



WESTERN PRACTICE SALES

John M. Cahill Associates

#Az-772

Sun City, Arizona

Imagine being part of a community designed and dedicated to enhancing your lifestyle, where the choices are limitless and you can enjoy life to the fullest, like “being on vacation every single day”. Step into this quality practice providing quality care to a content population and bring joy and appreciation to a loyal, stable patient base!

The Doctor averages 6 patients w/ 8 Hygiene patients per day and welcomes approximately 20 new patients per month.

The office is conveniently located in an attractive, well-maintained, single-story, popular, ADA compliant Retail Shopping Plaza with ample parking, easy accessibility and enviable visibility, off busy, major thoroughfare in desirable neighborhood with close proximity to Recreational Centers.

The office occupies approximately 900 square feet and consists of 3 fully equipped Ops, Reception area, Doctor’s office, Sterilization, Lab, Storage and Restroom.

Full Price: Call for Details!

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 | | 8 - 4 | 8 - 4 | 8 - 4 | 8 - 4 | 9 - 12 | |
| Doctor's Hours | | 8 - 4 | | 8 - 4 | | | |
| Associate Hours | | 8 - 4 | 8 - 4 | 8 - 4 | 8 - 4 | 9 - 12 | |
| Hygienist Hours | | 8 - 4 | | | | | |
| Type of Practice: | General | | Reason for Selling: | | Retirement | | |
| Years established: | Since 1998 | | Days worked past 12 months: | | ~ 240 days | | |

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: | 5 yrs | Expiration date: | Jan 2019 | | | | |
| Do you share space with another dentist? | No | | | | | | |
| Rent per month | \$ 1,792.54/month | Common area, maintenance fees /taxes included? | Yes | | | | |
| If not included, current amount? | Are utilities included? If yes, which? | | No | | | | |
| Is the rent considered above, below or at fair market value? | Fair Market Value | | | | | | |
| Type of Building: | Condo | Free-standing | Professional | Retail Center | X | | |
| Office Square footage: | ~ 900 sq. ft. | Carpet? | No | Air conditioning? | Yes | | |
| Number of fully equipped ops: | 3 | Plumbed for additional ops? | No | | | | |
| Reception area: | Yes | Dark room: | No | Doctor's office: | No | Lab: | Yes |
| Business office: | No | Restrooms: | Yes | 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): | Attractive, well-maintained, single-story Retail Shopping Center w/ ADA compliant accessibility, ample parking with easy accessibility and close proximity to Recreational Centers | | | | | | |

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

| | | | | | |
|----------------------|-----------|------------|--------------|-----------|-----------|
| Preventative/Hygiene | 10 | Diagnostic | Adjunctive | Dentures | 30 |
| General Operative | 10 | Endo | 10 | Ortho/TMJ | Perio |
| Oral Surgery | 20 | Cosmetic | Crown/Bridge | 20 | |

What services/procedures are referred out? (Oral Surgery, Endo, Perio, Pedo, etc.) **Difficult Pedo Behavior, Complex Endo: Molar RCT & Retreatment, Oral Surgery-impacted 3rds, Compromised Pts**

Type of patients as a percentage of Collections:

Private Pay 40% Insurance/PPO 60 % AHCCCS _____ Capitation (HMO) _____ Other _____

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

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

Blue Cross, Blue Shield, Aetna, Delta Dental, Cigna, altogether 20+ Insurances

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: **~ 240**

Average number of patients per day? Per-Doctor: **6** Per-Hygienist: **8**

Hygiene days per week: **0** Percentage of Production by Hygiene: **~ 10**

Average age of patients: **Mature Family Range: 40+ – 70+ yrs**

Does the office have Nitrous Oxide? **No**

Type of recall system used? **Mailer, Phone Call Reminders**

Number of recalls per month? **~ 20**

What types of Practice Promotions are in effect? **Veterans Discount, X-ray Promotions**

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: **Exterior Paint**

Average age of Equipment: **~ 5 yrs**

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

| PERSONNEL | | | | |
|--|--|---------------------------------|-------------------|-----------------------|
| Position | Days/Hrs | Date hired | Rate of Pay | Eligible for benefits |
| Associate DDS | 2 days/16 hrs | Nov 2015 | 30% prod | No |
| Owner | 5 days/40 hrs | 2000 | \$40.00/hr | No |
| CDT | 5 days/40 hrs | 2001 | \$28.00/hr | No |
| Office Manager | 5 days/40 hrs | Mar 2008 | \$28.00/hr | No |
| Dental Hygiene | 1 day/8 hrs | Aug 2016 | \$40.00/hr | No |
| Dental Assistant | 2 days/8 hrs | Aug 2017 | \$17.00/hr | No |
| 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 Tax Returns: | | | | |
| 2017 <u>\$ 414,970</u> 2016 <u>\$ 497,847</u> 2015 <u>\$ 483,751</u> | | | | |
| *Collection amounts are approximate and should be verified by Buyer | | | | |
| Number of statements sent each month? | ~ 15 | Is pegboard or computer? | Computer | |
| What type of computer? | Custom | What software? | EagleSoft | |
| Is software transferable? | Yes, Transfer Fee, if applicable, to be paid by Buyer | | | |
| Fees Schedule: | Available upon request | | | |
| <p>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.</p> <p>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.</p> | | | | |