WESTERN PRACTICE SALES

John M. Cahill Associates

#FN-536 *Pediatric*
Lake County, California

This ***Pediatric*** practice is nestled in beautiful Lake County and situated on California's largest natural lake – Clearlake. It is encircled by the majestic Coastal Range, creating a unique climate which allows for year-round recreational activities. So, if adventure is what you seek…simply drive a few minutes in any direction and you are there! Whether you enjoy water-skiing, fishing, boating, hiking, golfing, off-roading, biking, camping, or just having a quiet afternoon tasting some of California's finest wines, this area has it all. ***If any of these appeal to you, this practice has your name written all over it!***

With focus on the education of children and parents with proper oral hygiene care, this practice's main goal is to help prevent dental problems ***before*** they begin. The Doctor and staff take pride in providing a positive dental experience for patient and parent! This practice has been established for 12 years and comes with a lot of Goodwill from its loyal patient base! The Doctor averages 20–25+ patients/per day and generates approximately 45+ new patients/per month.

The office is conveniently located in a highly visible, single-story, free-standing Professional building complex with ample parking. The office occupies approximately ~1,750 square feet with 3 fully equipped Ops. It also includes a Reception area, Business office, Doctor's office, Sterilization, Laboratory, Storage and Restroom.

~~Full Price: $325,000~~

Now Only: $225,000!

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

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

We look forward to serving you

# FN-536	WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES	$225,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		**9 - 3**	**9 - 3**	**9 - 5**	**9 -5**	**9 - 3**	
Doctor's Hours				**9 - 5**	**9 - 5**		

Type of Practice: **Pediatric** Reason for Selling: **Personal, downsizing**

Years established: **~12 yrs** Days worked past 12 months: **~ 85+ days**

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: **Currently Month –to-Month** Expiration date:

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 **$ 1,200.00/month** Common area, maintenance fees /taxes included? **Yes**

If not included, current amount? Are utilities included? **No**

Is the rent considered above, below or at fair market value? **Below Market**

Type of Building: Condo **Free-standing** **X** **Professional** **X** Retail Center

Office Square footage: **~ 1,750 sq. ft.** Carpet? **Yes** Air conditioning? **Yes**

Number of fully equipped ops: **3** Plumbed for additional ops? **No**

Reception area:	**Yes**	Dark room:	**No**	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:	**NO**

Description of office building, Location and attributes of practice (a brief description): **Attractive, well-maintained, single-story, free-standing, duplex Professional building with great visibility, handicap access, ample parking and easy to find as it situated on a major thoroughfare.**

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	**23**	Diagnostic	**15**	Adjunctive	**0**	Dentures	**0**
General Operative	**30**	Endo	**1**	Ortho/TMJ	**10**	Perio	**0**
Oral Surgery	**0.5**	Cosmetic	**0.5**	Crown/Bridge	**20**		

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

General Dentistry procedures

Type of patients as a percentage of Collections:

Private Pay **_25_** Insurance/PPO **_60_** Denti-Cal **__15___** Capitation (HMO) ____Other _____

Are you a **Delta Provider**? **Yes** If Yes: **__X__** **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:

Delta, MetLife, Denti-Cal, Adventist Health, Anthem, Principal (See Financial Package for complete list)

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: **~ 45+**

Average number of patients per day? Per-Doctor: **~ 25+** Per-Hygienist: **N/A**

Hygiene days per week: **N/A** Percentage of Production by Hygiene: **N/A**

Average age of patients: **~ 8 yrs**

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

Type of recall system used? **Personal Phone Call Reminders, Computerized Postcards**

Number of recalls per month? **~ 50 – 55+**

What types of Practice Promotions? **Local Sports Sponsorships**

Phone Book Advertising? * **No** **** 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: Practice remodeled 2 yrs ago: installed new flooring, added consult room and putin can lighting throughout. New heating and Air unit.

Average age of Equipment: **Chairs ~ 20 yrs, Computers ~ 3 yrs, , Digital X-ray~ 2yrs, and and Sterilizer ~5 yrs**

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

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
Back Office	**4days/28hrs**	**Aug 206**	**$24.00/hr**	**No**
Front Office		**Mar 2012**	**$20.00/hr**	**Yes**
RDA	**8days/60hrs**	**May 2009**	**$26.00/hr**	**No**
Dental Assistant	**8days/56hrs**	**June 2012**	**$15.00/hr**	**No**
Dental Assistant	**8days/56hrs**	**Sept 2015**	**$15.00/hr**	**No**

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:

2015 P&L **$ 587,641** 2014 **$ 490,919** 2013 **$ 493,428**

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

Number of statements sent each month? **~40** Is pegboard or computer? **Computer**

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

Is software transferable? **Yes, Transfer Fee, if any, 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.