



## WESTERN PRACTICE SALES

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**John M. Cahill Associates**

**#BN-1244**

### **San Ramon, California**

San Ramon is often ranked as an affluent and safe city to raise a family. This community has so much to offer, especially for growing and forward-thinking businesses. Step right into this family-oriented practice with state-of-the-art equipment and deliver the highest standard of care to an appreciative, well-educated and motivated patient base.

The Doctor averages 7 patients w/ 8 Hygiene patients per day offering 3 days of Hygiene/per week and welcomes approximately 5-6 new patients per month.

The office is conveniently located in an attractive, well-maintained, single-story, mixed tenant, busy, popular Retail Shopping Center off a major thoroughfare, tucked in a desirable residential neighborhood of single-family homes.

The office occupies approximately 1,200 square feet and consists of 4 fully equipped OPs, Reception area, Doctor's office, Sterilization, Lab, Storage, and Restroom.

***Full Price: \$503,000***

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

Timothy G. Giroux, DDS

John M. Cahill, MBA

Jon B. Noble, MBA

Edmond P. Cahill, JD

**800.641.4179**

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

**We look forward to serving you**

# **BN-1244****WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$503,000****PRACTICE INFORMATION SHEET****OFFICE OPERATION INFORMATION**

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8 – 5	8 – 5		9 – 6		
Doctor's Hours		8 – 5	8 – 5		9 – 6		
Hygienist Hours		8 – 5	8 – 5		9 – 6		
Type of Practice:	<b>General</b>			Reason for Selling: <b>Personal</b>			
Years established:	~ 30 yrs			Days worked in 2019: ~ 165+ days			
<b>*Office closed due to Covid from March 16 – June 1, 2020</b>				Days worked in 2020 ~ 120 days			

**OFFICE SPACE & 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>4-yrs</b>	Expiration date:	<b>December 2021</b>				
Do you share space with another dentist?	<b>No</b>						
Rent per month	<b>\$ 5,500.00/month*</b>	Common area, maintenance fees /taxes included?	<b>Yes</b>				
If not included, current amount paid?	<b>* + Annual reconciliation fees based on actual expenses</b>		Are utilities included?	<b>No</b>			
Is the rent considered above, below or at fair market value?	<b>Above Market Value</b>						
Type of Building:	Condo	Free-standing	Professional	<b>Retail Center</b>	<b>X</b>		
Office Square footage:	<b>~ 1,200 sq. ft.</b>	Carpet?	<b>No</b>	Air conditioning?	<b>Yes</b>		
Number of fully equipped OPs:	<b>4</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>
Digital X-ray:	<b>Yes</b>	Cerec:	<b>Yes</b>	Laser:	<b>No</b>	Intra-oral Camera:	<b>Yes</b>
3D Imager:		<b>Yes</b>					
Description of office building, Location and attributes of practice (a brief description):	<b>Attractive, well-maintained, single-story, mixed tenant, busy, popular Retail Shopping Center off major thoroughfare tucked in a desirable residential neighborhood with single-family homes</b>						

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	<b>20</b>	Diagnostic	Adjunctive	Dentures	<b>5</b>
General Operative	<b>15</b>	Endo	<b>10</b>	Ortho/TMJ	Perio
Oral Surgery	<b>5</b>	Cosmetic	<b>10</b>	Crown/Bridge	<b>25</b>
				Implant	<b>10</b>

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

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

Type of patients as a percentage of Collections:

Private Pay 20 Insurance/PPO 80 Denti-Cal \_\_\_\_\_ Capitation (HMO) \_\_\_\_\_ 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: **MetLife, Delta Dental**

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 – 6**

Average number of patients per day? Per-Doctor: ~ **7** Per-Hygienist: ~ **8**

Hygiene days per week: **3 days**

Average age of patients: **Mature Family Range: ~ 55 yrs**

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

Type of recall system used? **Computer tracking w/ Reminders**

Number of recalls per month? ~ **80 – 100**

What types of Practice Promotions? **Website, New Patient/Free Exam Promotions**

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 new Dental Units, Cabinets, Selective Handpieces are new, Furniture, All Equipment are regularly maintained & in good functioning condition**

Average age of Equipment: **~ 3 yrs**

Any equipment leases? **No**      Equipment 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? **Yes**      If yes, how much are they paid?

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:

2020           \$           *P&L*    2019           \$ 682,545              2018           \$ 625,374          

**\*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.**