



## WESTERN PRACTICE SALES

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**John M. Cahill Associates**

### **#LV-1327** **Las Vegas, Nevada**

Established for more than 20 years, Seller has policies, office efficiency and patient comfort in place and is ready to pass this amazing opportunity to you to take it to the next level!

Doctor averages 8 - 15 patients w/ 8 Hygiene patients per day offering 8 days of Hygiene/per week and welcomes approximately 12-15 new patients per month.

Office suite is on the front side of an attractive, well-maintained 30yr-old Professional building, an enviable location with easy accessibility, excellent signage, exposure and visibility.

Office designed with patient flow and efficiency and consists of 4 fully equipped OPs, Reception area, Doctor's office, Business office, Sterilization, Darkroom, Lab, Storage and 2 Restrooms.\*

***Full Price: \$775,000***

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

Timothy G. Giroux, DDS

Jared Bergquist

**800.641.4179**

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

**We look forward to serving you**

\*Office space information provided as a courtesy only. Western Practice Sales is not a licensed Real Estate Broker in the State of Nevada, and price does not include real estate, which must be separately negotiated through licensed attorney or broker.

# LV-1327

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$775,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8 – 5	7 – 3	8 – 5	7 - 3		
Doctor's Hours		8 – 5	7 – 3	8 – 5	7 - 3		
Associate's Hours		8 – 5	7 – 3	8 – 5	7 - 3		
Hygienist Hours		8 – 5	7 – 3	8 – 5	7 - 3		

Type of Practice: **General/Restorative** Reason for Selling: **Relocation**  
 Years established: **~ Since 1998** Days worked in 2019: **~ 147 days**  
**\*Office closed due to Covid from March 16 – April 27, 2020** Days worked in 2020: **~ 150 days**

## OFFICE SPACE &amp; LEASE INFORMATION

**\*WESTERN PRACTICE SALES IS NOT A LICENSED REAL ESTATE BROKER IN THE STATE OF NEVADA. OFFICE SPACE & LEASE INFORMATION BELOW PROVIDED TO BUYERS AS A COURTESY ONLY, AND ARE NOT INCLUDED IN PURCHASE TERMS. BUYERS ARE RESPONSIBLE FOR HIRING THEIR OWN ATTORNEY OR BROKER TO NEGOTIATE REAL ESTATE, INCLUDING LEASE TERMS.**

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? **Unknown**  
 Term of Lease: **Month-to-Month** Expiration date: **N/A**  
 Do you share space with another dentist? **N/A**  
 Rent per month **\$3,000.00/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? **Below**  
 Type of Building: Condo Free-standing **Professional X** Retail Center  
 Office Square footage: **\*See note above** Carpet? **Yes** Air conditioning? **Yes**  
 Number of fully equipped OPs: **4** Plumbed for additional OPs? **No**  
 Reception area: **Yes** Dark room: **Yes** Doctor's office: **Yes** Lab: **Yes**  
 Business office: **Yes** Restrooms: **Yes, 2** 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):

**Office suite is on the front side of an attractive, well-maintained 30yo Professional building, offering excellent signage, visibility, exposure & accessibility**

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	<b>15</b>	Diagnostic	<b>5</b>	Adjunctive	<b>0</b>	Dentures	<b>5</b>
General Operative	<b>25</b>	Endo	<b>0</b>	Ortho/TMJ	<b>10</b>	Perio	<b>0</b>
Oral Surgery	<b>10</b>	Cosmetic	<b>5</b>	Crown/Bridge	<b>20</b>	Implant Surgery	<b>5</b>

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

**Refer Complex Endo & Perio**

Type of patients as a percentage of Collections:

Private Pay   20   Insurance/PPO   80   Medicaid        Capitation (HMO)        NPD (Culinary)       

Does your practice participate in "Care Credit"? **Yes**

List Preferred Provider, Health Care Provider and Capitation Plans now in place:

**Delta, United Concordia, AETNA, AARP, Optum, MetLife**

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: **~ 12-15**

Average number of patients per day? Per-Doctor: **~ 8 - 15** Per-Hygienist: **~ 8**

Hygiene days per week: **8 days**

Average age of patients: **Mid – Mature Family Range**

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

Type of recall system used? **Pre-scheduling, Follow-up Reminders, Computer tracking, Lighthouse Dental Software Program**

Number of recalls per month? **~ 45-50**

What types of Practice Promotions? **Word-of-mouth referrals/Upwell Direct Marketing**

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 is regularly upgraded and maintained and in good functioning condition.**

Average age of Equipment: **~ 15 – 20 yrs**

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? **No** If yes, how much are they paid? **N/A**

Has staff left the practice recently? **Yes, Lead Assistant**

Is there a practice management consultant? **Yes**

## PRACTICE FINANCIAL PROFILE

### Last 3 years' Gross Collections from Tax Returns:

2020 \$ 1,062,626 P&L 2019 \$ 1,074,758 2018 \$ 1,124,062

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

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

What software? **SoftDent** 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.**

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