## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## **SCHEDULE 14A**

Proxy Statement Pursuant to Section 14(a) of the Securities Exchange Act of 1934

Filed by the Registrant  $\boxtimes$ 

Filed by a Party other than the Registrant  $\Box$ 

Check the appropriate box:

- Preliminary Proxy Statement
- Confidential, for Use of the Commission Only (as permitted by Rule 14a-6(e)(2))
- Definitive Proxy Statement
- Definitive Additional Materials
- □ Soliciting Material under §240.14a-12

## **Foresight Acquisition Corp.**

(Name of Registrant as Specified In Its Charter)

N/A

(Name of Person(s) Filing Proxy Statement, if other than the Registrant)

Payment of Filing Fee (Check the appropriate box):

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Who: People with Passion and Purpose What: Dedicated to Transforming Healthcare for Patients, Providers, and Payors How: Patient-Centric, Physician-Led, and Population Health Management Focused

#### BASIS OF PRESENTATION

This presentation is provided for informational purposes only and has been prepared to assist interested parties in making their own evaluation with respect to a potential business combination (the "proposed business combination") between P3 Health Partners (P37) and Foresight Acquisition Corp. ("Foresight" or "SPAC"), and related transactions, and for no other the purpose. No representations or warmnines, express or implied are given in, or in respect of, this presentation. To the fullest eachert permitted by law, in no circumstances will P3, Foresight or any of their respective subsidiaries, stockholders, affiliates, representations, officer on the stock of profit arising from the use of this presentation. Is contents, its ornission, circumstances will be of profit arising from the use of this presentation. Its contents, its ornission, circumstances will be data busines or contained within it. or conspinions communicated in relation therewills, industry publications and sources, None of P3 or Foresight that industry and market data used in this presentation have been obtained from thrid party industry publications and sources. None of P3 or Foresight that industry or completeness. This data is subject to change, in addition, this presentation does not puport to be all-inclusiver or to contain all of the information that muy be required to marks that analysis of P3 or the proposed business combination. Recipients of this presentation should each marke their own evaluation of P3 and of the relevance and adequacy of the information and should marke such other investigations as they deem necessary.

#### FORWARD-LOOKING STATEMENTS

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Any investment in or purchase of any securities of P3 or Foreight is speculative and involves and high degree of risk and uncertainty. This presentation includes "roward-locking statements" with the meaning of the "safe harbor" provisions of the safe harbor" provisions of the safe harbor" provisions of the safe harbor" since "service". "anoptic "forecast," "intend, "will, "expect," anticipate, "below," "service," "anoptic "discrete function, predictor or indicate function, predictor or indicate function, predictor or indicate function, and the safe and the since function of the safe and the looking statements.



### Disclaimer

USE OF PROJECTIONS AND DESCRIPTION OF KEY CONTRACTS AND PARTNERSHIPS

This presentation contains projected financial information with respect to P3, namely revenue and EBITDA for 2021. Such projected financial information constitutes forward-looking information, and is for illustrative purposes only and should not be relied upon as necessarily being indicative of future results. The assumptions and estimates underlying such projected financial information are inherently uncertain and are subject to a wide variety of significant business, economic, competitive and other risks and uncertainines that could cause estual instituts to differ materially from the ecosynetic in the prospective financial information should not be regarded as a representation by any person that the results reflected in such projections will be exhived. Nearine estual audits to either of P3, audited in environment of P3, audited in environment of P3, audited in environment of P3, audited in the prospective financial information. Several basiness, economic, competitive on esuits on the propertive financial information school and use reliables that could cause estual institutions of the purpose of the inclusion of such information should not be regarded as a representation by any person that the results reflected in such projections will be exhived. Nearifier the independent auditors of Fouries/I not the indep

This presentation contains descriptions of certain key business partnerships of P3. These descriptions are based on the P3 management team's discussions with such counterparties and the latest available information and estimates as of the date of this presentation. In each case, such descriptions are subject to negotiation and execution of definitive agreements with such counterparties which have not been completed as of the date of this presentation and, as a result, such descriptions of key business partnerships of P3, remain subject to change

FINANCIAL INFORMATION; NON-GAAP FINANCIAL MEASURES

Provide information and data contained in this presentation is unaudited and does not conform to Regulation 5-X. Accordingly, such information and data may not be included in, may be adjusted in or may be presented differently in, any proxy statement, registration statement, or prospectus to be filed by Foresight with the SEC. Some of the financial information and data contained in this presentation, such as EBITOA and EBITOA and EBITOA Margin have not been prepared in accordance with United States generally accepted accounting principles ('GAAP'). EBITOA is a defined as net earnings (loss) before interest expense, income tax expense (brenefit), depreciation and antization. Foresight and P3 believe that here used these non-GAAP measures of interests provide used in Information to many additional projected operating results and tends to Dusiness tends relating to P3's financial condition and results of operations. Foresight and P3 believe that here used these non-GAAP financial measures brinkes the statement does not comparing projected operating results and tends to long projected operating results and tends to Insolate measures determining in accounting with GAAP. The principal limitation of these eno-GAAP financial measures determined in accountance with GAAP. The principal limitation of these eno-GAAP financial measures determined in accountance with GAAP. The principal limitation of these eno-GAAP financial measures determined in accountance with GAAP. The principal limitation of these eno-GAAP financial measures determined in accountance with GAAP. The principal limitation of these eno-GAAP financial measures determined in accountance with GAAP. The principal limitation of these eno-GAAP financial measures determines in a disting a reconciliation of the projecting the counter of these eno-GAAP financial measures determines and income are excluded of included in determining these non-GAAP financial measures. P3 is not providing a reconciliation of the projecting the counteres, the financial measures determi

