Medical Advocacy Services for Healthcare, Inc.

Financial Statements
For the Year Ended March 31, 2025
Together With
Independent Auditor's Report

MEDICAL ADVOCACY SERVICES FOR HEALTHCARE, INC.

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INDEPENDENT AUDITOR'S REPORT

To the Members of
Medical Advocacy Services for Healthcare, Inc.
Amherst, New York

Opinion

We have audited the accompanying financial statements of Medical Advocacy Services for Healthcare, Inc. (the "Company"), which comprise the balance sheet as of March 31, 2025, and the related statements of income and changes in members' equity, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Medical Advocacy Services for Healthcare, Inc. as of March 31, 2025, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report.

We are required to be independent of Medical Advocacy Services for Healthcare, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Medical Advocacy Services for Healthcare, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Medical Advocacy Services for Healthcare, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Medical Advocacy Services for Healthcare, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Supplementary information

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The schedule of operating expenses is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Allied CPAs, P.C.

Rochester, New York
June 26, 2025

MEDICAL ADVOCACY SERVICES FOR HEALTHCARE, INC.
BALANCE SHEET
AS OF MARCH 31, 2025

ASSETS

CURRENT ASSETS		
Cash and cash equivalents	$	204,400
Accounts receivable, net of allowance for credit losses of $406,735		559,088
Unbilled revenues		83,274
Due from related parties		31,401,434
Other current assets		39,091
TOTAL ASSETS	**$**	**32,287,287**

LIABILITIES AND MEMBERS' EQUITY

CURRENT LIABILITIES		
Accrued expenses	$	160,697
TOTAL LIABILITIES		160,697
MEMBERS' EQUITY		
Common stock, no par value, stated at cost		17,125,000
Members’ equity		15,001,590
TOTAL MEMBERS' EQUITY		32,126,590
TOTAL LIABILITIES AND MEMBERS' EQUITY	**$**	**32,287,287**

The accompanying notes are an integral
part of these financial statements.

MEDICAL ADVOCACY SERVICES FOR HEALTHCARE, INC.
STATEMENT OF INCOME AND CHANGES IN MEMBERS' EQUITY
FOR THE YEAR ENDED MARCH 31, 2025

INCOME	
Service revenue	$ 2,567,941
EXPENSES:	
Staff costs	82,013
Other operating expenses	1,261,217
TOTAL EXPENSES	1,343,230
NET INCOME FROM OPERATIONS	1,224,711
NET INCOME	1,224,711
Members' equity - beginning of year	13,776,879
MEMBERS' EQUITY - END OF YEAR	$ 15,001,590

The accompanying notes are an integral
part of these financial statements.

MEDICAL ADVOCACY SERVICES FOR HEALTHCARE, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2025

CASH FLOWS FROM OPERATING ACTIVITIES	
Net income	$ 1,224,711
Adjustments to reconcile net income to net cash provided by operating activities:	
Provision for credit losses	344,103
Changes in assets and liabilities:	
Accounts receivable	(531,105)
Due from related parties	(1,154,993)
Unbilled revenue	109,916
Accrued expenses	111,740
NET CASH PROVIDED BY OPERATING ACTIVITIES	104,372
Change in cash and cash equivalents	104,372
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	100,028
CASH AND CASH EQUIVALENTS - END OF YEAR	**$ 204,400**

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:	
Cash paid for interest	$ -

Note 1 - Organization

Organization

Medical Advocacy Services for Healthcare, Inc. (the "Company"), was incorporated under the laws of the State of Texas on September 6, 1988. The Company provides contact center and transaction processing services for customers in the financial services, telecommunications and healthcare industries. The Company is a leading revenue cycle management solutions provider with a focus on US Healthcare Providers and provides Patient Advocacy services and front-end RCM SaaS platform to address the Patient Responsibility and Self-pay segment.

The Company is a wholly owned subsidiary of PatientMatters, LLC (a State of Delaware corporation), which is a wholly owned subsidiary of Firstsource Solutions USA, LLC, (a State of Delaware corporation), which is a wholly owned subsidiary of MedAssist Holding, LLC (a State of Kentucky corporation), which is a wholly owned subsidiary of Firstsource Group USA, Inc. (a State of Delaware corporation), which is a wholly owned subsidiary of Firstsource Solutions Limited (a Nation of India corporation).

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Company have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Company considers all highly liquid investment instruments with an original maturity of three months or less to be cash equivalents.

Concentration of Credit Risk

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of cash and cash equivalents and accounts receivable. All such financial instruments involve risk by their nature including the credit risk of non-performance by counter parties. In management's opinion, there was no significant risk of loss in the event of non-performance to these financial instruments, other than amounts already provided for in the consolidated financial statements. The Company's cash accounts are concentrated in a few financial institutions. Although the cash accounts at March 31, 2025 exceed the federally insured deposit limit, management does not anticipate nonperformance by the financial institution. Exposure to credit risk is managed through credit approvals, establishing credit limits, and monitoring procedures.

Accounts Receivable

Accounts receivable are stated at their net carrying value, the amount expected to be collected, based on the original cost less the accumulated lifetime estimated net credit loss allowance. Management provides for probable uncollectible amounts through a provision for the lifetime estimated credit losses at the inception of each financial asset using the current expected credit loss model and recognizes any expected increases or decreases of expected credit losses that have taken place during the period. During the year ended March 31, 2025, the Company recorded provision for credit losses in the amount of $344,103.

