New Orleans, Louisiana **General Dentistry** Owner/Operator Purchase FINANCIAL DATA SUMMARY FOR PRACTICE 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 \$595,709 PURCHASER COMPENSATION AT 35% FOR PRODUCTION. \$208,498 NOW CONSIDER THE PRACTICE PROFIT. THIS IS AN AMOUNT OVER AND ABOVE PURCHASER'S PRODUCTION COMPENSATION . THE PROFIT IS A BENEFIT OF OWNERSHIP OF THE PRACTICE. ONLY PRACTICE OWNERS REALIZE THIS PRACTICE PROFIT. IN THIS PRACTICE, THE PROFIT, AFTER ALL EXPENSES AND PURCHASER SALARY COMPENSATION HAVE BEEN PAID IS \$118,084 THE PROFIT - NOT INCLUDING PURCHASER SALARY, DIVIDED BY THE TOTAL LOAN FOR THE PRACTICE PRICE AND WORKING CAPITAL, RESULTS IN A RATE OF 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 AFTER DEBT SERVICE AND BEFORE TAX NET INCOME \$230,995 2. WHAT IS PERCENT OF PERSONAL PRODUCTION OF PRACTICE NET INCOME 39% 3. WHAT ARE EXPECTED TAX SAVINGS AND EQUITY INCREASES FOR THE PURCHASER \$91,117 TOTAL ECONOMIC BENEFIT - NET CASH FLOW (AFTER DEBT SERVICE), EQUITY, AND TAX SAVINGS \$322,113 5. WHAT IS PERCENT OF TOTAL ECONOMIC BENEFIT VERSUS PURCHASER PERSONAL PRODUCTION 54%

| New Orleans, Louisiana General Dentistry Owner/Operator Purchase 9542                                                                                  |                         |        |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|--|--|
| FINANCIAL DATA FOR PRACTICE General Dentistry  The following summary illustrates a projected year's income and expenses for the subject practice which | sh.                     |        |  |  |
| ncorporates an increase in fees and overhead expense but no increase in production. This summary                                                       |                         |        |  |  |
| epresentation or warranty of future practice performance. Purchasers should obtain qualified legal and                                                 |                         |        |  |  |
| ounsel prior to any purchase decisions. NOTE: Practice price does not include accounts receivable.                                                     |                         |        |  |  |
| PRACTICE INCOME                                                                                                                                        | \$                      | %      |  |  |
| EXPECTED GROSS COLLECTIONS                                                                                                                             | \$950,488               | 100.0% |  |  |
| HYGIENE COMPONENT                                                                                                                                      | \$354,779               | 37.3%  |  |  |
| DENTIST COMPONENT                                                                                                                                      | \$595,709               | 62.7%  |  |  |
| RETAINED SELLER                                                                                                                                        | <b>,</b> , , , , ,      |        |  |  |
| ASSOCIATE                                                                                                                                              |                         |        |  |  |
| PURCHASER                                                                                                                                              | \$595,709               | 62.7%  |  |  |
| ARIABLE EXPENSES                                                                                                                                       | \$                      | %      |  |  |
| WAGES, PAYROLL TAX, ETC.                                                                                                                               | \$289,574               | 30.5%  |  |  |
| LABORATORY                                                                                                                                             | \$28,186                | 3.0%   |  |  |
| CLINICAL SUPPLIES                                                                                                                                      | \$113,977               | 12.0%  |  |  |
| OTHER VARIABLE EXPENSE                                                                                                                                 | \$52,702                | 5.5%   |  |  |
| TOTAL VARIABLE EXPENSE                                                                                                                                 | \$484,438               | 51.0%  |  |  |
| FIXED EXPENSES                                                                                                                                         | \$                      | %      |  |  |
| RENT                                                                                                                                                   | \$46,800                | 4.9%   |  |  |
| PHONE, UTILITIES                                                                                                                                       | \$3,502                 | 0.4%   |  |  |
| LEGAL & ACCOUNTING                                                                                                                                     | \$9,785                 | 1.0%   |  |  |
| INSURANCE                                                                                                                                              | \$7,725                 | 0.8%   |  |  |
| OTHER FIXED EXPENSE                                                                                                                                    | \$71,657                | 7.5%   |  |  |
| TOTAL FIXED EXPENSE                                                                                                                                    | \$139,468               | 14.7%  |  |  |
| PRACTICE DEBT SERVICE                                                                                                                                  | \$                      | %      |  |  |
| INTEREST                                                                                                                                               | \$34,834                | 3.7%   |  |  |
| PRINCIPAL                                                                                                                                              | \$60,752                | 6.4%   |  |  |
| TOTAL DEBT SERVICE                                                                                                                                     | \$95,586                | 10.1%  |  |  |
| SUMMARY                                                                                                                                                | \$                      | %      |  |  |
