The following information contains, or may be deemed to contain, “forward-looking statements”. By their nature, forward-looking statements involve risks and uncertainties because they relate to events and depend on circumstances that may or may not occur in the future. The future results of the company may vary from the results expressed in, or implied by, forward-looking statements, possibly to a material degree. For a discussion of some of the important factors that could cause the company’s results to differ from those expressed in, or implied by, forward-looking statements, please refer to the company’s latest Annual Report on Form 10-K, particularly the Section entitled “Risk Factors”. The company undertakes no obligation to update or revise any forward-looking statements.
2011 Activities

- Thirteen acquisitions in 2011
  - Three acquisitions in four new markets: Southern California, Orlando, Florida and Spokane, Washington & Coeur d'Alene, Idaho
  - Ten tuck-in acquisitions of acute practices

- Two additional new markets through hospital contracts
  - Mobile, Alabama
  - Pittsburgh, Pennsylvania

- Acquisition pipeline remains robust

- Graduated the first class of UCSF/IPC Hospitalist Fellows and started the second class
## 2011 Estimated Results

<table>
<thead>
<tr>
<th></th>
<th>2011 Estimate</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$455 - $458 Million</td>
<td>$463 - $465 Million</td>
</tr>
<tr>
<td>EPS*</td>
<td>$1.70 - $1.74</td>
<td>$1.78</td>
</tr>
</tbody>
</table>

*2011 Estimate includes est. $0.04 related to change in fair value of contingent consideration of acquired practices.*
### Physician Staffing

- **Hospitalists:**

<table>
<thead>
<tr>
<th>Headcount</th>
<th>12/31/2010</th>
<th>12/31/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed Physicians</td>
<td>855</td>
<td>972</td>
</tr>
<tr>
<td>Physician extenders</td>
<td>177</td>
<td>229</td>
</tr>
<tr>
<td><strong>Total Employed Hospitalists</strong></td>
<td><strong>1032</strong></td>
<td><strong>1201</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Turnover&lt;sup&gt;(1)&lt;/sup&gt;</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>16%</td>
</tr>
</tbody>
</table>

<sup>(1)</sup> End of year
The Nation’s Leader in Hospitalist and Facility-based Inpatient Services

2000 Providers at 900+ Inpatient Facilities in 25 States
Hospitalist Medicine: One of the Fastest Growing Specialties

Number of Hospitalists

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Hospitalists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid 90's</td>
<td>800</td>
</tr>
<tr>
<td>'99</td>
<td>3,500</td>
</tr>
<tr>
<td>'01</td>
<td>7,000</td>
</tr>
<tr>
<td>'06</td>
<td>20,000</td>
</tr>
<tr>
<td>2010E</td>
<td>30,000</td>
</tr>
</tbody>
</table>

Sources: Society of Hospital Medicine
Hospitalists Manage All Aspects of Facility Based Care

- Coordinate, Manage, and Communicate with Diverse Healthcare Constituents

- Full Time, Non Office-Based Physician
- Exclusive Focus on Inpatient/SNF Care
- Expertise in Diagnosis and Treatment of Conditions Requiring Hospitalization

Source: American Hospital Association
IPC Provides a Solution for All Constituents

Primary Care Physicians

More Time to Spend Treating Office-Based Patients

Specialists

Opportunity to Focus on Specific Procedures

Acute Care Hospitals

Less Process Variability and Risk, Smoother ER Admissions

Health Plans

Reduced Inpatient Treatment Inefficiencies and Expenditures

Skilled Nursing Fac.

Consistent On-Site Physician Presence, Transitions of Care, Readmissions
Well-Established, Diverse Referral Network

- >37,000 Referring Physicians
- Surgeons
- Specialists
- Hospitals
- >900 Facilities
- Primary Care Physicians
- Alternative Sites of Care
- Patients
- Health Plans
- 98% Patient Satisfaction Rate
Why Hospitalists and Hospitalist Groups Join IPC

Significant Clinical Autonomy within a National Group Practice

Less Administrative Burden
- Administrative Services
  - Financial Reporting
  - Billing and Collections
  - Risk Management
  - Compliance
- Clinical Services
  - Information Management
  - Transition Management
  - Regional Management

More Resources
- Financial Stability
- Competitive Base Salary
- Productivity Based Incentive Bonus (No Cap On Earnings)
- Recruiting
- Ongoing Training/UCSF fellowship

More Resources
Proprietary Technology Enables Us to Deliver High Quality Local Care, Nationally

IPC Link® Enables Efficient, Scalable National Operations
- Billing Administration/charge capture
- Reporting and Financial Monitoring
- Acquisition Assimilation
- Patient Encounter Tracking, Monitoring, and Research

Hospitalist Virtual Office
- SHINE Portal (Best Practices)
- Clinical Data Capture
- Clinical Communication
- Transition Management
How We Get Paid