ADDITIONAL INFORMATION ABOUT THE PROPOSED BUSINESS COMBINATION AND WHERE TO FIND IT

The proposed business combination will be submitted to stockholders of Foresight for their consideration. Foresight field a definitive proxy statement (the "Proxy Statement") with the SEC on October 28, 2021 and Foresight mailed the definitive Proxy Statement and other relevant documents to its stockholders as of the record date established for voting on the proposed business combination. Foresight's stockholders and other interested persons are advised to read the definitive Proxy Statement and any amendments thereto in connection with Foresight's solicitation of proxies for its special meeting of stockholders to be held to approve, among other things, the proposed business combination. These is a fore solutions combination in the securities holders may also othain coordination with Seresight's autointation. These is a fore solution to prove execurities holders may also othain accord to the definitive Proxy Statement and any amendments thereto in connection with Foresight's autointation. These is a fore social in portant solution accord to the definite Proxy Statement are also due to councerts field with the SEC by Foresight, without charge, at the SEC's website located at www.sec.gov or by directing a request to Gateway Investor Relations, (949) 574-3800, FORE@gatewayir.com

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### Foresight Acquisition Corp. Adds Significant Value to P3 Health Partners





### **Today's Presenters**



P3 At A Glance We Take Global Risk In A Rapidly Growing ~\$300bn Medicare Advantage Market And Benefit From the Value We Create Through Improved Clinical Outcomes We Are A Market Leader With A Strong Track Record Of High Growth	20+ Years of value-based care experience	<b>15</b> Operates in 15 markets across 4 states <sup>4</sup>	<b>~68K</b> Full-risk lives managed by 2021E
We Are A physician founded and led organization that works collaboratively with physicians, care teams and practices on their journey from traditional fee-for-service to value-based care We Leverage	~27K Shared savings lives managed under 5 ACO agreements to date	~2000 2021E PCPs in network	<b>99%</b> Physician retention <sup>1</sup>
Our deeply-integrated and capital efficient care model, data and technology, physician leadership and community outreach tools We Create Enhanced patient outcomes and experiences, greater professional satisfaction for providers and caregivers and lower care costs	35% Reduction in hospital admissions <sup>2</sup>	\$630M+ 2021E revenue	<b>20%+1</b> Long-term EBITDA margin <sup>3</sup>

### P3 Vision & Mission

# Vision

To build the greatest population health management company.

# Mission

To be the best health partner for... Patients, Providers & Payors.





### P3 Core Values

People.	Our attitude is respecting and valuing everyone. Our community is strong and safe.
Passion.	Our heart is our patients. Our soul is our clinicians.
Purpose.	Our core is fixing healthcare. Our mindset is disciplined purposeful growth.

**P**3

Strong TAM Experienced Team P3 Model Proven Outcomes Growth Potential

P3 Investment Highlights

Large, Growing TAM With Significant Whitespace

**Deeply Experienced Management Team** 

Capital Efficient & Scalable Model

**Proven Outcomes** 

Multiple Avenues of Organic Growth



# Overview



## P3 Addresses Some of the Largest Challenges in U.S. Healthcare Today

Uncontrolled high costs \$3.8T US spending on healthcare (2019)' \$5.4% Project healthcare spending growth (2019 to 2028)'	Poor access to primary care 25% Americans do not have access to essential primary care <sup>2</sup>	Fee For Service
Sub-optimal quality of care and sub- optimal clinical outcomes <b>40%</b> of Americans have 2+ chronic conditions; Comparable developed nations average -17.5% <sup>3</sup>	Physician burnout 50%+ of PCPs show signs of burnout and report feeling unfairly compensated <sup>4</sup>	Under a value-based care (VBC) payment model, physicians are reimbursed based on the quality of care rather than the quantity of services provided or number of patients seen (e.g. fee for service model)

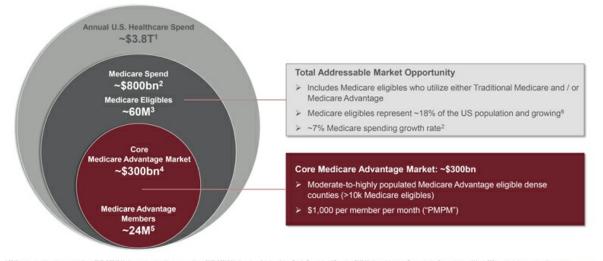
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## Given ~2% of MA Lives in VBC, True Competition is FFS Payment Model

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P3 Health Partners	~68k	
ಜ್ಜೆ agilon health	~210k	
OAK STREET HEALTH	~109k	
CanoHealth	~85k	201
Carecoax	~26k	~2% of ~24mm MA enrollees
iorahealth	~31k	

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### P3 Has a Substantial Market Opportunity



