revenue* analysis.
- iii. The Company received a settlement related to litigation efforts focused on DIR fee obligations associated with the Company's pharmacy operations; for avoidance of doubt, the case is fully settled as of the date of this Report; refer to item '1' within the *Quality of Earnings* section for more information.
- iv. DoS cash collections, net of refunds, through February 2026 from PrimeRx and CPR+ (with respect to dates of service December 2025 and prior).
- v. Legacy system DoS cash collections, net of refunds, through February 2026 (with respect to dates of service December 2025 and prior).

# Quality of revenue

## Overview of accounting – other revenue

Other revenue is invoiced directly to healthcare organizations in lieu of being billed via one of the Company's primary PMS's and PIS's. The Company generates informatics revenue, research revenue, clinical trials, and service arrangements with various hospital systems.

Management reports select components of other revenue on a cash basis of accounting; other components are maintained on an accrual basis of accounting. We assessed these revenues for out-of-period influences and made certain adjustments, as applicable.

## Revenue quality conclusion – other revenue

The table below summarizes our assessment of the Company's historical accrual other revenue billed outside of PMS's and PIS's and the resultant impact on the Company's *Quality of Earnings*. Furthermore, we estimated offsets attributable to (i) physician compensation and (ii) management fees, which are impacted by our revenue conclusions. Refer to item '8' within the *Quality of Earnings* section for more information on these components.

### Quality of revenue - other revenue

(in 000s)	Ref	FY22	FY23	FY24	FY25
Other revenue, reported	i	14,870	18,474	21,691	30,071
<i>Reconciling items for QoR</i>					
Population Health - shared savings		-	-	1,191	1,045
CMS EMR incentive		-	-	936	-
Integrated precision healthcare services		-	-	736	-
Unapplied funds / ThymeCare advance		-	-	384	(158)
Reconciling items for QoR	ii	-	-	3,247	887
<b>Other revenue, comparable for QoR</b>		<b>14,870</b>	<b>18,474</b>	<b>24,938</b>	<b>30,957</b>
<i>Reconciliation to other revenue, adjusted</i>					
Other revenue, adjusted	iii	14,870	18,695	25,269	29,028
<b>Quality of Revenue, revenue adjustment</b>		<b>(0)</b>	<b>221</b>	<b>330</b>	<b>(1,929)</b>

### Notes to table:

- Reported total other revenue, which reconciles a previous page.
- Reconciling items removed from our revenue quality assessment of other revenue; refer to a previous page for more information on these items.
- We adjusted earnings to correct for out-of-period influences associated with other revenue.

## Key findings – other revenue

### Research revenue

Management reported a net receivable attributable to its research revenue programs whereby historically such revenues were recognized under a cash basis of accounting. Management advised the DSO attributable to research revenue is approximately 180 days on average with variances depending on the specific program or study. We adjusted earnings to correct for out-of-period influences associated with these programs.

### Shared savings revenue

During 2025, Management reported a net liability attributable to its historical voluntary participation in the CMS Enhanced Oncology Model, a VBC shared savings program, following an assessment of cost and performance attributable to the first reconciliation performance period (i.e., July – December 2023). Management partnered with a third party to manage the Company's participation in the program; as part of the agreement, the third party is responsible for absorbing 80.0 percent of any downside risk resulting from the program. Based on experience through December 2025, Management estimated the Company will owe CMS \$3.8 million in performance-based recoupments based on the Company's performance relative to cost targets under the program; we adjusted earnings to correct for out-of-period influences in revenue recognition attributable to the estimated performance-based recoupments. Management further advised the Company is not longer participating in the program, effective January 2026.

## Summary of Quality of Revenue adjustment

### Quality of revenue

(in 000s)	Ref	FY22	FY23	FY24	FY25
Net service revenue	i	(8,023)	(806)	4,993	(1,061)
Pharmacy revenue	ii	(285)	1,475	1,241	2,159
Other revenue	iii	(0)	221	330	(1,929)
<b>Quality of Revenue, revenue adjustment</b>		<b>(8,308)</b>	<b>890</b>	<b>6,564</b>	<b>(831)</b>

### Notes to table:

- Quality of revenue adjustment related to net service revenue.
- Quality of revenue adjustment related to pharmacy revenue.
- Quality of revenue adjustment related to other revenue.

# Appendices

# Appendices

## Scope of Procedures

Our procedures were conducted in-person, telephonically, and virtually. We primarily held meetings with Management. The following are the procedures that we agreed to perform as outlined in our engagement letter. Certain analyses that we completed are not included within this report.

### General

- Read and analyzed internal financial reports and supporting financial information.
- Read audited financial statements for the Historical Period and auditor's workpapers for the last fiscal year audited.
- Read significant accounting policies of the Company and understood how differences in accounting might have impacted historical operating results.
- Discussed with Management:
  - Significant or unusual accounting policies,
  - Differences in interim and year-end accounting practices,
  - Accounts involving a significant amount of management judgment,
  - Quality of recorded assets/liabilities,
  - Changes in accounting principles, policies procedures, practices, or estimates,
  - Changes in business policies or practices, and
  - Litigation and other contingencies.

### Quality of Earnings

- Prepared an Adjusted EBITDA analysis including identification of unusual, non-recurring or out-of-period items. Obtained supporting documentation for EBITDA adjustments.
- Analyzed a list of EBITDA adjustments identified by Management and discussed these items with Management to understand their nature.
- Discussed with Management the following:
  - Unusual or non-recurring items of income and/or expense impacting operating results,
  - Transactions that represent income generated from outside normal operations,
  - Changes in business strategies, policies, procedures or practices, and
  - Related-party transactions, if any.
- Identified non-cash, one-time and out-of-period items reflected in historical earnings.
- For all affiliated Network Practices during the Historical Period, analyzed the pre-affiliation operating results and related adjustments. Presented historical operating results on pro-forma basis inclusive of new Network Practice pre-affiliation operating results.
- Prepared an EBITDA bridge to understand the movements in adjusted EBITDA throughout the Historical Period.
- Identified pro forma adjustments to EBITDA based on analysis of operating results, balance sheet fluctuations, and any other matters identified during due diligence. Developed a detailed adjusted, or 'recast', income statement, bifurcated between clinical and corporate, reflecting the impact of the adjustments identified by our *Quality of Earnings* analysis.
- Enumerated and explained any other transaction considerations identified, but not included in our *Quality of Earnings* analysis, which we recommend the Client consider when evaluating the proposed transaction.

# Appendices

## Scope of Procedures

### Quality of Revenue

- Understood and evaluated historical revenue quality, including analyzing historical collection patterns and trends based on date of service collections. Quantified differences between collections and reported net revenue.
  - Analyzed trends in volumes and rates, by modality, by payor, etc.;
  - Understood shifts in underlying mix in both payor and modality trends; and
  - Considered run-rate and pro forma influences of recent shifts in payor mix or other operational elements.
- Specifically analyzed unrefunded overpayments received, including (i) amounts recognized as income and (ii) their related impact on historical revenue quality.
- Correlated findings of revenue to recorded accounts receivable, allowances, and bad debt expense, as applicable.
- Discussed with management:
  - Revenue recognition policies:
    - For the platform by (i) practice, (ii) segment and (iii) service, and
    - For corporate by components: (i) management fee revenue, and (ii) reimbursed expenses.
  - Billing and collection processes and systems,
  - Methodology for estimating allowances for billing adjustments, and bad debt reserves to determine A/R net realizable value
- Analyzed a gross-to-net revenue reconciliation and understood the nature of associated adjustments to revenue, including whether adjustments are in-period or out-of-period in nature.
- Analyzed the aged accounts receivable trial balances (reconciled to the financial statements) by customer category (e.g., insurance carriers, government, TPAs, intermediaries, employers) as of the Historical Balance Sheet Dates. Discussed with management the compilation of the accounts receivable aging (e.g., invoice date or other date basis, classification of credit balances, application of cash).

