

MACON, GA	\$129,000
DATA FOR PRACTICE NUMBER	9493
The following data is provided by the owner of the practice. It is believed to the best of the owner's knowledge to be a true and accurate representation of the facts of the practice. It is the responsibility of any purchaser to verify all information contained herein and to seek qualified counsel in the interpretation and verification thereof.	
OFFICE DATA	
SQUARE FOOTAGE OF OFFICE	2,900
EXPANDABLE FOOTAGE	980
CURRENT MONTHLY RENTAL i.e. "1200"	
PRICE PER SQUARE FOOT	
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	10
PROXIMITY OF PARKING PLACES	6 Feet
# EQUIPPED OPS	4
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	4
NUMBER OF OPERATORIES USED PRIMARILY BY DENTIST(S)	3
NUMBER OF OPERATORIES USED PRIMARILY BY HYGIENIST(S)	1
NUMBER OF UNPLUMBED AND EMPTY OPERATORIES	1
DO YOU OWN YOUR BUILDING? YES OR NO	YES
DO YOU WISH TO SELL THE BUILDING? YES OR NO	YES
	117,000
IF NOT APPRAISED, ESTIMATED BUILDING PRICE	
IF NOT SOLD, MONTHLY RENTAL AMOUNT	
ANNUAL REAL ESTATE TAXES	\$2,189
ANNUAL REAL ESTATE INSURANCE COST	\$2,000
DATE OF LEASE i.e. "6/1/2016"	
DATE LEASE ENDS - i.e. "1/1/2020"	
IS THERE AN OPTION TO PURCHASE?	
RENEWAL OPTIONS	
BUILDING VALUE TO BE USED	\$117,000
PURCHASER MORTGAGE INTEREST RATE	6.00%
PURCHASER MORTGAGE TERM - YEARS	20
PURCHASER MONTHLY PAYMENT	\$838
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	\$3.47
WORK SCHEDULE	
PLANS AFTER SALE OF PRACTICE	
DAYS/WEEK CURRENTLY WORKED	2.5
HOW MANY DAYS WOULD YOU PREFER TO WORK FOR BUYER	
DESIRED WORK DAYS/WEEK 1ST YR	
DESIRED WORK DAYS/WEEK 2ND YR	
DESIRED WORK DAYS/WEEK 3RD YR	
DESIRED WORK DAYS/WEEK 4TH YR	
DESIRED WORK DAYS/WEEK 5TH YR	
DESIRED WORK DAYS/WEEK 6TH YR	

PRACTICE DATA	
MANAGEMENT CONSULTANT IN LAST 5 YRS? IF SO WHO?	None
RESULTS	
DESCRIBE INTERNAL MARKETING	
DESCRIBE EXTERNAL MARKETING	
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	No
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?	Yes
WHAT TYPE RECALL SYSTEM	3 - 6 month appointments; reminder calls
WHAT TYPE COMPUTER SYSTEM	Eaglesoft
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	3
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST(S)	4
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST(S)	5
HOW FAR AHEAD IS DENTIST SCHEDULED?	
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	
PRACTICE DATA	
% INCOME FROM CASH	10%
% OF PATIENTS PAYING CASH	5%
% INCOME FROM INSURANCE	90%
% OF PATIENTS WITH INSURANCE	95%
% PRACTICE INCOME FROM CAPTITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME FROM REDUCED FEE PLANS	
% OF PATIENTS WITH REDUCED FEE PLANS	
SCHEDULING DATA	
MONDAY	8:30 AM - 12 PM
TUESDAY	8:30 AM - 4 PM
WEDNESDAY	8:30 AM - 4 PM
THURSDAY	8:30 AM - 11 AM
FRIDAY	
SATURDAY	
OWNER HOURS WORKED PER WEEK	20
ASSOCIATE HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	20
DENTIST PATIENT VISITS PER YEAR	
HYGIENE PATIENT VISITS PER YEAR	
NUMBER OF DAYS WORKED PER YEAR	
NUMBER OF WEEKS WORKED PER YEAR	48
COLLECTION DATA	
WHAT IS YOUR COLLECTION PERCENTAGE	90%
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$28,362
WHAT IS YOUR PATIENT CREDIT BALANCE	
ACCOUNTS RECEIVABLES - CURRENT	\$12,011
ACCOUNTS RECEIVABLES - 31-60 DAYS	\$10,384
ACCOUNTS RECEIVABLE - 61-90 DAYS	\$5,395
ACCOUNTS RECEIVABLE >90 DAYS	\$572

