



## WESTERN PRACTICE SALES

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John M. Cahill Associates

**#JN-1375**

**Fresno, California**

Established with streamlined office policies in place for marketing and patient flow, you won't miss a beat as you step into this office and carry on the tradition of delivering quality dental care to an appreciative, stable patient base. Seller is retiring and is passing on this gem to you!

The Doctor averages 10 – 15+ patients per day offering and welcomes approximately 10 - 15 new patients per month based on location and word-of-mouth referrals.

The office is conveniently located in an attractive, well-maintained, single-story Professional building complex with ample parking on desirable professional corridor.

The office occupies approximately 1,200 square feet and consists of 5 fully equipped OPs, Reception area, Sterilization, Lab, Storage, and Restroom.

***Full Price: \$275,000***

*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**

#JN-1375

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$275,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		10 – 6	10 – 6	10 – 6	10 - 6		
Doctor's Hours		8	8	8	8		
Type of Practice:	<b>General</b>			Reason for Selling: <b>Retirement</b>			
Years established:	~ 15+ yrs			Days worked in 2020: ~ 55+ days			
<b>*Office closed due to Covid from March 16, 2020 – September 1, 2020</b>				Days worked in 2021: ~ 165+ days			
<b>Office operated on limited schedule after reopening in 2020</b>							

## OFFICE SPACE &amp; LEASE INFORMATION

Is the building/suite owned?	<b>Yes</b>	Is building available for purchase?	<b>No</b>				
Is the space leased?	<b>Yes</b>	Is lease renewable?	<b>Yes</b>	Is lease assignable?	<b>Yes</b>		
Term of Lease:	<b>10-year Lease</b>			Expiration date:			
Do you share space with another dentist?	<b>N/A</b>						
Rent per month	<b>\$1,980.00/month</b>		Common area, maintenance fees /taxes included?			<b>Yes</b>	
If not included, current amount paid?			Are utilities included? <b>No, only Water</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>1,400 sq ft</b>	Carpet?	<b>No</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>No</b>	Doctor's office:	<b>No</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>Yes</b>
						3D Imager:	<b>No</b>
Description of office building, Location and attributes of practice (a brief description):		<b>Attractive, well-maintained Professional building on desirable medical corridor</b>					

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	<b>24</b>	Diagnostic	<b>19</b>	Adjunctive	<b>3</b>	Dentures	<b>0</b>
General Operative	<b>36</b>	Endo	<b>2</b>	Ortho/TMJ	<b>0</b>	Perio	<b>6</b>
Oral Surgery	<b>~ 4</b>	Cosmetic	<b>0.5</b>	Crown/Bridge	<b>~ 4</b>	Implant Surgery	<b>0.3</b>

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

**Refer Complex Oral Surgery: 3<sup>rd</sup> molars, Endo: molar, Difficult Perio & Difficult Pedo**

Type of patients as a percentage of Collections:

**Private Pay**   30   **Insurance/PPO**   15   **Denti-Cal**   55   **Capitation (HMO)**   0   **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"? **Yes**

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

**All PPO Plans, No HMO**

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: **~ 10 - 15**

Average number of patients per day? Per-Doctor: **~ 15 – 20** Per-Hygienist: **~ N/A**

Hygiene days per week: **N/A**

Average age of patients: **Family Range**

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

Type of recall system used? **Phone Call Reminders**

Types of Advertising: Print Ad: Facebook: Yelp: Other: **word-of-mouth**

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

What types of Practice Promotions? **New Patient Promotions**

## 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: **2009: pre-owned Chairs, All equipment is regularly updated, upgraded, maintained and in good functioning condition**

Average age of Equipment: ~ Any equipment leases? **No**

Equipment is right/left-handed/convertible? **Right (4) Convertible (1)**

## 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? **\$2500.00/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 \$449,444 P&L 12m 2020 \$ 273,350 2019 \$ 647,750

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

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

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.