



WESTERN PRACTICE SALES

John M. Cahill Associates

#GC-472 Orland, California

Known for a special sense of community and small town living, here's your opportunity to live and practice in a well-managed, charming community that has developed into a vibrant regional center for business, recreation and cultural activities as well as a recreational paradise! A great place to live, raise a family, and enjoy everything a small town can offer.

The Doctor averages 4-10 patients per day and generates approximately 9 new patients per month.

Located in the northern Sacramento Valley, in Glenn County, the well-established office is conveniently located in an attractive, well-maintained, Retail Shopping Center w/ mixed tenants, ample parking on major thoroughfare in the heart of town. The office occupies approximately 1,000 square feet and consists of 2 Fully Equipped Ops, Reception Area, Business Office, Sterilization, Dark Room, Lab, Storage and a Restroom.

Full Price: \$160,000

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

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

We look forward to serving you

#GC-472

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$160,000

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 – 1	12 – 5	8 – 1			
Hygienist Hours	n/a						
Type of Practice:	General		Reason for Selling:		Retiring		
Years established:	33 years		Days worked past 12 months:		140		

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 year/option			Expiration date:	October 2017		
Do you share space with another dentist?	No						
Rent per month	\$1,035/month		Common area, maintenance fees /taxes included?	Yes			
If not included, current amount?	Are utilities included?		Yes, Sewer & Water				
Is the rent considered above, below or at fair market value?	Below Market Value						
Type of Building:	Condo	Free-standing	Professional	Retail Center	X		
Office Square footage:	1,000 sq. ft.		Carpet?	Yes	Air conditioning?	Yes	
Number of fully equipped ops:	2		Plumbed for additional ops?	No			
Reception area:	Yes	Dark room:	Yes	Doctor's office:	No	Lab:	Yes
Business office:	Yes	Restroom:	Yes, 1	Sterilization:	Yes	Storage:	Yes
Laser:	Yes	Digital X-ray:	Yes	Intra-oral Camera:	Yes	Cerec:	No
Description of office building, Location and attributes of practice (a brief description):	Strip Mall, 40 years old, Mixed tenants. Main Hwy, High Visibility, Large Signage, Walk-ins						

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	10%	Diagnostic	5%	Adjunctive	Dentures	5%
General Operative	15%	Endo	105	Ortho/TMJ	Perio	10%
Oral Surgery	20%	Cosmetic	5%	Crown/Bridge	20%	

What services/procedures are referred out? **Ortho & Pedo**

Type of patients as a percentage of Collections:

Private Pay 30% **Insurance/PPO** 70% Denti-Cal _____ Capitation (HMO) _____ Other _____

Are you a Delta Provider? Yes, 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"? **No**

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

Cigna, Humana, Blue Shield, 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: **9**

Average number of patients per day? **4-10** Per-Doctor: **4-10** Per-Hygienist: **n/a**

Hygiene days per week: **n/a** Percentage of Production by Hygiene: **n/a**

Average age of patients: **40**

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

Type of recall system used? **Tickler File**

Number of recalls per month? **40**

What types of Practice Promotions? **Yellow Pages, Website**

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: **Remodeled 20 years ago, new compressor**

Average age of Equipment: **30 years, well maintained**

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

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
Office Manager	32 hours/week	2011	\$16.00/hour	Yes
Nurse	15 hours/week	2000	\$16.00/hour	Yes

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:

2014 **\$308,566** 2013 **\$280,003** 2012 **\$266,349**

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

Number of statements sent each month? **10** Is pegboard or computer? **Computer**

What type of computer? **Windows** What software? **Peachtree, Mogo, Fastattach, Sidekick**

Is software transferable? **Yes**

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.