



WESTERN PRACTICE SALES

John M. Cahill Associates

#EN-654

Citrus Heights, California

This well-established, quality practice comes loaded with 30+ years of goodwill. It is well-known and highly respected for providing personalized treatment in a warm, comfortable “cottage-like” environment. This is the perfect opportunity and the only thing missing here is you! Simply, step right in and make it your own by carrying on the rich tradition of extending the best dental care to a stable and happy patient base. So...what are you waiting for?

The Doctor averages 5 - 8 patients per day and generates approximately 10-12 new patients per month.

The office is conveniently located in an attractive, well-maintained, Tudor-style, 2-story building, just off major thoroughfare, with excellent curb appeal, visibility and easy freeway accessibility. Occupying approximately 1,300 square feet, this well-designed office with patient flow and office efficiency in mind, consists of 3 fully equipped ops with plumbing for 2 additional Ops, Reception area, Doctor's office, Business office, Sterilization, Dark room, Lab, Storage and Restroom.

Full Price: \$150,000

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

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

We look forward to serving you

EN-654

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$ 150,000

PRACTICE INFORMATION SHEET

OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours			9 – 5	8 – 5	8 – 5	8-5	
Doctor's Hours				8-4:30	8-4:30	9-5	

Type of Practice: **General** Reason for Selling: **Personal**Years established: **~ 45+ yrs.** Days worked past 12 months: **~ 110 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: **5-yr renewal options** Expiration date: **April 2016**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 **\$1,969.10/month** Common area, maintenance fees /taxes included? **No**If not included, current amount? Are utilities included? **Yes, electricity, HVAC, water**Is the rent considered above, below or at fair market value? **Fair / Below Market Value**Type of Building: Condo Free-standing **Professional X** Retail CenterOffice Square footage: **~ 1,300 sq. ft.** Carpet? **Yes** Air conditioning? **Yes**Number of fully equipped ops: **3** Plumbed for additional ops? **Yes, 2**Reception area: **Yes** Dark room: **Yes** Doctor's office: **Yes** Lab: **Yes**Business office: **Yes** Restrooms: **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): **Attractive, well-maintained, highly visible 2-story building w excellent street signage & curb appeal on major thoroughfare, with easy freeway accessibility in a Residential/Professional neighborhood**

PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	10	Diagnostic	30	Adjunctive	0	Dentures	2
General Operative	15	Endo	10	Ortho/TMJ	0	Perio	10
Oral Surgery	5	Cosmetic	3 - 5	Crown/Bridge	5 - 10		

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

None, Most procedures are kept in-house

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 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 Premier and PPO. Most other PPO Plans, including: Anthem, Guardian, Tricare, Aetna and Cigna. Also, Dental Benefits HMO.

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: **~ 10 -12**

Average number of patients per day? Per-Doctor: **5 - 8** Per-Hygienist: **N/A**

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

Average age of patients: **~ 50+ yrs**

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

Type of recall system used? **Computerized Postcards**

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

What types of Practice Promotions? **Facebook, Google, Local Ad & Postcards**

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: **Mature**

Average age of Equipment: **~ 30+ yrs**

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	4 days/wk	Nov 2016	\$2,500.00/month	No
Dental Assistant	3 days/wk	Oct 2016	\$1,000.00/month	No

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 based on Tax Returns of Previous Owner:

2015 **\$183,718** 2014 **\$ 203,713** 2013 **\$187,379**

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

Number of statements sent each month? **4 – 5** Is pegboard or computer? **Computer**

What type of computer? **Dell** What software? **EagleSoft**

Is software transferable? **Yes, 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.