



## WESTERN PRACTICE SALES

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John M. Cahill Associates

**#IG-687**

### **Turlock, California**

In the heart of California's Central Valley, this vibrant community offers cultural art experiences, recreational activities and close proximity to nearby Mother Lode country, San Francisco Bay area and the Sierra Nevada. A full range of medical facilities and schools also add to the pleasure of relaxed rural living in this second largest city in the Stanislaus County.

Seller has established quality practice with a loyal patient base and is passing this *remarkable opportunity* to you! Doctor averages 15-17 patients per day and generates approximately 3 new patients per month.

The office is conveniently located in an attractive, well-maintained, modern, tile-roof Professional building w ample parking on major thoroughfare in a desirable corridor of town. The office occupies approximately 2,000 square feet and consists of 5 fully equipped Ops, Reception area, Doctor's office, Sterilization, Darkroom, Lab, and 2 Restrooms.

***Full Price: \$298,000***

*For further details or on-site visit, please contact:*

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**800.641.4179**

▶ **Honesty** ▶ **Integrity** ▶ **Professionalism** ▶ **Experience**

**We look forward to serving you**

# IG-687

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$298,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

|                | SUN | MON   | TUE   | WED   | THUR   | FRI   | SAT |
|----------------|-----|-------|-------|-------|--------|-------|-----|
| Office Hours   |     | 9 – 6 | 9 – 6 | 9 – 6 | Closed | 8 - 3 |     |
| Doctor's Hours |     | 9 – 6 | 9 – 6 | 9 – 6 | Closed | 8 - 3 |     |

Type of Practice: **General** Reason for Selling: **Personal**Years established: **Since 2001** Days worked past 12 months: **~ 180 days**

## OFFICE SPACE &amp; LEASE INFORMATION

Is the building/suite owned? **No** Is building available for purchase? **N/A**Is the space leased? **Yes** Is lease renewable? **Yes** Is lease assignable? **Yes**Term of Lease: **5 yr then Month-to-Month** Expiration date: **May 2017**Do you share space with another dentist? **No**Rent per month **\$3,075.00/month** Common area, maintenance fees /taxes included? **Taxes**If not included, current amount paid? **Varies quarterly ~ \$520** Are utilities included? **No**Is the rent considered above, below or at fair market value? **Above Fair Market Value**Type of Building: Condo Free-standing **Professional X** Retail CenterOffice Square footage: **~ 2,000 sq. t.** Carpet? **Yes** Air conditioning? **Yes**Number of fully equipped ops: **5** Plumbed for additional ops? **No**Reception area: **Yes** Dark room: **Yes** Doctor's office: **Yes** Lab: **Yes**Business office: **No** Restrooms: **Yes, 2** Sterilization: **Yes** Storage: **No**Laser: **Yes** Digital X-ray: **Yes** Intra-oral Camera: **Yes** Cerec: **Yes**

Description of office building, Location and attributes of practice (a brief description): **Attractive, well-maintained, modern, tiled roof professional building w/ ample parking on major thoroughfare in desirable corridor**

**PATIENT DEMOGRAPHICS**

Breakdown of Service/Procedures as a percentage of Collections:

|                      |              |            |              |               |              |             |              |
|----------------------|--------------|------------|--------------|---------------|--------------|-------------|--------------|
| Preventative/Hygiene | <b>9.47</b>  | Diagnostic | <b>7.11</b>  | X-ray         | <b>12.70</b> | Endo        | <b>5.38</b>  |
| Restorative          | <b>10.34</b> | Posts      | <b>2.69</b>  | Adjunctive    | <b>0.64</b>  | Perio       | <b>11.64</b> |
| Oral Surgery         | <b>3.73</b>  | Crowns     | <b>18.25</b> | Prosth, Fixed | <b>13.48</b> | Prosth, Rem | <b>4.57</b>  |

What services/procedures are referred out? (i.e. Oral Surgery, Endo, Perio, Ortho, Pedo)

**Complex Oral Surgery, Endo, Perio, Ortho, Difficult Pedo Behavioral Management**

Type of patients as a percentage of Collections:

Private Pay \_\_\_\_\_ Insurance/PPO \_\_\_\_\_ Denti-Cal \_\_\_\_\_ Capitation (HMO) 0 Other \_\_\_\_\_

Are you a **Delta Provider**? If Yes, Y **Delta PPO** Y **Delta Premier**

**\*Delta Premier:** Dentists enrolling for the first time in the Premier Network are also being required to enroll in the PPO network. The requirement to sign with both networks will result in treatment provided to those Delta PPO patients within the practice being reimbursed at the PPO level, without the ability to balance bill those patients to Premier rates. This could result in a reduction in the practice collections that could lower the buyer's projected income depending on the amount of Delta DPO patients in the practice who have actually paid the difference between the fee schedules.

