

New Orleans, LA	General Dentistry	
MERGER FINANCIAL DATA SUMMARY FOR PRACTICE		9064

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	\$627,891
--	-----------

COMPENSATION FOR PURCHASER FOR HIS/HER PRODUCTION. CONSIDER A GENEROUS COMMISSION RATE OF 35%	\$219,762
--	-----------

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 IS PAID AMOUNTS TO	\$398,089
--	-----------

THE PROFIT - NOT INCLUDING PURCHASER SALARY, DIVIDED BY THE TOTAL LOAN FOR THE PRACTICE PRICE AND WORKING CAPITAL, REPRESENTS THE RATE OF	63%
---	-----

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 BEFORE TAX DOLLARS (AFTER DEBT SERVICE)	\$398,089
2. ARE THERE TAX SAVINGS AND EQUITY INCREASES FOR THE PURCHASER	\$85,616
3. TOTAL ECONOMIC BENEFIT - NET CASH FLOW (AFTER DEBT SERVICE), EQUITY, AND TAX SAVINGS	\$483,705

New Orleans, LA General Dentistry				
MERGER FINANCIAL DATA FOR PRACTICE 9064				
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			\$826,446	100.0%
HYGIENE COMPONENT			\$198,555	24.0%
DENTIST COMPONENT			\$627,891	76.0%
RETAINED SELLER				
ASSOCIATE				
PURCHASER			\$627,891	76.0%
VARIABLE EXPENSES				
WAGES, PAYROLL TAX, ETC.			\$186,539	22.6%
LABORATORY			\$43,339	5.2%
CLINICAL SUPPLIES			\$58,583	7.1%
OTHER VARIABLE EXPENSE			\$26,447	3.2%
TOTAL VARIABLE EXPENSE			\$314,908	38.1%
FIXED EXPENSES				
PHONE, UTILITIES			\$3,000	0.4%
LEGAL & ACCOUNTING			\$3,500	0.4%
INSURANCE			\$1,500	0.2%
OTHER FIXED EXPENSE			\$31,983	3.9%
TOTAL FIXED EXPENSE			\$39,983	4.8%
PRACTICE DEBT SERVICE				
INTEREST			\$18,009	2.2%
PRINCIPAL			\$55,457	6.7%
TOTAL DEBT SERVICE			\$73,466	8.9%
SUMMARY				
EXPECTED COLLECTIONS			\$826,446	100.0%
EXPECTED EXPENSES			\$354,891	42.9%
PRACTICE DEBT SERVICE			\$73,466	8.9%
EXPCTD NET INCOME AFTER EXPENSES AND DEBT & PERCENT OF PERSONAL PROD.			\$398,089	63%
PURCHASER PRODUCED PRODUCTION			\$627,891	76.0%
EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION			\$55,457	8.8%
TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION			\$30,159	4.8%
TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.			\$483,705	77%
THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:				
PRACTICE SALES PRICE & PERCENT OF GROSS			\$591,000	74%
WORKING CAPITAL			\$40,000	
TOTAL PRACTICE LOAN			\$631,000	
PRACTICE LOAN INTEREST RATE			3.10%	
PRACTICE LOAN TERM IN MONTHS			120	
PRACTICE MONTHLY PAYMENT			\$6,122	9%
PURCHASER CASH FLOW CONSIDERATIONS				
MONTHLY PRACTICE PAYMENTS			\$6,122	9%
ESTIMATED MONTHLY HYGIENE AND ASSOCIATE PROFIT			\$9,266	13%
PURCHASER SALARY BASED ON 35% OF PERSONAL PRODUCTION			\$219,762	
PRACTICE PROFIT - IN ADDITION TO PURCHASER SALARY			\$281,953	45%
TOTAL PURCHASER SALARY AND PRACTICE PROFIT			\$501,715	
LESS PRACTICE DEBT SERVICE			(\$73,466)	
PURCHASER SALARY AND PROFIT AFTER DEBT SERVICE			\$428,249	

