



## WESTERN PRACTICE SALES

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**John M. Cahill Associates**

### **#DG-1365 Fremont, California**

Continue the tradition of delivering the highest standard of dental care to a well-established, long-standing, loyal patient base who appreciate a conservative approach.

The Doctor averages 8 - 15 patients per day and welcomes approximately 12 – 15+ new patients per month, based on location and word-of-mouth referrals from happy families within the practice: the best kind of marketing!

The office is conveniently located in an attractive, highly-visible, well-maintained, single-story Retail Shopping Center w/ ample parking on a major thoroughfare within walking distance and easy access to public transportation.

The office occupies approximately 1,500 square feet and consists of 3 fully equipped Ops + plumbing for 2 additional OPs, Reception area, Doctor's office, Business office, Sterilization, Darkroom, Lab, Storage and Restroom.

***Full Price: \$225,000***

*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**

# **DG-1365****WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$225,000****PRACTICE INFORMATION SHEET****OFFICE OPERATION INFORMATION**

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8 – 5	8 – 5	8 – 5	8 – 5	8 – 5	
Doctor's Hours		8 – 5	8 – 5	8 – 5	8 – 5	8 – 5	
Type of Practice:	<b>General</b>		Reason for Selling:		<b>Retirement</b>		
Years established:	~ <b>Since January 2000</b>			Days worked in 2020: ~ <b>140 days</b>			
<b>*Office closed for 3 months in 2020 due to Covid</b>				Days worked in 2021: ~ <b>180 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>Yes</b>	Is lease assignable?	<b>Yes</b>		
Term of Lease:	<b>60 months</b>		Expiration date:	<b>January 2025</b>			
Do you share space with another dentist?	<b>N/A</b>						
Rent per month	<b>\$4,800.00/month</b>		Common area, maintenance fees /taxes included?	<b>Yes</b>			
If not included, current amount paid?	<b>No</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	Professional	<b>Retail Center</b>	<b>X</b>		
Office Square footage:	~ <b>1,500 sf</b>		Carpet?	<b>No</b>	Air conditioning?	<b>Yes</b>	
Number of fully equipped OPs:	<b>3</b>		Plumbed for additional OPs?	<b>Yes, + 2 additional</b>			
Reception area:	<b>Yes</b>	Dark room:	<b>Yes</b>	Doctor's office:	<b>Yes</b>	Lab:	<b>Yes</b>
Business office:	<b>Yes</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>Yes</b>
						3D Imager:	<b>No</b>

Description of office building, Location and attributes of practice (a brief description): **Located in the heart of the Silicon Valley, highly-visible, well-maintained, single-story Retail Shopping Center, w/ ample parking on a major thoroughfare within walking distance and easy access to public transportation**

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	<b>25</b>	Diagnostic	<b>34</b>	Adjunctive	<b>4</b>	Dentures	<b>3</b>
General Operative	<b>6</b>	Endo	<b>3</b>	Ortho/TMJ		Perio	
Oral Surgery	<b>4</b>	Cosmetic	<b>3</b>	Crown/Bridge	<b>18</b>	Implant Surgery	

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   3   Insurance/PPO   50   Denti-Cal   0   Capitation (HMO)   47   Other       

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"? **Yes**

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

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: **~ 15 - 18**

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

Average age of patients: **Mid-Family Range: ~ 30 yrs**

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

Type of recall system used? **Postcard Reminder**

Number of recalls per month? **~ 40+**

Types of Advertising: Print Ad: **N/A** Facebook: **N/A** Yelp: **N/A** Other: **N/A**

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

What types of Practice Promotions? **None**

## 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 upgraded, updated, maintained and in good functioning condition**

Average age of Equipment: **~ 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**

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

## PRACTICE FINANCIAL PROFILE

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

2021 \$ 320,709 P&L est 2020 \$ 263,898 2019 \$ 443,631

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

Type of Computers: **PC** Dental 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.**