- Patient Encounter
  - Reimbursed as a Hospital Visit
  - One Billable Visit per Day, per Patient
  - 85% of Encounters Use 8 Billing Codes

Payor Mix (Encounters)
- Self Pay 5%
- Medicaid 6%
- Medicare 46%
- Private Insurers 43%

Stable Reimbursement Outlook

6% of Revenue
- Hospital Contracts

94% of Revenue

- Congress has stayed implementation of the SGR formula used to determine physician fees for Medicare reimbursement through the end of Feb.
## National Group Practice with Employed Physicians

### Total Revenue (Patient Encounters)

<table>
<thead>
<tr>
<th>Practice Expenses</th>
<th>Corporate G&amp;A</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospitalist Salaries and Benefits</td>
<td>• IPC – Link®</td>
</tr>
<tr>
<td>• Direct Expenses</td>
<td>• Home Office Support</td>
</tr>
<tr>
<td>• Malpractice Expense</td>
<td>• Regional Office Support</td>
</tr>
<tr>
<td>• Physician Incentive Compensation</td>
<td></td>
</tr>
</tbody>
</table>

### Operating Income
Proven Growth Strategy

Existing Facilities

New Facilities

New Markets

- Hire More Physicians
- Increase Hospitalist Productivity
- Sign More Contracts with New and Existing Facilities
- Acquire New Practice Groups
Strong Top-Line Growth

**Patient Encounters**

(in Thousands)

- **2008**: 2,790
- **2009**: 3,294
- **2010**: 3,810
- **TTM 9/30/10**: 3,669
- **TTM 9/30/11**: 4,544

CAGR 17%

+ 24%

**Net Revenue**

($ in Millions)

- **2008**: $251.2
- **2009**: $310.5
- **2010**: $363.4
- **TTM 9/30/10**: $348.4
- **TTM 9/30/11**: $436.8

CAGR 20%

+ 25%
**EBITDA GROWTH**

**Adjusted EBITDA\(^{(1)}\)**

($ in Millions)

- **CAGR 31%**
- **+ 22%**

<table>
<thead>
<tr>
<th>Year</th>
<th>EBITDA Margin</th>
<th>EBITDA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>9.8%</td>
<td>$24.6</td>
</tr>
<tr>
<td>2009</td>
<td>10.8%</td>
<td>$33.4</td>
</tr>
<tr>
<td>2010</td>
<td>11.6%</td>
<td>$42.0</td>
</tr>
<tr>
<td>TTM 9/30/10</td>
<td>11.3%</td>
<td>$39.4</td>
</tr>
<tr>
<td>TTM 9/30/11</td>
<td>11.0%</td>
<td>$48.1</td>
</tr>
</tbody>
</table>

\(^{(1)}\) Excludes $750 Million of Litigation Loss in 2009.

**Key Drivers**

- **Strong Top-Line Growth**
## Significant Financial Flexibility

<table>
<thead>
<tr>
<th>($ in Millions)</th>
<th>September 30, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Equivalents</td>
<td>$32.0</td>
</tr>
<tr>
<td>Total Debt</td>
<td>$0</td>
</tr>
<tr>
<td>Stockholders’ Equity</td>
<td>$202.2</td>
</tr>
<tr>
<td>Total Capitalization</td>
<td>$202.2</td>
</tr>
<tr>
<td>Total Debt / Capitalization</td>
<td>0%</td>
</tr>
</tbody>
</table>
## EXECUTIVE MANAGEMENT TEAM

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Healthcare Industry</th>
<th>IPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam Singer, M.D.</td>
<td>Chairman, Chief Executive Officer and Chief Medical Officer</td>
<td>25 Years</td>
<td>16 Years</td>
</tr>
<tr>
<td>Jeffrey Taylor</td>
<td>President and Chief Operating Officer</td>
<td>29 Years</td>
<td>11 Years</td>
</tr>
<tr>
<td>Richard H. Kline, III</td>
<td>Chief Financial Officer</td>
<td>2 Years</td>
<td>&lt;1 Year</td>
</tr>
<tr>
<td>Devra Shapiro</td>
<td>Chief Administrative Officer</td>
<td>27 Years</td>
<td>13 Years</td>
</tr>
<tr>
<td>Richard Russell</td>
<td>Chief Development Officer</td>
<td>23 Years</td>
<td>8 Years</td>
</tr>
<tr>
<td>Kerry Weiner, M.D.</td>
<td>Chief Clinical Officer</td>
<td>31 Years</td>
<td>&lt;1 Year</td>
</tr>
</tbody>
</table>
Summary

Largest Pure-Play Hospitalist Provider

Proven Benefits for Patients, Physicians, Payors and Hospitals

Diverse Referral Network

Scalable Business Infrastructure

Significant Organic Growth, Proven Acquisition Strategy