



WESTERN PRACTICE SALES

John M. Cahill Associates

#RN-814

Gardnerville, Nevada

Philosophy: The best and most thorough dentistry for the patient who is motivated, involved and educated about his dental care. Complete spectrum of dental care offered by knowledgeable and skilled dental team!

The Doctor averages 8 - 10 patients w/ 8 Hygiene patients per day offering 3 days of Hygiene/per week and generates approximately 10-12 new patients per month, through word-of-mouth referrals of quality care and warm relationships with seasoned staff, growth by the best kind of marketing!

The office is conveniently located in an attractive, well-maintained, single-story, free-standing brick Building with mixed tenants, ample parking, easy freeway accessibility and close proximity to schools. The spacious office consists of 10 fully equipped Ops, Reception area, Doctor's office, Business office, Sterilization, Lab, Storage and 3 Restrooms.*

Full Price: \$675,000

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

Timothy G. Giroux, DDS

Jared Bergquist

800.641.4179

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

We look forward to serving you

*Office space information provided as a courtesy only. Western Practice Sales is not a licensed Real Estate Broker in the State of Nevada, and price does not include real estate, which must be separately negotiated through licensed attorney or broker.

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WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$ 675,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8 – 1	8 – 5	8 – 5	8 – 5	8 – 1	
Doctor's Hours		8 – 1	8 – 4	8 – 4	8 – 4	8 – 1	
Hygienist Hours		8 – 1	8 – 5	8 – 5	8 – 5		

Type of Practice: **General** Reason for Selling: **Retirement**Years established: **~ 40 yrs** Days worked past 12 months: **~ 180+ days**

OFFICE SPACE & LEASE INFORMATION

***WESTERN PRACTICE SALES IS NOT A LICENSED REAL ESTATE BROKER IN THE STATE OF NEVADA. OFFICE SPACE & LEASE INFORMATION BELOW PROVIDED TO BUYERS AS A COURTESY ONLY, AND ARE NOT INCLUDED IN PURCHASE TERMS. BUYERS ARE RESPONSIBLE FOR HIRING THEIR OWN ATTORNEY OR BROKER TO NEGOTIATE REAL ESTATE, INCLUDING LEASE TERMS.**

Is the building/suite owned? **Yes** Is building available for purchase? **Yes**Is the space leased? **Yes** Is lease renewable? **Yes** Is lease assignable? **Yes**Term of Lease: **Seller owns building, pays rent to Self**Do you share space with another dentist? **No**Rent per month **\$ 9,120.00/month** Common area, maintenance fees /taxes included?

If not included, current amount? Are utilities included?

Is the rent considered above, below or at fair market value?

Type of Building: Condo **Free-standing X Professional X** Retail CenterOffice Square footage: ***See note above** Carpet? Air conditioning? **Yes**Number of fully equipped ops: **10** Plumbed for additional ops? **No**Reception area: **Yes** Dark room: **No** Doctor's office: **Yes** Lab: **Yes**Business office: **Yes** Restrooms: **Yes, 3** Sterilization: **Yes** Storage: **Yes**Laser: **No** Digital X-ray: **Yes** Intra-oral Camera: **Yes** Cerec: **NO**

Description of office building, Location and attributes of practice (a brief description): **Great location, attractive, well-maintained, single-story, free-standing, brick building w ample parking in desirable neighborhood with close proximity to schools with easy freeway accessibility**

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	6.37	Diagnostic	8.68	Adjunctive	4.95	Dentures	11.07
General Operative	11.51	Endo	6.09	Ortho/TMJ	0.03	Perio	5.58
Oral Surgery	12.87	Cosmetic	-	Crown/Bridge	32.85		

What services/procedures are referred out? (Oral Surgery, Endo, Perio, Pedo, etc.) **Little referred out, kept in-house**
Full Service Practice: IV sedation, All Surgeries (3rd molars), Perio & Implant Surgery. Some Ortho if necessary

Complex procedures of all of the above, usually Difficult Pedo Behavioral Management

Type of patients as a percentage of Collections:

Private Pay **50** Insurance/PPO **50** Medicaid _____ Capitation (HMO) _____ NPD (Culinary) _____

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

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

Diversified Dental 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: **~ 10 - 12**

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

Hygiene days per week: **3** Percentage of Production by Hygiene: **~ 30%**

Average age of patients: **Mid – mature Family Range: 40+ yrs**

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

Type of recall system used? **Computer generated Postcards**

Number of recalls per month? **~ 60 - 80**

What types of Practice Promotions? **Website**

Phone Book Advertising? * **expire Mar 2018** * *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: **All like-new condition, functioning well**

Average age of Equipment: **~ 10 – 12 yrs**

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

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
Reception	4 days/wk	Nov 2017	\$18.00/hr	No
Treatment Coordinator	4½ days/wk	Oct 2017	\$17.00/hr	No
Dental Assistant I	4 days/wk	1995	\$24.00/hr	Yes
Dental Assistant II	4 days/wk	Nov 2017	\$16.00/hr	No
Dental Hygiene	3-4 days/wk	2015	\$48.00/hr	No
RN	No sched	May 1978	\$70,000/yr	Yes
Son	No sched		\$1,000.00/mo	

Do family members work in the office? **Yes** If yes, how much are they paid? ***see above**

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

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

PRACTICE FINANCIAL PROFILE

Last 3 years' Gross Collections from Corporate Tax Returns:

2017 \$ 967,321 2016 \$ 1,126,688 2015 \$ 965,377

***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? **Desktop & Laptop** What software? **EagleSoft**

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.

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