### Income statement

- Analyzed a schedule of revenue by drug vs. non-drug, payor class and contract, including a reconciliation of gross to net revenue, during the Historical Period, to the extent available. Discussed with management any significant or unusual changes during the Historical Period.
- Analyzed a schedule of change in revenues by service line and location during the Historical Period, differentiated by changes in: (i) patient volumes; (ii) physician volumes; (iii) net revenue per volume metric; (iii) other pricing/reimbursement changes; and (iv) new or discontinued business, service offerings or revenue models. Discussed with Management any significant or unusual changes during the Historical Period.
- Understood significant customer relationships, including any historical or future contract changes, wins and losses.
- Assisted with ad hoc business trend analyses.
- Analyzed the components of net drug expenses for the practices including (i) gross drug purchases by cost, volume, and per unit trends, and (ii) rebates by vendor.
- Analyzed a schedule of other practice expenses including, but not limited to, fixed vs. variable costs, salaries and wage expenses for non-physician clinical personnel and non-clinical personnel, facilities expense, and other general and administrative expenses.
- Analyzed schedule of medical oncologists, non-medical oncologists and all other physician compensation for the Historical Period, determined as a percentage of “Earnings Before Physician Compensation”.
- Analyzed schedule of compensation for corporate executive management for the Historical Period, including separate breakdowns of base salary and incentive compensation. Analyzed historical compensation compared to anticipated post acquisition compensation.
- Analyzed a schedule of non-executive corporate personnel: (i) full-time equivalent employees by department on a monthly basis for the Historical Period and (ii) average salary or wages by job classification.

# Appendices

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## Scope of Procedures

### **Income statement (continued)**

- Analyzed a schedule of corporate operating expenses for the Historical Period. Obtained explanations for significant fluctuations.
- Analyzed schedules of legal fees, consulting fees and other significant or unusual expenses for the Historical Period. Understood the services received.

### **Balance sheet**

- Performed a detailed analysis of the components of key balance sheet accounts as of the Historical Balance Sheet Dates.
- Obtained an understanding of the Business's accounts payable terms, payment practices and cut-off policies and procedures.
- Analyzed the aged accounts payable trial balances as of the historical balance sheet dates, reconciled to the general ledger. Discussed with management any unusual items, vendors, debit balances, aged balances, etc.
- Analyzed schedules of accrued expenses as of the historical balance sheet dates, including: (i) salaries, wages and bonuses; (ii) vacation pay and other compensated absences; (iii) deferred or contingent compensation; (iv) other employee benefits; (v) taxes other than income; and (vi) legal and professional fees.
- Analyzed a schedule of capital expenditures for the Historical Period.
- Determined whether planned expenditures are for: (i) replacement; (ii) expansion; or (iii) other purposes.
- Discussed with management whether the Company has deferred any significant capital expenditures.

# Appendices

## Economics overview

Network Practices - PDP (95.9 percent of revenue)	Network Practices - House (4.1 percent of revenue)	MSO
Network Practice cash collections	Network Practice cash collections	Central Service fee <sup>1</sup>
Less: Network Practice oral pharmacy and infusion expenses	Less: Network Practice oral pharmacy and infusion expenses	Management fee <sup>3</sup>
Less: Network Practice non-clinical staff salaries and benefits	Less: Network Practice non-clinical staff salaries and benefits	Plus / Less: House EBITDA <sup>7</sup>
Less: Network Practice operational overhead	Less: Network Practice operational overhead	Plus: MSO other revenue <sup>8</sup>
Less: Central Service fee <sup>1</sup>	Less: Central Service fee <sup>1</sup>	Less: MSO operational overhead
<b>Reported pre-distribution pool ("PDP")<sup>2</sup></b>	<b>Reported pre-distribution pool ("PDP")<sup>2</sup></b>	<b>MSO EBITDA</b>
Less: Management fee <sup>3</sup>	Less: Management fee <sup>3</sup>	
<b>Adjusted pre-distribution pool ("Adj PDP")<sup>4</sup></b>	<b>Adjusted pre-distribution pool ("Adj PDP")<sup>4</sup></b>	
Less: Employed physician and APP direct expenses <sup>5</sup>	Less: Employed physician and APP direct expenses <sup>5</sup>	
<b>Productivity based comp pool ("PBCP")<sup>6</sup></b>	<b>House EBITDA<sup>7</sup></b>	
<i>100.0 percent available to Network Practice partner physicians</i>	<i>100.0 percent MSO participation (+/-)</i>	

Note to exhibit: House Network Practices represent either (i) legacy Network Practice affiliations in which physicians were compensated under guaranteed arrangements pre-affiliation and do not convert to the PDP Model post-affiliation or (ii) bifurcation of legacy Network Practice new physician hires prior to conversion to the PDP Model (typically 24 months post-start date).

Note 1: MSO central service fee expense historically paid by Network Practices to the MSO monthly, averaging approximately 4.5 percent of Network Practice cash collections. The monthly central service fee expense covers various non-medical management and administrative support services provided by the MSO.

Note 2: PDP represents the basis for determining the monthly MSO management fee, representing Network Practice earnings before provider compensation (whether partner or employed). The MSO estimates the Baseline PDP based on historical performance.

Note 3: MSO management fee expense historically paid by Network Practices to the MSO monthly, averaging approximately 15.0 percent of Network Practice PDP. However, the management fee is tiered based on (i) percentage of PDP or (ii) percentage of PDP above Baseline PDP, contractually agreed between the MSO and Network Practices.

Note 4: Adj PDP represents the basis for distribution of Network Practice earnings before provider compensation (whether partner or employed) after payment of contractual MSO central service and management fees.

Note 5: Network Practice employed physician and APP direct expenses are firstly paid from Adj PDP, which includes (i) employed physicians, (ii) associate providers, (iii) nurse practitioners and physician assistants, based on employment agreements. This employed physician compensation includes compensation, benefits, and direct physician expenses (i.e., continuing medical education, medical malpractice insurance, and other expenses).

Note 6: PBCP represents the Network Practice earnings 100.0 percent available to partner physicians each month, which may include unique components for select Network Practices. Partner physicians are typically compensated as follows: (i) base draw, (ii) benefits, (iii) direct expense reimbursement, (iv) finance facility payments reimbursement. Any remaining PBCP is compensated via a bonus amongst partner physicians.

Note 7: House EBITDA represents Network Practice earnings attributable to non-PDP based model physicians. MSO participates in the earnings (whether positive or negative) at 100.0 percent. In instances of negative EBITDA contribution, MSO bears the loss and is contemplated within MSO EBITDA.

