



Legal finance from Burford

How hospitals can leverage legal assets for balance sheet benefit

Agenda

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02 Defining Legal Finance

03 How companies use legal finance

04 Affirmative litigation matters
for hospital systems

05 Working with Burford

Burford is the gold standard for legal finance

Companies trust Burford as the world's most experienced, transparent and well-capitalized provider of legal finance

\$7.5B

Group-wide legal finance
portfolio diversified by
geography and type of claim

\$886M

in new commitments in 2024
and **\$8.7B in cumulative
deployments** since inception

\$3B

in market capitalization

Dual-listed

NYSE & LSE

93%

of concluded matters financed by
Burford have generated
recoveries for clients

71%

of new deals in 2024 directly
with corporate clients

16+

years – track record
of success

Added to

Russell 2000®

index in 2024

**Unless noted otherwise, all data is as of June 30, 2026*

Legal finance is increasingly relevant

Significant economic headwinds could lead to an increase in litigation alongside constrained access to capital and reduced legal budgets

83%

of finance and legal professionals agree that even large companies can benefit from reducing the impact of litigation on the P&L

— 2024 LITIGATION ECONOMICS SURVEY



Hospitals and other healthcare systems

- typically operate at very low profit margins
- can and should pursue affirmative litigation and arbitration recoveries to generate capital



Legal finance allows

- healthcare systems to offload risk to funder and capture the full value of claims that might otherwise be left on the table
- companies to offload risk