<sup>1</sup> 2019 Istal national healthcare expenditure, CMS, <sup>1</sup> 2019 Medicare national healthcare expenditure, CMS, <sup>1</sup> 2019 Medicare baneficiaries, Kaiser Famly Foundation, <sup>1</sup>Baeed on CMS Medicare Advantage Penetration by County data as of March 2021 and includes counties with table in Silo March 2021 and includes counties with table in Silo March 2021 and includes counties with table in Silo March 2021 and includes counties with table as of March 2021 and includes counties with table as a file of table and table



Strong TAM Experienced Team P3 Model Proven Outcomes Growth Potential

### Proven Board With Extensive Healthcare Expertise



## Three Distinct Growth Models in Value-Based Physician Enabler Space

	Build	Builds clinics, hires providers, and recruit patients in value-based care model	iorahealth Caremax O STREET VillageMD	~\$3,000 / MA patient <sup>1</sup>
Value-Based	Acquire	Acquires clinics and converts to value- based care	CanoHealth VillageMD Caremax	~\$10,000 / MA patient <sup>2</sup>
Care Physician Enablers	Affiliate	Partners with payors, providers or health systems to enable a value-based care model	Signal and the sealth Bealth Partners	~\$1,000 / MA patient <sup>3</sup>

<sup>1</sup>Based on competitive disclosures of cumulative center investments to reach breakeven point; <sup>2</sup>Based on management experience and estimates; <sup>2</sup>Based on P3 first year loss generated in Oregon market. Note: P3 has historically inversaged affiliate as its primary growth model.



## P3 Health Partners Compares Favorably Across Key Metrics

	Capital Light		Capital Intensive		- T
	P3 Health Partners	ം ജ്യ agilon health	🔷 CanoHealth	Carecoax	O OAK STREET HEALTH
Enterprise Value	\$2.3bn1	\$9.7bn1	\$6.5bn1	\$814mm <sup>1</sup>	\$12.2bn1
Year Founded	2018 <sup>2</sup>	19833	2009	2011	2012
Operating Model	Partner - Payor / provider	Partner - Joint-venture PCP	Buy – Acquisition primarily	Buy – Acquisition primarily; Build – going forward	Build – Employed / clinic model
Markets	15	23	16	1	24
MA Membership <sup>4</sup>	~68K	~231K <sup>5</sup>	~112K	~30K <sup>6</sup>	~110K
2021E Revenue	\$633M <sup>1</sup>	\$1.8bn1	\$1.6bn1	\$549M1	\$1.4bn1
2022E Revenue	\$825M <sup>1</sup>	\$2.6bn1	\$2.6bn1	\$832M1	\$2.1bn1
FV / 2022 Revenue	2.8x	3.8x	2.5x	1.0x	5.7x
Capital Efficiency	High	Low	Low	Low	Low
Fully Delegated Model	Yes	Yes	No	No	No
LT EBITDA Margin Target	20%+	Double digits	N/A <sup>7</sup>	N/A	~20%
'18A-'20A Revenue CAGR	135%	60%	90%	N/A	67%

\*FactSet as of 1104/21: 2First Ail year of revenue: <sup>1</sup> Date of incorporation for Primary Provider Management Company, Inc (PPMC'), which was the predecessor to Aglion Health; \*P3 MA lives projected as of PYE 2021, Aglion MA lives as of 5-1 field on 8/30/21, Cano Health MA lives as of 0221 earrange on 06/30/21; Dat Street MA lives represent mitigront of PYE 2021 management guadance as of 8/30/21; Cano Health Was as of 02/21 quartery earrings report as of 8/30/21; United as United as a field on 8/30/21. Cano Health MA lives as of 5/30/21; Cano Health Was as of 02/21 quartery earrings report as of 8/30/21; United as United as a field on 8/30/21. Cano Health Was as of 02/21; Quartery earrings report as of 8/30/21; United as United as a field on 8/30/21; United as United as a field on 8/30/21; United as United as a field on 8/30/21; United as United as an of 02/21; United as United as a field on 8/30/21; United as U

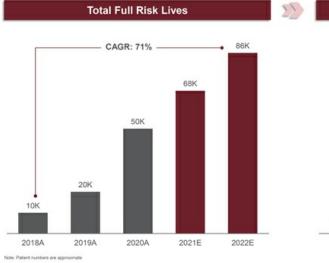
### P3 Model Has Demonstrated Proven Outcomes

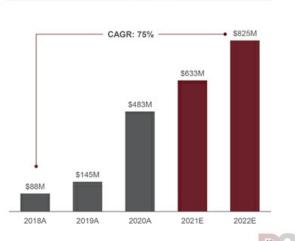


\*Reflects Part C Medical Cost of "Payor 1" (PMPM), P3's First Contract in Arizona



## P3's Track Record Of Organic Growth





**Total Revenue** 

### Near Term Growth: Confirmed P3 Market Entry Into California

P3 recently closed an acquisition for an IPA in California to enable entry of the San Joaquin market



Source: 'CMS (as of July 2021)

