



WESTERN PRACTICE SALES

John M. Cahill Associates

#BG-839 **Pinole, California**

Sink your roots into this community which retains many “turn-of-the-century” building stock and is being preserved by the city’s development agency as a historic area but is part of a busy shopping corridor within the San Francisco/Oakland commuter beltway.

The Doctor averages 5-7 patients per day and welcomes approximately 10 new patients per month.

The office is conveniently located in an attractive, well-maintained, Dental Professional building plaza with ample parking on major thoroughfare in desirable neighborhood. The office occupies approximately 1,212 square feet and consists of 3 fully equipped Ops with plumbing for an additional Op, Reception area, Doctor’s office, Business office, Sterilization, Darkroom, Lab, Storage, and Restroom.

Full Price: \$135,000

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

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

We look forward to serving you

BG-839

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$135,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours			8	8	9	8	
Doctor's Hours			8	8	9	8	
Type of Practice:	General		Reason for Selling:			Retirement	
Years established:	Since 1997		Days worked past 12 months:			~ 207 days	

OFFICE SPACE & LEASE INFORMATION

Is the building/suite owned?	Yes	Is building available for purchase?	Yes				
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?	N/A						
Rent per month	\$ 2,994.27/month		Common area, maintenance fees /taxes included?			Yes	
If not included, current amount paid?	Are utilities included?			Yes, Electricity & H₂O			
Is the rent considered above, below or at fair market value?	Seller owns building, Fair Market						
Type of Building:	Condo	Free-standing	Professional	X	Retail Center		
Office Square footage:	~ 1,212 sq. ft.		Carpet?	Yes	Air conditioning?	Yes	
Number of fully equipped ops:	3		Plumbed for additional ops?	Yes			
Reception area:	Yes	Dark room:	Yes	Doctor's office:	Yes	Lab:	Yes
Business office:	Yes	Restrooms:	Yes, 2	Sterilization:	Yes	Storage:	Yes
Laser:	No	Digital X-ray:	Yes	Intra-oral Camera:	Cerec: NO		
Description of office building, Location and attributes of practice (a brief description):	Attractive, well-maintained Dental Professional building plaza w ample parking in desirable professional corridor of bustling neighborhood						

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	10.07	Diagnostic	9.15	Adjunctive	1.73	Dentures	5.25
General Operative	27.96	Endo	9.07	Ortho/TMJ	0	Perio	5.54
Oral Surgery	25.58 + 2.03	Cosmetic		Crown/Bridge		Implant	

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

Refer out all difficult cases & complex procedures of all Specialties above

Type of patients as a percentage of Collections:

Private Pay 10 **Insurance/PPO** 90 Denti-Cal _____ Capitation (HMO) _____ Other _____

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

Accept most insurance plans but no HMO

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: **~ 15 – 20+**

Average number of patients per day? Per-Doctor: **~ 5 – 7** Per-Hygienist:

Hygiene days per week: **2** Percentage of Production by Hygiene: **~ 20**

Average age of patients: **Mid Family Range ~ 30+ yrs (adults)**

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

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

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

What types of Practice Promotions? **Yelp Reviews**

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, good working condition**

Average age of Equipment: ~ **5+ 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
Front Desk/Dental Assistant	8 hrs/day	Dec 2013	\$20.00/hr	Yes

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 \$ 210,675 *P&L* 2016 \$ 222,233 2015 \$ 204,747

***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? **PC** 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.