



## WESTERN PRACTICE SALES

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**John M. Cahill Associates**

**#Az-817**

### **Western Phoenix Area, Arizona**

This beloved, quality practice is appreciated by its loyal, stable, active patient base for the warm, friendly and caring environment and efficient treatment, ideal for this large amenity-laden, active adult, golf course, retirement-driven community.

The Doctor averages 7 patients w/ 6 Hygiene patients per day offering 3 days of hygiene/per week and welcomes approximately 5 new patients per month.

The office is conveniently located in a well-maintained, beautifully landscaped Professional/Medical building with excellent street visibility and ample parking, in a popular professional and retail area. The office occupies approximately 1,362 square feet and consists of 3 fully equipped Ops with room for 4<sup>th</sup> Op, Reception area, Doctor's office, Sterilization, Large Staff Lounge/Kitchen, Lab, Storage and 2 Restrooms.

***Full Price: \$295,000***

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

**Jeff J. Tonner, JD**

**Mark B. Hughes, DDS**

**800.641.4179**

► **Honesty** ► **Integrity** ► **Professionalism** ► **Experience**

**We look forward to serving you**

**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>by appt</b>		
Doctor's Hours		<b>8 – 5</b>	<b>8 – 5</b>	<b>8 – 5</b>	<b>by appt</b>		
Hygienist Hours		<b>8 – 5</b>	<b>8 – 5</b>	<b>8 – 5</b>	<b>by appt</b>		

Type of Practice: **General** Reason for Selling: **Relocation**

Years established: **Since 2000** Days worked past 12 months:

**OFFICE SPACE & 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: **Extension of lease** Expiration date: **October 2018**

Do you share space with another dentist? **N/A**

Rent per month **\$1,645.75 plus NNN** Common area, maintenance fees /taxes included? **Yes**

If not included, current amount? Are utilities included? If yes, which? **Yes**

Is the rent considered above, below or at fair market value? **Above Market Rent**

Type of Building: Condo Free-standing **Professional X** Retail Center

Office Square footage: **~ 1,362** Carpet? **No** Air conditioning? **Yes**

Number of fully equipped ops: **3** Plumbed for additional ops? **No, but space for 4<sup>th</sup> OP**

Reception area: **Yes** Dark room: **No** Doctor's office: **Yes** Lab: **Yes**

Business office: **No** Restrooms: **Yes** Sterilization: **Yes** Storage: **Yes**

Laser: **Yes** Digital X-ray: **Yes** Intra-oral Camera: Cerec: **NO**

Description of office building, Location and attributes of practice (a brief description):

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	<b>5.35</b>	Diagnostic	<b>6.63</b>	Adjunctive	<b>.43</b>	Dentures	<b>.34</b>
General Operative	<b>61.96</b>	Endo		Ortho/TMJ		Perio	<b>11.18</b>
Oral Surgery	<b>.32</b>	Implant	<b>3.68</b>	Crown/Bridge	<b>8.32</b>	Other	<b>1.79</b>

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

**All Endo, 99% Oral Surgery**

Type of patients as a percentage of Collections:

Private Pay 5 Insurance/PPO 50 AHCCCS \_\_\_\_ Capitation (HMO) \_\_\_\_ Other Discount Plans

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

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

**Almost all PPO Plans, Discount: Five Star, BCBS, Advantage**

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: **~ 5**

Average number of patients per day? Per-Doctor: **~ 7** Per-Hygienist: **~ 6**

Hygiene days per week: **3** Percentage of Production by Hygiene: **~ 90**

Average age of patients: **Mature to Retirement: ~ 60 - 70+ yrs**

Does the office have Nitrous Oxide? **Nitrous equipped but used & not needed**

Type of recall system used? **Pre-scheduling, Postcard**

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

What types of Practice Promotions are in effect? **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: **Remodel in 2015**

Average age of Equipment: **~ 10+ yrs**

Any equipment leases? **No** Equipment is right/left-handed/convertible? **Right/Convertible**

**PERSONNEL**

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
<b>Back Office/Assistant</b>	<b>3 days/wk</b>	<b>2004</b>	<b>\$27.00/hr</b>	<b>Yes</b>
<b>Front Office</b>	<b>3 days/wk</b>	<b>March 2017</b>		
<b>Dental Hygiene</b>	<b>3 days/wk</b>	<b>Jan 2018</b>		

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

Has staff left the practice recently?                      **Yes**

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

**PRACTICE FINANCIAL PROFILE**

**Last 3 years' Gross Collections from Profit and Loss Statements:**

2017     **\$367,321**        2016     **\$479,406**        2015     **\$583,722**    

**\*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?                      **Dentrix**

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.**