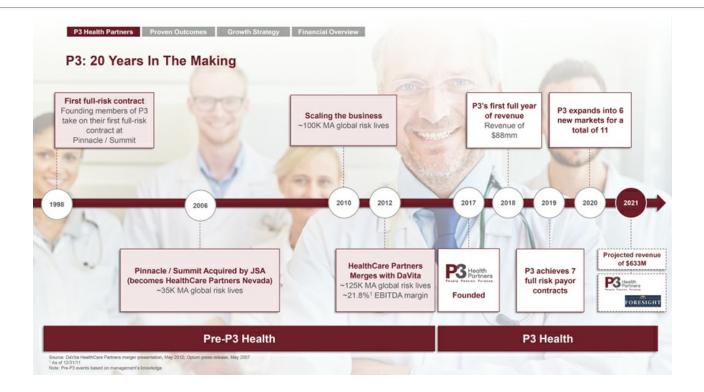


# P3 Overview



### Proven Outcomes, Compelling Economics And Physician-Led



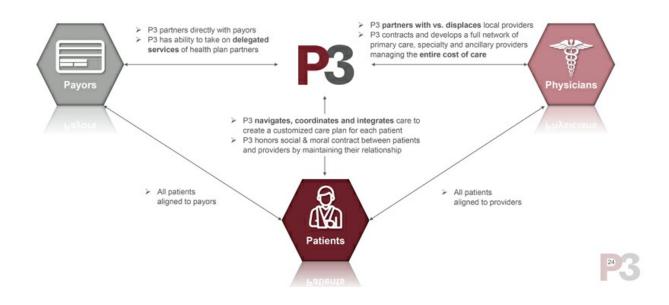


## Physician-Led, Deeply Experienced Management Team With 20 Years+ In Value-Based Care

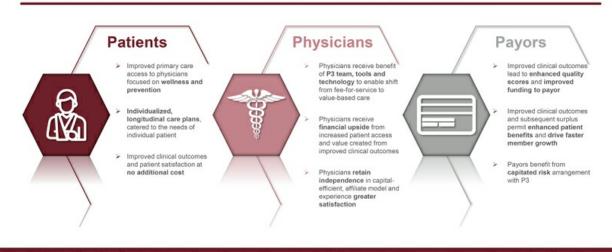
Sherif Abdou, MD, MMM, FACP, FACPE	Amir Bacchus, MD, MBA	Lorie Glisson	Todd Lefkowitz, MHA
Chief Executive Officer • Co-Founder & CEO, HealthCare Partners Newada • Co-Founder & CEO, Pinnacle Health System 30 Years of Experience	Chief Medical Officer • Co-Founder & CMO, HealthCare Partners Nevada • Co-Founder & CMO, Pinnacle Health System 25 Years of Experience	Chief Operating Officer • President & CEO, HealthCare Partners Florida • President & CEO, JSA Healthcare Corporation 25 Years of Experience	Chief Managed Care Officer • SVP, Managed Care Operations & Network Development, HealthCare Partners • VP, Network, PacifiCare & UnitedHealthcare-Nevada 20 Years of Experience
Scott Keim	Sarah Bussmann, BSN-RN, CRNI, MHA	Jessica Puathasnanon, JD, LLM	Eric Atkins, CPA, MBA
Chief Growth Officer  • Executive Director of Business Development, Aetna  • Senior Vice President, Contracting	EVP, Population Health Management • Associate VP, Clinical Quality, DaVita HealthCare Partners	Chief Legal Officer • Chief Counsel & Compliance Officer, Medtronic Diabetes • Director, KPMG • SEC Enforcement	Chief Financial Officer • CFO, Sprout Pharmaceuticals • Divisional CFO, Hillrom • Director, KPMG
and Strategy, Bravo Health		- OLO LINGICOMAIN	

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### P3's Affiliate Model Engages All Key Stakeholders



### The P3 Model Is Effective And A "Win" Scenario For All Key Stakeholders



The P3 Model Enables Better Patient Care, Greater Physician Satisfaction, And Enhanced Payor Growth And Cost Savings

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### How We Bend The Cost Curve

1	Risk Stratification	<ul> <li>Identify high-risk, rising risk and high-cost patients and share with their physicians to help prioritize care</li> <li>Engage physician partners with activity lists and guidelines catered towards individual risk groups</li> </ul>	Proven Outcomes:
2	Care Management	<ul> <li>Increase access for patients and coordinate care between PCPs, specialists and other caregivers</li> <li>Focus cost management efforts via direct patient and provider interaction</li> </ul>	~20% Medical Cost Reduction
3	Utilization Management	<ul> <li>Direct care to most cost efficient, high-quality providers</li> <li>Perform concurrent review to manage acute and post-acute hospitals for length of stay and appropriateness</li> <li>Reduce unnecessary services through provider education and guideline usage</li> </ul>	[5]
4	Proprietary Tech Platform	<ul> <li>Drive physician efficiencies via multi-layered technology platform, leading to better overall care</li> <li>Consolidate disparate data to enhance patient-specific care</li> </ul>	
5	Collaboration with Payors to Build the Right Network	<ul> <li>Contract with key providers / specialists to encourage coordination</li> <li>Contract with key providers for directing large volumes of patients</li> <li>Direct care to strong quality, cost efficient providers</li> </ul>	ેર્સ

### P3 Care Teams Engage Patients Immediately to Focus on Wellness and Prevention



### New Patient Onboarding

- P3 Care Team stratifies new members based on known disease burden, medications and medical cost – indicators to gauge overall health
- P3 Care Team notices Ms. Smith<sup>1</sup>, a woman with diabetes, but no other documented co-morbidities (statistically unlikely) and flags for P3 Care Team

