



## WESTERN PRACTICE SALES

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John M. Cahill Associates

### #EG-1202 Auburn, California

Seller has established streamlined policies to maximize efficiency and patient comfort in this well-respected, much loved, family-oriented practice in this pristine Sierra Foothills community.

Doctor averages 8 patients w/ 8 Hygiene patients per day offering 3½ days of Hygiene/per week on a relaxed 4-day workweek schedule and welcomes approximately 7 new patients per month due to stellar reputation. Doctor and staff focus on personalized care and value strong relationships to provide the highest standard of care in a fun, warm and caring environment.

This bright and airy office is conveniently located in an attractive, well-maintained, single-story, free-standing Professional building w ample parking.

The office designed and decorated with office efficiency and patient comfort in mind, occupies approximately 1,000 square feet and consists of 3 fully equipped OPs, Reception area, Doctor's office, Sterilization, Lab, and Restroom.

***Full Price: \$350,000***

*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**

# EG-1202

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$350,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8 – 5	8 – 5	8 – 5	8 – 1		
Doctor's Hours		8 – 5	8 – 5	8 – 5	8 – 1		
Hygienist Hours		8 – 5	8 – 5	8 – 5	8 – 1		
Type of Practice:	<b>General</b>		Reason for Selling:		<b>Retirement</b>		
Years established:	~ 30 yrs		Days worked in 2019:		~ 180+ days		

## OFFICE SPACE &amp; LEASE INFORMATION

Is the building/suite owned?	<b>No</b>	Is building available for purchase?	<b>N/A</b>				
Is the space leased?	<b>Yes</b>	Is lease renewable?	<b>Yes</b>	Is lease assignable?	<b>Yes</b>		
Term of Lease:	<b>Month-to-Month</b>		Expiration date:	<b>N/A</b>			
Rent per month	<b>\$1,275.00/month</b>		Common area, maintenance fees /taxes included?	<b>Yes</b>			
If not included, current amount paid?			Are utilities included?	<b>No</b>			
Is the rent considered above, below or at fair market value?	<b>Below Market</b>						
Type of Building:	Condo	<b>Free-standing</b>	<b>X</b>	<b>Professional</b>	<b>X</b>	Retail Center	
Office Square footage:	~ 1,000 sf		Carpet?	<b>No</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>No</b>
Digital X-ray:	<b>Yes</b>	Cerec:	<b>No</b>	Laser:	<b>No</b>	Intra-oral Camera:	<b>Yes</b>
						3D Imager:	<b>No</b>
Description of office building, Location and attributes of practice (a brief description):	<b>Excellent location, single-story, free-standing building with ample parking, highly visible w easy highway accessibility</b>						

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	13	Diagnostic	18	Adjunctive	2	Dentures	0
General Operative	12	Endo	0	Ortho/TMJ	3	Perio	8
Oral Surgery	2	Cosmetic	0	Crown/Bridge	42	Implant	0

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

**Refer Complex Endo: molar RCT, Oral Surgery: 3<sup>rd</sup> molars, Difficult Pedo Behavioral Management**

Type of patients as a percentage of Collections:

**Private Pay ~ 20 Insurance/PPO ~ 80** Denti-Cal 0 Capitation (HMO) 0 Other 0

Are you a **Delta Provider**? Premier Only \_\_\_\_\_ **Premier + PPO** Y

**\*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: **Delta Dental, no HMO**

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: **3 ½ days**

Average age of patients: **Family Range**

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

Type of recall system used? **Pre-scheduling**

Number of recalls per month? **~ 70**

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: **All Equipment are regularly maintained and in good functioning condition**

Average age of Equipment: **~ 15 yrs**

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

## 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:

2019     \$ 506,975     2018     \$ 559,986     2017     \$ 601,117    

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

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

What software? **MacPractice**

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.**