Property and Equipment

Fixed assets are stated at cost, net of accumulated depreciation. Assets under capital leases are stated at the present value of minimum lease payments. Leasehold improvements are depreciated on a straight-line basis over the shorter of the estimated useful life of the asset and the term of the lease. Depreciation of other equipment is recorded on a straight-line basis over the estimated useful lives of the assets as follows:

Leasehold improvements	5 years
Service equipment	2-5 years
Computer equipment	2-4 years
Vehicles	2-5 years
Office equipment	2-5 years
Furniture and fixtures	2-5 years

Note 2 - Summary of Significant Accounting Policies (Continued)

Revenue Recognition
Revenue from operations comprises services rendered either in the form of healthcare transaction processing services, healthcare revenue cycle management, and is billed in accordance with the contractual terms specified in the respective customer contracts. Revenue from fixed-fee based service contracts is recognized based on achievement of performance milestones specified in the customer contracts.

In accordance with ASU 2014-09, Revenue from Contracts with Customers (Topic 606), the Company recognizes their revenue from contracts using the following five-step process: 1) Identify the contract(s) with a customer, 2) Identify the performance obligations in the contract, 3) Determine the transaction price, 4) Allocate the transaction price to the performance obligations in the contract, and 5) Recognize revenue as the Company satisfies a performance obligation.

Unbilled revenue represents work executed in accordance with the terms of the agreement with customers but not billed as of the balance sheet date.

Transaction Price
The nature of the Company's contracts gives rise to several types of variable consideration. The Company includes in the contract estimates additional revenue for claims against the customer when the Company believes it has an enforceable right to the claim, the amount can be estimated reliably, and its realization is probable. In evaluating these criteria, the Company considers the contractual/legal basis for the claim, the cause of any additional costs incurred, the reasonableness of those costs and the objective evidence available to support the claim. These estimates are based on historical experience, anticipated performance and the Company's best judgement at the time.

Combined Contract
The Company evaluates whether two or more contracts should be combined and accounted for as a single contract and whether the combined or single contract should be accounted for as more than one performance obligation. This evaluation requires significant judgement and the decision to combine a group of contracts or separate the combined or single contract into multiple performance obligations could change the amount of revenue and profit recorded in a given period.

Contract Modifications
Contract modifications are routine in the performance of the Company's contracts. Contracts are often modified to account for changes in the contract specifications or requirements. In most instances, contract modifications are for services that are not distinct, and therefore, are accounted for as part of the existing contract.

Contract Estimates
It is reasonably possible that changes in estimates may occur in the near term and those revisions and cost and revenue estimates are reflected in the period in which the facts that require the revisions become known.

Leases
The Company recognizes all long-term leases on their balance sheet as a lease liability at the present value of future lease obligations at the commencement of the lease with a corresponding right-of-use asset, that is amortized over the life of the lease.

Income Taxes
Current income taxes are provided for in accordance with the applicable laws in various tax jurisdictions in which the Company operates. Income tax expense consists of the current tax provision and the net change in the deferred tax asset or liability for the year. Deferred income taxes are determined under the asset and liability method. Deferred tax assets and liabilities are recognized for future tax consequences of temporary differences between the carrying amounts of assets and liabilities, and their respective tax bases and operating loss and business loss carry forwards. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of changes in tax rates is recognized in the results of operations in the period of enactment of the change. The measurement of deferred tax assets is reduced, if necessary, by a valuation allowance if it is more likely than not that some portion or all of the assets will not be realized.

Note 2 - Summary of Significant Accounting Policies (Continued)

Advertising and Marketing
The Company expenses all advertising and marketing costs when incurred. There was no marketing expense for the year ended March 31, 2025.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Subsequent Events
The Company has evaluated events and transactions after March 31, 2025, and through June 26, 2025, which is the date the financial statements were available to be issued for potential recognition and disclosure in the financial statements.

Note 3 - Related Party Transactions

As of March 31, 2025, accounts receivable from related parties consist of the following:

Kramer Technologies, LLC	$	89,662
PatientMatters, LLC		31,311,772
NET DUE FROM RELATED PARTIES	**$**	**31,401,434**

Note 4 - Pension Plan

The Company maintains a defined contribution 401(k) plan, covering all full-time employees with one year of service and age twenty-one or older. The Company's contribution is based on matching 25% of the first 6% of salary deferral elected by each eligible employee. The Company had no contributions for the year ended March 31, 2025.

SUPPLEMENTARY INFORMATION

MEDICAL ADVOCACY SERVICES FOR HEALTHCARE, INC.
SCHEDULE OF OPERATING EXPENSES
FOR THE YEAR ENDED MARCH 31, 2025

Provision for credit losses	$	344,103
Bank fees		14,958
Computer expenses		109,281
Charges		18,783
Communication		646,267
Legal and professional fees		6,251
Miscellaneous		5,317
Rents, rates and taxes		31,035
Repairs and Maintenance		56,832
Travel and conveyence		28,390
TOTAL OPERATING EXPENSES	**$**	**1,261,217**

See independent auditor’s report.