### Whole Patient Care

for diabetics

- P3 Care Team navigates, coordinates and integrates care to create a customized plan
- Example includes setting up a meeting with Ms. Smith, her children (e.g. primary caretakers) and P3 dietician to understand what her plate should look like and how to shop and cook to enable healthy eating



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### P3 Care Team Engages Ms. Smith

- P3 Care Team reaches out to Ms. Smith to start building a relationship P3 Care Team realizes that Ms. Smith has
- two additional co-morbidities (hypertension and hyperlipidemia) and properly documents for RAF scoring

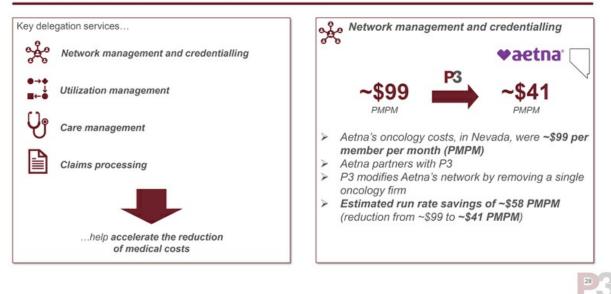
### Maximizing Self-Care

- P3 Care Team front loads outreach, calling Ms. Smith daily to talk about blood sugar, exercise habits and changes to diet
- Ms. Smith's blood sugar levels move from high to consistently within normal range and P3 Care Team scales back to encourage self-care abilities



Patient name blinded.

### **Delegation of Services Creates Value**



## Delegated Utilization and Care Management Reduce Medical Costs and ED Use

Utilization Management	Care Management
~30% <sup>1</sup> hospital to ASC savings	<b>~36%</b> <sup>2</sup> <b>~35%</b> <sup>3</sup> reduction in ED visits hospital admissions
P3 identifies a group of specialists as incurring sizably higher medical expenses than market	P3 Care Team works directly with patients and providers to reduce ER admissions and visits
P3 engages provides and learns they were trained to conduct their surgeries primarily in the hospital	P3 offers extended hours care line to maximize access to nurses or primary care physicians
P3 walks through benefits of moving those surgeries to ambulatory surgery centers	
Given prior authorization capabilities, P3 can limit non-ASC use for elective procedures	

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### Our Technology Suite Enables The Delivery Of High-Quality Care At Scale

### **Provider Portal**

- Seeks to improve provider performance, quality and alignment to payment incentives
- > Provider of ADT\* alerting
- Also used to improve coding and chart review



### Analytic Management

### P3 Care Connect

- Seeks to leverage data to inform business decisions
- Provides data insights such as quality, utilization, risk, pharmacy and finance
- Estimates risk stratification, future admit rates and disease progression



- Seeks to improve efficiency of existing workflows
   Sends provider
  - notifications, generates letters and fulfillment, conducts reporting and audit compliance



### P3 N-Gage

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- Seeks to improve communication between care managers and patients
- Presents member a summary of admissions, discharges, biometric data and care plans





### Our Fly Wheel Drives The Repeatability Of Our Care Model And Its Outcomes



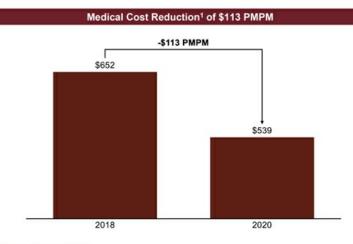
Represents patient satisfaction for Nevada Medical Group from February 2020 to February 2020; Papersents atfliate provider retention through Q1 2021A, Plased on P3's emergency department claims per thousand of 357 in Anzona as of December 31, 2019, compared to the local Medicare benchmark of 557; Based on P3's hospital admission rate per thousand of 161 in Anzona as of December 31, 2019, compared to the local Medicare benchmark of 248



# **Proven Outcomes**



### P3 Model Drove ~20% Reduction of Medical Cost in First Three Years



 Results reflect first P3 payor contract in Arizona ("Payor A")

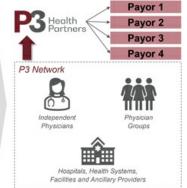
- Aligned physician incentives increased patient access, improved clinical outcomes and reduced hospital admissions and ED visits
- Reshaped local network reduced medical costs while maintaining quality of care
- Delegated services created value for providers and payors

1 Reflects Part C Medical Cost of Payor 1 (PMPM)



### P3 Built A Proprietary Network of Physicians, Specialists and Health Systems





January 1st, 2019

- Initially relied on pre-existing (Payor 1) contracts for physician and health system partners
- P3 incorporated feedback from PCPs with data regarding quality and effectiveness to understand and reshape network
- Throughout the year, P3 negotiated directly with providers and health systems to enter new contracts



## Aligned Primary Care Physician Incentives Deliver Optimal Patient Care

### **Base Compensation**

No changes made to base compensation once primary care physicians become P3 affiliates



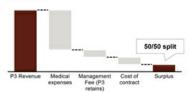
#### Value-Based Incentive Program

- PCPs immediately qualify for additional payments to incentivize patient access:
  - > Comprehensive examinations
  - >75% patients have PCP visit within 7 days of discharge
  - >90% patients receive comprehensive examination
  - > Provide remote access to EHR
  - Coordinate care and perform case study reviews with P3 care team

