

North of Charleston, SC	General Dentistry
FINANCIAL DATA SUMMARY FOR PRACTICE	8187
3/26/2011 13:23	

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. This summary is not a representation or warranty of future practice performance. Purchasers should obtain qualified legal and accounting counsel prior to any purchase decisions.

PRACTICE INCOME

EXPECTED GROSS COLLECTIONS				\$279,849	100.0%
	HYGIENE COMPONENT			\$0	0.0%
	DENTIST COMPONENT			\$279,849	100.0%
		RETAINED SELLER		\$251,864	90.0%
		ASSOCIATE		\$0	0.0%
		PURCHASER		\$27,985	10.0%

VARIABLE EXPENSES

	WAGES, PAYROLL TAX, ETC.			\$118,511	42.3%
	LABORATORY			\$14,270	5.1%
	CLINICAL SUPPLIES			\$6,229	2.2%
	OTHER VARIABLE EXPENSE			\$105,302	37.6%
TOTAL VARIABLE EXPENSE INCREASE				\$244,312	87.3%

FIXED EXPENSES

	RENT			\$0	0.0%
	PHONE, UTILITIES			\$17,675	6.3%
	LEGAL & ACCOUNTING			\$6,760	2.4%
	INSURANCE			\$7,800	2.8%
	OTHER FIXED EXPENSE			\$27,352	9.8%
TOTAL FIXED EXPENSE INCREASE				\$59,587	21.3%

DEBT SERVICE

	INTEREST			#NUM!	#NUM!
	PRINCIPAL			#NUM!	#NUM!
TOTAL DEBT SERVICE				#NUM!	#NUM!

SUMMARY

EXPECTED COLLECTIONS				\$279,849	100.0%
EXPECTED EXPENSES				\$303,899	108.6%
DEBT SERVICE				#NUM!	#NUM!
EXPECTED NET INCOME & PERCENT OF PERSONAL PRODUCTION				#NUM!	#NUM!
PURCHASER PRODUCED PRODUCTION				\$27,985	10.0%
EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION				#NUM!	#NUM!
TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION				#NUM!	#NUM!
TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.				#NUM!	#NUM!

THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:

	SALES PRICE & PERCENT OF GROSS			#NUM!	#NUM!
	WORKING CAPITAL			\$13,000	4.6%
	TOTAL LOAN			#NUM!	#NUM!
	LOAN INTEREST RATE			7.25%	
	LOAN TERM IN MONTHS			84	
	MONTHLY PAYMENT			#NUM!	#NUM!
	ESTIMATED MONTHLY HYGIENE/ASSOC PROFIT			\$0	0.0%

North of Charleston, SC**DATA SUMMARY FOR PRACTICE NUMBER 8187**

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	1800
EXPANDABLE FOOTAGE	Yes
CURRENT MONTHLY RENTAL i.e. "1200"	
PRICE PER SQUARE FOOT	
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	14
PROXIMITY OF PARKING PLACES	Adjacent to building
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	4
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	4
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	\$200,000
IF NOT FOR SALE, MO. RENTAL AMOUNT	\$1,200
ANNUAL REAL ESTATE TAXES	\$2,000
ANNUAL REAL ESTATE INSURANCE COST	\$1,500
PURCHASER MORTGAGE INTEREST RATE	7.00%
PURCHASER MORTGAGE TERM - YEARS	
PURCHASER MONTHLY PAYMENT	#NUM!
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	#NUM!

WORK SCHEDULE

PLANS AFTER SALE OF PRACTICE	Resume oral surgery practice full-time
DAYS/WEEK CURRENTLY WORKED	5
ENTER DESIRED DAYS WORKED FOR NEW BUYER SALE	
DESIRED WORK DAYS/WEEK 1ST YR	4.5
DESIRED WORK DAYS/WEEK 2ND YR	4.5
DESIRED WORK DAYS/WEEK 3RD YR	4.5
DESIRED WORK DAYS/WEEK 4TH YR	4.5
DESIRED WORK DAYS/WEEK 5TH YR	4.5
DESIRED WORK DAYS/WEEK 6TH YR	4.5

