

Tampa		General Dentistry	
FINANCIAL DATA SUMMARY FOR PRACTICE		4010	
The following statistics are based on assumptions that the subject practice will continue to be operated as it has been in the past. Variation from past performance are 1) increase in fees for each year; 2) no production increase occurs; and 3) overhead expenses increase each year. Fee and overhead increases are based on estimates of inflation and can be adjusted.			
The purpose of this summary is to demonstrate the individual practice revenues and profitability of this particular practice.			
PRACTICE FINANCIAL SUMMARY			
AMOUNT OF INCOME PERSONALLY GENERATED BY PURCHASER		\$991,764	
COMPENSATION FOR PURCHASER FOR HIS/HER PRODUCTION.			
CONSIDER A GENEROUS COMMISSION RATE OF		35%	\$347,117
NOW CONSIDER THE PRACTICE PROFIT. THIS IS AN AMOUNT OVER AND ABOVE THE COMPENSATION FOR PURCHASER'S PRODUCTION.			
THE PROFIT IS THE BENEFIT OF OWNERSHIP OF THE PRACTICE. ONLY PRACTICE OWNERS REALIZE PRACTICE PROFIT.			
IN THIS PRACTICE, THE PROFIT, AFTER ALL EXPENSES AND SALARY COMPENSATION TO THE PURCHASER ARE PAID IS \$237,905			
THE PROFIT - NOT INCLUDING PURCHASER SALARY, DIVIDED BY THE TOTAL LOAN FOR THE PRACTICE PRICE AND WORKING CAPITAL IS AT A RATE OF		12%	
TO COMPARE THIS OPPORTUNITY TO OTHER OPPORTUNITIES, WHETHER THEY ARE ASSOCIATESHIPS OR OTHER PRACTICES TO PURCHASE, LOOK AT SEVERAL KEY DATA POINTS.			
		SUBJECT PRACTICE	
1. HOW DOES THE ALTERNATIVE COMPARE WITH NET BEFORE TAX DOLLARS (AFTER DEBT SERVICE)		\$461,734	
2. NET AS PERCENT OF PERSONAL PRODUCTION OF PRACTICE NET INCOME		47%	
3. ARE THERE TAX SAVINGS AND EQUITY INCREASES FOR THE PURCHASER		\$188,239	
4. TOTAL ECONOMIC BENEFIT - NET CASH FLOW (AFTER DEBT SERVICE) PLUS EQUITY, AND TAX SAVINGS		\$649,974	
5. WHAT IS PERCENT OF TOTAL ECONOMIC BENEFIT VERSUS PURCHASER PERSONAL PRODUCTION		66%	

Tampa	
DATA	FOR PRACTICE NUMBER 4010
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	2,020
EXPANDABLE FOOTAGE	No
TOTAL MO. RENT EXP.	
PRICE PER SQUARE FOOT	
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	30
PROXIMITY OF PARKING PLACES	Adjacent
# EQUIPPED OPS	5
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF OPERATORIES USED PRIMARILY BY DENTIST(S)	2
NUMBER OF OPERATORIES USED PRIMARILY BY HYGIENIST(S)	3
NUMBER OF UNPLUMBED AND EMPTY OPERATORIES	
DO YOU OWN YOUR BUILDING? YES OR NO	Yes
DO YOU WISH TO SELL THE BUILDING? YES OR NO	Yes
IF NOT APPRAISED, ESTIMATED BUILDING PRICE	\$600,000
IF NOT SOLD, MONTHLY RENTAL AMOUNT	
ANNUAL REAL ESTATE TAXES	\$5,264
ANNUAL REAL ESTATE INSURANCE COST	\$3,438
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	\$600,000
PURCHASER MORTGAGE INTEREST RATE	6.00%
PURCHASER MORTGAGE TERM - YEARS	20
PURCHASER MONTHLY PAYMENT	\$4,299
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	\$25.54
WORK SCHEDULE	
PLANS AFTER SALE OF PRACTICE	Retire
DAYS/WEEK CURRENTLY WORKED	4.0
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 HISTORY	
YEAR BEGINNING PRACTICE IN CITY	2004
YEAR BEGINNING PRACTICE IN CURRENT LOCATION	2005
RIGHT OR LEFT HANDED	Right
PURCHASE OR SCRATCH START	Purchase
DO YOU OWN OTHER PRACTICES? HOW FAR AWAY?	No