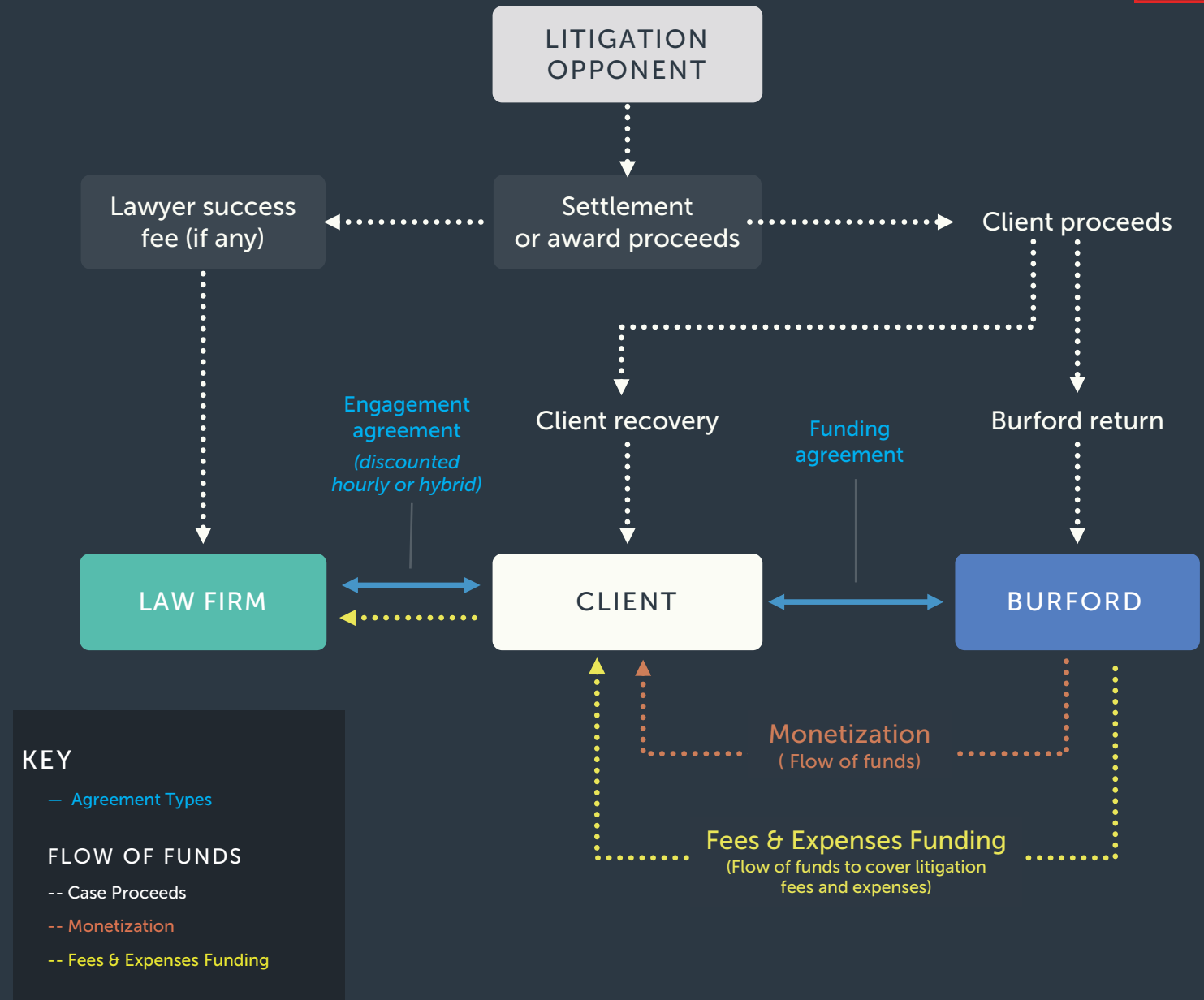
Legal finance can help companies

- ✓ Offload legal expenses
- ✓ Generate working capital
- ✓ Enforce judgment debts

How legal finance works

THE BASICS

- Value of legal claim is used to obtain financing
- Capital provided on a non-recourse basis—meaning Burford's return depends entirely on the success of the case, with no repayment obligation if the matter is unsuccessful
- Legal finance is not debt
- No change in relationship between client and law firm
- Control of legal claim, including settlement, remains with client



*This basic model for legal finance is a conceptual structure—it does not reflect terms.

How Burford delivers legal finance solutions to counterparties

TWO TYPES OF COUNTERPARTIES

Corporate clients

71% of new deals in 2024 directly with corporate clients

Law firms

Inquiries received from 94% of AmLaw 100

TWO PRIMARY STRUCTURES

Fees/Expenses

Pay legal fees and/or expenses associated with dispute as needed

Monetization

Accelerate the risk-discounted value of a legal asset to provide working capital, with such capital potentially all deployed at close and not tethered to a legal budget

TWO FORMS OF COLLATERAL

Single case financing

Portfolio financing

Multiple cases, typically cross-collateralized

Hospital litigation landscape



DEVELOPMENTS

- Consolidation and growth in healthcare, generally, has led to larger claim sizes, higher stakes, and heightened antitrust concerns
- Hospital systems showing greater comfort with affirmative litigation, opting out of class actions (e.g.; generics, BCBS), and legal finance
- Many hospital systems can be both plaintiffs and defendants



HOSPITAL SYSTEM CLAIM EXAMPLES

- Underpayment and antitrust claims against insurers
- Antitrust claims against device manufacturers
- Hospital systems with self-funded employee health plans:
 - Antitrust claims against drug manufacturers
 - Contract/fraud claims against PBMs
 - ERISA claims against the plan's third-party administrator (TPA)
- Patent disputes against licensees or infringers

Underpayment disputes

Providers may have claims against insurers



Healthcare providers may have claims that they were under-reimbursed for services by insurance companies or government payers

- **In-network** – insurer breached network agreement with provider
- **Out-of-network** – insurer failed to pay reasonable value for services rendered
- **Medicare** – challenges to reimbursement calculations



Claims often arise in context of ongoing hard-fought negotiations between insurers and providers over network status and rates



Large hospital systems with many employees may have “self-funded” employee health plans and contract with insurance companies to provide administrative services (but not insurance) for the plans

- These companies often have the same claims as insurance companies; may also have claims against plan administrators

Underpayment disputes – examples

Claims are widespread but dependent on facts and circumstances

IN-NETWORK

- **Radiology Partners** won a \$153M arbitral award against UnitedHealthcare in 2023 for unilaterally reducing reimbursement rates under UHC's contract with the group's Texas affiliate
 - UHC filed counterclaims against Radiology Partners for pass-through billing
 - **Envision Healthcare (KKR)** won a \$91M arbitral award against UHC in 2023 for unilaterally reducing reimbursement to Envision physicians
 - Claims typically brought in non-public arbitrations
-

OUT-OF-NETWORK

- Claims often arise in context of ongoing hard-fought negotiations between insurers and providers over network status and rates
-

MEDICARE

- Large hospital systems with many employees may have “self-funded” employee health plans and contract with insurance companies to provide administrative services (but not insurance) for the plans
 - These companies often have the same claims as insurance companies; may also have claims against plan administrators

Underpayment disputes – antitrust

Providers and insurers may have antitrust claims against certain counterparties

- Anti-competitive conduct by insurers may lead to claims by providers
- It can also lead to claims by competitors whose ability to compete may be impaired

UNDERPAYMENT DISPUTES ANTITRUST EXAMPLES



Long-running class action alleges the Blue Cross Blue Shield Association's members have engaged in anti-competitive market divisions and output restrictions, resulting in lower reimbursement rates

- Providers across the country are class members; opt-out opportunity appears attractive
- Separate class of insurance subscribers settled for \$2.7B and elimination of "National Best Efforts Rule," with some subscribers opting out



Antitrust litigation against MultiPlan (now known as Claritev) and insurance companies for conspiring to suppress out-of-network reimbursements to hospitals and other healthcare providers.

