



## WESTERN PRACTICE SALES

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John M. Cahill Associates

**#AG-669**

### San Francisco, California

The LOCATION of this office is the envy of all! *Where in the heart of San Francisco would you find a practice with ALL 5-star Yelp reviews, a front door that opens up to ocean views, with plants outside each window?* In addition, picturesque and spectacular views of the Bay Bridge can be seen from all corners of this courtyard office, which includes an upper outdoor patio and balcony. Within walking distance are major city landmarks, cultural attractions and amenities too many to list! *With a renewed lease below Fair Market Rent, the low overhead and stunning views of this remarkable office make this an unrivaled opportunity!*

The Doctor averages 2 patients per day on a relaxed schedule and generates approximately 7-10 new patients per month. Imagine your growth potential and increased production when you maximize the office hours!

Specifically designed for maximum flexibility, ease of movement and repair of equipment, this office also has a floor plan with office efficiency and patient flow in mind. *With free street parking for patients and unlimited parking options*, this office occupies approximately 600 square feet and consists of 2 fully equipped Ops, Reception area, Doctor's office, Business office, Sterilization, Lab, Storage and Restroom.

***Full Price: \$88,000***

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

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**800.641.4179**

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

**We look forward to serving you**

# AG-669

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$88,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours	12 - 5		12 - 5	12 - 5		12 - 5	12 - 5
Doctor's Hours	12 - 5		12 - 5	12 - 5		12 - 5	12 - 5

Type of Practice: **General** Reason for Selling: **Retirement**Years established: **Since 2009** Days worked past 12 months: **~ 250 days**

## OFFICE SPACE &amp; LEASE INFORMATION

Is the building/suite owned? **No** Is building available for purchase? **N/A**Is the space leased? **Yes** Is lease renewable? Is lease assignable? **Yes**Term of Lease: **3 yrs** Expiration date: **January 2020**Do you share space with another dentist? **No**Rent per month **\$1,820.00/month** Common area, maintenance fees /taxes included? **No**If not, current amount paid by Tenant? **\$140** Are utilities included? **Yes**Is the rent considered above, below or at fair market value? **Below Market Value**Type of Building: **Condo X** Free-standing **Professional X** Retail CenterOffice Square footage: **600 sq. ft.** Carpet? **Yes** Air conditioning? **No**Number of fully equipped ops: **2** Plumbed for additional ops?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: **No** Intra-oral Camera: **Yes** Cerec: **NO**

Description of office building, Location and attributes of practice (a brief description):

**Excellent location adjacent to major cultural attraction and amenities too many to list, with spectacular city views and the Bay Bridge and offers free street parking in front for patients**

**PATIENT DEMOGRAPHICS**

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	<b>20</b>	Diagnostic		Adjunctive		Dentures	<b>0</b>
General Operative	<b>20</b>	Endo	<b>5</b>	Ortho/TMJ	<b>&lt; 1</b>	Perio	<b>20</b>
Oral Surgery	<b>5</b>	Cosmetic		Crown/Bridge	<b>30</b>	Implant	

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

**Complex procedures of all the above specialties**

Type of patients as a percentage of Collections:

Private Pay **10** Insurance/PPO **90** Denti-Cal \_\_\_\_\_ Capitation (HMO) \_\_\_\_\_ Other \_\_\_\_\_

Are you a **Delta Provider**? If Yes, **Y** **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, Cigna PPO, Guardian**

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: **~ 7 – 10**

Average number of patients per day? Per-Doctor: **2** Per-Hygienist: **N/A**

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

Average age of patients: **Family Range: ~ 20 – 40 yrs**

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

Type of recall system used? **Dentrix tracked and generated**

Number of recalls per month? **~ 20 - 30**

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: **Attractive Room Partitions**

Average age of Equipment: ~ 7 yrs

Any equipment leases? **Yes**                      Equipment is right/left-handed/convertible? **R/Convert**

## PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
<b>DDS</b>	<b>5 days/wk</b>			
<b>Off Manager/Chairside</b>	<b>5 days/wk</b>			

Do family members work in the office? **Yes**                      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:

2016     \$ 91,095        2015     \$ 90,140        2014     \$ 87,436    

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

Number of statements sent each month? **0**                      Is pegboard or computer? **Computer**

What type of computer? **PC Windows**                      What software? **Dentrix**

Is software transferable? **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.**