PRACTICE DATA	
MANAGEMENT CONSULTANT IN LAST 5 YRS? IF SO WHO?	
RESULTS	
DESCRIBE INTERNAL MARKETING	Word of Mouth, Insurance List
DESCRIBE EXTERNAL MARKETING	NP Mailer
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	No
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	No
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?	Yes
WHAT TYPE RECALL SYSTEM	Care Stream
WHAT TYPE COMPUTER SYSTEM	Care Stream
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF DIFFERENT PATIENTS IN LAST 18 MONTHS	
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	
AVERAGE NUMBER PATIENTS TREATED PER DAY BY DENTIST(S)	
AVERAGE NUMBER PATIENTS TREATED PER DAY BY HYGIENISTS	
HOW FAR AHEAD IS DENTIST SCHEDULED?	
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	
PRACTICE DATA	
% INCOME FROM CASH	100%
% OF PATIENTS PAYING CASH	100%
% INCOME FROM FEE FOR SERVICE INSURANCE	
% OF PATIENTS WITH FEE FOR SERVICE INSURANCE	
% INCOME FROM DISCOUNT FEE INSURANCE	
% OF PATIENTS WITH DISCOUNT FEE INSURANCE	
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME FROM REDUCED FEE PLANS	
% OF PATIENTS WITH REDUCED FEE PLANS	
SCHEDULING DATA	
MONDAY	8-5
TUESDAY	8-5
WEDNESDAY	off
THURSDAY	8-5
FRIDAY	8-5
SATURDAY	off
OWNER HOURS WORKED PER WEEK	32
ASSOCIATE HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	32
DENTIST PATIENT VISITS PER YEAR	2,850
HYGIENE PATIENT VISITS PER YEAR	4,560
NUMBER OF DAYS WORKED PER YEAR	190
NUMBER OF WEEKS WORKED PER YEAR	50
COLLECTION DATA	
WHAT IS YOUR COLLECTION PERCENTAGE	99%
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$46,151
WHAT IS YOUR PATIENT CREDIT BALANCE	\$8,378
ACCOUNTS RECEIVABLES - CURRENT	\$40,242
ACCOUNTS RECEIVABLES - 31-60 DAYS	\$4,519
ACCOUNTS RECEIVABLE - 61-90 DAYS	\$419
ACCOUNTS RECEIVABLE >90 DAYS	\$972

WHAT PERCENTAGE OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	38%
OPERATIVE	20%
PEDODONTICS	
ORTHODONTICS	
IMPLANTS	
REMOVABLE PROSTHETICS	2%
FIXED PROSTHETICS	27%
ENDODONTICS	
PERIODONTICS	
ORAL SURGERY	8%
COSMETIC	5%
TMJ TREATMENT	
DIAGNOSTIC	
OTHER	
TOTAL	100%
WHAT SERVICES ARE REFERRED OUT?	Endo, Perio, Ortho, Implants
REVENUES SOURCES	
IS ANY OF YOUR REPORTED INCOME FROM ANY OTHER	
SOURCE THAN PATIENT TREATMENT FROM THIS PRACTICE?	No
IF SO HOW MUCH IN CURRENT PERIOD?	
IF SO , HOW MUCH FOR LAST YEAR?	
IF SO HOW MUCH FOR THE PREVIOUS YEAR?	
WHAT IS THE SOURCE OF THIS OTHER INCOME?	
FEE SCHEDULE	
ADULT PROPHY 01110	\$100
TWO SURFACE ANTERIOR COMPOSITE 02331	\$250
CORE BUILD-UP 02950	\$250
CROWN - GOLD/PORCELAIN 02750	\$1,250
ANTERIOR CANAL ROOT CANAL 03310	
PANORAMIC X-RAY 00330	\$120
TWO SURFACE POSTERIOR COMPOSITE 02392	\$250
CROWN - PORCELAIN CERAMIC 02740	\$1,000
LABIAL PORCELAIN VENEER 02962	\$1,250
BICUSPID ROOT CANAL 03320	
AVERAGE OF FEES	\$559
PERCENT OF FEE PARITY	80%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	398,173
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	22,079
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	
	WITHIN
MAJOR EMPLOYERS IN AREA	Moffit, Hillsborough County Schools
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWING AREA	

