



WESTERN PRACTICE SALES

John M. Cahill Associates

#BG-843 *Perio* Walnut Creek, California

Come practice in this safe, family-friendly community committed to protecting natural resources and quality neighborhoods for its diverse population while offering culture and perennial recreational opportunities for a balanced lifestyle! Quality practice *limited to the specialty of Periodontics* awaits your talent and skill! Great gross and profit for only 2 ½ days per week!

The Doctor averages 15-20 patients w/ 7 Hygiene patients per day and offers 2 ½ days of hygiene/per week and welcomes approximately 20-30 new patients per month from a strong and loyal network of referrals.

The office is conveniently located in an attractive, well-maintained, single-story, highly visible, easily accessible Professional building w ample parking, on major thoroughfare on a busy professional corridor in one of the most desirable neighborhoods.

The office occupies approximately 1,085 square feet and consists of 4 fully equipped Ops, Reception area, Doctor's office, Sterilization, Darkroom, and Restroom.

Full Price \$390,000

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

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

We look forward to serving you

#BG-843

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$390,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		7 – 5			7 – 5	7 – 12	
Doctor's Hours		7 – 5			7 – 5	7 – 12	
Hygienist Hours		7 – 5			7 – 5	7 – 12	
Type of Practice:	Perio & Implants		Reason for Selling:			Retirement	
Years established:	Since 1984		Days worked past 12 months:			140 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 years		Expiration date:	December 2021			
Do you share space with another dentist?	N/A						
Rent per month	\$ 3,310.00/month		Common area, maintenance fees /taxes included?	Yes			
If not included, current amount paid?	N/A		Are utilities included?	No			
Is the rent considered above, below or at fair market value?	Fair Market Rent						
Type of Building:	Condo	Free-standing	Professional	X	Retail Center		
Office Square footage:	1,085 sq ft		Carpet?	Yes	Air conditioning?	Yes	
Number of fully equipped ops:	4		Plumbed for additional ops?	N/A			
Reception area:	Yes	Dark room:	No	Doctor's office:	Yes	Lab:	No
Business office:	No	Restrooms:	Yes, 2	Sterilization:	Yes	Storage:	Yes
Laser:	No	Digital X-ray:	Yes	Intra-oral Camera:	Yes		
Description of office building, Location and attributes of practice (a brief description):	Attractive, well-maintained, single-story Professional building w ample parking on desirable professional corridor of town						

PATIENT DEMOGRAPHICS

Type of patients as a percentage of Collections:

Private Pay 40 **Insurance/PPO** 60 Denti-Cal _____ Capitation (HMO) _____ Other _____

Are you a **Delta Provider**? **Yes** If Yes, _____Delta PPO **X** **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 Premier, MetLife, Guardian, United Concordia, Cigna

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: ~ **20 – 30/month**

Average number of patients per day? Per-Doctor: ~ **15 - 20** Per-Hygienist: **7**

Hygiene days per week: **3 days** Percentage of Production by Hygiene: **10%**

Average age of patients: **50**

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

Type of recall system used? **Computer**

Number of recalls per month? **80+**

What types of Practice Promotions? **N/A**

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:

~ 7 years old, in good condition.

Average age of Equipment: **20+ years**

Any equipment leases? **N/A** Equipment is right/left-handed/convertible? **Right**

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay <i>Available Upon Request</i>	Eligible for benefits
RDA	3 days	Jan 2018		Yes
RDA	3 days	July 2016		Yes
Front Desk	2 ½ days	June 2007		Yes
Front Desk	4 days			Yes
Hygienist	3 days	Sep 2014		Yes

Do family members work in the office? **No** If yes, how much are they paid? **N/A**

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

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

PRACTICE FINANCIAL PROFILE

Last 3 years' Gross Collections from P&L:

2017 \$1,032,000.00 2016 \$1,100,000.00 2015 \$1,150,000.00

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

Number of statements sent each month? **250** Is pegboard or computer? **Computer**

What type of computer? **PC** What software? **Datacon**

Is software transferable? **Yes**

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.

