



WESTERN PRACTICE SALES

John M. Cahill Associates

#EG-1092

Grass Valley/Auburn, California

If you've always wanted to live in Gold Country, look no further! Seller is retiring from this well-respected, much loved, quality practice in this highly desirable, close-knit, family-oriented lake community.

This is a magnificent place to raise your family! Carry on the tradition and legacy of providing the highest quality of dental care in this Sierra Foothills community while living an enviable lifestyle that others only dream about! It will be the best decision you'll ever make!

Doctor averages 8 patients/day on *a relaxed 3-day workweek schedule* w/ 8 Hygiene patients per day offering 4 days of Hygiene/per week schedule and welcomes approximately 7 new patients per month.

The office is conveniently located in an attractive, well-maintained, single-story building adjacent to a popular, busy shopping plaza. The office occupies approximately 1,500 square feet and consists of 4 fully equipped Ops with plumbing for (1) additional Op, Reception area, Doctor's office, Business office, Sterilization, Darkroom, Lab, Storage, and Restroom.

Full Price: \$295,000

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

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

We look forward to serving you

EG-1092

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$295,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		7 – 3	7 – 5	7 – 3	7 – 3		
Doctor's Hours		7 – 3	7 – 3	7 – 3			
Hygienist Hours		7 – 3	10 – 5	7 – 3	7 – 3		
Type of Practice:	General		Reason for Selling:		Retirement		
Years established:	~ 30+ yrs		Days worked past 12 months:		~ 120+ days		

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?	N/A		
Term of Lease:	Month-To-Month		Expiration date:	N/A			
Rent per month	\$2,188.00/month		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 or Below Market Value						
Type of Building:	Condo	Free-standing	Professional	Retail Center	X		
.Office Square footage:	~ 1,500 sf		Carpet?	Yes	Air conditioning?	Yes	
Number of fully equipped ops:	4		Plumbed for additional ops?	Yes, 1 additional			
Reception area:	Yes	Dark room:	Yes	Doctor's office:	Yes	Lab:	Yes
Business office:	Yes	Restrooms:	Yes	Sterilization:	Yes	Storage:	Yes
Digital X-ray:	Yes	Cerec:	No	Laser:	No	Intra-oral Camera:	Yes
						3D Imager:	No
Description of office building, Location and attributes of practice (a brief description):	Attractive, well-maintained, single-story building w ample parking in busy, popular shopping plaza						

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	19	Diagnostic	14	Adjunctive	2	Dentures	5
General Operative	24	Endo	< 1	Ortho/TMJ	0	Perio	8
Oral Surgery	3	Cosmetic		Crown/Bridge	20	Implant	4

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

Complex Oral Surgery: impacted 3rd Molars, Most Endo, Moderate-Severe Perio, All Ortho, NO PEDO

Percentages of Insurance Collection and Patient Payment:

Private Pay 69 **Insurance/PPO** 31 Denti-Cal 0 Capitation (HMO) 0 Other _____

Are you a **Delta Provider**? **Premier Only** Y 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: ~ 7

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

Hygiene days per week: **4 days**

Average age of patients: **Family Range**

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

Type of recall system used? **Lighthouse tracking, Auto-Text, Email, Phone Call Reminders**

Number of recalls per month? ~ 80 - 85

What types of Practice Promotions? **Social Media, Website, Internal Marketing: word-of-mouth referrals**

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: **Cabinetry & Plumbing ~ 30 yrs**
Carpet & Paint ~ 5 yrs

Average age of Equipment: **Dental Equipment: ~ 10-15 yrs / Chairs ~ 25 yrs / Delivery Units ~ 15 yrs / Computers – updated 2020**

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

PERSONNEL

Position	Days/Hrs	Date Hired	Rate of Pay <i>Available Upon Request</i>	Eligible for benefits
Office Manager	M, T, W 7 – 3			Yes
RDA	M, T, W 7 – 3			Yes
RDH	M, W, Th 7 – 3 / Tu 10-5			Yes

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:

2019 \$ 446,796 P&L 2018 \$ 469,146 2017 \$ 446,276

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

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

What software? **Eaglesoft** 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.