Disclaimer

This presentation contains forward-looking statements including statements that address activities, events or developments that BioSig expects, believes or anticipates will or may occur in the future, such as predictions of financial performance, approvals and launches by BioSig of new products, market acceptance of BioSig’s products, market and procedure projections, financing plans, and related documents. Forward-looking statements are based on BioSig’s experience and perception of current conditions, trends, expected future developments and other factors it believes are appropriate under the circumstances and are subject to numerous risks and uncertainties, many of which are beyond BioSig’s control.

These risks and uncertainties include the timing of approvals for BioSig products, rate and degree of market acceptance of products, BioSig’s ability to develop and market new and enhanced products, the timing of and ability to obtain and maintain regulatory clearances and approvals for its products and the impact of failure to obtain such clearances and approvals on its ability to promote its products and train doctors and operators in the use of its products, the timing of and ability to obtain reimbursement if required of procedures utilizing BioSig’s products and the potential impact of current healthcare reform initiatives thereon, competition from existing and new products and procedures or BioSig’s ability to effectively react to other risks and uncertainties described from time to time in BioSig’s SEC filings, such as fluctuation of financial results, reliance on third party manufacturers and suppliers, litigation or other proceedings, government regulation, negative publicity, current worldwide economic conditions and share price volatility.

BioSig does not guarantee any forward-looking statements, and actual results may differ materially from those projected. Unless required by law, BioSig undertakes no obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.
Medical Device Innovation Cycle

Concept Feasibility 2011 – 2013:
- Concept developed with Texas Cardiac Arrhythmia Institute
- Proof of concept test completed at UCLA

Design Validation and Preclinical 2014 – 2017:
- Prototype test with UCLA
- First pre-clinical trials at Mayo Clinic
- Trials at Mount Sinai

Clinical/Market Approval 2018 – 2019:
- FDA 510(k) clearance
- First patient cases and first clinical trial

Targeted Commercial Release 2020 & beyond:
- Coming to an EP center near you!
Defining the Market Opportunity

Global Growth in EP Devices:
$4.5B in 2017, projected to reach $7.4B in 2022
10.4% growth rate

U.S.:
1,631 hospitals averaging 2.1 rooms per lab
3,425 EP rooms

OUS:
3,729 hospitals averaging 1.05 rooms per lab
3,915 EP rooms

Global Growth in Complex Cardiac Ablation Procedures:
440,629 in 2017 to 830,390 in 2022
13.5% growth rate

Data source: 2018 MD&D report
As Hospitals Resume Elective Procedures, Should they Prioritize Electrophysiology During COVID-19?

**EP procedures are clinically urgent**
- Delaying procedure increases stroke risk and worsens outcomes

**EP procedures are revenue generating**
- CV surgery and invasive cardiology have the highest net annual revenue compared to all other service lines

### Median Revenues Per Case For Ablation and Select EP Procedures

<table>
<thead>
<tr>
<th>Inpatient Ablations</th>
<th>Outpatient Ablations</th>
<th>Inpatient CV Comparators</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRG 273 (ablations w/MCC)</td>
<td>$23,240</td>
<td>N/A</td>
</tr>
<tr>
<td>DRG 274 (ablations w/o MCC)</td>
<td>$19,460</td>
<td>$33,417</td>
</tr>
<tr>
<td>APC 5213 (level 3 EP procedures)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>All inpatient EP</td>
<td>$20,520</td>
<td>N/A</td>
</tr>
<tr>
<td>All inpatient CV</td>
<td>N/A</td>
<td>$9,600</td>
</tr>
</tbody>
</table>

**Reimbursement rates continue to increase**
- From 2019 to 2020 ablations and LAAO (DRG 274) had a reimbursement rate increase of 8.8%

### CMS Reimbursement Changes From FY 2019 to FY 2020

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Reimbursement Rate Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td></td>
</tr>
<tr>
<td>All inpatient services</td>
<td>2.5%</td>
</tr>
<tr>
<td>Ablations and LAAO (DRG 274)</td>
<td><strong>8.8%</strong></td>
</tr>
<tr>
<td>Pacemaker implant (DRG 244)</td>
<td>0.9%</td>
</tr>
<tr>
<td>ICD implant (DRG 227)</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td></td>
</tr>
<tr>
<td>All outpatient services</td>
<td>2.6%</td>
</tr>
<tr>
<td>Ablations (APC 5213)</td>
<td>6.3%</td>
</tr>
<tr>
<td>Pacemaker implant (APC 5223)</td>
<td>3.8%</td>
</tr>
<tr>
<td>ICD implant (APC 5232)</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

*Data Source: Advisory Board, Published by Cardiovascular Rounds*
The value PURE EP™ brings

Click here to watch

Spotlight

High Fidelity Intracardiac Signals Can Help Visualize Conduction Pathways Faster

Andrea Natale, MD
Validate the superior quality of the PURE EP™ signals
Understand the clinical significance of PURE EP™ signals
Determine the economic benefit of the PURE EP™ system
Harness our growing dataset for other purposes
Analyze and disseminate our data

PURE EP™ clinical data strategy
OBJECTIVES:
Phase 1 - Validate the quality of the PURE EP™ signals when compared to conventional signal sources
Phase 2 – Better define the clinical value of the PURE EP™ signals

METHOD:
1. Collect matching signals of interest during each procedure
2. Subject the sample sets to blinded analysis by (3) leading independent EPs
PURE EP™ Study
Physician Investigators and Blinded Reviewers

Andrea Natale, MD
(and colleagues)
Executive Medical Director
Texas Cardiac Arrhythmia Institute (TCAI)
Austin, TX

Bradley Knight, MD
Professor of Medicine and
Director of EP
Northwestern University
Chicago, IL

Wendy Tzou, MD
Associate Director of the EP Lab
University of Colorado
Denver, CO

Pasquale Santangeli, MD
Associate Professor
Hospital of the University of Pennsylvania
Philadelphia, PA
PURE EP™ Study – Data assessment

- **15** Afib Patients
  - Single center - TCAI

- **34** Signal Data Sets
  - Randomly selected and arranged

- **3** Blinded Independent Reviewers
  - Rated the overall quality and selected the rationale for their preference
Results from randomized, blinded analysis

PURE EP Study results presented on August 30th, 2020

36% of the time “more signal components” were seen on PURE EP™

This represents potentially thousands of additional intracardiac signals during each procedure providing additional information for diagnosing and treating cardiac arrhythmias.

*The PURE EP study is ongoing. Phase 2 data is being analyzed and results will be published in 2021.
Roadmap to commercialization

First in Human
Q1 2019

GEN I Evaluations
Q2 2019

Gen II Evaluations
Q3 & Q4 2019

Limited Market Release
2020

Full Market Release
2021

GEN I Evaluations
Q2 2019
Strategic imperatives

- Partner with leading Key Opinion Leaders in Electrophysiology.
  - Current systems: SDMC, Mayo Jacksonville, MGH Boston
  - 4 additional centers where contracts are signed
- Transition from evaluation to purchase of the systems.
- Commercializing Software and Service as a recurring revenue stream.

Invest in growth

- Expand our Field Support team
- Partner with each hospital to establish Centers of Excellence/Training Sites
- Showcase PURE EP™ at major Industry Conferences
  VT Symposium (Oct 2020)  EP Live Austin (Dec 2020) AF Symposium (Jan 2021)  HRS (Jul 2021)