



WESTERN PRACTICE SALES

John M. Cahill Associates

#CC-963

Santa Rosa, California

As the county seat of Sonoma county, this community with its cool vibe and vibrant culture is the happening hub for all there is to see, do, eat, drink, hike, bike and explore in Sonoma County. Set your own pace and build your successful dental empire here as you sink roots into this community and offer your expertise, talent, skill in providing the highest quality of dental care to an already stable and loyal patient base in this proven enviable location!

Doctor averages 7-8 patients w/ 8 Hygiene patients per day and welcomes approximately 5-6 new patients per month.

The office is conveniently located in an attractive, well-maintained, single-story, free-standing building w ample parking on major thoroughfare in desirable neighborhood. The office occupies approximately 1765 square feet and consists of 5 fully equipped Ops, Reception area, Doctor's office, Business office, Sterilization, Lab, Storage, and Restroom.

Full Price: \$550,000

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

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► **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 – 5	8 – 5	8 – 5	8 – 5		
Doctor's Hours		8 – 5	8 – 5				
Associate's Hours				8 – 5	8 – 5		
Hygienist Hours		8 – 5	8 – 5	8 – 5	8 – 5		

Type of Practice: **General**Reason for Selling: **Personal**Years established: **Since 1984, ~ 34 yrs**Days worked past 12 months: **~ 300+ days**

OFFICE SPACE & LEASE INFORMATION

Is the building/suite owned? **Yes**Is building available for purchase? **No**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 **\$ 3,060.00/month**Common area, maintenance fees /taxes included? **no**If not included, current amount paid? **Included in P&L** Are utilities included? **No**

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

Type of Building: Condo **Free-standing X** Professional Retail CenterOffice Square footage: **1,765 sf** Carpet? **No** Air conditioning? **Yes**Number of fully equipped ops: **5** Plumbed for additional ops? **No**Reception area: **Yes** Dark room: **No** Doctor's office: **Yes** Lab: **Yes**Business office: **Yes** Restrooms: **Yes, 2** Sterilization: **Yes** Storage: **Yes**Digital X-ray: **Yes** Cerec: **Yes** Laser: **Yes** Intra-oral Camera: **Yes** 3D Imager: **Yes**

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

Recently remodeled in 2016, attractive, well-maintained, single-story building, outstanding and stellar reputation in community, enviable location!

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	12	Diagnostic	13	Adjunctive	2	Dentures	3
General Operative	17	Endo	1	Ortho/TMJ	14	Perio	5
Oral Surgery	2	Cosmetic		Crown/Bridge	15	Implant	16

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

Complex Oral Surgery, All Endo, All Perio, Difficult Pedo Behavioral Management

Type of patients as a percentage of Collections:

Private Pay 48% Insurance/PPO 52% Denti-Cal _____ Capitation (HMO) _____ Other _____

Are you a **Delta Provider?** Premier Only X Premier + PPO _____

***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 and School System

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: **~ 7 – 8**

Average number of patients per day? Per-Doctor: **~ 4 – 6** Per-Hygienist: **~ 8**

Hygiene days per week: **4** Percentage of Production by Hygiene: **~ 20+%**

Average age of patients: **Mature Family Range: ~ 30 – 70 yrs**

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

Type of recall system used? **Pre-scheduling, email and text reminders**

Number of recalls per month? **~ 125+**

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

Phone Book Advertising? * **Yes** * *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: **Sterilization and Cabinets ~ 1984**

Average age of Equipment: **OP Units: 30+ yrs**

Any equipment leases? **Yes, Cerec** Equipment is right/left-handed/convertible? **Convertible**

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay <i>Available upon Request</i>	Eligible for benefits
Dental Hygiene	4 days/24 hrs/wk	02/2006		
Dental Hygiene	1 day x 8 hrs/wk	02/2011		
RDAEF	4 days/32 hrs/wk	07/2006		Yes
Dental Assistant	4 days/32 hrs/wk	01/2019		
Office Manager	4 days/32 hrs/wk	09/2014		Yes
DDS	Wednesdays	05/2018		

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

Has staff left the practice recently? **Yes**

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

PRACTICE FINANCIAL PROFILE

Last 3 years' Gross Collections from Tax Returns:

2018 *10-month* **\$680,405** 2017 **\$936,483** 2016 **\$1,014,404** 2015 **\$952,806**

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

Number of statements sent each month? **~ 100** Is pegboard or computer? **Computer**

What type of computer? **Windows/PC** What software? **Eaglesoft**

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.