



WESTERN PRACTICE SALES

John M. Cahill Associates

#FN-855

Northern Humboldt County, California

Come live and practice in a beautiful, peaceful, coastal town, surrounded by a wide range of perennial recreational activities! Made up of several smaller communities, this location is the best of all worlds - coastal mountains and the inland beauty of wide open fields ~ all the picturesque scenery that northern California is known for!

*Seller relocating! This long-established, quality
100% fee-for-service practice could be yours!*

The Doctor averages 5 patients w/ 5 Hygiene patients per day offering 1.5 days of hygiene/per week and welcomes approximately 12-15 new patients per month.

This beautifully appointed office can be found in a modern, rapidly growing business/professional center, offering great exposure and more than adequate parking. Ideally located just off the scenic Redwood Hwy, it allows for ease of access and convenience for the practice' well-established patient base.

The office occupies approximately 1,600 square feet consists of 3 fully equipped Ops with plumbing for an additional Op, Reception, Doctor's office, Business office, Sterilization, Lab, Storage, and Restroom.

Full Price: ~~\$275,000~~

Reduced – Seller Motivated! Now Only: \$190,000
Real Estate Also Available For Purchase!

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

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

We look forward to serving you

FN-855

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$190,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours			8 – 2	8 – 2	8 – 2		
Doctor's Hours			8 – 2	8 – 2	8 – 2		
Hygienist Hours					8 – 2		
Type of Practice:	General		Reason for Selling:			Relocation	
Years established:	Since 2007		Days worked past 12 months:			~ 150 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:	To Be Negotiated		Expiration date:
Do you share space with another dentist?	N/A		
Rent per month	\$2,300 per month	Common area, maintenance fees /taxes included?	Yes
If not included, current amount paid?	Are utilities included?		Water
Is the rent considered above, below or at fair market value?			
Type of Building:	Condo	Free-standing X	Professional Retail Center
Office Square footage:	~ 1,600 sq. ft.	Carpet?	Air conditioning? No
Number of fully equipped ops:	3	Plumbed for additional ops?	Yes, 1
Reception area:	Yes	Dark room:	Doctor's office: Yes Lab: Yes
Business office:	Yes	Restrooms: Yes	Sterilization: Yes Storage: Yes
Laser:	Yes	Digital X-ray: Yes	Intra-oral Camera: Cerec: Excluded
3D Imager:			

Description of office building, Location and attributes of practice (a brief description):

Beautifully appointed, like-new office in a modern, rapidly growing business/professional center, offering great exposure.

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	16.60	Diagnostic	12.93	Prosth, Fixed	3.62	Prosth, Rem	3.55
Restorative	15.35	Endo	5.45	Ortho	0	Perio	1.82
Oral Surgery	4.51	Adjunctive	1.36	Crowns	34.08	BWX	0.72

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

Complex Oral Surgery: 3rd molar extraction, Molar Endo, Implant Surgery, Perio Surgery, Ortho, Pedo

Type of patients as a percentage of Collections:

Private Pay 100 Insurance/PPO _____ Denti-Cal _____ Capitation (HMO) _____ Other _____

Are you a Delta Provider? **NO** If Yes, _____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"? **No**

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

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: **~ 12 – 15**

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

Hygiene days per week: **2** Percentage of Production by Hygiene: **~17%**

Average age of patients: **Mid – Mature Family Range**

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

Type of recall system used? **Practice software and Post Cards**

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

What types of Practice Promotions? **Monthly Television Commercial - \$650 per month**

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: **Newer building and Equipment**

Average age of Equipment: ~ 3 yrs

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

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay <i>Available Upon Request</i>	Eligible for benefits
Clerical	T, W, Th	Dec 2015		
RDA	T, W, Th	July 2009		
RDHEF	Tues/Thurs	Feb 2016		
Admin/Clerical*	Tuesday	July 2007		

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 \$ 446,418 2016 \$ 426,372 2015 \$ 483,217

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

Number of statements sent each month? ~ 4 Is pegboard or computer? **Computer**

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

Is software transferable? **Unknown, 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.