



## WESTERN PRACTICE SALES

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John M. Cahill Associates

### #DN-022 *Endodontic* Tri-Valley, California

In one the most desirable suburbs noted for the lowest unemployment rate in the Bay area, this *endodontic* practice delivers dental treatment with the goal of achieving the best results and efficient appointments. Doctor and staff strive to minimize patient anxiety and maximize patient comfort in a warm and caring environment while building up trust and referrals from a widespread referral base within the professional community.

The Doctor averages 5-6 patients per day and generates approximately 30 new patients per month.

The office is conveniently located in an attractive, well-maintained, single-story Professional building w/ ample parking. The office occupies approximately 975 square feet and consists of 2 fully equipped ops w/ digital x-ray units in each op, Reception area, Doctor's office, Sterilization, Lab, Dark Room, Storage, and Restroom.

***Full Price: \$275,000***

*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**

**#DN-022****WESTERN PRACTICE SALES / JOHN CAHILL ASSOCIATES****\$275,000****PRACTICE INFORMATION SHEET****OFFICE OPERATION INFORMATION**

	SUN	MON	TUE	WED	THUR	FRI	SAT
Office Hours		8 – 5	8 – 5	8 – 4	8 – 5		
Doctor's Hours		8 – 5	8 – 5	8 – 1	8 – 5		
Type of Practice:	<b>Endodontic</b>		Reason for Selling:		<b>Retirement</b>		
Years established:	<b>1996</b>		Days worked past 12 months: <b>~ 189 days</b>				

**OFFICE SPACE & LEASE INFORMATION**

Is the building/suite owned?	<b>No</b>	Is building available for purchase?	<b>N/A</b>				
Is the space leased?	<b>Yes</b>	Is lease renewable?	<b>Yes</b>	Is lease assignable?	<b>Yes</b>		
Term of Lease:	<b>Month-to-Month, Lease available</b>			Expiration date:	<b>No current lease</b>		
Do you share space with another dentist?	<b>No</b>						
If yes, percentage of Associate's Production:	<b>N/A</b>						
Will Associate stay on with practice?	<b>N/A</b>						
Type of Building:	<b>Condo</b>	<b>Free-standing</b>	<b>Professional</b>	<b>Yes</b>	<b>Retail Center</b>		
Rent per month	<b>\$ 1,560.00/month</b>		Common area/maintenance fees /taxes included?		<b>Yes</b>		
If not included, current amount?	Are utilities included?		<b>No</b>				
Is the rent considered above, below or at fair market value?	<b>Below Market Rent</b>						
Office Square footage:	<b>~ 975 sq. ft.</b>		Carpet?	<b>Yes</b>	Air conditioning?	<b>Yes</b>	
Number of fully equipped ops:	<b>2</b>		Plumbed for additional ops?	<b>Yes</b>			
Reception:	<b>Yes</b>	Dark Room:	<b>Yes</b>	Doctor's Office:	<b>Yes</b>	Lab:	<b>Yes</b>
Business Office:	<b>No</b>	Restrooms:	<b>Yes</b>	Sterilization:	<b>Yes</b>	Storage:	<b>Yes</b>
Laser:	<b>No</b>	Digital X-ray:	<b>Yes</b>	Intra-oral Camera:	<b>No</b>	Cerec:	<b>No</b>
Description of office building, Location and attributes of practice (a brief description):	<b>Single-story Professional building w/ ample parking and excellent curb appeal and visibility in desirable community noted for the lowest unemployment rate of all the Bay Area suburbs</b>						

<b>PATIENT DEMOGRAPHICS</b>				
Breakdown of Service/Procedures as a percentage of Collections: <b>100% Endodontic</b>				
Diagnostic	<b>10</b>	Endo	<b>90</b>	
What services/procedures are referred out? (Oral Surgery, Endo, Perio, Pedo, etc.) <b>Mandibular Molar Apicoectomy, Implant, Perio, Resorptive Repair Defects</b>				
Type of patients as a percentage of collections:				
Insurance	<b>63</b>	Private Pay	<b>37</b>	PPO <b>Many</b>
Capitation	<b>One plan: 5% Anthem Blue Cross/Dental Net</b>			
Does your practice participate in "Care Credit"?		<b>Yes</b>		
List Preferred Provider, Health Care Provider and Capitation Plans now in place: <b>PPO: Delta, MetLife, Cigna, Guardian, Anthem Blue Cross, Principal, Ameritas</b> <b>Capitation: Anthem Blue Cross, Dental Net</b>				
Estimated Number of Active Patient Files ("at least one visit in the past 2 years"):				<b>~ 600 – 750+</b>
Number compiled using:	Practice Software	<b>Yes</b>	Hand Count	Estimate
<b>*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.</b>				
Average number of New Patients per month for past 12 months:				<b>~ 30</b>
Average number of patients per day?		Per-Doctor:	<b>~ 5 – 6</b>	
Average age of patients:		<b>~ 40 – 50 yrs.</b>		
Does the office have Nitrous Oxide?		<b>No</b>		
Type of recall system used?		<b>Computer Generated</b>		
Number of recalls per month?		<b>~ 5</b>		
What types of Practice Promotions are in effect?		<b>Occasional lunch w/ referral dentists, Holiday gifts</b>		
<b>EQUIPMENT &amp; LEASEHOLDS</b>				
<small>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.</small>				
Describe age and characteristics of leasehold improvements: <b>Microscope: 15 yrs, Digital Radiograph: 4-5 yrs, Computer system</b>				
Average age of Equipment:		<b>~ 15 yrs.</b>		
Any equipment leases?		<b>No</b>	Equipment is right/left-handed/convertible?	<b>Right</b>

<b>PERSONNEL</b>				
Position	Days/Hrs	Date hired	Rate of Pay	Eligible for benefits
<b>Front Office</b>	<b>M – Thurs</b>	<b>Feb 2010</b>	<b>\$22.00/hr</b>	<b>Dental</b>
<b>Dental Assistant</b>	<b>M - Thurs</b>	<b>2000</b>	<b>N/A</b>	<b>N/A</b>
Do family members work in the office?	<b>Yes</b>	If yes, how much are they paid?		<b>No salary</b>
Has staff left the practice recently?	<b>No</b>			
Is there a practice management consultant?	<b>No</b>			
<b>PRACTICE FINANCIAL PROFILE</b>				
<b>Last 3 years' Gross Collections from Tax Returns:</b>				
2010	<b>\$ 406,660</b>	2009	<b>\$ 385,415</b>	2008 <b>\$ 440,982</b>
<b>*Collection amounts are approximate and should be verified by Buyer</b>				
Number of statements sent each month?	<b>~ 10</b>	Is pegboard or computer?	<b>Computer</b>	
What type of computer?	<b>Hard-wired Office Network</b>	What software?	<b>PBS Endo</b>	
Is software transferable?	<b>Yes, Transfer Fee to be Paid by Buyer</b>			
Fees Schedule:	<b>Available upon request</b>			
<p><b>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.</b></p> <p><b>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.</b></p>				