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New Orleans A			General Dentis		Merger Purchase	er
-		-	PRACTICE #			
U U				nd expenses for the subject practice w o increase in production. This summa		
•				chasers should obtain gualified legal	•	
	,			ce does not include accounts recei	0	
PRACTICE INCO	ME					
EXPECTED GRO	SS COLLEC	TIONS			\$804,220	100.0%
Н	YGIENE CO	MPONENT			\$209,097	26.0%
D	ENTIST COM	IPONENT			\$595,123	74.0%
		RETAINED S	ELLER		\$386,025	48.0%
		ASSOCIATE				
		PURCHASEF	2		\$209,097	26.0%
VARIABLE EXPE	NSES					
W	AGES, PAY	ROLL TAX, E	TC.		\$250,059	31.1%
	ABORATORY				\$36,770	4.6%
	LINICAL SUF				\$69,206	8.6%
0	THER VARIA	ABLE EXPEN	SE		\$142,889	17.8%
				TOTAL VARIABLE EXPENSE	\$498,925	62.0%
FIXED EXPENSE	S					
					\$59,396	7.4%
	HONE, UTILI				\$3,000	0.4%
	EGAL & ACC	OUNTING			\$3,500	0.4%
	ISURANCE				\$1,500	0.2%
0	THER FIXED) EXPENSE			\$51,315	6.4%
				TOTAL FIXED EXPENSE	\$118,711	14.8%
DEBT SERVICE		CE AND BUL	DING		CC 444	0.00/
	ITEREST RINCIPAL				\$66,114 \$74,613	8.2% 9.3%
P			<u> </u>	TOTAL DEBT SERVICE	\$140,727	17.5%
SUMMARY						
EXPECTED COLL	ECTIONS				\$804,220	100.0%
EXPECTED EXPE					\$617,635	76.8%
PRACTICE DEBT					\$140,727	17.5%
EXPCIDINETING		REXPENSES	SAND DEBT & PE	ERCENT OF PERSONAL PROD.	\$45,857	22%
THIS CASH FLOW		IS BASED O	N THE FOLLOWI	NG ASSUMPTIONS:		
				ES PRICE & PERCENT OF GROSS	\$600,000	78%
				WORKING CAPITAL	\$39,000	
				TOTAL PRACTICE LOAN	\$639,000	
				PRACTICE LOAN INTEREST RATE	5.00%	
				PRACTICE LOAN TERM (MONTHS)	120	
				MONTHLY PRACTICE PAYMENT	\$6,778	10%
					\$750,000	70/
				\$4,950 \$11,727	7% 17%	
MONTHLY PRACTICE AND BUILDING PAYMENTS ESTIMATED MONTHLY HYGIENE AND ASSOCIATE PROFIT			\$11,727			
	DUD		-		\$13,481 \$73,184	20%
	PURC			35% OF PERSONAL PRODUCTION	\$73,184 \$78,070	400/
				DDITION TO PURCHASER SALARY AND 1ST YEAR EQUITY INCREASE	\$78,070 \$110,782	12%
					NUU /82	
				ICE FOR PRACTICE AND BULDING	(\$140,727)	

New Orleans Area	
MERGER DATA FOR PRACTICE NUMBER	9526
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	ctice. It is the responsibility of any purchaser to
verify all information contained herein and to seek qualified cou	insel in the interpretation and verification thereof.
