

Hickory Area, North Carolina

General Dentistry

MERGER FINANCIAL SUMMARY FOR PRACTICE 6470

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The following summary illustrates a projected year's income and expenses for the subject practice which incorporates a 4% increase in fees and overhead expense but no increase in production. Although all variable expenses are included, fixed expenses that will not be duplicated are not included. This summary is not a representation or warranty of future practice performance. Purchasers should obtain legal and accounting counsel prior to any purchase decision. **NOTE: Practice price does not include accounts receivable.**

PRACTICE INCOME

EXPECTED GROSS COLLECTION INCREASE			\$213,288	100.0%
	HYGIENE COMPONENT		\$49,056	23.0%
	DENTIST COMPONENT		\$164,232	77.0%
	RETAINED SELLER		\$0	0.0%
	ASSOCIATE		\$0	0.0%
	PURCHASER		\$164,232	77.0%

VARIABLE EXPENSE INCREASE

	WAGES, PAYROLL TAX, ETC.		\$45,046	21.1%
	LABORATORY		\$8,541	4.0%
	CLINICAL SUPPLIES		\$14,027	6.6%
	OTHER VARIABLE EXPENSE		\$6,777	3.2%
TOTAL VARIABLE EXPENSE INCREASE			\$74,391	34.9%

FIXED EXPENSE INCREASE

	RENT		\$0	0.0%
	PHONE, UTILITIES		\$3,000	1.4%
	LEGAL & ACCOUNTING		\$3,500	1.6%
	INSURANCE		\$1,500	0.7%
	OTHER FIXED EXPENSE		\$1,000	0.5%
TOTAL FIXED EXPENSE INCREASE			\$9,000	4.2%

DEBT SERVICE INCREASE

	INTEREST		\$20,795	9.7%
	PRINCIPAL		\$23,189	10.9%
TOTAL DEBT SERVICE - THIS IS BREAK-EVEN RETENTION PERCENTAGE			\$43,984	20.6%

SUMMARY

EXPECTED INCREASED COLLECTIONS			\$213,288	100.0%
EXPECTED INCREASED EXPENSES			\$83,391	39.1%
EXPECTED INCREASED DEBT SERVICE			\$43,984	20.6%
EXPECTED INCREASED NET INCOME & PERCENT OF PERSONAL PRODUCTION			\$85,912	52.3%
PURCHASER PRODUCED PRODUCTION			\$164,232	77.0%
EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION			\$23,189	14.1%
TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION			\$6,197	3.8%
TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.			\$115,299	70.2%

THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:

	SALES PRICE & PERCENT OF GROSS		\$125,000	61%
	WORKING CAPITAL		\$10,000	4.7%
	TOTAL LOAN		\$135,000	63.3%
	LOAN INTEREST RATE		7.15%	
	LOAN TERM IN MONTHS		84	
	MONTHLY PAYMENT		\$3,665	20.6%
	ESTIMATED MONTHLY HYGIENE/ASSOC PROFIT		\$2,453	13.8%

Hickory Area, North Carolina**MERGER DATA SUMMARY FOR PRACTICE NUMBER 6470**

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	1,200
EXPANDABLE FOOTAGE	1,400
CURRENT MONTHLY RENTAL i.e. "1200"	\$3,500
PRICE PER SQUARE FOOT	\$35.00
IS OFFICE HANDICAPPED ACCESSIBLE?	Downstairs only
NUMBER OF PARKING SPACES	15
PROXIMITY OF PARKING PLACES	Next to building
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	2
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	1
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF UNPLUMBED EMPTY OPERATORIES	
DATE OF LEASE i.e. "1/1/99"	
DATE LEASE ENDS - i.e. "1/1/04"	
TERM OF LEASE IN YEARS i.e. "5"	
YEARS REMAINING ON LEASE i.e. "2.5"	
RENEWAL OPTIONS	
DO YOU OWN YOUR BUILDING? "YES" OR "NO"	Yes
DO YOU WISH TO SELL THE BUILDING? "YES" OR "NO"	Yes
PRICE OF BUILDING	\$180,000
IF NOT FOR SALE, MO. RENTAL AMOUNT	
ANNUAL REAL ESTATE TAXES	\$1,313
ANNUAL REAL ESTATE INSURANCE COST	\$1,246
PURCHASER MORTGAGE INTEREST RATE	7.00%
PURCHASER MORTGAGE TERM - YEARS	15
PURCHASER MONTHLY PAYMENT	\$1,618
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	\$16.18

WORK SCHEDULE

PLANS AFTER SALE OF PRACTICE	Travel
DAYS/WEEK CURRENTLY WORKED	4
ENTER DESIRED WORK DAYS FOR MERGER SALE	
DESIRED WORK DAYS/WEEK 1ST YR	0
DESIRED WORK DAYS/WEEK 2ND YR	0
DESIRED WORK DAYS/WEEK 3RD YR	0
DESIRED WORK DAYS/WEEK 4TH YR	0
DESIRED WORK DAYS/WEEK 5TH YR	0
DESIRED WORK DAYS/WEEK 6TH YR	0

