



## WESTERN PRACTICE SALES

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John M. Cahill Associates

### #BG-1361 *Ortho* Union City, California

This well-established practice *limited to Orthodontics* takes pride in providing a high standard of care to a very diverse patient base with a professional, knowledgeable, warm and friendly Staff. Each patient is treated with care and respect leading to many patient and family referrals, in addition to a stable and supportive network of referring colleagues in the community.

The Doctor averages 30 patients per day and welcomes approximately 12 - 15 new patients per month.

The office is conveniently located in an attractive, well-maintained, single-story Professional complex w/ ample parking on busy thoroughfare in desirable mixed commercial and residential neighborhood.

The office occupies approximately 890 square feet and consists of 3 Chairs in Open Bay, Reception area, Doctor's office, Sterilization, Lab, Storage and Restroom.

***Full Price: \$375,000***

*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**

# **BG-1361****WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$375,000****PRACTICE INFORMATION SHEET****OFFICE OPERATION INFORMATION**

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		<b>12 – 6</b>	<b>12 – 6</b>	<b>8 – 5</b>	<b>2 – 6</b>		
Doctor's Hours		<b>12 – 6</b>	<b>12 – 6</b>	<b>8 – 5</b>	<b>2 – 6</b>		
Type of Practice:	<b>Orthodontics</b>		Reason for Selling:		<b>Retirement</b>		
Years established:	<b>~ Since 1990</b>			Days worked in 2020: <b>~ 160 days</b>			
<b>*Office closed due to Covid from April &amp; May 2020</b>				Days worked in 2021: <b>~ 150+ days</b>			

**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>No</b>	Is lease assignable?	<b>Yes</b>		
Term of Lease:	<b>5 yrs</b>	Expiration date:	<b>December 2026</b>				
Do you share space with another dentist?	<b>N/A</b>						
Rent per month	<b>\$2,889.00/month</b>	Common area, maintenance fees /taxes included?	<b>No</b>				
If not included, current amount paid?	<b>\$ 325.00 property tax</b>	Are utilities included?	<b>No</b>				
Is the rent considered above, below or at fair market value?	<b>Fair Market</b>						
Type of Building:	Condo	Free-standing	<b>Professional</b>	<b>X</b>	Retail Center		
Office Square footage:	<b>~ 890 sq ft</b>	Carpet?	<b>Partial</b>	Air conditioning?	<b>Yes</b>		
Number of Open Bay Chairs:	<b>3</b>	Plumbed for additional Chairs/Bays?	<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>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):	<b>Attractive, well-maintained, long-established, single-story Dental Professional complex w/ ample parking on busy thoroughfare in desirable mixed commercial/residential neighborhood</b>						

**PRACTICE & PATIENT DEMOGRAPHICS**

Type of patients as a percentage of collections:

**Private Pay** 35 **Insurance/PPO** 65 Denti-Cal \_\_\_\_\_ Capitation (HMO) \_\_\_\_\_ Other \_\_\_\_\_

Does your practice participate in "Care Credit"? **No**

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

**Delta Dental**

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

**\*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.**

Estimated Number of Active Patient Files      **Number to be defined by Buyer's Due Diligence Process\***

What types of Practice Promotions are in effect?      **None**

Types of Advertising:    Print Ad: **No**      Facebook: **No**      Yelp: **No**      Other: **No**

*\*Advertising contracts will be the responsibility of Buyer after transition.*

Average number of New Patients per month for past 12 months:      ~ **12 - 15**

Average number of patients per day?      ~ **30**

Number of patients ready to start treatment?      ~ **10**      Consultation completed and ready to start?      **N/A**

Number of consultations scheduled?      **N/A**      Scheduled study models?      ~ **3**      Scheduled exams?      ~ **15**

Number of cases in retention?      ~ **400**      Number of cases in progress – active treatment?      ~ **275+**

Number compiled using:    Practice Software      **Both**      Estimate      **Both**

Types of techniques used (Edgewise, Tight Wires, etc)?      **Edgewise**

Number of patients in recall and observation?      ~ **90**

Active child patients?      **80%**      Active adult patients?      **20%**

Typical fee arrangement?      **Full Case \$6300.00**

Number of active referring Dentists?      ~ **25**

10 or less patients per year?      ~ **23**      11 to 20 patients per year?      ~ **2**

**PRACTICE & PATIENT DEMOGRAPHICS (continued)**

Indicate the number of new patient exams, by month, for the past 12 months:

January	<b>10</b>	February	<b>6</b>	March	<b>18</b>	April	<b>19</b>
May	<b>23</b>	June	<b>15</b>	July	<b>20</b>	August	<b>14</b>
September	<b>13</b>	October	<b>21</b>	November	<b>15</b>	December	<b>10</b>

Indicate the number of new patient starts, by month, for the past 12 months:

January	<b>4</b>	February	<b>4</b>	March	<b>10</b>	April	<b>7</b>
May	<b>4</b>	June	<b>7</b>	July	<b>8</b>	August	<b>5</b>
September	<b>2</b>	October	<b>8</b>	November	<b>2</b>	December	<b>4</b>

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

Average age of Equipment: **Most are ~ 30 yrs except Digital PAN/CEPH Unit is ~ 1 yr**

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?

Has staff left the practice recently? **Yes**

Is there a practice management consultant? **No**

**PRACTICE FINANCIAL PROFILE**

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

2021 \$571,756 2020 \$ 511,523 2019 \$ 483,208

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

Type of Computers: **Server + 2 Workstations** Dental Software: **Orthoware**

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.**