OFFICE DATA	
SQUARE FOOTAGE OF OFFICE	4,000
EXPANDABLE FOOTAGE	
CURRENT MONTHLY RENTAL i.e. "1200"	\$6,100
PRICE PER SQUARE FOOT	\$18.30
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	20
PROXIMITY OF PARKING PLACES	On the property
# EQUIPPED OPS	6
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	4
NUMBER OF OPERATORIES USED PRIMARILY BY DENTIST(S)	4
NUMBER OF OPERATORIES USED PRIMARILY BY HYGIENIST(S)	2
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
	750.000
IF NOT APPRAISED, ESTIMATED BUILDING PRICE	
IF NOT SOLD, MONTHLY RENTAL AMOUNT	\$7.500
ANNUAL REAL ESTATE TAXES	\$9.074
ANNUAL REAL ESTATE INSURANCE COST	\$22,500
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	\$750,000
PURCHASER MORTGAGE INTEREST RATE	
PURCHASER MORTGAGE TERM - YEARS	
PURCHASER MONTHLY PAYMENT	\$4,950
	¢14.95
PRICE PER SQUARE FOOT WORK SCHEDULE	φ14.00
PLANS AFTER SALE OF PRACTICE	Relocation out of the area
DAYS/WEEK CURRENTLY WORKED	6.0
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	Contacting patients by phone to reactivate
DESCRIBE EXTERNAL MARKETING	Mailers, Website, Ads with local newspapers
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	Yes COVID and Hurricane Ida
HAS GROSS CHANGED SIGNIFICANTET? WHT?	
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	Nitrous Oxide, DOCS
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?	Yes
	Recalls set at time of a hygiene appointment
WHAT TYPE COMPUTER SYSTEM	
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DA	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	2,552
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	25
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST(S)	20
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST(S)	10
HOW FAR AHEAD IS DENTIST SCHEDULED?	2-3 weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	6 months
PRACTICE DATA	
% INCOME FROM CASH	0%
% OF PATIENTS PAYING CASH	0%
% INCOME FROM INSURANCE	70%
% OF PATIENTS WITH INSURANCE	70%
% PRACTICE INCOME FROM CAPTITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	30%
% OF PATIENTS WITH MEDICAID	30%
% PRACTICE INCOME FROM REDUCED FEE PLANS	30%
% OF PATIENTS WITH REDUCED FEE PLANS	30%
SCHEDULING DATA MONDAY	12:00 PM - 7:00 PM
TUESDAY	9:00 AM - 5:00 PM
WEDNESDAY	9:00 AM - 5:00 PM
THURSDAY	12:00 PM - 7:00 PM
FRIDAY	8:00 AM - 1:00 PM
SATURDAY	8:00 AM - 12:00 PM
OWNER HOURS WORKED PER WEEK	32
ASSOCIATE HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	32
DENTIST PATIENT VISITS PER YEAR	2,719
HYGIENE PATIENT VISITS PER YEAR	
NUMBER OF DAYS WORKED PER YEAR	180
NUMBER OF WEEKS WORKED PER YEAR	48
COLLECTION DATA	
WHAT IS YOUR COLLECTION PERCENTAGE	90%
ACTUAL ACCOUNTS RECEIVABLE BALANCE	
WHAT IS YOUR PATIENT CREDIT BALANCE	
ACCOUNTS RECEIVABLES - CURRENT	\$51,381
ACCOUNTS RECEIVABLES - CORRENT ACCOUNTS RECEIVABLES - 31-60 DAYS	
ACCOUNTS RECEIVABLE - 61-90 DAYS	\$5,378
ACCOUNTS RECEIVABLE >90 DAYS	\$11,339
	\$11,000

WHAT PERCENTAGE OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	23%
OPERATIVE	27%
PEDODONTICS	
ORTHODONTICS	1%
	2%
REMOVABLE PROSTHETICS	23%
FIXED PROSTHETICS	
ENDODONTICS	
PERIODONTICS	
ORAL SURGERY	
COSMETIC	
TMJ TREATMENT	
DIAGNOSTIC	
OTHER	
TOTAL	
	Complex impacted third molars, Endodontics
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	\$106
