



WESTERN PRACTICE SALES

John M. Cahill Associates

#Az-848

Scottsdale, Arizona

We proudly present a remarkable moderate-size family-oriented practice with emphasis on quality and personalized service, where each patient is treated with respect and understands that this practice is dedicated to educating and delivering the best dental care with honesty, integrity with patient's best interest in mind, in a warm, caring and inviting environment.

The Doctor averages 8-10 patients w/ 6-8 Hygiene patients per day offering 3 days of hygiene/per week (includes alternating Saturdays) and generates approximately 8-12 new patients per month.

The office is conveniently and centrally located in one of the most popular intersections in town, bordering affluent Paradise Valley. Tucked in an attractive, well-maintained, single-story, stone Complex surrounded by thriving businesses, restaurants, art shops, unique, quaint stores in densely populated, family-friendly neighborhoods. The tastefully decorated office occupies approximately 1,475 square feet and consists of 4 fully equipped Ops, Reception area, Doctor's office, Business office, Sterilization, Darkroom, Lab, Storage and 2 Restrooms.

Full Price: Call for Details!

Building also Available for Purchase!

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	8:30-12:30		
Doctor’s Hours		8 – 4	8 – 4	8 – 4	8:30-12:30		
Hygienist Hours		8 – 4	8 – 4	8 – 4			

Type of Practice: **General** Reason for Selling: **Retiring**
 Years established: **Since 1977** Days worked past 12 months: **~ 195+ 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 **Seller owns building** Common area, maintenance fees /taxes included?

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

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

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

Office Square footage: **~ 1,475 sq. ft.** Carpet? **Yes** Air conditioning? **Yes**

Number of fully equipped ops: **4** Plumbed for additional ops? **No**

Reception area: **Yes** Dark room: **Yes** Doctor's office: **Yes** Lab: **Yes**

Business office: **Yes** Restrooms: **Yes** Sterilization: **Yes** Storage: **Yes**

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

3D Imager:

Description of office building, Location and attributes of practice (a brief description): **Centrally located, attractive, well-maintained, free-standing, single-story building plaza surrounded by art shops, restaurants, commercial amenities and other thriving businesses on one of the busiest and most popular intersections, densely populated neighborhoods in town, bordering Paradise Valley**

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	20.82	Diagnostic	18.96	Adjunctive	2.62	Dentures	2.68
General Operative	26.65	Endo	1.26	Ortho/TMJ	.12	Perio	.16
Oral Surgery	1.23	Cosmetic	3.53	Crown/Bridge	21.69	Maxi Pros	.28

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

Complex Perio, Molar Endo, Oral Surgery-impactions, Difficult Pedo Behavioral Management

Type of patients as a percentage of Collections:

Private Pay 40 Insurance 60 AHCCCS 0 Capitation (HMO) 0 No HMO _____

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

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

Delta Premier exclusively

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: **~ 8 – 12^{month}**

Average number of patients per day? Per-Doctor: **~ 8 – 10** Per-Hygienist: **~ 6 – 8 x2**

Hygiene days per week: **3 + alternating Sat** Percentage of Production by Hygiene: **~ 11**

Average age of patients: **Mid Family Range: ~ mid 40 yrs**

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

Type of recall system used? **Email, Phone Call, Text Reminders**

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

What types of Practice Promotions are in effect? **Website, Internal Marketing: word-of-mouth referrals**

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: **High quality, updated, inviting, welcoming ambiance, warm & caring environment, Equipment functional & in excellent condition**

Average age of Equipment: **2013: Digital X-ray/ 2012: A/C unit / 2002: renovation / 2007: Roof**

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

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay <i>Available Upon Request</i>	Eligible for benefits
Dental Hygiene	~ 103 hrs ^{month}	1990		
Dental Hygiene	~ 72 hrs ^{month}	1993		
Dental Hygiene	~ 21 hrs ^{month}	2003		
Dental Assistant	~ 133 hrs ^{month}	2013		
Administrative Assistant	~ 56 hrs ^{month}	2013		

Do family members work in the office? **Yes** 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 \$ 843,215 2016 \$ 779,232 2015 \$ 792,879

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

Number of statements sent each month? ~ **30** Is pegboard or computer? **Both**

What type of computer? **HP** 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.