



WESTERN PRACTICE SALES

John M. Cahill Associates

#HG-1053 Grass Valley, California

If you desire great location and lifestyle, then don't pass up on this remarkable opportunity to live and practice in the serene beauty of one of the outstanding Sierra Foothill communities in northern California ~ *it just doesn't get any better than life in this beautiful town! This is a paradise where people flock and escape to visit and vacation ~ just imagine living and practicing here!* Seller is retiring from this well-established practice of 40+ years, known for its quality dentistry, caring philosophy and comfortable atmosphere.

The Doctor averages 8 – 10 patients w/ 8 Hygiene patients per day offering 16 days of hygiene/per month and welcomes approximately 13 new patients per month.

The office is conveniently located in an attractive, well-maintained, long-established Professional building offering beautiful views, with ample parking, off major thoroughfare in busy corridor of desirable neighborhood.

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

Full Price: \$420,000

Real Estate Available

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

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

We look forward to serving you

HG-1053**WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$420,000****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	8 – 5	8 – 5		
Hygienist Hours		8 – 5	8 – 5	8 – 5	8 – 5		
Type of Practice:	General		Reason for Selling:			Retirement	
Years established:	~ 40+ yrs		Days worked past 12 months:			~ 178 days	

OFFICE SPACE & LEASE INFORMATION

Is the building/suite owned?	Yes	Is building available for purchase?	Yes				
Is the space leased?	N/A	Is lease renewable?	N/A	Is lease assignable?	N/A		
Term of Lease:	Seller owns suite			Expiration date:	N/A		
Do you share space with another dentist?	No						
Rent per month	Seller owns suite		Common area, maintenance fees /taxes included?	Yes			
If not included, current amount paid?	N/A	Are utilities included?	No				
Is the rent considered above, below or at fair market value?	Fair Market Value						
Type of Building:	Condo	X	Free-standing	Professional	X	Retail Center	
Office Square footage:	~ 1,150 sf		Carpet?	Yes	Air conditioning?	Yes	
Number of fully equipped ops:	3		Plumbed for additional ops?	No			
Reception area:	Yes	Dark room:	Yes	Doctor's office:	Yes	Lab:	Yes
Business office:	No	Restrooms:	Yes, 1	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, well-established Professional building w/ beautiful views in desirable neighborhood						

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	25	Diagnostic	13	Adjunctive	2	Dentures	7
General Operative	18	Endo	2	Ortho/TMJ	0	Perio	4
Oral Surgery	3	Cosmetic	4	Crown/Bridge	22	Implant	0

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

Complex Oral Surgery, Complex Perio, Difficult Pedo Behavioral Management

Type of patients as a percentage of Collections:

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

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

***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: **Most Plans Accepted**

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: **~ 13**

Average number of patients per day? Per-Doctor: **~ 8 - 10** Per-Hygienist: **~ 8**

Hygiene days per month: **16 days/month** Percentage of Production by Hygiene: **~ 25**

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

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

Type of recall system used? **Postcards**

Number of recalls per month? **~ 80 - 90**

What types of Practice Promotions? **Social Media: Facebook**

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: **Remodeled 2001 – Good Condition**

Average age of Equipment: **~ 18 yrs**

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

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
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AVAILABLE UPON REQUEST

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

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 **\$ 660,492** 2017 _____ 2016 _____

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

Number of statements sent each month? **~ 70** Is pegboard or computer? **Computer**

What type of computer? **Dell PC** What software? **Easy Dental**

Is software transferable? **Unknown, 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.