PRACTICE DATA	
WHAT CONSULTANT USED IN PAST 5 YRS RESULTS	None
DESCRIBE INTERNAL MARKETING	Word of mouth
DESCRIBE EXTERNAL MARKETING	
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	1,490
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	10
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	5
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	7
HOW FAR AHEAD IS DENTIST SCHEDULED?	Not
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	
% PRACTICE INCOME FROM CASH	
% OF PATIENTS PAYING CASH	
% PRACTICE INCOME FROM INSURANCE	
% OF PATIENTS WITH INSURANCE	
% PRACTICE INCOME FROM HMO	
% OF PATIENTS WITH HMO	
% PRACTICE INCOME FROM PPO	
% OF PATIENTS WITH PPO	
% PRACTICE INCOME FROM CAPITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME WITH REDUCED FEE PLANS	
% OF PATIENTS WITH REDUCED FEE PLANS	
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
OFFICE HOURS	MONDAY 8:30 AM - 5:00 PM
	TUESDAY 8:30 AM - 5:00 PM
	WEDNESDAY 8:30 AM - 5:00 PM
	THURSDAY 8:30 AM - 5:00 PM
	FRIDAY
	SATURDAY
DENTIST HOURS WORKED PER WEEK	32
HYGIENIST HOURS WORKED PER WEEK	32
ASSOCIATE HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	
HYGIENE PATIENT VISITS PER YEAR	
NUMBER OF DAYS WORKED PER YEAR	
NUMBER OF WEEKS WORKED PER YEAR	
ACTUAL ACCOUNTS RECEIVABLE BALANCE	
SIX WEEKS ACCOUNTS RECEIVABLE	\$24,610
WHAT IS YOUR COLLECTION PERCENTAGE	
WHAT TYPE RECALL SYSTEM	
WHAT TYPE COMPUTER SYSTEM	

WHAT % OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	23%
OPERATIVE	0%
PEDODONTICS	0%
ORTHODONTICS	0%
IMPLANTS	0%
REMOVABLE PROSTHETICS	0%
FIXED PROSTHETICS	0%
ENDODONTICS	0%
PERIODONTICS	0%
ORAL SURGERY	0%
COSMETIC	0%
TMJ TREATMENT	0%
SOFT TISSUE MANAGEMENT	0%
OTHER	0%
TOTAL	23%
MARKET FACTOR DATA	
EQUIPMENT FACTOR SCALE 0% - 100%	30%
LOCATION DEMAND SCALE 0% - 100%	30%
PLAN / MEDICAID PRACTICE %	
ANNUAL FEE INCREASE %	4%
ANNUAL OVERHEAD INCREASE %	4%
FEE SCHEDULE	
ADULT PROPHY 01110	\$147
GOLD INLAY 02540	\$980
TWO SURFACE POSTERIOR COMPOSITE 02386	\$220
TWO SURFACE AMALGAM 02150	\$131
CORE BUILD-UP INCLUDING PINS 02950	\$337
GOLD / PORCELAIN CROWN 02750	\$980
ANTERIOR CANAL ROOT CANAL 03310	
BICUSPID ROOT CANAL 03320	
LABIAL PORCELAIN VENEER 02962	
AVERAGE OF FEES	\$466
PERCENT OF FEE PARITY	114%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	20,000-25,000
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	60,000
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES WITHIN	14
MAJOR EMPLOYERS IN AREA	Furniture, service
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA	Furniture - outsourcing to overseas

STAFF DATA			
DESCRIBE STAFF BY POSITION AS TO	ANNUAL SALARY	WILL POSSIBLY STAY?	YEAR HIRED
RECEPTIONIST	\$ _____	_____	_____
OFFICE MANAGER	\$ _____	_____	_____
RECEPTIONIST	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
OTHER _____	\$ _____	_____	_____
OTHER _____			
DESCRIBE FRINGE BENEFITS AND VALUE			
DO YOU HIRE ANY UNPAID FAMILY MEMBERS			
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
PRODUCTION CENTERS			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	_____ TO _____	_____	_____
GROSS PRODUCTION	\$ _____	\$ _____	\$ _____
HYGIENISTS	\$ _____	\$ _____	\$ _____
OWNER	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ENTER ASSOCIATE SALARY IN DOLLARS IF FIXED			
ENTER ASSOCIATE COMMISSION PERCENTAGE			
ENTER HYGIENIST SALARY IN DOLLARS IF FIXED			
ENTER HYGIENIST COMMISSION PERCENTAGE			
CONFORMITY DATA			
DOES YOUR PRACTICE MEET OSHA STANDARDS?	Yes		
WHY NOT			
DOES YOUR PRACTICE MEET CDC STANDARDS?	Yes		
WHY NOT			
DOES PRACTICE MEET ALL GOVERNMENTAL REGULATIONS?	Yes		
EXPLAIN ANY DISCREPANCIES			
HAVE YOU HAD ANY DISCIPLINARY ACTION IN LAST 7 YRS	No		
EXPLAIN			
HAVE YOU HAD ANY PRACTICE RELATED SUITS FILED	No		
AGAINST YOU IN THE PAST TEN YEARS? EXPLAIN			
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR PRACTICE OF DENTISTRY	None		