WHAT PERCENTAGE OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	50%
OPERATIVE	25%
PEDODONTICS	
ORTHODONTICS	
IMPLANTS	
REMOVABLE PROSTHETICS	5%
FIXED PROSTHETICS	5%
ENDODONTICS	5%
PERIODONTICS	
EXTRACTIONS	10%
COSMETIC	
TMJ TREATMENT	
SOFT TISSUE MANAGEMENT	
OTHER	
TOTAL	100%
WHAT SERVICES ARE REFERRED OUT?	Endo, O.S., TMJS
REVENUES SOURCES	
IS ANY OF YOUR REPORTED INCOME FROM ANY OTHER SOURCE THAN PATIENT TREATMENT FROM THIS PRACTICE?	Yes
IF SO HOW MUCH IN CURRENT PERIOD?	
IF SO , HOW MUCH FOR LAST YEAR?	\$7,200
IF SO HOW MUCH FOR THE PREVIOUS YEAR?	\$7,200
WHAT IS THE SOURCE OF THIS OTHER INCOME?	Rental apartment at office
FEE SCHEDULE	
ADULT PROPHY 01110	\$100
TWO SURFACE ANTERIOR COMPOSITE 02331	\$205
CORE BUILD-UP 02950	\$195
CROWN - GOLD/PORCELAIN 02750	\$1,195
ANTERIOR CANAL ROOT CANAL 03310	\$490
PANORAMIC X-RAY 00330	\$150
TWO SURFACE POSTERIOR COMPOSITE 02392	
CROWN - PORCELAIN CERAMIC 02740	\$1,195
LABIAL PORCELAIN VENEER 02962	
BICUSPID ROOT CANAL 03320	\$790
AVERAGE OF FEES	\$540
PERCENT OF FEE PARITY	102%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	185,000
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	
WITHIN	
MAJOR EMPLOYERS IN AREA	Geico, YKK, Amazon
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWING AREA	Macon mall store closing
YEAR BEGINNING PRACTICE IN CITY	1973
YEAR BEGINNING PRACTICE IN CURRENT LOCATION	1986
RIGHT OR LEFT HANDED	Right
PURCHASE OR SCRATCH START	Purchase

CONFORMITY DATA			
DOES YOUR PRACTICE MEET OSHA STANDARDS? WHY NOT?	Yes		
DOES YOUR PRACTICE MEET HIPAA STANDARDS? WHY NOT?	Yes		
ANY DISCIPLINARY ACTION IN LAST 7 YRS? EXPLAIN	No		
ANY PRACTICE LAWSUITS FILED IN PAST TEN YRS. EXPLAIN	No		
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR PRACTICE OF DENTISTRY?	None		
INSURANCE EXPLANATION			
TOTAL EXPENSE FOR INSURANCE IN CURRENT PERIOD	\$12,800		
HOW MUCH OF TOTAL IS FOR OWNER HEALTH INSURANCE?	None		
HOW MUCH OF TOTAL IS FOR STAFF HEALTH INSURANCE?	None		
HOW MUCH OF TOTAL IS FOR OTHER OWNER BENEFITS?	\$4,200		
HOW MUCH OF TOTAL IS FOR MALPRACTICE INSURANCE?	\$6,600		
HOW MUCH FOR TOTAL IS FOR BUILDING INSURANCE?	\$2,000		
TAXES AND LICENSES EXPLANATION			
TOTAL EXPENSE FOR TAXES			
HOW MUCH OF TOTAL IS FOR PAYROLL TAXES?			
HOW MUCH OF TOTAL IS FOR STAFF PAYROLL TAX?			
HOW MUCH OF TOTAL IS FOR OWNER PAYROLL TAX?			
HOW MUCH OF TOTAL IS AD VALOREM (PRACTICE EQUIP)?			
HOW MUCH OF TOTAL IS FOR REAL ESTATE TAXES?			
PENSION EXPLANATION AND 401k COMBINED			
TOTAL EXPENSES FOR PENSION PLAN	None		
HOW MUCH OF TOTAL IS FOR STAFF			
HOW MUCH OF TOTAL IS FOR OWNER?			
BENEFITS EXPLANATION			
TOTAL EXPENSE FOR EMPLOYEE BENEFITS	None		
HOW MUCH OF TOTAL IS FOR STAFF?			
HOW MUCH OF TOTAL IS FOR OWNER?			
	% OF PRX INCOME	% OF YOUR FEE	
PLAN NAME - BE SURE TO LIST DELTA PREMIERE IF YOU HAVE	FROM THIS PLAN	THIS PLAN PAYS	
MetLife	2%	50%	
Aetna	2%	50%	
Mercer University	1%	50%	
Benefit	1%	50%	
Cigna	1%	50%	
DentaQuest	1%	50%	
Principle Life	1%	50%	
	9%		