Atlanta Area Periodontal FINANCIAL DATA SUMMARY FOR PRACTICE 8838 2/24/2016 13:13 The following summary illustrates a projected year's income and expenses for the subject practice which incorporates an 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. NOTE: Practice price does not include accounts receivable. PRACTICE INCOME EXPECTED GROSS COLLECTIONS \$537,736 100.0% HYGIENE COMPONENT \$87,830 16.3% DENTIST COMPONENT \$449.906 83.7% RETAINED SELLER ASSOCIATE **PURCHASER** \$449,906 83.7% VARIABLE EXPENSES WAGES, PAYROLL TAX, ETC \$163,577 30.4% LABORATORY \$146 0.0% CLINICAL SUPPLIES \$54,753 10.2% OTHER VARIABLE EXPENSE \$39,987 7.4% TOTAL VARIABLE EXPENSE INCREASE \$258,463 48.1% **FIXED EXPENSES** \$34,650 6.4% PHONE, UTILITIES \$16,477 3.1% LEGAL & ACCOUNTING \$6,760 1.3% NSURANCE \$7,800 1.5% OTHER FIXED EXPENSE \$14,397 2.7% TOTAL FIXED EXPENSE INCREASE \$80,084 14.9% DEBT SERVICE ((EXCLUDES ANY REAL ESTATE MORTGAGE WHICH IS INCLUDED IN FIXED EXPENSES) NTEREST \$16,916 3.1% PRINCIPAL \$33,577 6.2% TOTAL DEBT SERVICE 9.4% \$50,493 SUMMARY EXPECTED COLLECTIONS \$537,736 100.0% EXPECTED EXPENSES \$338,547 63.0% DEBT SERVICE \$50,493 9.4% EXPECTED NET INCOME & PERCENT OF PERSONAL PRODUCTION \$148.697 33.1% PURCHASER PRODUCED PRODUCTION \$449,906 83.7% EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION \$33,577 7.5% TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION \$15,987 3.6% TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD. \$198,261 44.1% FIRST YEAR RETURN ON INVESTMENT \$57,710 15.2% THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS: PRACTICE SALES PRICE & PERCENT OF GROSS \$380,000 73% **WORKING CAPITAL** \$26,000 TOTAL PRACTICE LOAN \$406,000 PRACTICE LOAN INTEREST RATE 4.50% PRACTICE LOAN TERM IN MONTHS 120 PRACTICE MONTHLY PAYMENT \$4,208 9% NA NA TOTAL OF ALL MONTHLY PAYMENT \$4,208 9% ESTIMATED MONTHLY HYGIENE AND ASSOCIATE PROFIT \$3,532 8%

