



## WESTERN PRACTICE SALES

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John M. Cahill Associates

**#HG-1390**

### **Sierra Foothills, California**

The demographics of the patient base in this beloved practice appreciate this patient-centered, family-oriented practice in a highly desirable neighborhood in this 4-seasons Resort Community.

The Doctor averages 8 - 16 patients w/ 8 Hygiene patients per day offering 5½ days of Hygiene/per week and welcomes approximately 8 - 10 new patients per month.

The office is conveniently located in an attractive, well-maintained, 2-story, free-standing building on a commercial lot in a busy corridor. The office occupies approximately 1,792 square feet and consists of 5 fully equipped OPs, Reception area, Business office, Sterilization, Darkroom, Lab, Storage, and 2 Restrooms.

***Full Price: \$125,000***

***Real Estate Also Available***

*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**

#HG-1390

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$125,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8 – 5	8 – 5	8 – 5	8 – 5		
Doctor's Hours		8 – 5	8 – 5	8 – 5	8 – 5		
Hygienist Hours		8 – 5	8 – 5	8 – 5	8 – 5		
Type of Practice:	<b>General</b>		Reason for Selling: <b>Retirement</b>				
Years established:	~ 40+ yrs			Days worked in 2020: ~ 155+ days			
<b>*Office closed due to Covid from March 16 – June 11, 2020</b>			Days worked in 2021: ~ 180+ days				

## OFFICE SPACE &amp; LEASE INFORMATION

Is the building/suite owned?	<b>Yes</b>	Is building available for purchase?	<b>Yes</b>				
Is the space leased?	<b>N/A</b>	Is lease renewable?	<b>N/A</b>	Is lease assignable?	<b>N/A</b>		
Term of Lease:	<b>Seller owns building</b>			Expiration date:			
Rent per month	<b>Seller owns building</b>			Common area, maintenance fees /taxes included?			<b>N/A</b>
If not included, current amount paid?			Are utilities included? <b>N/A</b>				
Is the rent considered above, below or at fair market value?			<b>Seller owns building</b>				
Type of Building:	Condo	<b>Free-standing</b>	<b>X</b>	Professional	Retail Center		
Office Square footage:	~ 1,792 sf		Carpet/Laminate Flooring	<b>Yes</b>	Air conditioning? <b>Yes</b>		
Number of fully equipped OPs:	<b>5</b>		Plumbed for additional OPs?	<b>No</b>			
Reception area:	<b>Yes</b>	Dark room:	<b>Yes</b>	Doctor's office:	<b>No</b>	Lab:	<b>Yes</b>
Business office:	<b>Yes</b>	Restrooms:	<b>Yes, 2</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):		<b>Attractive, well-maintained, 2-story building on commercial lot in a highly desirable neighborhood</b>					

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	15	Diagnostic	24	Adjunctive	< 1	Dentures	5
General Operative	15	Endo	0	Ortho/TMJ		Perio	17
Oral Surgery	~ 1	Cosmetic		Crown/Bridge	23	Implant Surgery	9

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

**Refer Complex Oral Surgery, Endo, Perio, Pedo, Implant Placement**

Type of patients as a percentage of Collections:

Private Pay 63.12 Insurance/PPO 36.88 Denti-Cal 0 Capitation (HMO) 0 Other \_\_\_\_\_

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

**\*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: **Accept most Insurance Plans but no Medi-Cal**

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: **~ 8 - 10**

Average number of patients per day? Per-Doctor: **~ 8 - 16** Per-Hygienist: **8**

Hygiene days per week: **~ 5½ days**

Average age of patients: **Mature Family Range: ~ 50 - 75 yrs**

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

Type of recall system used? **Eaglesoft computerized tracking, Pre-scheduling**

Number of recalls per month? **Hygiene treat ~ 150-170 patients/month**

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

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

What types of Practice Promotions? **Internal Marketing: word-of-mouth referrals, Phone Book Ad, Location**

## 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: **Laminate Flooring (3 yrs old), commercial-grade Carpeting, New Window Coverings, All Equipment are regularly upgraded, updated, maintained and in good functioning condition**

Average age of Equipment: ~ **1 – 15 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? **Yes** If yes, how much are they paid? **\$3,000.00/month**

Has staff left the practice recently? **Yes, moved out of state**

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

## PRACTICE FINANCIAL PROFILE

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

2021 \$ 573,040 P&L 12m 2020 \$ 515,861 2019 \$ 661,585

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

Type of Computers: **Dell** Dental Software: **Eaglesoft**

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.**