



WESTERN PRACTICE SALES

John M. Cahill Associates

#CC-927

San Rafael, California

Discover this family-friendly Marin county community where the beauty is fully realized, self-contained and unrivaled, with unique dining, shopping, arts and cultural opportunities. There's something for everyone: good schools, fine family farms, farmers markets, beautiful parks, bay shoreline, gorgeous dairy land, fresh seafood and acres of open space for recreational activities such as hiking, biking, kayaking and sailing all year round. There's no shortage of family fun! Sink your roots here and build the practice of your dreams!

Doctor averages 8 patients per day and welcomes approximately 2 new patients per month.

The office is conveniently located in an attractive, well-maintained, long-established, 2-story, free-standing Professional building on major thoroughfare in desirable, busy corridor. The office occupies approximately 796 square feet and consists of 3 fully equipped Ops, Reception area, Doctor's office, Business office, Sterilization, Lab, Storage, and Restroom.

Full Price: \$199,000

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

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

We look forward to serving you

#CC-927**WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$199,000****PRACTICE INFORMATION SHEET****OFFICE OPERATION INFORMATION**

| | SUN | MON | TUE | WED | THUR | FRI | SAT |
|----------------|-----|-----|--------------|--------------|------|-----|-----|
| Office Hours | | | 9 – 5 | 9 – 5 | | | |
| Doctor's Hours | | | 9 – 5 | 9 – 5 | | | |

Type of Practice: **General** Reason for Selling: **Relocation**
 Years established: **40 – 60+ yrs** Days worked past 12 months: **Tues & Wed/week**

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: **4 (four) 5-yr terms** Expiration date: **2037**
 Do you share space with another dentist? **N/A**
 Rent per month **\$ 2,826.00/month** Common area, maintenance fees /taxes included? **Yes**

If not included, current amount paid? Are utilities included? **Yes, Utilities & H₂O**
 Is the rent considered above, below or at fair market value? **Fair Market Value**

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

Office Square footage: **~ 796 sq. ft.** Carpet? **Yes** Air conditioning? **Yes**

Number of fully equipped ops: **3** Plumbed for additional ops? **No**

Reception area: **Yes** Dark room: **No** Doctor's office: **Yes** Lab: **Yes**

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

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

3D Imager: **CBCT Cone Beam 3D Dental Scanner – EXCLUDED FROM SALE**

Description of office building, Location and attributes of practice (a brief description): **Well-established, 2 story, free-standing Professional building w ample parking on major thoroughfare in desirable corridor**

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

| | | | | | | | |
|----------------------|----|------------|---|--------------|----|----------|---|
| Preventative/Hygiene | 25 | Diagnostic | 5 | Adjunctive | | Dentures | |
| General Operative | 25 | Endo | 5 | Ortho/TMJ | 0 | Perio | 5 |
| Oral Surgery | 5 | Cosmetic | 5 | Crown/Bridge | 25 | Implant | |

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

Complex Endo-molar, Perio Surgery, Difficult Oral Surgery, Ortho

Type of patients as a percentage of Collections:

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

Are you a **Delta Provider**? If Yes, Y **Delta PPO** Y **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 Dental is only PPO**

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: **2**

Average number of patients per day? **8** Per-Doctor: **8** Per-Hygienist: **0**

Hygiene days per week: **N/A** Percentage of Production by Hygiene: **~ 30**

Average age of patients: **Mature Family Range: ~ 60 yrs**

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

Type of recall system used? **Postcards**

Number of recalls per month? **~ 30**

What types of Practice Promotions? **Website, Yelp**

Phone Book Advertising? * **N/A** * *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: ~ **30 yrs**

Average age of Equipment: ~ **20 yrs**

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

PERSONNEL

| Position | Days/Hrs | Date hired | Rate of Pay | Eligible for benefits |
|--------------------------|----------------------|-------------|---------------------------------------|-----------------------|
| Manager/Assistant | 2 days/16 hrs | 1965 | Available Upon Request | 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 \$ 214,481 2016 _____ 2015 _____

***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? **Dell** 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.