



WESTERN PRACTICE SALES

John M. Cahill Associates

#BC-033 Orthodontics Alameda County, California

Don't miss your opportunity to be a part of a well-respected *Orthodontic* practice in this East Bay community! Continue the esteemed philosophy of delivering quality orthodontic treatment and personalized patient care in a relaxed atmosphere.

The Doctors averages 50 patients per day and generates approximately 15+/- new patients per month.

The office is conveniently located in a highly visible, easily accessible, well-maintained single story building with ample parking on major thoroughfare, in a well-established neighborhood near schools.

The Owner occupied office is approximately 1,250 square feet and consists of 4 Chairs/Bays, Reception area, Doctor's office, Business office, Sterilization, Dark room, Lab, Storage and 2 Restrooms.

~~**Full Price: \$450,000**~~

Price Reduced to: \$400,000

Real Estate also Available at \$312,500

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

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

We look forward to serving you

#BC-033**WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$400,000****PRACTICE INFORMATION SHEET****OFFICE OPERATION INFORMATION**

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8:30 – 5:00	8:30 – 5:00	8:30 – 5:00	8:30 – 5:00	8:30 – 5:00	
Doctor #1's Hrs			8:30 – 5:00		8:30 – 5:00		
Doctor #2's Hrs			8:30 – 5:00	8:30 – 5:00			
Associate Hours	n/a						

Type of Practice: **Orthodontic** Reason for Selling: **Dr. #1: Focus on 2nd Practice
Dr. #2: Relocating**

Years established: **20+ years** Days worked past 12 months: **Dr. #1: 89 / Dr. #2: 81**

OFFICE SPACE & LEASE INFORMATION

Is the building/suite owned? **Yes** Is building available for purchase? **Yes**

Is the space leased? **n/a** Is lease renewable? **n/a** Is lease assignable? **n/a**

Term of Lease: **Owners Occupied. Terms negotiable at time of sale** Expiration date: **n/a**

Do you share space with another dentist? **Yes, Partner**

If yes, percentage of Associate's Production: **n/a** Will Associate stay on with practice? **n/a**

Rent per month: **\$3,000.00/month (negotiable)** Common area/maintenance fees /taxes included? **No**

If not included, current amount? **Unsecured Property Tax ~\$850.
\$290/mo for Garbage, Water and Gardener w/ the other 2 building owners.** Are utilities included? If yes, which?: **No**

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

Office Square footage: **1,250 sq. ft.** Carpet? **Yes** Air conditioning? **Yes**

Number of Chair Bays: **4** Plumbed for additional Chairs/Bays? **No**

Reception area: **Yes** Dark room: **Yes** Doctor's office: **Yes** Lab: **Yes**

Business office: **Yes** Restrooms: **Yes, 2** Sterilization: **Yes** Storage: **Yes**

Description of office building, Location and attributes of practice (a brief description): **Single story building ~40-50 years old, 3 Dental Suites.
Residential Community adjacent to schools.**

PRACTICE & PATIENT DEMOGRAPHICS

Type of patients as a percentage of collections:

Insurance **25%** Private Pay **75%** Denti-cal PPO Capitation Other

List Preferred Provider, Health Care Provider and Capitation Plans now in place: **Delta Dental only**

***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.**

Average number of patients per day? **25 for one Doctor per day, 50 for two Doctors per day**

Average age of patients? **12 years old**

What types of Practice Promotions are in effect? **Community Sponsors / Schools – Sports**

Consultation completed and ready to start? **7**

Number of consultations scheduled? **12** Scheduled study models? **9** Scheduled exams? **15**

Number of cases in progress – active treatment? **195** Number of cases in retention? **252**

Number compiled using: Practice Software **Ortho 2 Viewpoint** Estimate **n/a**

Types of techniques used (Edgewise, Tight Wires, etc)? **Edgewise / Some Aligners**

Amount of prepaid where work in not completed? **41 Cases**

Amount of contract receivables for work to be completed? **\$266,500**

Number of patients in recall and observation? **106**

Current delinquent accounts? **12 (90+) / 8 (60-90days) / 10 (31-60 days)**

Active child patients? **177** Active adult patients? **18** Months in treatment (average) **18-22**

Typical fee arrangement? **25%-30% initial down – Balance over treatment 16-22 months**

Number of active referring Dentists? **~30**

10 or less patients per year? **~26** 11 to 20 patients per year? **~3** 21 or more patients per year? **~1**

Indicate the number of new patient exams, by month, for the past 12 months:

January 2011	12	February 2011	15	March 2011	16	April 2011	9
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May 2011	18	June 2011	13	July 2011	13	August 2011	13
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September 2011	11	October 2010	19	November 2010	9	December 2010	9
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Indicate the number of new patient starts, by month, for the past 12 months:

January 2011	8	February 2011	4	March 2011	11	April 2011	9
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May 2011	6	June 2011	7	July 2011	6	August 2011	12
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September 2011	8	October 2010	7	November 2010	6	December 2010	2
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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: **2009 New Paint, Carpeting, Décor, Exam Dental Chair, Computer, Server, Overhead Lights**

Average age of Equipment: **~5 years old**

Any equipment leases? **Postage Meter** Equipment is right/left-handed/convertible? **Right**

PERSONNEL

Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
Receptionist / Insurance Coordinator	3.5 days/week	4/1997	\$30.20/hour	Medical & 401k
Receptionist / Treatment Coordinator	3.5 days/week	5/2000	\$30.20/hour	Medical & 401k
RDA	2 days/week	1/2001	\$31.10/hour	Medical & 401k
RDA	2 days/week	11/2010	\$25.00/hour	None

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

Has staff left the practice recently? **Yes** Is there a practice management consultant? **No**

PRACTICE FINANCIAL PROFILE

Last 3 years' Gross Collections from Tax Returns:
***Collection amounts are approximate and should be verified by Buyer**

2011	\$508,248	2010	\$586,527	2009	\$649,309
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Number of statements sent each month? **30** Is pegboard or computer? **Computer**

Is there an IRS lien on your practice? **No**

What type of computer? **Windows** What software? **Ortho2**

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.