Atlanta Area			
DATA SUMMARY FOR PRACTICE NUMBER	8838		
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 prac			
verify all information contained herein and to seek qualified cou	nsel in the interpretation and verification thereof.		
OFFICE DATA			
SQUARE FOOTAGE OF OFFICE	2,020		
EXPANDABLE FOOTAGE			
CURRENT MONTHLY RENTAL i.e. "1200"			
PRICE PER SQUARE FOOT			
IS OFFICE HANDICAPPED ACCESSIBLE? NUMBER OF PARKING SPACES			
PROXIMITY OF PARKING PLACES			
TOTAL NUMBER OF EQUIPPED OPERATORIES	4		
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES			
NUMBER OF OPERATORIES USED PRIMARILY BY DENTIST(S)			
NUMBER OF OPERATORIES USED PRIMARILY BY HYGIENIST(S)			
NUMBER OF UNPLUMBED AND EMPTY OPERATORIES			
DO YOU OWN YOUR BUILDING?	No		
DO YOU WISH TO SELL THE BUILDING?	No		
WAS BUILDING APPRAISED?			
WHEN?			
APPRAISED PRICE			
IF NOT APPRAISED, ESTIMATED BUILDING PRICE			
IF NOT FOR SALE, MO. RENTAL AMOUNT			
ANNUAL REAL ESTATE TAXES			
ANNUAL REAL ESTATE INSURANCE COST			
DATE OF LEASE i.e. "1/1/99"			
DATE LEASE ENDS - i.e. "1/1/04"			
RENEWAL OPTIONS			
IS THERE AN OPTION TO PURCHASE?			
BUILDING VALUE TO BE USED			
PURCHASER MORTGAGE INTEREST RATE			
PURCHASER MORTGAGE TERM - YEARS	15		
PURCHASER MONTHLY PAYMENT PURCHASER CURRENT MONTHLY RENT			
PURCHASER CURRENT MONTHLY RENT PRICE PER SQUARE FOOT			
WORK SCHEDULE			
PLANS AFTER SALE OF PRACTICE	Go home		
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 DATA				
MANAGEMENT CONSULTANT IN LAST 5 YRS? IF SO WHO?	No			
RESULTS				
DESCRIBE INTERNAL MARKETING	Marketing on hold; practice patient made brochures			
DESCRIBE EXTERNAL MARKETING				
HAG ODGGG CHANGED CICANETING ANTING	V I. 0040 0044 I			
HAS GROSS CHANGED SIGNIFICANTLY? WHY? steadily been growing over the past 3 years.	Yes; In 2010-2011 due to change in economy; the practice has			
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	Nitrous Oxide, Conscious Sedation			
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?				
WHAT TYPE RECALL SYSTEM				
WHAT TYPE COMPUTER SYSTEM				
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DAT ESTIMATE NUMBER OF PTS LAST 18 MONTHS	814			
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	13			
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST(S)	10			
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST(S)	8 0.Wt			
HOW FAR AHEAD IS DENTIST SCHEDULED?	3 Weeks			
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	1 Month			
PRACTICE DATA				
% INCOME FROM CASH	67%			
% OF PATIENTS PAYING CASH	71%			
% INCOME FROM FEE FOR SERVICE INSURANCE	33%			
% OF PATIENTS WITH FEE FOR SERVICE INSURANCE	29%			
% PRACTICE INCOME FROM REDUCED FEE PLANS				
% OF PATIENTS WITH REDUCED FEE PLANS				
% 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 AM - 5 PM			
WEDNESDAY	8 AM - 5 PM			
THURSDAY	8 AM - 5 PM			
FRIDAY	8 AM - 5 PM			
SATURDAY				
SUNDAY				
OWNER HOURS WORKED PER WEEK				
ASSOCIATE HOURS WORKED PER WEEK	32			
HYGIENIST HOURS WORKED PER WEEK	24			
DENTIST PATIENT VISITS PER YEAR				
HYGIENE PATIENT VISITS PER YEAR				
NUMBER OF DAYS WORKED PER YEAR				
NUMBER OF WEEKS WORKED PER YEAR				
COLLECTION DATA				
WHAT IS YOUR COLLECTION PERCENTAGE	98%			
ACTUAL ACCOUNTS RECEIVABLE BALANCE				
WHAT IS YOUR PATIENT CREDIT BALANCE				
ACCOUNTS RECEIVABLES - CURRENT				
ACCOUNTS RECEIVABLES - CURRENT ACCOUNTS RECEIVABLES - 31-60 DAYS				
ACCOUNTS RECEIVABLE - 61-90 DAYS				
ACCOUNTS RECEIVABLE >90 DAYS				

WHAT PERCENTAGE OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTIO	
OPERATI\	/E
PEDODONTIC	
ORTHODONTIC	
IMPLAN ⁻	
REMOVABLE PROSTHETIC	
FIXED PROSTHETIC	
ENDODONTIO	
PERIODONTIC	
ORAL SURGEF COSMET	
TMJ TREATMEN	
SOFT TISSUE MANAGEMEN	
DIAGNOST	
TOTA	
	11
VHAT SERVICES ARE REFERRED OUT?	
REVENUES SOURCES	
S ANY OF YOUR REPORTED INCOME FROM ANY OTHER	
SOURCE THAN PATIENT TREATMENT FROM THIS PRACTICE?	
F SO HOW MUCH IN CURRENT PERIOD?	
F SO , HOW MUCH FOR LAST YEAR?	
F SO HOW MUCH FOR THE PREVIOUS YEAR?	
VHAT IS THE SOURCE OF THIS OTHER INCOME?	
VHAT IS THE SOURCE OF THIS OTHER INCOME!	
EE SCHEDULE	
ADULT PROPHY 01110	\$125
WO SURFACE ANTERIOR COMPOSITE 02331	ψ123
CORE BUILD-UP 02950	
CROWN - GOLD/PORCELAIN 02750	
INTERIOR CANAL ROOT CANAL 03310	
PANORAMIC X-RAY 00330	\$135
WO SURFACE POSTERIOR COMPOSITE 02392	
CROWN - PORCELAIN CERAMIC 02740	
ABIAL PORCELAIN VENEER 02962	
BICUSPID ROOT CANAL 03320	
VERAGE OF FEES	\$130
PERCENT OF FEE PARITY	124%
DEMOGRAPHIC DATA	
VHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	
VHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	
PPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	
VITHIN	
MAJOR EMPLOYERS IN AREA	Delta, Coca Cola, Emory Medical Centers, Airport, Fort Guillem,
/A, Home Depot, Pinewood Studios, UPS	