Note 8: MSO generates other income and losses, independent of Network Practice revenues, in which Network Practice physicians do not fully participate. Other income and losses may include, but are not limited to: (i) VBC, (ii) Informatics, (iii) PSA, and (iv) Research.

# Appendices

## Quarterly quality of earnings – FY24 and FY25

Quarterly quality of earnings											
(in 000s)	Ref	FY24				FY25				FY24	FY25
		24-Q1	24-Q2	24-Q3	24-Q4	25-Q1	25-Q2	25-Q3	25-Q4		
Net income, reported		(24,962)	(3,126)	(1,276)	2,406	4,012	7,595	19,529	(2,415)	(26,958)	28,720
Interest expense, net		970	808	1,238	842	1,033	688	667	765	3,858	3,152
Income taxes		2,894	(324)	-	(72)	-	4,084	513	3,288	2,497	7,885
Depreciation and amortization		2,506	2,384	2,569	3,057	2,840	2,848	2,908	3,077	10,516	11,673
<b>EBITDA, reported</b>	<b>A</b>	<b>(18,593)</b>	<b>(258)</b>	<b>2,530</b>	<b>6,233</b>	<b>7,885</b>	<b>15,215</b>	<b>23,616</b>	<b>4,714</b>	<b>(10,087)</b>	<b>51,430</b>
<b>Management adjustments</b>											
Non-recurring (income) expense	1	1,860	(5,368)	1,930	2,789	591	(39)	(2,681)	20,679	1,210	18,551
Affiliation and transaction-related costs	2	874	3,871	3,381	3,856	3,392	2,686	1,402	2,248	11,982	9,729
Non-cash stock compensation	3	13,353	1,306	1,513	1,509	1,601	1,216	1,435	1,250	17,681	5,502
Clinic start-up losses	4	37	14	2,037	1,183	359	(77)	1,283	109	3,270	1,674
Revenue cycle transformation	5	4,736	6,693	431	-	-	-	-	-	11,861	-
Other Management adjustments	6	(178)	149	(656)	(1,056)	(279)	(87)	(176)	1,517	(1,742)	976
Total Management adjustments		20,682	6,666	8,635	8,280	5,665	3,700	1,263	25,803	44,263	36,432
<b>EBITDA, Management</b>		<b>2,089</b>	<b>6,408</b>	<b>11,165</b>	<b>14,513</b>	<b>13,550</b>	<b>18,915</b>	<b>24,879</b>	<b>30,518</b>	<b>34,176</b>	<b>87,861</b>
<b>Due diligence adjustments</b>											
Quality of revenue	7	3,442	4,091	3,304	(4,272)	8,874	(7,068)	(2,011)	(626)	6,564	(831)
Accrual-basis compensation expense	8	2,612	394	(7,986)	3,808	(8,466)	8,538	1,689	(5,168)	(1,172)	(3,406)
Out-of-period adjustments	9	(1,188)	(1,065)	7,353	388	(612)	(1,387)	(422)	945	5,488	(1,477)
Total due diligence adjustments [+/-]		4,867	3,420	2,671	(77)	(204)	83	(744)	(4,848)	10,881	(5,714)
<b>EBITDA, adjusted [+/-]</b>		<b>6,955</b>	<b>9,829</b>	<b>13,837</b>	<b>14,436</b>	<b>13,346</b>	<b>18,998</b>	<b>24,135</b>	<b>25,670</b>	<b>45,057</b>	<b>82,148</b>

# Appendices

## Non-recurring (income) and expense (item '1')

### Non-recurring (income) expense

(in 000s)	Ref	FY22	FY23	FY24	FY25
Gain/loss on derivative instruments	i	-	9,249	289	19,798
Settlement costs, net	ii	-	-	0	(1,614)
Disaster costs	iii	-	-	405	(405)
Bargain purchase gain	iv	-	-	(511)	-
Transition and integration costs	v	-	-	94	-
Hurricane Ian - property loss	vi	510	-	-	-
Management adjustment		510	9,249	277	17,778
Net one-time write-offs	vii	(90)	(1,852)	344	2,255
Hurricane Helene	viii	-	-	523	(1,245)
MiBA out-of-period earnings	ix	-	-	-	(185)
Clinical Summit, vendor fairs, and ops meetings	x	(710)	272	66	(51)
Adjustment to Management adjustment		(799)	(1,580)	933	774
<b>Diligence adjustment</b>		<b>(289)</b>	<b>7,668</b>	<b>1,210</b>	<b>18,551</b>

- i. The Company historically issued public and private placement warrants; the warrant obligations are not contemplated as equity within the financial statements based on underlying provisions within the warrant agreements. Rather, the warrant obligations are considered derivative instruments subject to fair value measurement. Management engages a valuation specialist to perform an independent annual fair value assessment of the warrant obligations and reports year-end true-ups based on third-party fair value estimates. Management removed the related non-cash gains and losses attributable to the Company's warranty obligations.
- ii. The Company received a settlement related to litigation efforts focused on DIR fee obligations associated with the Company's pharmacy operations; for avoidance of doubt, the case is fully settled as of the date of this Report. Management removed the one-time legal settlement net of third-party legal fees associated with the Company's litigation efforts.
- iii. During FY24, certain of the Company's Network Practices experienced disaster-related impacts attributable to hurricanes and inclement weather. Management corrected for out-of-period influences related to disaster-related expense recognition; for avoidance of doubt, all disaster-related income and expenses are fully removed from earnings via item 'viii'.
- iv. During FY24, the Company acquired the clinical and non-clinical assets of a new Network Practice. Management engaged a third-party valuation specialist to determine the fair value of the acquired Network Practice; findings determined the Company acquired the Network Practice at a bargain. Management removed the one-time non-cash bargain purchase gain associated with the new Network Practice acquisition.
- v. We adjusted earnings to remove one-time third-party consulting costs related to integration efforts associated with FY24 Network Practice affiliations.
- vi. During FY22, certain of the Company's Network Practices experienced disaster-related impacts attributable to hurricanes and inclement weather. Management removed the one-time non-cash losses associated with asset disposals.
- vii. During FY25, the Company (i) forgave an operating loan balance previously granted to an affiliated Network Practice and (ii) received notification of federal payment levy from the IRS attributable to historical tax obligations. We adjusted earnings to remove the one-time expenses attributable to these events; Management advised neither event is expected to recur prospectively.
- viii. During FY24, certain of the Company's Network Practices experienced disaster-related impacts attributable to hurricanes and inclement weather. Furthermore, the Company received insurance proceeds and stabilization payments associated with these influences to offset damage-related expenses incurred related to Hurricane Helene in North Carolina. We adjusted earnings to remove all disaster-related income and expenses.
- ix. Represents correction of out-of-period influences associated with event-related sponsorship funding and expenses related to MiBA's Community Summit, focused on AI-driven transformation of community oncology, diagnostics, and biotechnology. For avoidance of doubt, the component of this adjustment attributable to NCI is contemplated via item '6'.
- x. Represents out-of-period influences associated with event-related sponsorship funding and expenses incurred related to the Company's Clinical Summit, a multi-day event for healthcare and oncology leaders across the United States, as well as vendor fairs and operations meetings.

