



## WESTERN PRACTICE SALES

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John M. Cahill Associates

### #HG-983 Grass Valley, California

If you desire great location and a FULL lifestyle, then don't pass up this remarkable opportunity! Live and practice in the serene beauty of one of the most pristine Sierra Foothill communities in Northern California! Seller is retiring from this well-established practice, known for its quality dentistry, caring philosophy and comfortable atmosphere. Located near the hospital, we consider this newly remodeled office in the highly desirable professional corridor and well-maintained neighborhood, to be a GEM and a STEAL! Great parking is a plus!

This office is the sole tenant in an attractive, well-maintained, single-story, free-standing Professional building complex w ample parking, located in an ideal Medical/Dental setting, nestled in a highly desirable, easily accessible professional corridor. The office is 1,250 square feet and consists of 3 fully equipped Ops, Reception area, Doctor's office, Sterilization, Lab, Storage and Restrooms.

***Reduced Price: \$195,000***  
***Real Estate Also Available!***

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

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Edmond P. Cahill, JD

**800.641.4179**

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

**We look forward to serving you**

#HG-983

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$195,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8:30 – 5	8:30 – 5	9 – 12	8:30 – 5		
Doctor's Hours		8 – 5	8 – 5		8 – 5		
Type of Practice:	<b>General</b>			Reason for Selling:		<b>Personal</b>	
Years established:	<b>Since 2004</b>			Days worked past 12 months:		<b>~ 135 days</b>	

## OFFICE SPACE &amp; LEASE INFORMATION

Is the building/suite owned?	<b>Yes</b>	Is building available for purchase?	<b>Yes</b>					
Is the space leased?	<b>N/A</b>	Is lease renewable?	<b>N/A</b>	Is lease assignable?	<b>N/A</b>			
Term of Lease:	<b>Seller owns building, leases back</b>			Expiration date:				
Do you share space with another dentist?	<b>N/A</b>							
Rent per month	<b>To be negotiated</b>			Common area, maintenance fees /taxes included?				<b>Yes</b>
If not included, current amount paid?				Are utilities included?				
Is the rent considered above, below or at fair market value?	<b>Seller owns building</b>							
Type of Building:	Condo	<b>Free-standing</b>	<b>X</b>	<b>Professional</b>	<b>X</b>	Retail Center		
Office Square footage:	<b>~ 1,250 sq. ft.</b>	Carpet?	<b>Yes</b>	Air conditioning?	<b>Yes</b>			
Number of fully equipped ops:	<b>3</b>	Plumbed for additional ops?	<b>No</b>					
Reception area:	<b>Yes</b>	Dark room:	<b>No</b>	Doctor's office:	<b>Yes</b>	Lab:	<b>Yes</b>	
Business office:	<b>No</b>	Restrooms:	<b>Yes</b>	Sterilization:	<b>Yes</b>	Storage:	<b>Yes</b>	
Laser:	<b>No</b>	Digital X-ray:	<b>Yes</b>	Intra-oral Camera:	<b>No</b>	Cerec:	<b>NO</b>	
Description of office building, Location and attributes of practice (a brief description):	<b>Attractive, well-maintained, single-story, free-standing Professional building w ample parking off busy, major thoroughfare in highly desirable corridor of town</b>							

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	13	Diagnostic	17	Adjunctive	3	Dentures	10
General Operative	24	Endo	4	Ortho/TMJ	-	Perio	9
Oral Surgery	4	Cosmetic	-	Crown/Bridge	27	Implant	-

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

**Complex Oral Surgery—surgical complications, Complex Perio, Severe Perio, Difficult Pedo Behavioral Management**

Type of patients as a percentage of Collections:

Private Pay Y Insurance/PPO Y Denti-Cal \_\_\_\_\_ Capitation (HMO) \_\_\_\_\_ Other \_\_\_\_\_

Are you a **Delta Provider**? **Yes** If Yes, \_\_\_\_\_ Premier + PPO X **Delta Premier only**

**\*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:

**Aetna, Cigna, Ameritas, Delta Premier**

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: **~ 5**

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

Hygiene days per week: **Previously 2** Percentage of Production by Hygiene: **25%**

Average age of patients: **Family Range**

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

Type of recall system used? **Cards, Texts, Phone Call Reminders; works with PracticeMojo**

Number of recalls per month? **~ 55**

What types of Practice Promotions? **Cash Coupons, Yellow Pages, Local 55+ Senior Magazine**

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:

Average age of Equipment: ~ 10 yrs

Any equipment leases? **No**      Equipment is right/left-handed/convertible? **Right & Convertible-Op2**

## PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay <i>Available Upon Request</i>	Eligible for benefits
<b>RDH</b>	<b>6 days/month</b>			<b>No</b>
<b>DA</b>	<b>3 days/24-27 hrs</b>			<b>Yes</b>
<b>Office Manager</b>	<b>24-27 hrs/wk</b>			<b>Yes</b>

Do family members work in the office? **Yes, Spouse is Office Manager**

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   \$307,502      2017   \$ 329,180      2016   \$ 341,269  

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

Is pegboard or computer? **Computer**      What type of computer? **PC**

What software? **Carestream**

Is software transferable? **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.