



## WESTERN PRACTICE SALES

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John M. Cahill Associates

#EG-1430

Citrus Heights, California

This stellar, family-oriented, patient-centered practice prides itself on working with a team of the best Specialists to address and meet patient's needs and correct their dental problems for long-term optimal overall health. Patients refer their friends and family because they appreciate being valued and cared for in a compassionate environment.

Doctor averages 10-12 patients per day and welcomes 8-10 new patients/per month from internal word-of-mouth referrals.

Office is conveniently located in a highly visible, easily accessible, attractive, well-maintained 2-story Dental Professional complex in desirable busy, popular, established Retail corridor.

The office occupies approximately 1,304 square feet and consists of 4 fully equipped OPs, Reception area, Doctor's office, Business office, Sterilization, Lab, Storage and Restroom.

**Asking Price: \$175,000**

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

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● **Honesty** ● **Integrity** ● **Professionalism** ● **Experience**

**We look forward to serving you**

#EG-1430	WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES	\$175,000
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**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		
Type of Practice:	<b>General</b>			Reason for Selling:		<b>Personal</b>	
Years established:	~ 50+ yrs, <i>*current Owner 11 yrs.</i>			Days worked in 2020:		~ 180 days	
<b>*Office closed due to Covid for entire month of April, 2020</b>				Days worked in 2021:		~ 160 days	

**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>10 yrs</b>	Expiration date:	<b>June 2027</b>				
Do you share space with another dentist?	<b>No</b>						
Rent per month	<b>\$2,803.60/month</b>	Common area, maintenance fees /taxes included?	<b>No</b>				
If not included, current amount paid?	<b>\$168.44/month</b>	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>~1,304 sq ft.</b>	Carpet?	<b>No</b>	Air conditioning?	<b>Yes</b>		
Number of fully equipped OPs:	<b>4</b>	Plumbed for additional OPs?	<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>Yes</b>	Restrooms:	<b>Yes, 1</b>	Sterilization:	<b>Yes</b>	Storage:	<b>Yes</b>
Digital X-ray:	<b>No</b>	Laser:	<b>No</b>	Intra-oral Camera:	<b>No</b>		
Cerec/Version:	<b>No</b>	3D Imager/Year:	<b>No</b>				

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	17	Diagnostic	14	Adjunctive	3	Dentures	5
General Operative	12	Endo	0	Ortho/TMJ	0	Perio	3
Oral Surgery	< 1	Cosmetic	0	Crown/Bridge	44	Implant Surgery	0

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

**Refer Complex Endo, Ortho, Oral Surgery, Perio, Difficult Pedo Behavioral Management**

Type of patients as a percentage of Collections:

Private Pay 10 Insurance/PPO 90 Denti-Cal 0 Capitation (HMO) 0 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 PPO 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, Met Life, United Concordia, Cigna, Prudential, and most PPO Plans**

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: **~10 - 12** Per-Hygienist: **N/A**

Hygiene days per week **N/A**

Average age of patients: **Family Range ~ 20 - 80 yrs old**

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

Type of recall system used? **Pre-scheduling, Computer generated Texts, Postcard Reminders**

Number of recalls per month? **~ 60+**

Types of Advertising: Print Ad: **Mailers** Facebook: **No** Website **Yes** PPO Lists

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

What types of Practice Promotions? **In-office Promo: No charge Consults, Internal word-of-mouth Referrals**

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

Average age of Equipment: **~ 5 – 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? **No**                      If yes, how much are they paid? **N/A**

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   \$ 319,479        2020   \$ 367,534        2019   \$ 407,377  

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

Type of Computers: **Patterson PC**                      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.**