STAFF DATA						
POSITION	YEAR HIRED	STAY		ANNUAL SALARY	HOURLY SALARY	ANNUAL COST OF BENEFITS
FRONT OFFICE	45502			\$49,920	\$30.00	
FRONT OFFICE	45200			\$83,200	\$50.00	Wife
OFFICE MANAGER	43014			\$56,576	\$34.00	
FRONT OFFICE						
FRONT OFFICE						
ASSISTANT	37434			\$48,256	\$29.00	
ASSISTANT	45435			\$43,264	\$26.00	
ASSISTANT	45540			\$39,936	\$24.00	
ASSISTANT						
ASSISTANT						
HYGIENIST	38916			\$54,912	\$44.00	
HYGIENIST	43605			\$73,216	\$44.00	
HYGIENIST	44208			\$73,216	\$44.00	
HYGIENIST						
LAB TECHNICIAN						
LAB TECHNICIAN						
ASSOCIATE						
ASSOCIATE						
ASSOCIATE						
WHAT BENEFITS DO YOU PROVIDE FOR THE STAFF?						
COST OF BENEFITS PROVIDED FOR EACH EMPLOYEE						
NOTES						
ARE THERE ANY EMPLOYEES WHO ARE PAID MORE OR LESS						
THAN THE NORMAL SALARY FOR THEIR POSITION?						
WHAT POSITIONS AND WHAT IS AMOUNT OF OVER/UNDER						
COMPENSATION FOR EACH						
COLLECTION CENTERS						
				1/1/2024 - 12/31/2024	2024	2023
GROSS COLLECTIONS				\$1,409,960	\$1,457,395	\$1,362,251
OWNER COLLECTIONS				\$874,175	\$903,585	\$844,596
HYGIENIST COLLECTIONS				\$535,785	\$553,810	\$517,655
ASSOCIATE COLLECTIONS						
ASSOCIATE COLLECTIONS						
ASSOCIATE COLLECTIONS						
ASSOCIATE COLLECTIONS						
ASSOCIATE - SALARY IN DOLLARS / COMMISSION PERCENT				\$0	0%	
HYGIENIST - SALARY IN DOLLARS / COMMISSION PERCENT				\$0	0%	

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?		N/A	
INSURANCE EXPLANATION			
TOTAL EXPENSE FOR INSURANCE IN CURRENT PERIOD			
HOW MUCH OF TOTAL IS FOR OWNER HEALTH INSURANCE?			
HOW MUCH OF TOTAL IS FOR STAFF HEALTH INSURANCE?			
HOW MUCH OF TOTAL IS FOR OTHER OWNER BENEFITS?			
HOW MUCH OF TOTAL IS FOR MALPRACTICE INSURANCE?			
HOW MUCH FOR TOTAL IS FOR BUILDING INSURANCE?			
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			
HOW MUCH OF TOTAL IS FOR STAFF			
HOW MUCH OF TOTAL IS FOR OWNER?			
BENEFITS EXPLANATION			
TOTAL EXPENSE FOR EMPLOYEE BENEFITS			
HOW MUCH OF TOTAL IS FOR STAFF?			
HOW MUCH OF TOTAL IS FOR OWNER?			
TEN HIGHEST INCOME SOURCE PLANS		% OF PRX INCOME	% OF YOUR FEE
PLAN NAME	FROM THIS PLAN	THIS PLAN PAYS	
TOTAL			