Does your practice participate in "Care Credit"? **Yes**

List Preferred Provider, Health Care Provider and Capitation Plans now in place:

**All Major Insurances, Denti-Cal, NO Capitation**

Estimated Number of Active Patient Files: **Number to be defined by Buyer's Due Diligence Process\***

**\*SELLER IN NO WAY WARRANTS THE EXACT ACCURACY OF PATIENT FILES. IT IS THE BUYER'S RESPONSIBILITY TO DEFINE AND VERIFY ACTIVE PATIENT FILES WITH A CHART REVIEW. PRACTICE VALUE IS PREDOMINANTLY DETERMINED BY SELLER'S COLLECTIONS. SELLER'S COLLECTIONS CAN BE INDICATIVE OF THE NUMBER OF ACTIVE PATIENTS AND TYPE OF PROCEDURES PERFORMED.**

Average number of New Patients per month for past 12 months: **~ 45**

Average number of patients per day? **~ 17** Per-Doctor: **~ 17** Per-Hygienist: **N/A**

Hygiene days per week: **Included** Percentage of Production by Hygiene:

Average age of patients: **Family Range: ~ 30 yrs**

Does the office have Nitrous Oxide? **Yes**

Type of recall system used? **Manual**

Number of recalls per month? **~ 40 – 45**

What types of Practice Promotions? **Promotional Discount for Cash Payments**

Phone Book Advertising? \* **No** \* *Phone book advertising contracts will be the responsibility of buyer after transition.*

## EQUIPMENT & LEASEHOLDS

Occasionally some specialized items may be excluded from the sale, such as: Articulators, Endo and/or Implant Systems. These items will be referenced as "excluded" on Seller's Equipment list. In addition, Buyer understands that the following items may also be excluded from the sale: diplomas, certificates, cameras, photographs, artwork and miscellaneous personal items.

Describe age and characteristics of leasehold improvements:

**Recently added Cerec, Blue Cam, Dexis and Schick Soft Digital Sensors**

Average age of Equipment: ~ 7 yrs

Any equipment leases? **Yes**                      Equipment is right/left-handed/convertible? **Right**

## PERSONNEL

| Position              | Days/Hrs         | Date hired      | Rate of Pay              | Eligible for benefits |
|-----------------------|------------------|-----------------|--------------------------|-----------------------|
| <b>RDA</b>            | <b>5 days/wk</b> | <b>Feb 2016</b> | <b>\$19.00/hr</b>        | <b>No</b>             |
| <b>Administration</b> | <b>5 days/wk</b> | <b>Oct 2016</b> | <b>\$18.00/hr</b>        | <b>No</b>             |
| <b>Marketing</b>      | <b>5 days/wk</b> | <b>2006</b>     | <b>\$2,000/bi-weekly</b> | <b>No</b>             |

Do family members work in the office? **No**                      If yes, how much are they paid?

Has staff left the practice recently? **No**

Is there a practice management consultant? **No**

## PRACTICE FINANCIAL PROFILE

### Last 3 years' Gross Collections from Corporate Tax Returns:

2016   \$ 480,544        2015   \$ 356,659        2014   \$ 307,603  

**\*Collection amounts are approximate and should be verified by Buyer**

Number of statements sent each month?                      Is pegboard or computer? **Computer**

What type of computer? **Dell**                      What software? **Softdent/EagleSoft**

Is software transferable? **Unknown, Transfer Fee, if applicable, to be paid by Buyer**

Fees Schedule: **Available upon request**

**NOTE: The Seller has furnished the preceding information to WESTERN PRACTICE SALES/JOHN M. CAHILL ASSOCIATES. This information has not been verified. A potential Buyer should verify the accuracy of all information to his/her own satisfaction.**

**WESTERN PRACTICE SALES/JOHN M. CAHILL ASSOCIATES are agents of the Seller and therefore represent the interest of the Seller. We strongly advise a potential purchaser to seek independent counsel to represent his/her interests. Counsel may be, but is not limited to, an attorney, accountant, appraiser, broker or management consultant. Fees of such counsel are the sole responsibility of the purchaser.**