# Appendices

## Accrual-basis compensation expense (item '8')

### Accrual-basis compensation expense

(in 000s)	Ref	FY22	FY23	FY24	FY25
Accrual-basis physician compensation	i	[+/-]	[+/-]	(6,253)	(4,371)
Run-rate physician compensation	ii	[+/-]	[+/-]	4,989	681
Other cash-to-accrual influences	iii	[+/-]	[+/-]	92	284
<b>Diligence adjustment</b>		<b>[+/-]</b>	<b>[+/-]</b>	<b>(1,172)</b>	<b>(3,406)</b>

#### Notes to table:

- i. Physician compensation expense adjustment resultant of our estimate of accrual-basis Network Practice-level EBITDA.
- ii. Run-rate adjustment to reflect the current physician compensation model as described within the *Key accounting policies* section.
- iii. Other cash-to-accrual influences embedded in earnings not discretely factored into our assessment; namely, employee compensation expense and general and administrative expenses.

Physicians earn compensation through (i) guaranteed draws and (ii) participation in modified cash-basis practice operating profitability after payment of management fees to the Company (i.e., productivity-based bonus). Management accrues physician compensation in accordance with how physicians are compensated (i.e., on a modified cash-basis). Productivity-based bonus expense is reported within the Company's financial statements as they are earned under the terms of the physician compensation agreements.

As reported physician compensation expense is determined based on modified cash-basis results, we adjusted earnings to reflect accrual-basis Network Practice-level EBITDA contribution and corresponding physician compensation expense. We estimated the accrual-basis Network Practice-level EBITDA contribution and physician compensation expense, leveraging (i) findings from our *Quality of Revenue* analysis, (ii) cash-basis practice operating metrics and cost margins, and (iii) findings from our *Quality of Earnings* analysis. Our assessment contemplates both (i) accrual-basis revenue and (ii) accrual-basis cost of goods sold. Components of our assessment, namely, employee compensation expense and general and administrative expenses, were left on a cash-basis based on (i) our understanding of reported quarterly accrual-basis true-ups to these expense components by Management and (ii) the insignificant differences between accrual-basis and cash-basis expenses. Furthermore, our analysis of accrual-basis physician compensation expense contemplates the current physician compensation model as outlined within the *Key accounting policies* section.

Our analysis suggests that converting the Company's physician compensation model to the accrual-basis yields incremental expense during FY24 and FY25, primarily attributable to (i) volume growth at legacy Network Practices and (ii) newly affiliated Network Practices that joined during FY24 and FY25 which continue to ramp. Newly affiliated Network Practices earned a productivity-based bonus under the Company's physician compensation model, determined based on the modified cash-basis, and such bonus expense was accrued by Management during FY24 and FY25; however, our estimate of accrual-basis earnings exceeds cash-basis earnings used in the Company's physician compensation model.

Lastly, our analysis and the scope of our engagement did not contemplate an assessment of physician compensation expense prior to FY24.

# Appendices

## Out-of-period adjustments (item '9')

### Out-of-period adjustments

(in 000s)	Ref	FY22	FY23	FY24	FY25
One-time pharmacy shipment delays (Dec24)	i	-	-	808	(808)
Out-of-period employed physician bonus expense	ii	-	-	(28)	(655)
Out-of-period VBC care coordination expense	iii	-	(507)	518	(469)
Out-of-period corporate bonus expense	iv	-	(1,500)	1,045	455
Out-of-period rebate income	v	71	858	3,426	-
Out-of-period self-insurance expense	vi	-	658	(658)	-
Out-of-period 401(k) match expense	vii	(376)	-	376	-
<b>Diligence adjustment</b>		<b>(305)</b>	<b>(491)</b>	<b>5,488</b>	<b>(1,477)</b>

- i. The Company experienced shipping delays during December 2024 from its centralized specialty pharmacy in Fort Myers, Florida. Oral prescription drugs scheduled to be shipped were delayed until January 2025. Management recognizes revenues and expenses associated with its centralized specialty pharmacy service offering at time of shipment in lieu of timing of dispense. We adjusted earnings to recognize the revenue and expenses associated with this one-time shipment delay at time of dispense. Management advised it recognized revenues and expenses in January 2025 at time of shipment.

#### One-time pharmacy shipment delays (Dec24)

(in 000s)	Ref	FY22	FY23	FY24	FY25
Estimated revenue, pharmacy	i	-	-	7,585	(7,585)
Estimated drug costs, net (per margin)	ii	-	-	6,777	(6,777)
<b>Diligence adjustment</b>		-	-	<b>808</b>	<b>(808)</b>

- ii. Non-partner physicians are entitled to bonus incremental to guaranteed base compensation based on underlying employment agreements and typically tied to levels of productivity (i.e., revenue, volumes, etc.). We adjusted earnings to correct for out-of-period influences in employed physician bonus expense.

#### Out-of-period employed physician bonus expense

(in 000s)	Ref	FY22	FY23	FY24	FY25
Reported employed physician bonus expense	i	-	-	2,203	3,478
Adjusted employed physician bonus expense	ii	-	-	2,231	4,132
<b>Diligence adjustment</b>		-	-	<b>(28)</b>	<b>(655)</b>

- iii. The Company is contracted with Thyme Care, Inc. ("Thyme Care") to provide value-based care coordination services to the Company's existing patient base to improve patient outcomes and experience. Thyme Care is responsible for providing these services directly to the Company's patients and earns a revenue share in return. Management reports expenses attributable to Thyme Care at time of invoicing and reported out-of-period expenses during FY24 and FY25. We adjusted earnings to correct for the out-of-period influences in expense recognition associated with services.
- iv. The Company's bonus program is based on adjusted EBITDA attainment and other operating performance measures and subject to Board of Director approval. Management reported out-of-period corporate bonus expense during March 2024 related to the Company's 2023 bonus program. We adjusted earnings to correct for the out-of-period influences in corporate bonus expense.
- v. During Q1 2025, Management identified a historical understatement of rebate income and revised its rebate income recognition methodology and related accounting policy. We adjusted earnings to reflect Management's current rebate income recognition methodology and related accounting policy across the Historical Period. After consideration of this adjustment, rebate income recognized is consistent with rebate payments received in relation to FY24 based on our hindsight assessment of rebate payments received through March 2026.
- vi. The Company is self-insured for health insurance and prescription drug coverage and is contracted with a third-party claims administrator to manage the plan. Furthermore, Management engages an actuary to perform an independent annual assessment of claims expense and IBNR and reports periodic true-ups to claims expense based on third-party actuarial estimates. We adjusted earnings to correct for out-of-period influences in expense recognition associated with self-insurance expense based on the most recent estimate of claims expense and IBNR.
- vii. The Company offers 401(k) matching contributions on eligible employee contributions to the plan and accrues for the 401(k) matching contributions each quarter based on third-party administrator reports. Management recognized out-of-period expenses associated with prior year 401(k) matching contributions in FY24. We adjusted earnings to correct for out-of-period influences in expense recognition associated with 401(k) match.

