



## WESTERN PRACTICE SALES

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**John M. Cahill Associates**

**#CC-1219**

**Marin County, California**

If you are interested in sinking roots into and practicing in Marin County, don't miss your opportunity with an opportunity like this, which rarely comes around! Doctor has established a loyal, stable patient base with streamlined office policies and is passing it on to you to take it to the next level! Hesitate and you may regret missing out on a quality lifestyle and establishing the dental empire of your dreams here!

The Doctor averages 10-12 patients per day and welcomes approximately 10 – 12+ new patients per month, based on location and word-of-mouth referrals, the best kind of marketing!

The office is conveniently located on the 1st Floor of a busy Medical/Dental Professional building with separate ground-level entrance, street-level traffic generated by excellent visibility and accessibility. The office occupies approximately 750 square feet and consists of 2 fully equipped OPs, Reception area, Doctor's office, Business office, Sterilization/Lab, Storage, and Restroom.

***Full Price: \$188,000***

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

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**800.641.4179**

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

**We look forward to serving you**

# CC-1219

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$188,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		9 – 5		9 – 5	9 – 5	9 – 3 <sup>x1</sup> /month	11 – 5 <sup>x1</sup> /month
Doctor's Hours		9 – 5		9 – 5	9 – 5	9 – 3 <sup>x1</sup> /month	11 – 5 <sup>x1</sup> /month

Type of Practice: **General** Reason for Selling: **Personal, downsizing**Years established: ~ **Since 2000** Days worked in 2019: ~ **130+ 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>\$1,558.00/month</b>	Common area, maintenance fees /taxes included?	<b>N/A</b>
If not included, current amount paid?	<b>N/A</b>	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	Free-standing	<b>Professional X</b> Retail Center
Office Square footage:	<b>~ 750 sf</b>	Carpet?	<b>No</b> Air conditioning? <b>Yes</b>
Number of fully equipped OPs:	<b>2</b>	Plumbed for additional OPs?	<b>Yes, 1 additional</b>
Reception area:	<b>Yes</b>	Dark room:	<i>Used as Storage</i> Doctor's office: <b>Yes</b> Lab: <i>in Sterilization</i>
Business office:	<b>Yes</b>	Restrooms:	<b>Yes, 1</b> Sterilization: <b>Yes</b> Storage: <b>Yes</b>
Digital X-ray:	<b>Yes</b>	Cerec:	<b>No</b> Laser: <b>No</b> Intra-oral Camera: <b>No</b> 3D Imager: <b>No</b>

Description of office building, Location and attributes of practice (a brief description): **Located on 1<sup>st</sup> Floor of attractive, well-maintained Medical/Dental Professional building with separate entrance, with ground level visibility and accessibility**

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	10	Diagnostic	4	Adjunctive	1.5	Dentures	2
General Operative	20	Endo	0.5	Ortho/TMJ	8	Perio	13
Oral Surgery	1	Cosmetic	15	Crown/Bridge	20	Implant	5

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

**All of the above: Oral Surgery, Endo, Perio, Ortho & Pedo**

Type of patients as a percentage of Collections:

**Private Pay** 30 **Insurance/PPO** 70 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:

**Seller accepts most PPO Plans**

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 - 13**

Average number of patients per day? Per-Doctor: ~ **10 - 12** Per-Hygienist: **N/A**

Hygiene days per week: **N/A**

Average age of patients: **Mid - Mature Family Range: ~ 50 yrs**

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

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

Number of recalls per month? ~ **40-50**

What types of Practice Promotions? **Frequent Direct Postcard Mailers**

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: **Recently purchased Digital x-ray Unit**

Average age of Equipment: **New X-ray & Digital X-ray Units, ~ 2 - 20 yrs on majority of Equipment**

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

## 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? **\$23,000.00/yr**

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 \$ 270,214 2018 \$ 263,450 2017 \$ 278,083

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

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

What software? **Dentrix** 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.