



WESTERN PRACTICE SALES

John M. Cahill Associates

#DG-1377 *Oral Surgery* **Fremont, California**

Well-known for personalized service, compassion, gentle treatment, step right in and carry on the tradition of providing *Oral Surgery* to this practice with a robust network of referring dentists in the same building or within miles in the community.

Doctor averages 5 patients/day and welcomes approximately 20+ new patients per month, based on a stellar reputation among the dental community.

Office is conveniently located in an established, attractive, well-maintained 2-story Professional building complex located on the busy intersection of 2 major thoroughfares, offering easy accessibility, convenience and excellent visibility.

The office occupies approximately 2,221 square feet and consists of 4 fully equipped OPs, Reception area, Doctor's office, Business office, Sterilization, Darkroom, Lab, Storage and Restroom.

Full Price: \$195,000

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

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

We look forward to serving you

DG-1377**WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$195,000****PRACTICE INFORMATION SHEET****OFFICE OPERATION INFORMATION**

| | SUN | MON | TUE | WED | THUR | FRI | SAT |
|---|---------------------|-----|---------------------------------|----------------------------------|----------|-------------------|-----|
| Office Hours | | | 8:30 – 5 | 8:30 – 5 | 8:30 - 5 | 8:30 – 5 | |
| Doctor's Hours | | | 8:30 – 5 | 8:30 – 5 | 8:30 - 5 | 8:30 – 5 | |
| Type of Practice: | Oral Surgery | | Reason for Selling: | | | Retirement | |
| Years established: | ~ 25+ yrs | | | Days worked in 2020: ~ 165+ days | | | |
| *Office closed from 3/16 - 5/31/2020 & 1/14 – 2/1/2021 due to Covid | | | Days worked in 2021: ~ 190 days | | | | |

OFFICE SPACE & LEASE INFORMATION

| | | | | | | | |
|--|---|--|--|----------------------|---------------|--------------------|------------|
| 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? | Yes | | |
| Term of Lease: | 5 yrs | Expiration date: | August 2022 | | | | |
| Do you share space with another dentist? | N/A | | | | | | |
| Rent per month | \$9,038.00/month | Common area, maintenance fees /taxes included? | Yes | | | | |
| If not included, current amount paid? | Are utilities included? | | Yes, Electricity, Water, Gas, Trash | | | | |
| Is the rent considered above, below or at fair market value? | Fair Market | | | | | | |
| Type of Building: | Condo | Free-standing | Professional | X | Retail Center | | |
| Office Square footage: | ~ 2,221 sq. ft. | 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 | Sterilization: | Yes | Storage: | Yes |
| Digital X-ray: | Yes | Cerec: | No | Laser: | No | Intra-oral Camera: | No |
| | | | | | | 3D Imager: | Yes |
| Description of office building, Location and attributes of practice (a brief description): | Attractive, well-maintained, 2-story Professional building on major intersection w proximity to parklike setting | | | | | | |

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Diagnosis **14** Implant Surgery **18** Oral Surgery **47** Graft/Augmentation **7** Adjunctive **13**

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

Specialty Practice Dedicated to Oral Surgery

Type of patients as a percentage of Collections:

Private Pay 40 Insurance/PPO 60 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"? **No**

List Preferred Provider, Health Care Provider and Capitation Plans now in place: **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: **~ 20 – 25**

Average number of patients per day? **5**

Percentage of patients: Adults: **~ 50 – 60** Children: **~ 40**

Average age of patients: **~ 35 yrs**

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

Are there any current credit balances for pre-paid treatment such as implants? **No**

Types of surgeries performed: **Extractions, Implants, Biopsies, Minor/Benign Tumor Removal**

Number of active referring Dentists: **~ 30**

Types of Advertising: Print Ad: _____ Facebook: _____ Yelp: _____ Other: **None**

**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: **New Office Construction in 2007 w new major Equipment (Lights & Chairs). All Equipment are regularly upgraded, updated, maintained and in good functioning condition**

Average age of Equipment: **~ 15 yrs** Any equipment leases? **Yes, Charge Card Terminal**

Equipment is right/left-handed/convertible? **Ambidextrous, Portable & Convertible**

PERSONNEL

| Position | Days/Hrs | Date hired | Rate of Pay | Eligible for benefits |
|----------|----------|------------|-------------|-----------------------|
|----------|----------|------------|-------------|-----------------------|

AVAILABLE UPON REQUEST

Do family members work in the office? **Yes** If yes, how much are they paid? **\$1600.00/month**

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:

2021 \$ 600,237 2020 \$ 517,017 2019 \$ 782,514

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

Type of Computers: **Windows** 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.