- Class of healthcare providers and numerous individual providers have filed claims in N.D. Ill.
- Litigation is past motion to dismiss, with first bellwether trial scheduled for 2028.

Pharmaceutical antitrust claims

Manufacturers have strong incentive to limit price competition

Claims that manufacturers inflated drug prices through anti-competitive conduct

Monopolization by brand manufacturers (e.g., "pay for delay")

- Class actions have generated eight- and nine-figure settlements, with additional amounts paid to opt-outs
- Pending cases include the drugs Xyrem, Revlimid/Thalomid, Pomalyst, Stelara, and others

Price-fixing by competitors

- Generic Pharmaceuticals Pricing Antitrust Litigation – sprawling multi-district civil litigation alleging conspiracy by generic manufacturers to increase drug prices on hundreds of drugs seeking billions in recoveries for drug purchasers; parallel DOJ investigation resulted in criminal charges and hundreds of millions in penalties to date

Companies throughout the drug distribution chain may have claims

- **Direct purchasers** – distributors (AmerisourceBergen, McKesson, Cardinal Health)
- **Indirect purchasers** – pharmacies (including grocery chains and hospitals), payers (insurers and self-funded plans)
- **Claims may have been contractually assigned** – e.g., from distributors to large pharmacy counterparties

Numerous insurers and providers have filed opt-out claims in Generics and pay-for-delay actions

Pharmacy benefit managers

Business model has attracted significant scrutiny

The three largest PBMs

have dominant market share and are owned by vertically integrated health insurance companies



CVS



UnitedHealthcare



Cigna

Two basic sources of potential harm

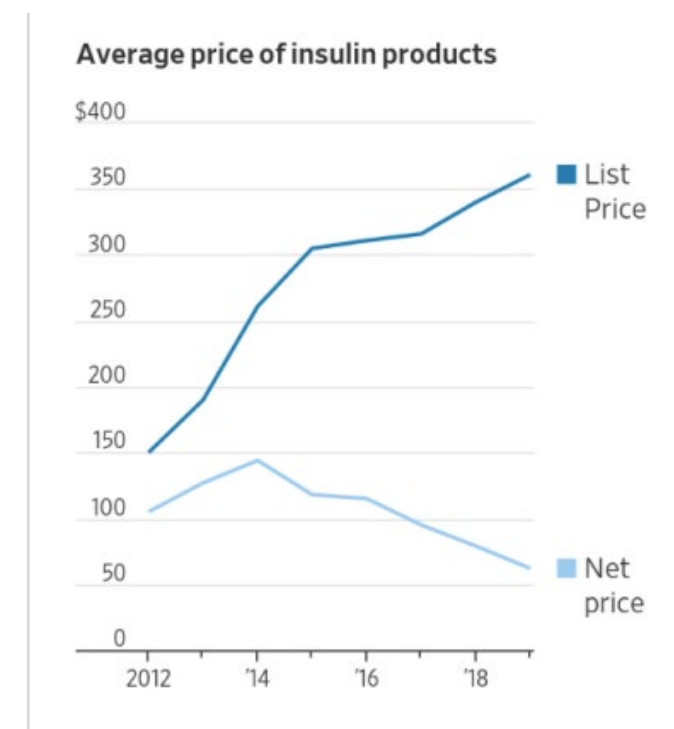
- Overcharging patients and payers for drug benefits (including capture of rebates)
- Under-paying pharmacies for drug purchases (including post-sale claw-backs)

Significant federal and state regulatory scrutiny
– e.g., ongoing FTC investigation

Litigation landscape evolving

- Claims by independent pharmacies for breach of contract, antitrust, unconscionability
- ERISA claims against corporate plan fiduciaries for agreeing to unfavorable PBM contracts (J&J)
- Claims by health plans for breach of contract
- Claims by consumers, payers, and states/municipalities related to insulin prices (various theories)

