



## WESTERN PRACTICE SALES

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John M. Cahill Associates

### #BC-784 *Periodontal* Central Contra Costa County, CA

With a strong and stable network of referring dentists, this *practice limited to the practice of Periodontics* sets the standard for all specialty offices. It's a well-oiled machine with seasoned staff providing quality care to an appreciative patient base from a loyal referral network.

The Doctor averages 8-10 patients w/ 8 Hygiene patients per day offering 3 days of hygiene/per week and generates approximately 18 new cases per month.

The office is conveniently located in an attractive, well-maintained, long-established Dental Professional building complex with ample parking on busy thoroughfare in desirable neighborhood. The office occupies approximately 900 square feet and consists of 3 fully equipped Ops, Reception area, Doctor's office, Sterilization and Restroom.

***Full Price: \$395,000***

*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**

# **BC-784****WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$395,000****PRACTICE INFORMATION SHEET****OFFICE OPERATION INFORMATION**

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours			<b>8 – 5</b>	<b>8 – 5</b>	<b>8 – 5</b>	<b>8 – 5</b>	
Doctor's Hours			<b>9 – 5</b>	<b>9 – 5</b>	<b>9 – 5</b>	<b>9 – 5</b>	
Hygienist Hours			<b>8 – 5</b>	<b>8 – 5</b>		<b>8 – 5</b>	
Type of Practice:	<b>Periodontal</b>		Reason for Selling:			<b>Personal</b>	
Years established:	<b>Since 1997</b>		Days worked past 12 months:			<b>~ 170+ in 2016</b>	

**OFFICE SPACE & LEASE INFORMATION**

Is the building/suite owned?	<b>No</b>	Is building available for purchase?	<b>N/A</b>				
Is the space leased?	<b>Yes</b>	Is lease renewable?	<b>Yes</b>	Is lease assignable?	<b>Yes</b>		
Term of Lease:	<b>5 yrs</b>	Expiration date:	<b>July 2022</b>				
Do you share space with another dentist?	<b>No</b>						
Rent per month	<b>\$ 1,985.00/month</b>	Common area, maintenance fees /taxes included?	<b>Yes</b>				
If not included, current amount paid?	<b>PG&amp;E \$130/month</b>	Are utilities included?	<b>Yes, Water only</b>				
Is the rent considered above, below or at fair market value?	<b>Below Market Rent</b>						
Type of Building:	Condo	<b>Free-standing</b>	<b>X</b>	Professional	Retail Center		
Office Square footage:	<b>900 sq. ft.</b>	Carpet?	<b>No</b>	Air conditioning?	<b>Yes</b>		
Number of fully equipped ops:	<b>3</b>	Plumbed for additional ops?	<b>No</b>				
Reception area:	<b>Yes</b>	Dark room:	<b>No</b>	Doctor's office:	<b>Yes</b>	Lab:	<b>No</b>
Business office:	Restrooms:	<b>Yes</b>	Sterilization:	<b>Yes</b>	Storage:	<b>No</b>	
Laser:	<b>Yes</b>	Digital X-ray:	<b>Yes</b>	Intra-oral Camera:	<b>Yes</b>	Cerec:	<b>No</b>
Description of office building, Location and attributes of practice (a brief description):	<b>Newly remodeled, beautiful interiors of attractive, well-maintained, single-story Dental Professional building complex w ample parking on major thoroughfare in desirable neighborhood</b>						

**PATIENT DEMOGRAPHICS**

Breakdown of Service/Procedures as a percentage of Collections: *Practice limited to Periodontics*

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

*Specialty Practice: Periodontics*

Type of patients as a percentage of Collections:

Private Pay 15-20 Insurance/PPO 80-85 Denti-Cal 0 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: **None**

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:

Average number of patients per day? **10** Per-Doctor: **Varies** Per-Hygienist: **8**

Hygiene days per week: **3 days** Percentage of Production by Hygiene:

Average age of patients: **Mature 50 – 60 yrs**

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

Type of recall system used?

Number of recalls per month? **~ 95+**

What types of Practice Promotions? **None**

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: **New recessed lighting, paint, vinyl plank flooring w trim, new Reception & Private Office Furnishings**

Average age of Equipment: **~ 3- 4 yrs: Chairs, X-ray Unit**

Any equipment leases? **Yes, Laser Unit** Equipment is right/left-handed/convertible? **Convertible**

## PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
<b>Office Manager</b>	<b>T - F / 8 - 5</b>	<b>Feb 2010</b>	<b>\$29.00/hr</b>	<b>Yes</b>
<b>RDA</b>	<b>M - F / 8 - 5</b>	<b>Oct 2011</b>	<b>\$26.00/hr</b>	<b>Yes</b>
<b>Dental Assistant</b>	<b>T - F / 8 - 5</b>	<b>Feb 2016</b>	<b>\$22.00/hr</b>	<b>Yes</b>
<b>RDH</b>	<b>Tues 8 - 5</b>	<b>July 2016</b>	<b>\$50.00/hr</b>	<b>No</b>
<b>RDH</b>	<b>W / F</b>	<b>Feb 2014</b>	<b>\$50.00/hr</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   \$ 675,053   2015   \$ 695,038   2014   \$ 708,870  

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

Number of statements sent each month? **~ 100 - 150** Is pegboard or computer? **Computer**

What type of computer? What software? **DentalMate**

Is software transferable? **Yes, 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.**