



WESTERN PRACTICE SALES

John M. Cahill Associates

#FC-962

Healdsburg, California

Known as one of the top 10 small towns in America, this community has it all-excellent wine, farm-to-table cuisine, interesting history, art, small-town charm, intriguing shopping, and pampering spas. Come immerse yourself and sink your roots into a lifestyle, which can't be beat and live, play and practice in the perfect setting for your successful dental empire, at this proven location!

The Doctor averages 4-6 patients w/ 6-8 Hygiene patients per day offering 3 days of hygiene/per week on relaxed 4-day workweek and welcomes approximately 10 - 12 new patients per month.

The office is conveniently located in an attractive, well-maintained, single-story Professional building in a beautifully landscaped Professional plaza with close proximity to Medical Facility, off major thoroughfare, with good visibility and accessibility and ample parking for patient convenience.

The office occupies approximately 1,200 square feet and consists of 3 fully equipped Ops, Reception area, Doctor's office, Business office, Sterilization, Lab, Storage, and 2 Restrooms.

Full Price: \$180,000

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

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► **Honesty** ► **Integrity** ► **Professionalism** ► **Experience**

We look forward to serving you

FC-962

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$ 180,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours			8 – 2	8 – 5	8 – 5	8 - 5	
Doctor's Hours			8 – 12	8 – 5	8 – 5	8 - 5	
Hygienist Hours				8 – 5	8 – 5	8 – 5	

Type of Practice: **General**Reason for Selling: **Retirement**Years established: **~ 15 yrs**Days worked past 12 months: **Doctor works 4 days/wk , has 3 wk vacation/yr**

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-yrs**Expiration date: **October 2019**Do you share space with another dentist? **N/A**Rent per month **\$2,580.00/month**Common area, maintenance fees /taxes included? **Yes**

If not included, current amount paid?

Are utilities included? **No**

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

Fair Market ValueType of Building: **Condo**

Free-standing

Professional**X**

Retail Center

Office Square footage: **~ 1,200 sq. ft.**

Carpet?

Yes

Air conditioning?

YesNumber of fully equipped ops: **3**Plumbed for additional ops? **No**Reception area: **Yes**

Dark room:

No

Doctor's office:

Yes

Lab:

YesBusiness office: **Yes**

Restrooms:

Yes, 2

Sterilization:

Yes

Storage:

YesDigital X-ray: **No**Cerec: **No**Laser: **No**Intra-oral Camera: **No**3D Imager: **No**

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

Attractive, well-maintained, single-story, beautifully landscaped Professional building in professional plaza, w close proximity to Medical Facility and ample parking

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	20	Diagnostic	5	Adjunctive		Dentures	0
General Operative	30	Endo	0	Ortho/TMJ	0	Perio	0
Oral Surgery	0	Cosmetic	0	Crown/Bridge	30	Implant	15

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

Complex Oral Surgery, Endo, Prosth (Dentures), Difficult Pedo Behavioral Management

Type of patients as a percentage of Collections:

Private Pay 25 Insurance/PPO 75 Denti-Cal 0 Capitation (HMO) 0 Other _____

Are you a **Delta Provider?** **Premier Only** Yes 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"? **No**

List Preferred Provider, Health Care Provider and Capitation Plans now in place: **None**

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: **~ 1**

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

Hygiene days per week: **3** Percentage of Production by Hygiene: **~ 20%**

Average age of patients: **Mature Family Range: ~ 50+ yrs**

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

Type of recall system used? **Pre-scheduling, Cards, Phone Call Reminders**

Number of recalls per month? **~ 100+ recall cards mailed/per month**

What types of Practice Promotions? **Website**

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: **Regular Updates of Cabinets, Carpeting, Plumbing & Décor, All in Good Functional Condition**

Average age of Equipment: ~ 10+ yrs

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

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
Dental Hygiene	W, Th, Fr	Sept 2003	\$478.00/day	No
Reception/Bookkeeping	T, W, Th, F	June 2017		
Assistant/Sterilization	T. W. Th, F	Apr 2005		Yes

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:

2018 \$ 278,309 2017 \$ 250,000 2016 \$ 294,000

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

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

What type of computer? **Dell** What software? **Practice Works**

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.