STAFF DATA							
POSITION	YEAR	STAY?	VALUE OF BENEFITS	ANNUA	AL SALARY AND/OF	R COMMISSION PERCENT	
RECEPTIONIST							
OFFICE MANAGER	2006	Yes		\$59,000			
INSURANCE							
OTHER FRONT DESK	2015	Yes		\$25,000			
BOOKKEEPER							
ASSISTANT	1998	Yes		\$40,000			
ASSISTANT ASSISTANT							
ASSISTANT							
ASSISTANT							
HYGIENIST	2004	Yes		\$45,000			
HYGIENIST							
HYGIENIST							
HYGIENIST							
LAB TECHNICIAN							
LAB TECHNICIAN							
ASSOCIATE	2012	?		\$115,000			
ASSOCIATE	2012			ψ110,000			
ASSOCIATE							
		l					
WHAT BENEFITS DO	YOU PRO	VIDE FOR	THE STAFF?	Medical leave and ann	ual vacations; sick/p	personal days	
COST OF BENEFITS F	PROVIDED	FOR EAC	H EMPLOYEE				
				•			
DO YOU HIRE ANY UN							
			IAT IS THE ESTIMATED				
FAIR MARKET VALUE	OF THEIR	R JUB?					
ARE THERE ANY EMP	LOYEES	WHO ARE I	PAID MORE OR LESS				
THAN THE NORMAL S							
WHAT POSITIONS AN	ID WHAT	IS AMOUNT	OF OVER/UNDER				
COMPENSATION FOR	REACH						
COLLECTION CENTE	RS						
				YEAR TO DATE	LAST YEAR	TWO YEARS AGO	
PERIOD				1/1/2015 - 4/ 31/2015	2014	2013	
	9						
GROSS COLLECTIONS		\$167,395	\$661,787	\$459,724			
OWNER COLLECTIONS		\$21,398	\$46,372	\$65,176			
HYGIENIST COLLECTIONS		\$17,178	\$47,234	\$30,234			
ASSOCIATE COLLECTIONS		\$128,819	\$304,211	\$364,314			
ASSOCIATE COLLECTIONS		\$	\$263,970	\$			
ASSOCIATE COLLECTIONS			\$	\$	\$		
ASSOCIATE COLLECTIONS							
ASSOCIATE SALARY IN DOLLARS OR COMMISSION PERCENT \$ OR %							
					\$ OR %		
HYGIENIST SALARY IN DOLLARS OR COMMISSION PERCENT \$			Ψ OR	/0			

CONFORMITY DATA			
DOES YOUR PRACTICE MEET OSHA STANDARDS? WHY NOT?	Yes		
BOES FOOK FIXACTICE WILL FOSHIA STANDARDS: WITH NOT:	165		
DOES YOUR PRACTICE MEET HIPAA STANDARDS? WHY NOT?	Yes		
	1130		
ANY DISCIPLINARY ACTION IN LAST 7 YRS? EXPLAIN	No		
AND DEACTION AND UTO BUILDING TO BUILDING TO SUPLAND	No. 1 . 1 . 1 . 1 . 1		
ANY PRACTICE LAWSUITS FILED IN PAST TEN YRS. EXPLAIN	Yes; terminated associate for risk reasons		
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT	None		
	None		
YOUR PRACTICE OF DENTISTRY			
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			
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?			
REDUCED FEE PLANS NAME OF PLAN	PAYS WHAT PERCENT OF YOUR STANDARD FEE		
INAIVIE OF FLAIN	FATS WHAT FERCENT OF TOOK STANDARD FEE		

14%
60%
. 11%
. 15%
Nitrous and Oral Sedation
Yes - Biolitc Ceralas d15 980
No
All techniques
20%