



## WESTERN PRACTICE SALES

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John M. Cahill Associates

### #IG-1019 Tracy, California

This desirable community has become an ideal location for distribution facilities, as well as hi-tech companies needing to expand from their existing Silicon Valley bases. If you're looking for affordable housing, a tranquil lifestyle and sustainable growth, look no further...this remarkable opportunity is waiting for you to sink your roots down and invest your future here! *With a little attention and focus on marketing and advertising, watch your production soar ~ being the closest Dental Practice to the rapid growth, development and building of new housing in the neighborhood!*

The Doctor averages 8 patients w/ 8 Hygiene patients per day offering 4-4½ days of hygiene/per week and welcomes approximately 10 new patients per month.

The office is conveniently located in an attractive, well-maintained, busy, popular Retail Shopping Center anchored by a Bank in a highly desirable commercial/residential corridor. The office occupies approximately 1,200 square feet and consists of 4 fully equipped Ops, Reception area, Doctor's office, Sterilization, Darkroom, Lab, Storage, and Restroom.

***Full Price: \$745,000***

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

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

**We look forward to serving you**

# IG-1019

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$745,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

|                  | SUN | MON      | TUE       | WED       | THUR      | FRI | SAT |
|------------------|-----|----------|-----------|-----------|-----------|-----|-----|
| Office Hours     |     | 9 – 5:30 | 10:30 – 7 | 10:30 – 7 | 10:30 – 7 |     |     |
| Doctor's Hours   |     | 9 – 5:30 | 10:30 – 7 | 10:30 – 7 | 10:30 – 7 |     |     |
| Hygienist Hours* |     | 9 – 5:30 | 10:30 – 7 | 10:30 – 7 | 10:30 – 7 |     |     |

*\*Hygiene days averages 4 - 4½ days/wk as there is double hygiene/day twice a month*

Type of Practice: **General** Reason for Selling: **Retirement**

Years established: **Since 1996** Days worked past 12 months: **~ 190 days**

## OFFICE SPACE &amp; 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: **1-yr** Expiration date: **Nov 2020**

Do you share space with another dentist? **N/A**

Rent per month **\$3,808.00/month** Common area, maintenance fees /taxes included? **Yes**

If not included, current amount paid? Are utilities included? **Yes, Water, Trash**

Is the rent considered above, below or at fair market value? **Fair Market Value**

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

Office Square footage: **~ 1,200 sq. ft.** Carpet? **Yes** Air conditioning? **Yes**

Number of fully equipped ops: **4** Plumbed for additional ops? **Yes, 1 additional (Staff Lounge)**

Reception area: **Yes** Dark room: **Yes** Doctor's office: **Yes** Lab: **Yes**

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

Digital 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, busy, popular Retail Shopping Center anchored by Bank close to rapid growth, development and building of new housing in the neighborhood**

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

|                      |    |            |    |              |     |          |     |
|----------------------|----|------------|----|--------------|-----|----------|-----|
| Preventative/Hygiene | 12 | Diagnostic | 20 | Adjunctive   | > 1 | Dentures | > 1 |
| General Operative    | 16 | Endo       |    | Ortho/TMJ    |     | Perio    | 9   |
| Oral Surgery         |    | Cosmetic   |    | Crown/Bridge | 39  | Implant  | > 1 |

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

**Refers ALL Implant Restorations, Complex Oral Surgery, Endo, Perio, Difficult Pedo**

Type of patients as a percentage of Collections:

Private Pay 20 Insurance/PPO 80 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"? **Yes**

List Preferred Provider, Health Care Provider and Capitation Plans now in place: **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: **~ 10**

Average number of patients per day? **16** Per-Doctor: **~ 8** Per-Hygienist: **~ 8**

Hygiene days per week: **4 days**

Average age of patients: **Family Range**

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

Type of recall system used? **Recall Cards**

Number of recalls per month? **~ 100**

What types of Practice Promotions? **None**

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: ~ 20+ yrs in Retail Shopping Center

Average age of Equipment: ~ 20+ yrs

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

## PERSONNEL

| Position         | Days/Hrs                 | Date hired       | Rate of Pay      | Eligible for benefits |
|------------------|--------------------------|------------------|------------------|-----------------------|
| <b>Front/RDA</b> | <b>4 days x 8 hrs/wk</b> | <b>Nov 2004</b>  | <b>Available</b> | <b>Yes</b>            |
| <b>RDA</b>       | <b>4 days x 8 hrs/wk</b> | <b>Mar 2014</b>  | <b>Upon</b>      | <b>Yes</b>            |
| <b>RDA</b>       | <b>4 days x 8 hrs/wk</b> | <b>June 2016</b> | <b>Request</b>   | <b>Yes</b>            |
| <b>RDH</b>       | <b>1 day x 8 hrs/wk</b>  | <b>July 2005</b> |                  | <b>No</b>             |
| <b>RDH</b>       | <b>1 day x 8 hrs/wk</b>  | <b>Oct 2014</b>  |                  | <b>No</b>             |
| <b>RDH</b>       | <b>1 day x 8 hrs/wk</b>  | <b>Sept 2017</b> |                  | <b>No</b>             |
| <b>RDH</b>       | <b>1 day x 8 hrs/wk</b>  | <b>Oct 2018</b>  |                  | <b>No</b>             |

Do family members work in the office? **Yes** If yes, how much are they paid? ~ \$100,000 + \$34,560

Has staff left the practice recently? **No**

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

## PRACTICE FINANCIAL PROFILE

### Last 3 years' Gross Collections from Corporate Tax Returns:

2018 \$ 1,147,027 2017 \$ 997,158 2016 \$ 1,135,043

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

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

What software? **EasyDental** 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.**