



WESTERN PRACTICE SALES

John M. Cahill Associates

#GG-454 Paradise, California

Live and Practice in the Scenic Mountainous Paradise Community!

Located in an upscale professional plaza with lush landscaping, a gorgeous forest backdrop, and excellent, highly visible signage. Seller is retiring and passing along nearly 4 decades of goodwill. All this practice needs is your talent and skill!

This newly upgraded office has a spacious, inviting reception area, Dark Room, Private Doctor's office, Lab, Business Office, Sterilization, Storage, and Restrooms.

The office occupies approximately 2,550 square feet and offers 9 fully equipped Ops with unique wood accents throughout that make your patients feel right at home.

Call us for Details! This won't last long!

***Full Price: \$525,000
Condo Unit Also Available***

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

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► **Honesty** ► **Integrity** ► **Professionalism** ► **Experience**

We look forward to serving you

#GG-454

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$525,000

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*	
Hygienist Hours			8 – 5*	8 – 5	8 – 5*	8 – 5*	

*Alternating Weeks at a Different Practice Location. Practice is Part-Time. Average 2.5 days/wk

Type of Practice: **General** Reason for Selling: **Retirement**Years established: **~ 40 yrs** Days worked past 12 months: **~ 112 days**

OFFICE SPACE & LEASE INFORMATION

Is the building/suite owned? **Yes** Is building available for purchase? **To be Determined**Is the space leased? **Yes** Is lease renewable? **Yes** Is lease assignable? **Yes**Term of Lease: **5 years** Expiration date: **2020**Do you share space with another dentist? **No**If yes, percentage of Associate's Production: **N/A**Will Associate stay on with practice? **N/A**Rent per month **\$3,120.00/month** Common area, maintenance fees /taxes included? **No**If not included, current amount? **~ \$400/mo (approximate)** Are utilities included? **No**Is the rent considered above, below or at fair market value? **Fair Market Value**Type of Building: **Condo X** Free-standing **Professional X** Retail CenterOffice Square footage: **~ 2,550 sq. ft.** Carpet? **Yes** Air conditioning? **Yes**Number of fully equipped ops: **9** 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**Laser: **No** Digital X-ray: **Yes** Intra-oral Camera: **Yes** Cerec: **Yes**

Description of office building, Location and attributes of practice (a brief description): **Located in an iconic building with amazing views and multiple professional anchor tenants. Excellent condition and curb appeal.**

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

General Operative	17	Dentures	7	Implants	8		
Oral Surgery	9	Endo	12	Ortho/TMJ	6		
Cosmetic	5	Pedo	3	Crown/Bridge	26	Perio	7

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

Very Little is referred out

Type of patients as a percentage of Collections:

Private Pay 55 Insurance/PPO 45 Denti-Cal _____ Capitation (HMO) _____ Other _____

Are you a **Delta Provider**? Yes If Yes: _____ **Delta PPO** X **Delta Premier**

***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:

Aetna, Cigna, Metropolitan, Prudential

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: **~ 18 – 25**

Average number of patients per day? **~ 20** Per-Doctor: **10** Per-Hygienist: **9**

Hygiene days per week: **4** Percentage of Production by Hygiene: **~ 28**

Average age of patients: **40-45 years**

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

Type of recall system used? **Dentrix**

Number of recalls per month? **~ 125**

What types of Practice Promotions? **Website, phone book, facebook, google, yahoo**

Phone Book Advertising? * **Yes** * *Phone book 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: **Bathroom Remodel, 2011, New Carpet and Paint 2012, New Granite Countertops throughout 2015**

Average age of Equipment: ~ **15-20 yrs**

Any equipment leases? **No** Equipment is right/left-handed/convertible? **Right**

PERSONNEL INFORMATION AVAILABLE UPON REQUEST

Do family members work in the office? **No** If yes, how much are they paid?

Has staff left the practice recently? **Yes**

Is there a practice management consultant? **Yes**

PRACTICE FINANCIAL PROFILE

Last 3 years' Gross Collections for Fiscal Year July 1 – June 30

Ending 2015 _____ 2014 \$ 918,960.55

Number of statements sent each month? ~ **35-50** Is pegboard or computer? **Computer**

What type of computer? **HP** What software? **Dentrix**

Is software transferable? **Yes, Transfer Fee 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.