# Appendices

## Quarterly adjusted results of operations

Quarterly adjusted results of operations												
(in 000s)	FY24				FY25						% of net revenue	
	24-Q1	24-Q2	24-Q3	24-Q4	25-Q1	25-Q2	25-Q3	25-Q4	FY24	FY25	FY24	FY25
<b>Revenue</b>	<b>371,902</b>	<b>444,196</b>	<b>472,515</b>	<b>494,197</b>	<b>540,102</b>	<b>602,147</b>	<b>640,212</b>	<b>653,855</b>	<b>1,782,810</b>	<b>2,436,316</b>	<b>100.0%</b>	<b>100.0%</b>
<i>Practice operating expenses</i>												
Infusion expenses	191,218	231,393	256,152	266,118	279,411	316,780	311,291	313,174	944,881	1,220,657	53.0%	50.1%
Oral pharmacy expenses	101,829	117,850	112,516	126,707	142,043	162,419	184,712	189,819	458,903	678,993	25.7%	27.9%
Clinical salaries and benefit expenses	40,062	47,388	51,656	45,900	63,612	58,433	74,722	78,473	185,006	275,240	10.4%	11.3%
General and administrative expenses	7,922	8,403	9,857	10,015	11,300	11,515	11,383	12,132	36,197	46,330	2.0%	1.9%
Medical and lab expenses	2,993	3,132	3,839	5,554	3,944	4,847	4,922	4,764	15,518	18,478	0.9%	0.8%
Total practice operating expenses	344,025	408,166	434,020	454,294	500,311	553,993	587,031	598,362	1,640,504	2,239,698	92.0%	91.9%
<b>Practice operating income</b>	<b>27,877</b>	<b>36,030</b>	<b>38,495</b>	<b>39,903</b>	<b>39,791</b>	<b>48,153</b>	<b>53,181</b>	<b>55,493</b>	<b>142,305</b>	<b>196,618</b>	<b>8.0%</b>	<b>8.1%</b>
<i>Corporate operating expenses</i>												
Salaries and benefit expenses	10,166	11,722	10,212	11,566	12,802	13,246	14,314	14,711	43,666	55,073	2.4%	2.3%
General and administrative expenses	10,707	14,804	14,039	13,503	13,743	16,158	14,904	15,570	53,053	60,374	3.0%	2.5%
Total corporate operating expenses	20,873	26,527	24,251	25,069	26,545	29,403	29,218	30,280	96,719	115,447	5.4%	4.7%
<b>Operating income</b>	<b>7,004</b>	<b>9,504</b>	<b>14,244</b>	<b>14,834</b>	<b>13,246</b>	<b>18,750</b>	<b>23,963</b>	<b>25,213</b>	<b>45,586</b>	<b>81,172</b>	<b>2.6%</b>	<b>3.3%</b>
Other (income) and expense	49	(325)	408	398	(100)	(248)	(172)	(457)	529	(976)	0.0%	0.0%
<b>EBITDA, adjusted</b>	<b>6,955</b>	<b>9,829</b>	<b>13,837</b>	<b>14,436</b>	<b>13,346</b>	<b>18,998</b>	<b>24,135</b>	<b>25,670</b>	<b>45,057</b>	<b>82,148</b>	<b>2.5%</b>	<b>3.4%</b>
<i>Metrics</i>												
Practice operating margin	7.5%	8.1%	8.1%	8.1%	7.4%	8.0%	8.3%	8.5%				
Operating margin	1.9%	2.1%	3.0%	3.0%	2.5%	3.1%	3.7%	3.9%				
EBITDA, adjusted margin	1.9%	2.2%	2.9%	2.9%	2.5%	3.2%	3.8%	3.9%				

# Appendices

## Adjusted results of operations, consolidating – FY24 and FY25

### Consolidating adjusted results of operations

(in 000s)	FY24				FY25			
	Network Practices	MSO	Eliminations	Total	Network Practices	MSO	Eliminations	Total
Central service fee income		76,865	(76,865)	-		111,331	(111,331)	-
Management fee income		16,866	(16,866)	-		33,272	(33,272)	-
Practice contribution (loss)		(2,086)	2,086	-		(7,491)	7,491	-
Ancillary and other revenue		12,354	-	12,354		12,328	-	12,328
Network Practice revenue	1,770,456		-	1,770,456	2,423,989		-	2,423,989
<b>Revenue</b>	<b>1,770,456</b>	<b>103,999</b>	<b>(91,645)</b>	<b>1,782,810</b>	<b>2,423,989</b>	<b>149,438</b>	<b>(137,111)</b>	<b>2,436,316</b>
<i>Practice operating expenses</i>								
Infusion expenses	944,899		-	944,899	1,221,045		-	1,221,045
Oral pharmacy expenses	458,884		-	458,884	678,605		-	678,605
Clinical salaries and benefits expenses	190,546		-	190,546	281,510		-	281,510
General and administrative expenses	36,197		-	36,197	46,330		-	46,330
Medical and lab expenses	15,518		-	15,518	18,478		-	18,478
Total practice operating expenses	1,646,044	-	-	1,646,044	2,245,968	-	-	2,245,968
<b>Practice operating income</b>	<b>124,412</b>	<b>103,999</b>	<b>(91,645)</b>	<b>136,766</b>	<b>178,021</b>	<b>149,438</b>	<b>(137,111)</b>	<b>190,348</b>
<i>Corporate operating expenses</i>								
Central service fee expenses	76,865		(76,865)	-	111,331		(111,331)	-
Management fee expenses	16,866		(16,866)	-	33,272		(33,272)	-
Salaries and benefits expenses		38,126	-	38,126		48,803	-	48,803
General and administrative expenses		53,053	-	53,053		60,374	-	60,374
Total corporate operating expenses	93,731	91,179	(93,731)	91,179	144,602	109,177	(144,602)	109,177
<b>Operating income</b>	<b>30,681</b>	<b>12,820</b>	<b>2,086</b>	<b>45,586</b>	<b>33,419</b>	<b>40,262</b>	<b>7,491</b>	<b>81,172</b>
Other (income) and expense	-	529	-	529	-	(976)	-	(976)
<b>EBITDA, adjusted</b>	<b>30,681</b>	<b>12,291</b>	<b>2,086</b>	<b>45,057</b>	<b>33,419</b>	<b>41,238</b>	<b>7,491</b>	<b>82,148</b>

