



WESTERN PRACTICE SALES

John M. Cahill Associates

#AG-645

San Francisco, California

Tucked on the 2nd floor of 2-story building in a busy Retail/commercial neighborhood is a “lean and mean” practice with extremely low overhead, high efficiency, old-fashioned staples and a stable patient base. This practice is the perfect merger opportunity for the astute dentist with an office nearby or someone with a vision of expanding their empire! Buy into the location/neighborhood and use your talents and skills to remodel and expand.

The Doctor averages 6-8 patients per day and generates approximately 3-5 new patients per month.

This compact office occupies approximately 900 square feet and consists of 3 Ops, Reception area and Restroom.

Full Price: \$99,000

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

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

We look forward to serving you

AG-645

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$99,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours			7 – 2	7 – 3:30	7 – 3:30	7 – 3:30	7 – 3:30
Doctor's Hours							

Type of Practice: **General** Reason for Selling: **Retirement**Years established: **~ 1974** Days worked past 12 months: **~ 200 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? **No**Term of Lease: **5 yr** Expiration date: **March 2019**Do you share space with another dentist? **Yes, separate practice**Rent per month* **\$700.00/month* with Total Rent of \$1,400.00 *shared between 2 dentists**Common area, maintenance fees/taxes included? **Yes**Are utilities included? **No**Is the rent considered above, below or at fair market value? **Below Fair Market Rent**Type of Building: **Condo X** Free-standing Professional Retail CenterOffice Square footage: **~ 900 sq. ft.** Carpet? **Yes** Air conditioning?Number of fully equipped ops: **3** Plumbed for additional ops? **No**Reception area: **Yes** Dark room: **No** Doctor's office: **No** Lab: **Yes**Business office: **No** Restroom: **Yes** Sterilization: **No** Storage: **No**Laser: **No** Digital X-ray: **No** Intra-oral Camera: **No** Cerec: **NO**Description of office building, Location and attributes of practice (a brief description): **Compact office on 2nd floor of 2-story, mixed-tenant building in busy Retail commercial neighborhood**

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	20	Diagnostic	Adjunctive	Dentures	10
General Operative	20	Endo	10	Ortho/TMJ	10
Oral Surgery	10	Cosmetic	Crown/Bridge	20	Implant

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

Complex Oral Surgery, All Ortho

Type of patients as a percentage of Collections:

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

Are you a **Delta Provider**? If Yes, Delta PPO Y **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: **Delta Premier**

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: **~ 2 – 5**

Average number of patients per day? Per-Doctor: **8** Per-Hygienist: **N/A**

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

Average age of patients: **Mature Family Range**

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

Type of recall system used?

Number of recalls per month? **~ 60 - 80**

What types of Practice Promotions? **None**

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:

Average age of Equipment: ~ 10 – 20 yrs

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

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
Front Desk	36 hrs/wk	2000	\$20.00/hr	Yes
Dental Assistant	32 hrs/wk	1989	\$22.00/hr	Yes

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

Has staff left the practice recently? **No**

Is there a practice management consultant? **No**

PRACTICE FINANCIAL PROFILE

Last 3 years' Gross Collections from Profit & Loss Statement :

2015 \$ 276,152 2014 \$ 280,034 2013 \$ 297,302

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

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

What type of computer? **Desk Top** What software? **Dentrix**

Is software transferable? **NO**

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.