PRACTICE DATA	
WHAT CONSULTANT USED IN PAST 5 YRS	No
RESULTS	
DESCRIBE INTERNAL MARKETING	
DESCRIBE EXTERNAL MARKETING	
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	No
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	8000
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	20
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	20
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	
HOW FAR AHEAD IS DENTIST SCHEDULED?	three weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	
% PRACTICE INCOME FROM CASH	9%
% OF PATIENTS PAYING CASH	9%
% PRACTICE INCOME FROM INSURANCE	60%
% OF PATIENTS PAYING CASH	9%
% PRACTICE INCOME FROM INSURANCE	60%
% OF PATIENTS WITH INSURANCE	50%
% PRACTICE INCOME FROM HMO	
% OF PATIENTS WITH HMO	
% PRACTICE INCOME FROM PPO	1%
% OF PATIENTS WITH PPO	1%
% PRACTICE INCOME FROM CAPITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	30%
% OF PATIENTS WITH MEDICAID	40%
% PRACTICE INCOME WITH REDUCED FEE PLANS	31%
% OF PATIENTS WITH REDUCED FEE PLANS	41%
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
OFFICE HOURS	MONDAY 8:00 am - 4:30 pm
	TUESDAY 8:00 am - 4:30 pm
	WEDNESDAY 8:00 am - 4:30 pm
	THURSDAY 8:00 am - 4:30 pm
	FRIDAY 8:00 am - 12:00 pm
	SATURDAY
DENTIST HOURS WORKED PER WEEK	32
HYGIENIST HOURS WORKED PER WEEK	
ASSOCIATE HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	5000
HYGIENE PATIENT VISITS PER YEAR	
NUMBER OF DAYS WORKED PER YEAR	335
NUMBER OF WEEKS WORKED PER YEAR	50
ACTUAL ACCOUNTS RECEIVABLE BALANCE	
SIX WEEKS ACCOUNTS RECEIVABLE	\$32,290
WHAT IS YOUR COLLECTION PERCENTAGE	
WHAT TYPE RECALL SYSTEM	Post cards and phone calls
WHAT TYPE COMPUTER SYSTEM	Dell server and work station

WHAT % OF THE PRACTICE INCOME IS:		
	HYGIENIST PRODUCTION	0%
	OPERATIVE	45%
	PEDODONTICS	0%
	ORTHODONTICS	0%
	IMPLANTS	0%
	REMOVABLE PROSTHETICS	25%
	FIXED PROSTHETICS	10%
	ENDODONTICS	5%
	PERIODONTICS	5%
	ORAL SURGERY	10%
	COSMETIC	0%
	TMJ TREATMENT	0%
	SOFT TISSUE MANAGEMENT	0%
	OTHER	0%
	TOTAL	100%
MARKET FACTOR DATA		
EQUIPMENT FACTOR	SCALE 0% - 100%	80%
OWNER URGENCY	SCALE 0% - 100%	70%
LOCATION DEMAND	SCALE 0% - 100%	30%
PLAN / MEDICAID PRACTICE %		31%
ANNUAL FEE INCREASE %		4%
ANNUAL OVERHEAD INCREASE %		4%
FEE SCHEDULE		
ADULT PROPHY 01110		\$60
GOLD INLAY 02540		\$450
TWO SURFACE POSTERIOR COMPOSITE 02386		\$130
TWO SURFACE AMALGAM 02150		\$90
CORE BUILD-UP INCLUDING PINS 02950		\$205
GOLD / PORCELAIN CROWN 02750		\$865
ANTERIOR CANAL ROOT CANAL 03310		\$452
BICUSPID ROOT CANAL 03320		\$543
LABIAL PORCELAIN VENEER 02962		\$805
AVERAGE OF FEES		\$400
PERCENT OF FEE PARITY		113%
DEMOGRAPHIC DATA		
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN		600
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA		80000
NUMBER OF DENTISTS WITHIN 5 MILES		300%
NUMBER NEW DENTISTS WITHIN 5 MILES IN LAST 5 YEARS		8 miles
MAJOR EMPLOYERS IN AREA		Google, Boeing, NuCor, Santee-Cooper, U.S. Navy, U.S. Air Force
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA		

STAFF DATA			
DESCRIBE STAFF BY POSITION AS TO	ANNUAL SALARY	WILL POSSIBLY STAY?	YEAR HIRED
RECEPTIONIST			
OFFICE MANAGER/BOOKKEEPER	\$32,000	Yes	
RECEPTIONIST	\$ _____	_____	_____
ASSISTANT	\$37,000	Yes	
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
ACCOUNTS PAYABLE/RECEPTIONIST PART-TIME	\$ 7,000	Yes	
RECEPTIONIST - PART-TIME	\$ 3,500	Yes	
DESCRIBE FRINGE BENEFITS AND VALUE	Medical benefits of \$2,500 per person		
DO YOU HIRE ANY UNPAID FAMILY MEMBERS	No		
DESCRIBE DUTIES	100% Medical		
ESTIMATED ANNUAL VALUE OF ABOVE			
	#REF!	#REF!	
PRODUCTION CENTERS			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	1/1/10 - 12/31/10	2009	2008
GROSS PRODUCTION	\$269,085.25	\$294,462	\$323,567
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		