| EXPECTED COLLECTIONS                                                                                                                                   | \$950,488               | 100.0% |  |  |
| EXPECTED EXPENSES                                                                                                                                      | \$623,906               | 65.6%  |  |  |
| PRACTICE DEBT SERVICE                                                                                                                                  | \$95,586                | 10.1%  |  |  |
| EXPCTD NET INCOME AFTER EXPENSES AND DEBT & PERCENT OF PERSONAL PROD.                                                                                  | \$230,995               | 39%    |  |  |
| FILIO CACILIFI OW EVANDI E IO DACED ON THE FOLL OWING ACCUMPTIONS                                                                                      | ¢                       | %      |  |  |
| THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:                                                                                          | \$                      |        |  |  |
| PRACTICE SALES PRICE & PERCENT OF GROSS                                                                                                                | \$705,000               | 77%    |  |  |
| WORKING CAPITAL                                                                                                                                        | \$46,000                |        |  |  |
| TOTAL PRACTICE LOAN                                                                                                                                    | \$751,000               |        |  |  |
| PRACTICE LOAN INTEREST RATE                                                                                                                            | 5.00%                   |        |  |  |
| PRACTICE LOAN TERM (MONTHS)                                                                                                                            | 120                     |        |  |  |
| MONTHLY PRACTICE PAYMENT                                                                                                                               | \$7,966                 | 10%    |  |  |
|                                                                                                                                                        |                         |        |  |  |
|                                                                                                                                                        |                         |        |  |  |
| MONTHLY PRACTICE PAYMENTS                                                                                                                              | \$7,966                 | 10%    |  |  |
| ESTIMATED MONTHLY HYGIENE AND ASSOCIATE PROFIT                                                                                                         | \$19,701                | 25%    |  |  |
| PURCHASER SALARY BASED ON 35% OF PERSONAL PRODUCTION                                                                                                   | \$208,498               |        |  |  |
|                                                                                                                                                        | \$118,084               | 16%    |  |  |
| PRACTICE PROFIT - IN ADDITION TO PURCHASER SALARY                                                                                                      | \$91,117                |        |  |  |
| PURCHASER TAX SAVINGS AND 1ST YEAR EQUITY INCREASE                                                                                                     |                         |        |  |  |
|                                                                                                                                                        | (\$95,586)<br>\$322,113 | 54%    |  |  |

| New Orleans, Louisiana                                             | Owner/Operator Purchase                              |
|--------------------------------------------------------------------|------------------------------------------------------|
| DATA FOR PRACTICE NUMBER                                           | General Dentistry                                    |
| 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 pract |                                                      |
| verify all information contained herein and to seek qualified cour | nsel in the interpretation and verification thereof. |
| OFFICE DATA                                                        |                                                      |
| SQUARE FOOTAGE OF OFFICE                                           | 1,850                                                |
| EXPANDABLE FOOTAGE                                                 |                                                      |
| TOTAL MO. RENT EXP.                                                |                                                      |
| PRICE PER SQUARE FOOT                                              |                                                      |
| IS OFFICE HANDICAPPED ACCESSIBLE?                                  |                                                      |
| NUMBER OF PARKING SPACES                                           | 12                                                   |
| PROXIMITY OF PARKING PLACES                                        |                                                      |
| # EQUIPPED OPS                                                     | 5                                                    |
| NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES                       |                                                      |
| NUMBER OF OPERATORIES USED PRIMARILY BY DENTIST(S)                 |                                                      |
| 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                        | NO                                                   |
|                                                                    |                                                      |
| IF NOT APPRAISED, ESTIMATED BUILDING PRICE                         | #0.000                                               |
| IF NOT SOLD, MONTHLY RENTAL AMOUNT                                 |                                                      |
| ANNUAL REAL ESTATE TAXES                                           |                                                      |
| ANNUAL REAL ESTATE INSURANCE COST                                  | \$5,826                                              |
| 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 PURCHASER MORTGAGE INTEREST RATE         | 6.00%                                                |
| PURCHASER MORTGAGE TERM - YEARS                                    |                                                      |