New Orleans, LA	
MERGER DATA FOR PRACTICE NUMBER 9064	
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	1,050
EXPANDABLE FOOTAGE	
CURRENT MONTHLY RENTAL i.e. "1200"	\$2,500
PRICE PER SQUARE FOOT	\$28.57
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	
PROXIMITY OF PARKING PLACES	
# EQUIPPED OPS	4
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF OPERATORIES USED PRIMARILY BY DENTIST(S)	2
NUMBER OF OPERATORIES USED PRIMARILY BY HYGIENIST(S)	2
NUMBER OF UNPLUMBED AND EMPTY OPERATORIES	
DO YOU OWN YOUR BUILDING? YES OR NO	NO
DO YOU WISH TO SELL THE BUILDING? YES OR NO	NO
APPRAISED BUILDING PRICE / WHEN?	
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. "6/1/2016"	April 28, 2015
DATE LEASE ENDS - i.e. "1/1/2020"	April 28, 2027
IS THERE AN OPTION TO PURCHASE?	
RENEWAL OPTIONS	
BUILDING VALUE TO BE USED	
PURCHASER MORTGAGE INTEREST RATE	4.50%
PURCHASER MORTGAGE TERM - YEARS	20
PURCHASER MONTHLY PAYMENT	
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	
WORK SCHEDULE	
PLANS AFTER SALE OF PRACTICE	Practice outside of New Orleans
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?	
RESULTS	
DESCRIBE INTERNAL MARKETING	
DESCRIBE EXTERNAL MARKETING	Birdeye Reviews, Paid trackable Google ads, Internal marketing
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	No
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	Nitrous Oxide
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?	Composites only
WHAT TYPE RECALL SYSTEM	Lighthouse
WHAT TYPE COMPUTER SYSTEM	Practiceworks
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	1,000
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	20
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST(S)	8
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST(S)	6
HOW FAR AHEAD IS DENTIST SCHEDULED?	1 1/2 Weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	6 Months
PRACTICE DATA	
% INCOME FROM CASH	80%
% OF PATIENTS PAYING CASH	80%
% INCOME FROM FEE FOR SERVICE INSURANCE	
% OF PATIENTS WITH FEE FOR SERVICE INSURANCE	
% PRACTICE INCOME FROM REDUCED FEE PLANS	20%
% OF PATIENTS WITH REDUCED FEE PLANS	20%
% PRACTICE INCOME FROM CAPTITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME FROM REDUCED FEE PLANS	20%
% OF PATIENTS WITH REDUCED FEE PLANS	20%
SCHEDULING DATA	
MONDAY	8:30 AM - 5 PM
TUESDAY	8:30 AM - 5 PM
WEDNESDAY	8:30 AM - 5 PM
THURSDAY	8:30 AM - 5 PM
FRIDAY	Closed
SATURDAY	Closed
SUNDAY	
OWNER HOURS WORKED PER WEEK	27.5
ASSOCIATE HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	35
DENTIST PATIENT VISITS PER YEAR	1,110
HYGIENE PATIENT VISITS PER YEAR	1,247
NUMBER OF DAYS WORKED PER YEAR	129
NUMBER OF WEEKS WORKED PER YEAR	48
COLLECTION DATA	
WHAT IS YOUR COLLECTION PERCENTAGE	101%
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$51,282
WHAT IS YOUR PATIENT CREDIT BALANCE	\$8,957
ACCOUNTS RECEIVABLES - CURRENT	\$13,111
ACCOUNTS RECEIVABLES - 31-60 DAYS	\$4,483
ACCOUNTS RECEIVABLE - 61-90 DAYS	\$8,242
ACCOUNTS RECEIVABLE >90 DAYS	\$14,675

WHAT PERCENTAGE OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	25%
OPERATIVE	30%
PEDODONTICS	
ORTHODONTICS	1%
IMPLANTS	12%
REMOVABLE PROSTHETICS	5%
FIXED PROSTHETICS	7%
ENDODONTICS	9%
PERIODONTICS	4%
ORAL SURGERY	4%
COSMETIC	
TMJ TREATMENT	
SOFT TISSUE MANAGEMENT	
DIAGNOSTIC	4%
TOTAL	100%
WHAT SERVICES ARE REFERRED OUT?	
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	\$86
TWO SURFACE ANTERIOR COMPOSITE 02331	\$239
CORE BUILD-UP 02950	\$279
CROWN - GOLD/PORCELAIN 02750	
ANTERIOR CANAL ROOT CANAL 03310	\$813
PANORAMIC X-RAY 00330	\$117
TWO SURFACE POSTERIOR COMPOSITE 02392	\$260
CROWN - PORCELAIN CERAMIC 02740	\$1,234
LABIAL PORCELAIN VENEER 02962	\$1,295
BICUSPID ROOT CANAL 03320	\$970
AVERAGE OF FEES	\$588
PERCENT OF FEE PARITY	121%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	
	WITHIN
MAJOR EMPLOYERS IN AREA	
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWING AREA	

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?			
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?			
	% OF PRX INCOME	% OF YOUR FEE	
PLAN NAME - BE SURE TO LIST DELTA PREMIERE IF YOU HAVE	FROM THIS PLAN	THIS PLAN PAYS	
HUMANA	20%	80%	
DINA MEDICARE	4%	50%	
	24%		

How does your schedule compare to same period in 2019? **Better**

Do you have adequate PPE inventory? **Yes**

Do you pass the cost of PPE on the patients? **No**

How does your post Covid treatment mix compare to same period of 2019? **Same or better**

How has the insured patient / cash patient ratio changed since reopening? **No Change**

Have all staff members returned or been replaced since reopening? **Yes, some changes but fully staffed.** Your estimated monthly salary expense \$17,000_____

Did you receive a PPP loan? **Yes** How much? **\$56,649** When received? **April 15, 2020**

Was this loan paid back or forgiven? _____ Was this loan amount included in your P&L or tax return? **No**_____

Did you receive a EIDL loan? **Yes** How much? **\$6,000** When received? _____

Was this loan paid back or forgiven? **Grant** Was this loan amount included in your P&L or tax return? _____