# Appendices

## Quarterly historical reported results of operations

Quarterly historical reported results of operations												
(in 000s)	FY24				FY25				% of net revenue			
	24-Q1	24-Q2	24-Q3	24-Q4	25-Q1	25-Q2	25-Q3	25-Q4	FY24	FY25	FY24	FY25
<b>Revenue</b>	<b>364,339</b>	<b>433,982</b>	<b>470,280</b>	<b>490,884</b>	<b>538,814</b>	<b>609,215</b>	<b>647,523</b>	<b>654,966</b>	<b>1,759,485</b>	<b>2,450,517</b>	<b>100.0%</b>	<b>100.0%</b>
<i>Practice operating expenses</i>												
Infusion expenses	192,089	229,917	261,292	264,079	279,411	316,780	311,291	313,174	947,378	1,220,657	53.8%	49.8%
Oral pharmacy expenses	101,829	117,850	112,516	119,931	148,820	162,419	184,712	189,819	452,126	685,769	25.7%	28.0%
Clinical salaries and benefit expenses	54,720	50,121	49,717	53,482	57,454	68,845	79,108	76,760	208,040	282,167	11.8%	11.5%
General and administrative expenses	7,922	8,403	9,857	10,015	11,300	11,515	11,383	12,132	36,197	46,330	2.1%	1.9%
Medical and lab expenses	2,993	3,132	3,839	5,554	3,944	4,847	4,922	4,764	15,518	18,478	0.9%	0.8%
Total practice operating expenses	359,554	409,423	437,221	453,060	500,930	564,405	591,418	596,650	1,659,259	2,253,402	94.3%	92.0%
<b>Practice operating income</b>	<b>4,785</b>	<b>24,559</b>	<b>33,058</b>	<b>37,824</b>	<b>37,883</b>	<b>44,810</b>	<b>56,105</b>	<b>58,316</b>	<b>100,226</b>	<b>197,115</b>	<b>5.7%</b>	<b>8.0%</b>
<i>Corporate operating expenses</i>												
Salaries and benefit expenses	9,587	12,930	10,742	11,800	13,696	12,112	14,244	14,821	45,059	54,873	2.6%	2.2%
General and administrative expenses	11,931	17,254	18,146	14,749	16,949	17,956	17,940	17,616	62,080	70,461	3.5%	2.9%
Total corporate operating expenses	21,518	30,184	28,888	26,550	30,645	30,068	32,184	32,438	107,140	125,334	6.1%	5.1%
<b>Operating income</b>	<b>(16,733)</b>	<b>(5,626)</b>	<b>4,171</b>	<b>11,274</b>	<b>7,238</b>	<b>14,742</b>	<b>23,921</b>	<b>25,879</b>	<b>(6,914)</b>	<b>71,781</b>	<b>-0.4%</b>	<b>2.9%</b>
Other (income) and expense	1,860	(5,368)	1,641	5,041	(646)	(472)	305	21,164	3,173	20,351	0.2%	0.8%
ITDA	6,369	2,868	3,806	3,827	3,873	7,620	4,087	7,130	16,871	22,710	1.0%	0.9%
<b>Net income</b>	<b>(24,962)</b>	<b>(3,126)</b>	<b>(1,276)</b>	<b>2,406</b>	<b>4,012</b>	<b>7,595</b>	<b>19,529</b>	<b>(2,415)</b>	<b>(26,958)</b>	<b>28,720</b>	<b>-1.5%</b>	<b>1.2%</b>
<i>Reconciliation to EBITDA, reported</i>												
Interest expense, net	970	808	1,238	842	1,033	688	667	765	3,858	3,152	0.2%	0.1%
Income taxes	2,894	(324)	-	(72)	-	4,084	513	3,288	2,497	7,885	0.1%	0.3%
Depreciation and amortization	2,506	2,384	2,569	3,057	2,840	2,848	2,908	3,077	10,516	11,673	0.6%	0.5%
<b>EBITDA, reported</b>	<b>(18,593)</b>	<b>(258)</b>	<b>2,530</b>	<b>6,233</b>	<b>7,885</b>	<b>15,215</b>	<b>23,616</b>	<b>4,714</b>	<b>(10,087)</b>	<b>51,430</b>	<b>-0.6%</b>	<b>2.1%</b>
<i>Metrics</i>												
Practice operating margin	1.3%	5.7%	7.0%	7.7%	7.0%	7.4%	8.7%	8.9%				
Operating margin	-4.6%	-1.3%	0.9%	2.3%	1.3%	2.4%	3.7%	4.0%				
EBITDA, reported margin	-5.1%	-0.1%	0.5%	1.3%	1.5%	2.5%	3.6%	0.7%				

# Appendices

## Reported results of operations, consolidating – FY24 and FY25

### Consolidating historical reported results of operations

(in 000s)	FY24				FY25			
	Network Practices	MSO	Eliminations	Total	Network Practices	MSO	Eliminations	Total
Central service fee income		75,565	(75,565)	-		109,488	(109,488)	-
Management fee income		11,784	(11,784)	-		23,936	(23,936)	-
Practice contribution (loss)		(17,297)	17,297	-		17,696	(17,696)	-
Ancillary and other revenue		13,296	-	13,296		15,524	-	15,524
Network Practice revenue	1,746,189		-	1,746,189	2,434,993		-	2,434,993
<b>Revenue</b>	<b>1,746,189</b>	<b>83,347</b>	<b>(70,051)</b>	<b>1,759,485</b>	<b>2,434,993</b>	<b>166,645</b>	<b>(151,121)</b>	<b>2,450,517</b>
<i>Practice operating expenses</i>								
Infusion expenses	947,378		-	947,378	1,220,657		-	1,220,657
Oral pharmacy expenses	452,126		-	452,126	685,769		-	685,769
Clinical salaries and benefits expenses	208,040		-	208,040	282,167		-	282,167
General and administrative expenses	36,197		-	36,197	46,330		-	46,330
Medical and lab expenses	15,518		-	15,518	18,478		-	18,478
Total practice operating expenses	1,659,259	-	-	1,659,259	2,253,402	-	-	2,253,402
<b>Practice operating income</b>	<b>86,930</b>	<b>83,347</b>	<b>(70,051)</b>	<b>100,226</b>	<b>181,591</b>	<b>166,645</b>	<b>(151,121)</b>	<b>197,115</b>
<i>Corporate operating expenses</i>								
Central service fee expenses	75,565		(75,565)	-	109,488		(109,488)	-
Management fee expenses	11,784		(11,784)	-	23,936		(23,936)	-
Salaries and benefits expenses		45,059	-	45,059		54,873	-	54,873
General and administrative expenses		62,080	-	62,080		70,461	-	70,461
Total corporate operating expenses	87,348	107,140	(87,348)	107,140	133,425	125,334	(133,425)	125,334
<b>Operating income</b>	<b>(418)</b>	<b>(23,793)</b>	<b>17,297</b>	<b>(6,914)</b>	<b>48,166</b>	<b>41,311</b>	<b>(17,696)</b>	<b>71,781</b>
Other (income) and expense	3,965	(792)	-	3,173	(288)	20,639	-	20,351
<b>EBITDA, reported</b>	<b>(4,383)</b>	<b>(23,001)</b>	<b>17,297</b>	<b>(10,087)</b>	<b>48,455</b>	<b>20,671</b>	<b>(17,696)</b>	<b>51,430</b>

