



WESTERN PRACTICE SALES

John M. Cahill Associates

#JC-811

Fresno County, California

This remarkable practice generates a considerable amount of goodwill within the community with its stellar reputation of quality treatment among the working professionals as well as families with good dental insurance. Carry on the philosophy of prevention and preservation of good oral health with a conservative and cosmetic approach. With a little vision of promotion, attention to marketing, optimizing office hours and expanding the workweek, watch your practice grow as you take it to the next level!

The Doctor averages 8-10 patients w/ 8+ Hygiene patients per day, offering 2½ to 3 days of hygiene/per week on a relaxed 3 day workweek schedule and welcomes approximately 5+ new patients per month.

The office is conveniently located in an attractive, well-maintained, single-story building with ample parking in a desirable professional corridor. This spacious office occupies approximately 3,000 square feet and consists of 6 fully equipped Ops, Consultation Room, Reception area, Doctor's office, Business office, Sterilization, Darkroom, Lab, Storage, and 2 Restrooms.

Full Price: \$350,000

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

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

We look forward to serving you

JC-811

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$350,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

| | SUN | MON | TUE | WED | THUR | FRI | SAT |
|--------------------|-------------------|----------|-----------------------------|-------|--------|--|-----|
| Office Hours | | 8 – 5 | 8 – 5 | 8 – 5 | 8 – 1 | 8 – 10 | |
| Doctor's Hours | | 1:30 – 5 | 8 – 5 | 8 – 5 | 8 – 12 | | |
| Hygienist Hours | | 8 – 5 | 8 – 5 | 8 – 5 | | | |
| Type of Practice: | General | | Reason for Selling: | | | Retirement | |
| Years established: | Since 1979 | | Days worked past 12 months: | | | ~ 3 days/wk = 140+ days (4 wks off) | |

OFFICE SPACE & LEASE INFORMATION

| | | | | | | | |
|--|---|-------------------------------------|--|---|-------------------|---------------|------------|
| Is the building/suite owned? | Yes | Is building available for purchase? | Possible, prefer Lease back or Rent | | | | |
| Is the space leased? | N/A | Is lease renewable? | N/A | Is lease assignable? | N/A | | |
| Term of Lease: | Seller owns building | | | Expiration date: | | | |
| Do you share space with another dentist? | No | | | | | | |
| Rent per month | Negotiable | | Common area, maintenance fees /taxes included? | | | N/A | |
| If not included, current amount paid? | Are utilities included? | | | No, Average ~ \$700.00/month (PGE) | | | |
| Is the rent considered above, below or at fair market value? | Seller owns building, prefers \$1.40/sf | | | | | | |
| Type of Building: | Condo | Free-standing | X | Professional | X | Retail Center | |
| Office Square footage: | ~ 3,000 sq. ft. | | Carpet? | Yes | Air conditioning? | Yes, 2 | |
| Number of fully equipped ops: | 6 | | Plumbed for additional ops? | No | | | |
| Reception area: | Yes | Dark room: | Yes | Doctor's office: | Yes | Lab: | Yes |
| Business office: | Yes | Restrooms: | Yes, 2 | Sterilization: | Yes | Storage: | Yes |
| Laser: | Yes | Digital X-ray: | Yes | Intra-oral Camera: | Yes | Cerec: | NO |
| Description of office building, Location and attributes of practice (a brief description): | Attractive, well-maintained, single-story Professional building w stunning architecture, ample off-street parking in desirable professional corridor w/ close proximity to Medical facilities and easy highway accessibility | | | | | | |

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

| | | | | | | | |
|----------------------|-----------|------------|-----------|--------------|-----------|----------|----------|
| Preventative/Hygiene | 25 | Diagnostic | 10 | Adjunctive | 3 | Dentures | 2 |
| General Operative | 21 | Endo | 4 | Ortho/TMJ | 10 | Perio | 8 |
| Oral Surgery | 2 | Cosmetic | 5 | Crown/Bridge | 10 | Implant | |

What services/procedures are referred out? (i.e. Oral Surgery, Endo, Perio, Ortho, Pedo) **Implant Placement, Complex Oral Surgery-3rd molar extraction, Difficult Endo, Unresponsive Perio, Pedo Behavioral Management, Ortho**

Type of patients as a percentage of Collections:

Private Pay ~15 Insurance/PPO ~85 Denti-Cal 0 Capitation (HMO) 0 Other _____

Are you a **Delta Provider**? If Yes, _____ 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: **Delta only**

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 – 6**

Average number of patients per day? Per-Doctor: **~ 8 – 10+** Per-Hygienist: **~ 8 – 14**

Hygiene days per week: **2½ - 3** Percentage of Production by Hygiene: **~ 25**

Average age of patients: **All ages but mostly within Family Range**

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

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

Number of recalls per month? **~ 100**

What types of Practice Promotions? **None, Small Ad in weekly Local Newspaper, Youth Sports Sponsorships**

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: **Functional working condition**

Average age of Equipment: **Range: ~ 17 – 35+ yrs**

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

PERSONNEL

| Position | Days/Hrs | Date hired | Rate of Pay | Eligible for benefits |
|-----------------------|--------------------|------------------|-----------------------|-----------------------|
| RDH | 1+ day/wk | 1985 | 30% or \$50/hr | |
| RDH | 2 days/wk | 2017 | 30% | |
| Office Manager | 2-3 days/wk | March1997 | \$1,250.00/mo | Yes |
| RDA | 4 days/wk | Dec 1999 | \$20.70/hr | Yes |
| RDA | 3 days/wk | Mar 2004 | \$19.40/hr | Yes |
| RDA | 3 days/wk | May 2011 | \$17.60/hr | Yes |

Do family members work in the office? **Yes, Spouse** If yes, how much are they paid? **\$25,000.00 (401k)/yr**

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

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

PRACTICE FINANCIAL PROFILE

Last 3 years' Gross Collections from Tax Returns:

2017 \$ 619,000 2016 \$ 590,657 2015 \$ 563,267

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

Number of statements sent each month? **~ 60+** Is pegboard or computer? **Computer**

What type of computer? **Server** What software? **Practice Works**

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.