### Surplus Sharing Program

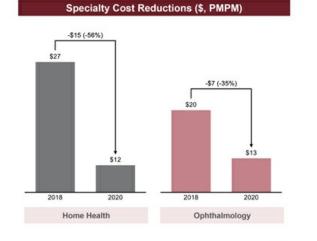
- PCPs share in cumulate surplus created by improved clinical outcomes and lower cost of care
- PCP incentivize to focus on quality of care rather than quantity of services provided

#### Dollars (\$ PMPM)

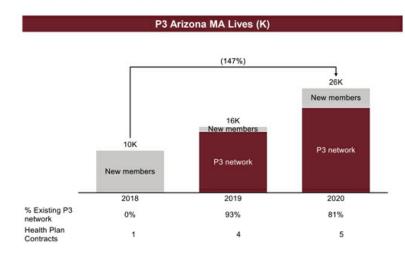


### P3 Reshaped Local Network to Drive Medical Cost Reductions

- P3 reduced the number of home health providers in network and negotiated capitated contract by January 1<sup>st</sup>, 2019 (\$15 PMPM savings)
- P3 identified specialty providers (ex. ophthalmology) that were running at above market costs
  - P3 engaged ophthalmologists to discuss general alternatives; Retinal surgeons increased usage of Avastin (vs. Eylea and Lucentis) in 2019 saving ~\$7 PMPM
- Further network management based on negotiated reimbursement models and stronger unit costs



## Proprietary Network Enables Membership Growth



- Our provider network often serves a patient panel beyond our existing payor relationships
- An established network provides a common ground for conversations with additional payor partners



### Improved Clinical Outcomes and Reduced Medical Cost with Scalable Model





**Growth Strategy** 



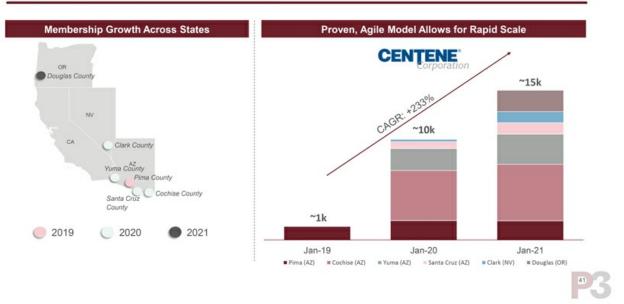
## P3 Model Enables Capital Efficient Growth and Maintains Patient-Provider Relationship

### We Enter Markets Through Partnerships With Payors And Providers

-

Payors	<ul> <li>Health plans seek P3 to optimize entire blocks of existing business</li> <li>Establishes contracts based on market data in provider contracting, including payor relationships and payment methodologies</li> </ul>
Z	<ul> <li>Improved outcomes and realized cost savings allow for repeatable, faster growth in the market</li> </ul>
	> Market analysis based on network, market and senior population dynamics
20)	> Network team identifies existing physician services that align with the P3 model
Providers	

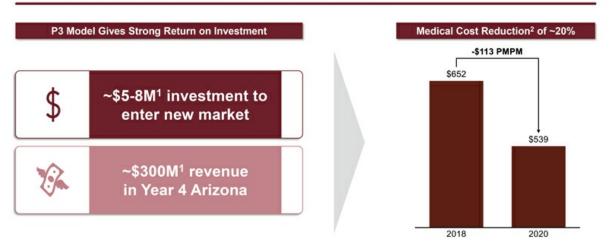
## **Examples Of Growth: Centene Case Study**



## Examples Of Organic Growth: Arizona Connected Care Case Study

Membership Growth Across Mature State	Proven, Agile Model Allows for Rapid Scale
	Entered into provider partnership with Arizona Connected Care in 2018 that provided core market infrastructure and allowed us to expand our scalable model within the state
Arizona Connected Care gour connection for better health	Our Arizona PCP network grew from ~300 to ~700 between 2018-2019
Yuma County Pima County 1 3 2 Cochise County 2	Expanded network enabled additional risk contracts (1 contract to 4) and accelerated membership growth (~10K full risk lives to ~16K)
Santa Cruz County	Shared savings lives obtained with Arizona Connected Care provided springboard for conversion to MA risk and direct contracting
	423

### Capital Efficient, Affiliate Model Delivers Significant Value



Management estimates and calculations; Reflects Part C Medical Cost of Payor 1 (PMPM).