# Appendices

## Historical quarterly reported balance sheets

### Quarterly historical reported balance sheets

(in 000s)	FY23				FY24				FY25			
	Mar23	Jun23	Sep23	Dec23	Mar24	Jun24	Sep24	Dec24	Mar25	Jun25	Sep25	Dec25
Cash and cash equivalents	23,655	72,455	51,618	28,542	75,125	33,818	19,432	62,849	57,913	72,193	84,910	115,639
Investments	9,934	9,984	26,034	35,389	30,105	21,391	0	9,791	9,795	13,242	17,749	18,126
Patient accounts receivable, net	152,809	145,159	141,039	129,151	132,300	125,421	128,011	129,233	149,549	146,287	155,543	154,326
Other receivables	24,525	32,553	36,602	33,995	35,143	60,928	63,153	58,196	59,400	62,256	82,214	90,145
Inventories	31,623	41,886	37,844	44,569	44,288	54,280	49,266	60,712	58,937	53,854	58,199	69,536
Prepays expenses and other current assets	3,206	3,651	3,480	4,273	4,848	8,250	9,388	7,445	9,984	8,892	9,495	7,175
Current portion of notes receivable - related parties	3,721	3,244	3,134	2,754	2,655	2,174	2,357	3,562	3,404	3,200	3,008	1,699
<b>Current assets</b>	<b>249,472</b>	<b>308,932</b>	<b>299,750</b>	<b>278,674</b>	<b>324,462</b>	<b>306,261</b>	<b>271,607</b>	<b>331,788</b>	<b>348,982</b>	<b>359,925</b>	<b>411,118</b>	<b>456,646</b>
Property and equipment, net	32,550	35,672	36,240	40,439	40,997	42,510	45,321	48,374	56,423	61,810	64,239	66,990
Operating right of use assets, net	44,820	43,439	46,138	43,349	43,358	50,609	45,694	50,157	60,521	71,574	73,637	71,157
Goodwill	1,050	1,050	1,050	1,050	1,050	10,900	10,900	10,900	40,570	40,459	41,070	41,070
Intangibles, net	180	180	180	180	180	2,476	2,476	2,476	3,997	3,909	3,821	3,733
Other assets	7,924	8,311	10,512	10,482	12,216	18,005	18,813	26,633	21,883	21,524	21,599	26,651
<b>Total assets</b>	<b>335,997</b>	<b>397,584</b>	<b>393,870</b>	<b>374,174</b>	<b>422,263</b>	<b>430,761</b>	<b>394,811</b>	<b>470,328</b>	<b>532,377</b>	<b>559,201</b>	<b>615,484</b>	<b>666,247</b>
Accounts payable	111,803	122,169	120,385	127,644	188,329	189,485	155,498	170,728	193,542	197,750	214,310	236,423
Accrued compensation related costs	10,223	10,176	16,210	11,410	12,628	11,640	14,826	16,725	22,211	27,537	41,970	46,165
Current portion operating lease liability	7,085	7,113	7,123	6,692	6,715	7,450	7,308	7,214	8,105	8,705	9,713	9,278
Current portion of long-term debt	62	62	62	62	62	3,809	3,809	3,744	1,893	899	910	1,718
Income taxes payable	-	(0)	1,211	971	971	971	971	734	11	-	-	-
Intercompany	9	(1)	(2)	(0)	(1)	(1)	(1)	15	(1)	4	(2)	(1)
Accrued other	17,442	22,812	25,371	25,588	25,124	18,202	17,449	17,694	18,969	22,646	24,422	53,777
<b>Current liabilities</b>	<b>146,625</b>	<b>162,331</b>	<b>170,361</b>	<b>172,368</b>	<b>233,830</b>	<b>231,556</b>	<b>199,860</b>	<b>216,855</b>	<b>244,730</b>	<b>257,541</b>	<b>291,324</b>	<b>347,359</b>
Long-term debt, net	80,476	80,208	80,425	80,641	80,856	88,241	87,633	87,123	94,331	94,067	93,937	93,460
Long-term portion operating lease liability	40,859	39,527	42,261	39,803	39,786	46,167	43,681	48,018	59,008	70,657	72,703	70,611
Other long-term liabilities	7,440	7,869	7,731	10,647	11,684	10,948	9,551	10,333	12,986	12,875	12,602	11,814
<b>Total liabilities</b>	<b>275,400</b>	<b>289,935</b>	<b>300,778</b>	<b>303,460</b>	<b>366,157</b>	<b>376,912</b>	<b>340,725</b>	<b>362,329</b>	<b>411,056</b>	<b>435,139</b>	<b>470,565</b>	<b>523,244</b>
Equity	60,596	107,649	93,092	70,714	56,107	53,849	54,086	107,999	121,321	124,062	144,919	143,003
<b>Total liabilities and equity</b>	<b>335,997</b>	<b>397,584</b>	<b>393,870</b>	<b>374,174</b>	<b>422,263</b>	<b>430,761</b>	<b>394,811</b>	<b>470,328</b>	<b>532,377</b>	<b>559,201</b>	<b>615,484</b>	<b>666,247</b>
<i>Metrics</i>												
<i>Days sales outstanding ("DSO")</i>	45.3	41.9	38.6	36.7	33.0	26.3	25.0	24.2	25.0	21.9	22.1	21.7
<i>Days rebates outstanding ("DRO")</i>	139.6	131.0	173.0	158.4	158.2	171.3	200.6	130.0	127.3	133.0	156.9	178.1
<i>Days inventory outstanding ("DIO")</i>	11.3	14.2	12.4	14.1	12.8	13.2	11.4	13.3	11.3	9.4	9.9	11.6
<i>Days payables outstanding ("DPO")</i>	37.4	38.8	35.1	37.9	51.5	43.3	33.6	35.3	35.3	32.8	34.6	37.6

# Appendices

## Reconciliation to audited financial statements – Income statement

Reconciliation to audited financial statements - statement of operations												
(in 000's)	FY22			FY23			FY24			FY25		
	Trial balances	10-K	Variance	Trial balances	10-K	Variance	Trial balances	10-K	Variance	Trial balances	AFS	Variance
<i>Revenue</i>												
Patient service revenue	1,142,694	1,137,932	4,762	1,265,719	1,265,719	(0)	1,743,978	1,743,978	0	2,430,144	2,437,673	(7,529)
Other revenue	7,417	11,738	(4,321)	13,466	13,466	0	15,507	15,506	1	20,374	12,845	7,529
<b>Total revenue</b>	<b>1,150,111</b>	<b>1,149,670</b>	<b>441</b>	<b>1,279,185</b>	<b>1,279,185</b>	<b>0</b>	<b>1,759,485</b>	<b>1,759,484</b>	<b>1</b>	<b>2,450,517</b>	<b>2,450,518</b>	<b>(1)</b>
<i>Costs and expenses</i>												
Cost of revenue	1,063,398	1,054,217	9,181	1,168,004	1,196,389	(28,385)	1,607,544	1,641,638	(34,094)	2,188,594	2,233,364	(44,770)
General and administrative expenses	81,146	86,610	(5,464)	160,334	100,714	59,620	169,371	133,937	35,434	201,816	151,624	50,192
Transaction expenses	-	3,277	(3,277)	-	31,236	(31,236)	-	1,338	(1,338)	-	5,421	(5,421)
Total costs and expenses	1,144,545	1,144,104	441	1,328,338	1,328,339	(1)	1,776,915	1,776,913	2	2,390,410	2,390,409	1
<b>Income (loss) from operations</b>	<b>5,566</b>	<b>5,566</b>	<b>0</b>	<b>(49,153)</b>	<b>(49,154)</b>	<b>1</b>	<b>(17,430)</b>	<b>(17,429)</b>	<b>(1)</b>	<b>60,108</b>	<b>60,109</b>	<b>(1)</b>
<i>Other income (expense)</i>												
Interest expense	(3,417)	(3,417)	0	(6,417)	(6,417)	(0)	(7,057)	(7,057)	0	(7,033)	(7,032)	(1)
Interest income	151	151	(0)	1,326	1,326	(0)	3,199	3,199	0	3,881	3,882	(1)
Other (expense) income, net	289	289	0	(8,522)	(8,262)	(260)	(3,173)	(3,326)	153	(20,351)	(20,351)	0
Income (loss) before income taxes	2,589	2,589	(0)	(62,766)	(62,507)	(259)	(24,461)	(24,613)	152	36,605	36,608	(3)
Income tax expense (benefit)	(0)	-	(0)	385	384	1	2,497	2,498	(1)	7,885	4,984	2,901
Income (loss) before equity in affiliate	2,589	2,589	(0)	(63,151)	(62,891)	(260)	(26,958)	(27,111)	153	28,720	31,624	(2,904)
Equity in income (loss) of affiliate	-	-	-	-	(259)	259	-	153	(153)	-	-	-
<b>Net income (loss) before NCI</b>	<b>2,589</b>	<b>2,589</b>	<b>(0)</b>	<b>(63,151)</b>	<b>(63,150)</b>	<b>(1)</b>	<b>(26,958)</b>	<b>(26,958)</b>	<b>(0)</b>	<b>28,720</b>	<b>31,624</b>	<b>(2,904)</b>

