



## WESTERN PRACTICE SALES

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**John M. Cahill Associates**

**#FC-677**

### **Fort Bragg, California**

Surrounded by the spectacular natural beauty of northern California's Redwood Forests and the Pacific Ocean, Fort Bragg offers a unique blend of natural resources, recreation, and scenery. Seller is retiring from this well-established, quality, esteemed, fee-for-service, practice after 20 years. With seasoned Staff and a long term Associate, who is willing to stay with the practice, you cannot pass this opportunity that thrives with quality!

The Doctor averages 13 patients w/ 8 Hygiene patients per day and generates approximately 17 new patients per month.

With a desirable location on the main thoroughfare of town, this beautifully appointed, spacious office, located in a single-story, single-tenant dental professional building, is highly visible and easily accessible.

The office occupies approximately 2,375 square feet and consists of 4 fully equipped ops plus an additional plumbed, Reception Area, Doctor's Office, Business Office, Sterilization, Lab, Storage, and 3 Restrooms.

***Full Price: \$500,000***

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

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John M. Cahill, MBA  
Edmond P. Cahill, JD

**800.641.4179**

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

**We look forward to serving you**

#FC-677

WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES

\$500,000

## PRACTICE INFORMATION SHEET

## OFFICE OPERATION INFORMATION

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8:30 – 5:30	8:30 – 5:30	8:30 – 5:30	8:30 – 5:30	8:30 – 1	
Doctor's Hours		8:30 – 5:30	8:30 – 5:30	8:30 – 5:30	8:30 – 5:30	8:30 – 1	
Associate's Hours			8:30 – 5:30		8:30 – 5:30		
Hygienist Hours		8:30 – 5:30 x2		8:30 – 5:30 x2		8:30 – 1 x2	
Type of Practice:	<b>General Dentistry</b>		Reason for Selling:		<b>Retiring</b>		
Years established:	<b>20 years</b>		Days worked past 12 months:		<b>170</b>		

## OFFICE SPACE &amp; LEASE INFORMATION

Is the building/suite owned?	<b>Yes</b>	Is building available for purchase?	<b>Possibly Yes</b>				
Is the space leased?		Is lease renewable?	Is lease assignable?				
Term of Lease:	<b><i>Owner Occupied, terms to be negotiated at time of sale.</i></b>						
Do you share space with another dentist?	<b>Yes, Associate and will stay with Practice after the sale.</b>						
Rent per month	<b>\$4,500/month</b>	Common area, maintenance fees /taxes included?	<b>Yes</b>				
If not included, current amount paid?		Are utilities included?	<b>No</b>				
Is the rent considered above, below or at fair market value?	<b>At Fair Market Value</b>						
Type of Building:	Condo	<b>Free-standing</b>	<b>X</b>	Professional	Retail Center		
Office Square footage:	<b>2,375 sq. ft.</b>	Carpet?	<b>Yes</b>	Air conditioning?	<b>No</b>		
Number of fully equipped ops:	<b>4</b>	Plumbed for additional ops?	<b>Yes, 1 additional</b>				
Reception area:	<b>Yes</b>	Dark room:	<b>No</b>	Doctor's office:	<b>Yes</b>	Lab:	<b>Yes</b>
Business office:	<b>Yes</b>	Restrooms:	<b>Yes, 3</b>	Sterilization:	<b>Yes</b>	Storage:	<b>Yes</b>
Laser:	<b>Yes, Diagnostic Only</b>	Digital X-ray:	<b>No</b>	Intra-oral Camera:	<b>Yes</b>	Cerec:	<b>Yes</b>
Description of office building, Location and attributes of practice (a brief description):	<b>Single-Tenant in Free Standing, 48 year old Building. Near hospital, adequate parking, excellent reputation.</b>						

## PATIENT DEMOGRAPHICS

Breakdown of Service/Procedures as a percentage of Collections:

Preventative/Hygiene	<b>15%</b>	Diagnostic	<b>11%</b>	Adjunctive	<b>1%</b>	Dentures	<b>8%</b>
General Operative	<b>12%</b>	Endo	<b>7%</b>	Ortho/TMJ		Perio	<b>2%</b>
Oral Surgery	<b>6%</b>	Cosmetic		Crown/Bridge	<b>40%</b>	Implant	

What services/procedures are referred out? **Difficult Pedo, General Anesthesia, Ortho, Complex Perio**

Type of patients as a percentage of Collections:

**Private Pay** 45% **Insurance/PPO** 55% Denti-Cal \_\_\_\_\_ Capitation (HMO) \_\_\_\_\_ Other \_\_\_\_\_

Are you a Delta Provider? **Yes, Delta PPO & 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: **Available upon request.**

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: **17**

Average number of patients per day? Per-Doctor: **13** Per-Hygienist: **8**

Hygiene days per week: **5** Percentage of Production by Hygiene: **14%**

Average age of patients: **50-60**

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

Type of recall system used? **Dentrix, Phone Call** Efficiency: **Good**

Number of recalls per month? **134**

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: **New roof 2 years ago, Propane Generator w/ automatic transfer switch, new Halogen Lighting throughout Office (2016).**

Average age of Equipment: **16 years old**

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

## PERSONNEL

Position	Days/Hours	Date hired	Rate of Pay	Eligible for benefits
<b>Hygienist</b>	<b>Monday &amp; Wednesday, 16 hours</b>	<b>03/2006</b>	<b>60% of Production</b>	<b>No</b>
<b>Hygienist</b>	<b>Friday, 8 hours</b>	<b>06/2015</b>	<b>60% of Production</b>	<b>No</b>
<b>Hygienist</b>	<b>Monday &amp; Wednesday, 12 hours</b>	<b>03/2012</b>	<b>60% of Production</b>	<b>No</b>
<b>Hygienist</b>	<b>Wednesday, 6 hours</b>	<b>10/2009</b>	<b>60% of Production</b>	<b>No</b>
<b>RDA</b>	<b>Monday – Thursday, 32 hours</b>	<b>10/2011</b>	<b>\$18.00/hour</b>	<b>Yes</b>
<b>RDA</b>	<b>Monday – Friday, 36 hours</b>	<b>01/2012</b>	<b>\$18.00/hour</b>	<b>Yes</b>
<b>RDA</b>	<b>Tuesday &amp; Thursday, 16 hours</b>	<b>02/2008</b>	<b>\$20.60/hour</b>	<b>Yes</b>
<b>Front Desk</b>	<b>Monday – Thursday, 32 hours</b>	<b>09/2011</b>	<b>\$18.00/hour</b>	<b>Yes</b>
<b>Front Desk</b>	<b>M, T, Th &amp; F, 30 hours</b>	<b>12/2003</b>	<b>\$19.00/hour</b>	<b>Yes</b>

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

Has staff left the practice recently? **Yes, Front Desk**

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

**PRACTICE FINANCIAL PROFILE**

**Last 3 years' Gross Collections from Tax Returns:**

2016 P&L **\$1,092,013** 2015 **\$1,032,022** 2014 **\$1,063,524**

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

Number of statements sent each month? **60**                      Is pegboard or computer? **Computer**

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

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.**