TWO SURFACE ANTERIOR COMPOSITE 02331	\$222
	\$295
CROWN - GOLD/PORCELAIN 02750 ANTERIOR CANAL ROOT CANAL 03310	\$1,173 \$769
PANORAMIC X-RAY 00330	\$126
TWO SURFACE POSTERIOR COMPOSITE 02392	\$232
CROWN - PORCELAIN CERAMIC 02740	\$1,264
LABIAL PORCELAIN VENEER 02962	\$1,256
BICUSPID ROOT CANAL 03320	\$887
AVERAGE OF FEES	\$633
PERCENT OF FEE PARITY	116%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	7,700
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	
	135,000
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	
WITHIN	Chall Oil Davies Classes Duran Estance Of Chall David
MAJOR EMPLOYERS IN AREA	Shell Oil, Bayer, Glazer, Bunge, Entergy, St. Charles Parish
City Government, St. Charles Parish Schools, Sewerage and Water B	oard Orleans. Jetterson Parish Schools, Louis Armstrong
International Airport	
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWING AREA	
PRACTICE HISTORY	
YEAR GRADUATED	
YEAR BEGINNING PRACTICE IN CITY	
YEAR BEGINNING PRACTICE IN CURRENT LOCATION	
RIGHT OR LEFT HANDED	
DO YOU OWN OTHER PRACTICES? HOW FAR AWAY?	No

STAFF DATA						
POSITION	YEAR HIRED	STAY		ANNUAL SALARY	HOURLY SALARY	ANNUAL COST OF BENEFITS
FRONT OFFICE	2022	?		\$13,901		
FRONT OFFICE/DA				\$1,388		
FRONT OFFICE/DA				\$19,950		
FRONT OFFICE				\$2,810		
FRONT OFFICE				\$35,338		
ASSISTANT/FD	2022	?		\$1,388		
ASSISTANT	2022	?		\$1,245		
ASSISTANT				\$25,319		
ASSISTANT/FD				\$19,950		
ASSISTANT				\$31,196		
HYGIENIST				\$5,130		
HYGIENIST						
HYGIENIST						
HYGIENIST						
JANITOR						
LAB TECHNICIAN						
ASSOCIATE						
ASSOCIATE						
ASSOCIATE						
WHAT BENEFITS DO YOU	PROVIDE FC	R THE S	STAFF?			
			NOTES	Office manager ma	anages socal media	accounts for both offices and
cleans the office weekly. Lead	d assistant wor	ks one da	ay per week in secon	d office and after sale	would work four day	vs per week for new owner.
						ble to work four days per week.
Associate dentist will stay fo	r four weeks a	fter sale	to complete cases	and assist with trans	ition.	
ARE THERE ANY EMPLOY	EES WHO AF		MORE OR LESS			
			THEIR POSITION?			
WHAT POSITIONS AND	D WHAT IS AI	MOUNT	OF OVER/UNDER			
	CC	MPENS	ATION FOR EACH			
COLLECTION CENTERS	5					
				1/1/2024 - 3/10/2024	2023	2022
		GRO	SS COLLECTIONS		\$758,536	\$742,665
			ER COLLECTIONS	¥ -)	\$635,890	\$439,441
	ŀ	-	ST COLLECTIONS		\$122,646	\$119,241
	A	SSOCIA	TE COLLECTIONS			\$178,959
			TE COLLECTIONS			\$5,014
			TE COLLECTIONS			
	A	SSOCIA	TE COLLECTIONS			
ASSOCIATE - SALARY I					0%	
HYGIENIST - SALARY I	DOLLARS	COMM	ISSION PERCENT	\$0	0%	

DOES YOUR PRACTICE MEET OSHA STANDARDS? WHY NOT? Yes DOES YOUR PRACTICE MEET HIPAA STANDARDS? WHY NOT? Yes	
DOES YOUR PRACTICE MEET HIPAA STANDARDS? WHY NOT? Yes	
DOES YOUR PRACTICE MEET HIPAA 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 Yes, September 11, 2023	
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT None	
YOUR PRACTICE OF DENTISTRY?	
TOTAL EXPENSE FOR INSURANCE IN CURRENT PERIOD \$51,292	
HOW MUCH OF TOTAL IS FOR OWNER HEALTH INSURANCE? \$9,395	
HOW MUCH OF TOTAL IS FOR STAFF HEALTH INSURANCE?	
HOW MUCH OF TOTAL IS FOR OTHER OWNER BENEFITS? \$12,996	
HOW MUCH OF TOTAL IS FOR MALPRACTICE INSURANCE? \$2,792	
HOW MUCH FOR TOTAL IS FOR BUILDING INSURANCE? \$26,110	
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	