COMPARISON OF LIST AND NET PRICE (SANOFI INSULIN), 2010-2019



Other claims

Examples of antitrust claims against equipment manufacturers by purchasers of equipment and/or competitors



Hill-Rom (hospital beds)

Antitrust litigation against Hill-Rom, the dominant supplier of hospital beds, for using exclusive contracts to foreclose competition and drive up prices

- Claim by Hill-Rom's competitor Linet has been pending since 2021 in N.D. Ill. Class action on behalf of purchasers (hospitals) was dismissed in late 2025 and is on appeal in the Third Circuit



Da Vinci Surgical (surgical robots)

Antitrust litigation alleging Intuitive Surgical monopolized the aftermarket for servicing and parts of its Da Vinci surgical systems, restricting competition and increasing costs for hospitals and providers

- Claims brought by competitors have settled, while one was dismissed after trial (currently on appeal in the Ninth Circuit). Class has been certified in a case on behalf of hospital purchasers in N.D. Cal.



Biosense Webster (catheters)

Antitrust litigation alleging Biosense Webster restricted competition by denying clinical support to hospitals using reprocessed catheter products, thereby deterring lower-cost alternatives and maintaining market dominance

- Competitor won \$442 million verdict in 2025, now on appeal to the Ninth Circuit. Purchasers (hospitals) may assert individual claims in court or arbitration depending on contract language

Other claims

Examples of antitrust claims around cybersecurity, software and health data, patent disputes, and fraud, among others

CLAIMS ARISING FROM CYBERATTACK



Change Healthcare (data breach)

Litigation against UnitedHealth subsidiary Change Healthcare for damages arising from 2024 ransomware attack that severely disrupted provider reimbursements

- MDL (multidistrict litigation) pending in D. Minn. including class actions and individual claims brought by numerous healthcare providers.

CLAIMS RELATED TO SOFTWARE & HEALTH DATA



Epic EHR (data-blocking)

Epic EHR (data-blocking): Antitrust and data-blocking litigation alleging Epic engaged in exclusionary practices related to electronic health record interoperability and access, limiting competition and disadvantaging third-party providers

- Texas Attorney General sued Epic in December 2025. Competitive software providers have also brought claims and survived motions to dismiss.

OTHER TYPES OF CLAIMS

Patent Disputes

Patent disputes between hospital systems with extensive R&D and those companies they license to and/or companies that infringe the hospital system's patents

Self-funded health plans

Claims by self-funded health plans of large employers against third-party plan administrators for fraud, waste, and abuse

Working with Burford

The financing process, start to finish

INITIAL REVIEW	DILIGENCE	COMMITMENT	CASE MANAGEMENT
• Parties sign a confidentiality agreement • Burford reviews background documents • Burford determines whether matter meets basic criteria for financing	• Detailed review of: • Legal merits • Damages and broader economic analysis • Collection risk and credit analysis • Culminates in term sheet • Burford conducts its diligence in-house, which is a distinguishing feature in our industry and enables more efficient deal processes	• Investment made following approval by Burford's Commitments Committee and definitive documentation • Pricing reflects risk as determined in due diligence • Unlike many competitors that require additional layers of approval from limited partners, Burford has the internal authority and capital to close deals efficiently and decisively • Burford customizes its financing transactions to fit the needs of and offer maximum flexibility to its counterparties	• Burford is a passive provider of corporate finance with no control over settlement • Counterparty provides regular reporting of significant case developments • Burford protects all confidential and privileged information • Burford does not interfere with lawyer/client relationship or obligations • Counterparty leverages Burford's comprehensive data set and experience for case-related advice

Who we are



Greg McPolin,
Managing Director

Greg McPolin is a Managing Director with responsibility for leading the new business origination function as part of Burford's US commercial investment team.

- Prior to joining Burford, Mr. McPolin was Managing Director at the Kenyon Group, where he represented legal technology and service businesses in the M&A and fundraising process, and launched its New York office.
- Mr. McPolin served earlier in his career in various leadership positions at Pangea3, through its transition from startup and following its acquisition by Thomson Reuters, including as General Manager of Pangea3 and as Chief Operating Officer of Thomson Reuters' combined Legal Managed Services business.
- He has served in senior sales roles for Applied Discovery, an early entrant in the e-discovery market, remaining there for six years through its acquisition by LexisNexis. Mr. McPolin began his career practicing in the antitrust practice group at Howrey in Washington, DC.

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