Notes to table: During FY25, the variance in net income between the trial balances and the audited financial statements is discretely attributable to the establishment of a deferred tax asset as of December 2025. This adjustment was recognized by the Company's auditors prior to finalization of the audited financial statements and subsequent to receipt of reported trial balances used for our *Quality of Earnings* analysis. As income tax-related influences do not impact EBITDA, reported, we did not modify reported net income within our *Quality of Earnings* analysis to reflect the adjusting entry identified by the Company's third-party auditors.

# Appendices

## Reconciliation to audited financial statements – Balance sheet

### Reconciliation to audited financial statements - balance sheet

(in 000's)	Dec22			Dec23			Dec24			Dec25		
	Trial balances	10-K	Variance	Trial balances	10-K	Variance	Trial balances	10-K	Variance	Trial balances	AFS	Variance
<b>Assets</b>												
Cash and cash equivalents, including restricted	26,922	26,926	(4)	28,542	28,539	3	62,849	62,849	(0)	115,639	115,639	(0)
Short-term marketable securities	9,851	9,851	(0)	35,389	35,389	(0)	9,791	9,791	(0)	18,126	18,126	(0)
Patient accounts receivable, net	136,098	136,098	0	129,151	129,151	0	129,233	129,233	0	154,326	154,326	0
Inventories	36,476	36,476	0	44,569	44,569	0	60,712	60,712	(0)	69,536	69,536	0
Other receivables	27,742	28,201	(459)	33,995	34,274	(279)	58,196	58,196	0	91,286	92,350	(1,064)
Prepaid expenses and other current assets	2,706	2,670	36	4,273	4,277	(4)	7,445	7,445	(0)	7,175	7,961	(786)
Current portion of notes - related parties	3,874	1,797	2,077	2,754	1,604	1,150	3,562	2,197	1,365	1,699	600	1,099
<b>Total current assets</b>	<b>243,669</b>	<b>242,019</b>	<b>1,650</b>	<b>278,674</b>	<b>277,803</b>	<b>871</b>	<b>331,788</b>	<b>330,423</b>	<b>1,365</b>	<b>457,786</b>	<b>458,538</b>	<b>(752)</b>
Property and equipment, net	31,980	31,980	0	40,439	40,439	0	48,374	48,374	(0)	66,990	66,990	0
Operating lease right-of-use assets, net	43,724	43,724	(0)	43,349	43,349	0	50,157	50,157	(0)	71,157	71,157	(0)
Notes receivable - related parties	-	2,076	(2,076)	-	1,150	(1,150)	-	1,365	(1,365)	-	1,099	(1,099)
Other assets	5,199	5,199	(0)	7,588	7,588	(0)	26,633	26,633	(0)	26,651	25,864	787
Goodwill and intangibles, net	1,230	1,230	-	1,230	1,230	-	13,376	13,376	0	44,804	44,803	1
Deferred tax asset, net	-	-	-	2,894	2,894	(0)	-	-	-	-	2,621	(2,621)
<b>Total assets</b>	<b>325,802</b>	<b>326,228</b>	<b>(426)</b>	<b>374,174</b>	<b>374,453</b>	<b>(279)</b>	<b>470,328</b>	<b>470,328</b>	<b>(0)</b>	<b>667,387</b>	<b>671,072</b>	<b>(3,685)</b>
<b>Liabilities, Mezzanine Equity, and Stockholders' Equity</b>												
Accounts payable	106,496	106,495	1	127,644	127,645	(1)	170,728	170,742	(14)	236,423	236,417	6
Accrued compensation related costs	7,498	7,466	32	11,410	11,410	0	16,725	16,725	(0)	46,165	46,165	(0)
Accrued other	17,615	17,800	(185)	25,588	22,327	3,261	17,709	17,694	15	54,917	55,046	(129)
Income tax payable	(0)	-	(0)	971	971	0	734	734	0	-	785	(785)
Current portion of operating lease liabilities	9,177	9,177	(0)	6,692	6,692	0	7,214	7,214	0	9,278	9,278	(0)
Current portion of long-term debt	183	-	183	62	-	62	3,744	3,744	(0)	1,718	1,718	(0)
<b>Total current liabilities</b>	<b>140,969</b>	<b>140,938</b>	<b>31</b>	<b>172,368</b>	<b>169,045</b>	<b>3,323</b>	<b>216,855</b>	<b>216,853</b>	<b>2</b>	<b>348,500</b>	<b>349,409</b>	<b>(909)</b>
Long-term debt, net	80,301	80,301	(0)	80,641	80,641	0	87,123	87,123	(0)	93,460	93,460	(0)
Long-term operating lease liabilities	37,224	37,224	0	39,803	39,803	0	48,018	48,018	(0)	70,611	70,611	0
Other long-term liabilities	5,289	5,749	(460)	10,647	14,251	(3,604)	10,333	10,333	0	11,814	11,814	(0)
<b>Total liabilities</b>	<b>263,784</b>	<b>264,212</b>	<b>(428)</b>	<b>303,460</b>	<b>303,740</b>	<b>(280)</b>	<b>362,329</b>	<b>362,327</b>	<b>2</b>	<b>524,385</b>	<b>525,294</b>	<b>(909)</b>
Equity	62,018	62,016	2	(161,297)	(161,298)	1	(44,639)	(44,637)	(2)	(136,422)	(133,624)	(2,798)
<b>Total liabilities and stockholders' equity</b>	<b>325,802</b>	<b>326,228</b>	<b>(426)</b>	<b>374,174</b>	<b>374,453</b>	<b>(279)</b>	<b>470,328</b>	<b>470,328</b>	<b>(0)</b>	<b>667,387</b>	<b>671,072</b>	<b>(3,685)</b>

**Notes to table:** During FY25, the variance in total assets and total liabilities and stockholders' equity between the trial balances and the audited financial statements is discretely attributable to the establishment of a deferred tax asset as of December 2025. This adjustment was recognized by the Company's auditors prior to finalization of the audited financial statements and subsequent to receipt of reported trial balances used for our *Quality of Earnings* analysis. As income tax-related influences do not impact EBITDA, reported, we did not modify reported net income within our *Quality of Earnings* analysis to reflect the adjusting entry identified by the Company's third-party auditors.

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