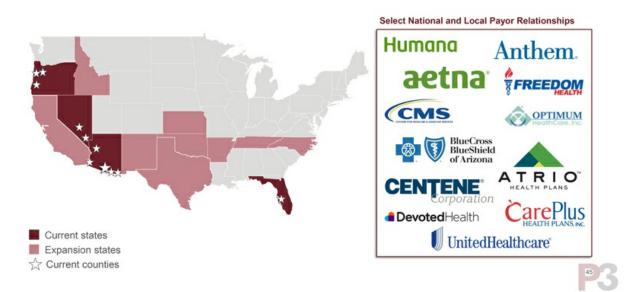
### P3 Has a Scalable and Repeatable Playbook for Market Entry

- > Identify and retain local leadership teams
- Build propriety network including primary care physicians, specialists, and health systems
- Recruit and train local care teams
- Apply proprietary tools and technology: Risk Stratification, Patient 360
- Align value-based incentives to primary care physicians

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Initial Market Investment of \$5M to \$8M in Operating Spend

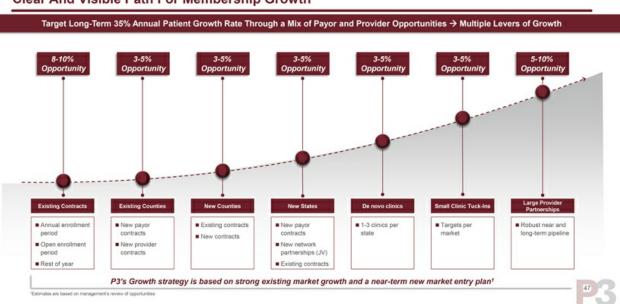
# Strong Markets, Diverse Relationships And Growth Trajectory





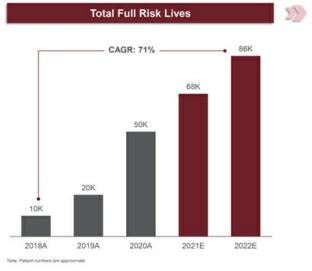
**Financial Overview** 

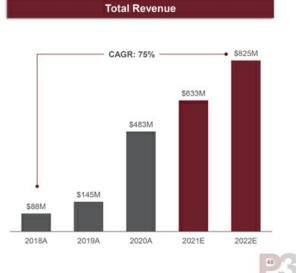




### **Clear And Visible Path For Membership Growth**

## P3's Track Record Of Organic Growth





P3 Health Partners Proven Outcomes Growth Strategy Financial Overview We Have A Strong History Of High Organic Growth And A Line-of-Sight To Continued Success Via Our Capital-Efficient Affiliate Model

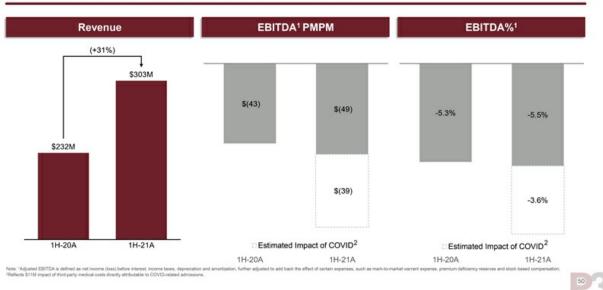
(FYE 12/31)	2018A	2019A	2020A	2021E	2022E	'18A-'22E CAGR
Total revenue (\$mm)	\$88	\$145	\$483	\$633	\$825	75%
Total full risk lives (000s)	10	20	50	68	86	71%
Total contracted PCPs	300	1,000	1,500	2,000	2,500	70%
States (added during year) <sup>1</sup>			N	Jan Star		5
Markets	1	5	11		• 17 - 21	

- P3 continues to successfully leverage longstanding relationships with high quality physicians
- Network development and contracting meaningfully began in Q1'18
- Currently<sup>2</sup> operate in 15 markets across 4 states
- Expected growth to 17-21 markets across 7+ states

Note: Physician and patient numbers are approximate <sup>1</sup> Based on existing sales pipeline; <sup>2</sup>As of September 2021







P3 Health Partners Proven Outcomes Growth Strategy Financial Overview

## Long-Term KPI Targets

<mark>3 − 5</mark> Counties per year	<ul> <li>Leverage existing payor / provider relationships to extend into adjacent markets</li> <li>Establish new payor / provider relationships to enter new markets</li> </ul>
35% Annual membership growth	<ul> <li>Strategically build / acquire centers in key markets to complement our MSO and affiliate model</li> <li>Improved care outcomes promote strong patient retention and acquisition</li> </ul>
70% MCR	<ul> <li>Reduce MCR across markets, driving better care and carving out unnecessary waste</li> <li>Continuously leverage growing tech platform to drive down medical costs</li> </ul>
<b>20%+</b> EBITDA margin	<ul> <li>Leverage across administrative and shared services drive improved operating expense margin</li> <li>Limited capital expenditures to fuel affiliate growth model</li> </ul>

## P3 Investment Highlights

Large, Growing TAM With Significant Whitespace	<ul> <li>\$300b Medicare Advantage market with ~9% growth rate</li> <li>Minimal market penetration; ~2% of MA lives managed by value-based care physician enablers</li> </ul>
Deeply Experienced Management Team	Led by one of the most experienced leadership teams in industry; 20+ years of experience in value-based care and medical cost management
Capital Efficient & Scalable Model	<ul> <li>Partner with existing physician base (affiliate model) versus building new (employed / clinic model)</li> <li>Built-in patient panel day 1 leverages existing installed physician base to enable accelerated growth</li> </ul>
Proven Outcomes	Proven model enables better patient experience, greater physician satisfaction, improved clinical outcomes and lower medical costs
Multiple Avenues of Organic Growth	<ul> <li>Flexible market entry through payor or provider partnership that preserves existing patient provider relationship</li> <li>Multiple opportunities to grow membership through existing payors / providers, new payors, new providers, new markets, etc.</li> </ul>

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### **Proposed Transaction Overview**

## P3 Health Partners entered into a definitive agreement to merge with Foresight Acquisition Corp. (FOREU) on May 25, 2021

- The transaction is expected to be funded through a combination of:
  - FOREU's \$316M of cash in trust<sup>1</sup>
  - And \$209M of committed PIPE financing
- Net proceeds used to fund cash to balance sheet for growth initiatives, cash consideration to selling shareholders, and general corporate purposes
- Current shareholders of P3 expected to maintain 75%<sup>1</sup> of pro forma ownership
- FORE shareholder vote scheduled for November 18th

Assumes no redemptions



# Pro Forma Capitalization and Ownership

Estimated Transaction Sources And Uses (\$M)		
Sources (\$M)		
Existing P3 equity rollover	\$1,821	
Proceeds from Trust Account <sup>1</sup>	316	
Proceeds from Subscription Agreements	209	
Total Sources	\$2,346	
Uses (\$M)		
Existing P3 equity rollover	\$1,821	
Redemptions of Public Shares <sup>2</sup>		
Cash to P3 Equity holders	305	
Cash to balance sheet	180	
Transaction fees and expenses <sup>3</sup>	40	
Total uses	\$2,346	

PF Transaction	
lustrative P3 share price	\$10.00
PF shares outstanding	242.3
otal PF equity value	\$2,423
+ ) debt at close	61
- ) cash at close	(194)
otal PF enterprise value	\$2,290
022E revenue	\$825
023E revenue	\$1,255
PF 2022E EV / revenue	2.8X
PF 2023E EV / revenue	1.8X

\* Cash helds in the Tout Account as of March 31, 2021; \* Represents the redemption of public baters in the no redemption scenarsiv. \* Represents the estimated amount of turnaction separates to be paid at the Clorage of the Business Contraintor; \* Tala pol forma shares outstanding assumes 181 fram from existing P3 shareholdee, 31 form from Foreignt abuefoldeer, 20 form from new PPE investors and 37mm from Foreignt spontor, end of the Start Start Apple investors and 37mm from Foreignt spontor. While contraints are shared exchange of the start o

#### Ilustrative Post Transaction Ownership<sup>4</sup>



## **Historical Results**

\$M	2018A	2019A	2020A	1H-21A
At-Risk Membership	10,400	19,700	50,600	56,200
Capitated Revenue	\$86	\$139	\$472	\$295
Other Revenue	1	7	14	8
Total Revenue	\$88	\$146	\$485	\$303
Capitated % of Total Revenue	98%	95%	97%	97%
Medical Cost	92	141	486	298
MCR % Cap. Revenue	107%	102%	103%	101%
MCR% Total Revenue	105%	97%	100%	98%
Total Operating Expense	31	37	55	33
Opex % of Total Revenue	35%	25%	11%	11%
EBITDA	(\$36)	(\$32)	(\$55)	(\$28)
% Margin	(41%)	(22%)	(11%)	(9%)



# Adjusted EBITDA Reconciliation

	Year Ended December 31		Six Months Ended June 3	
(\$s in thousands)	2019	2020	2020	2021
Net income (loss)	(42,917)	(45,382)	(15,353)	(51,575)
Interest (income) expense, net	3,479	9,970	4,563	8,175
Income tax expense		148		-
Depreciation expense	399	795	368	762
A Mark-to-market warrant expense	-	-	-	10,974
B Premium deficiency reserve	6,364	(20,539)	(2,378)	3,000
C Stock-based compensation	474	447	568	1,024
EBITDA, adjusted	(32,201)	(54,560)	(12,232)	(27,640)
Adjusted EBITDA (%)	(22%)	(11%)	(5%)	(9%)

Represents an add-back of non-cash charges related to fair-market value estimates for warrants attached to Company's existing debt

Represents an add-back of non-cash charges to record certain contract losses in advance

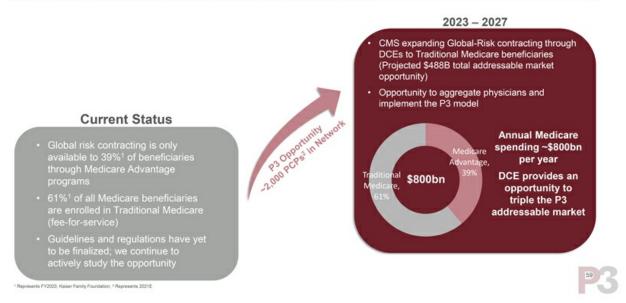
C Represents an add-back of non-cash compensation charges

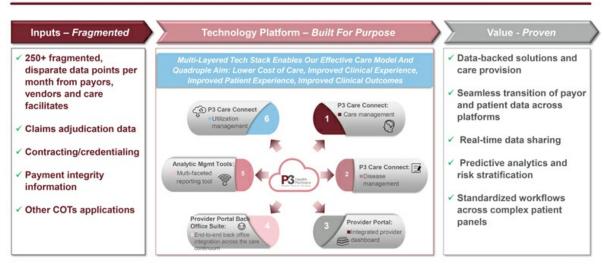




## Innovative, Patient-Centered And Physician-Led Care Delivery Model

### Direct Contracting Represents An Upside To Our Model





## Our Technology Suite Enables The Delivery Of High-Quality Care At Scale