| PURCHASER MONTHLY PAYMENT                                          | 20                                                   |
| PURCHASER CURRENT MONTHLY RENT                                     |                                                      |
| PRICE PER SQUARE FOOT                                              | \$25.30                                              |
| WORK SCHEDULE                                                      |                                                      |
| PLANS AFTER SALE OF PRACTICE                                       | Continue working                                     |
| 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                             | Word of Mouth; \$20 Referral Credit                                           |  |  |  |  |
|                                                         |                                                                               |  |  |  |  |
| DESCRIBE EXTERNAL MARKETING                             | Website, Doctible Review Service, DexYP, Postcard Mania, Google, Facebook Ads |  |  |  |  |
|                                                         |                                                                               |  |  |  |  |
| HAS GROSS CHANGED SIGNIFICANTLY? WHY?                   | No                                                                            |  |  |  |  |
|                                                         |                                                                               |  |  |  |  |
| LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION        | Nitrous Oxide                                                                 |  |  |  |  |
| IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?             | No                                                                            |  |  |  |  |
| WHAT TYPE RECALL SYSTEM                                 | SolutionReach                                                                 |  |  |  |  |
| WHAT TYPE COMPUTER SYSTEM                               | PracticeWorks                                                                 |  |  |  |  |
| PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DAT | A & REDUCED FEE PLANS                                                         |  |  |  |  |
| ESTIMATE NUMBER OF DIFFERENT PATIENTS IN LAST 18 MONTHS | 692                                                                           |  |  |  |  |
| AVERAGE NUMBER OF NEW PATIENTS PER MONTH                | 18                                                                            |  |  |  |  |
| AVERAGE NUMBER PATIENTS TREATED PER DAY BY DENTIST(S)   | 6                                                                             |  |  |  |  |
| AVERAGE NUMBER PATIENTS TREATED PER DAY BY HYGIENISTS   | 8                                                                             |  |  |  |  |
| HOW FAR AHEAD IS DENTIST SCHEDULED?                     | 1 1/2 Weeks                                                                   |  |  |  |  |
| HOW FAR AHEAD IS HYGIENIST SCHEDULED?                   | 2 1/2 Weeks                                                                   |  |  |  |  |
| PRACTICE DATA                                           |                                                                               |  |  |  |  |
| % INCOME FROM CASH                                      | 49%                                                                           |  |  |  |  |
| % OF PATIENTS PAYING CASH                               | 51%                                                                           |  |  |  |  |
| % INCOME FROM FEE FOR SERVICE INSURANCE                 | 51%                                                                           |  |  |  |  |
| % OF PATIENTS WITH FEE FOR SERVICE INSURANCE            | 49%                                                                           |  |  |  |  |
|                                                         |                                                                               |  |  |  |  |
|                                                         |                                                                               |  |  |  |  |
| % 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<br>TUESDAY                                       | 8:00 AM - 5:00 PM (No patients)<br>8:00 AM - 5:00 PM                          |  |  |  |  |
| WEDNESDAY                                               | 8:00 AM - 5:00 PM                                                             |  |  |  |  |
| THURSDAY                                                |                                                                               |  |  |  |  |
|                                                         | 8:00 AM - 5:00 PM                                                             |  |  |  |  |
| FRIDAY                                                  | 8:00 AM - 5:00 PM                                                             |  |  |  |  |
| SATURDAY                                                | Closed                                                                        |  |  |  |  |
| DAYS WORKED PER WEEK                                    | 4                                                                             |  |  |  |  |
| OWNER HOURS WORKED PER WEEK                             | 32                                                                            |  |  |  |  |
| ASSOCIATE HOURS WORKED PER WEEK                         | 24                                                                            |  |  |  |  |
| HYGIENIST HOURS WORKED PER WEEK                         | 32                                                                            |  |  |  |  |
| DENTIST PATIENT VISITS PER YEAR                         | 983                                                                           |  |  |  |  |
| HYGIENE PATIENT VISITS PER YEAR                         | 578                                                                           |  |  |  |  |
| NUMBER OF DAYS WORKED PER YEAR                          | 192                                                                           |  |  |  |  |
| NUMBER OF WEEKS WORKED PER YEAR                         | 48                                                                            |  |  |  |  |
| COLLECTION DATA                                         |                                                                               |  |  |  |  |
|                                                         | 99%                                                                           |  |  |  |  |
| ACTUAL ACCOUNTS RECEIVABLE BALANCE                      | \$81,180                                                                      |  |  |  |  |
| WHAT IS YOUR PATIENT CREDIT BALANCE                     | \$58,893                                                                      |  |  |  |  |
| ACCOUNTS RECEIVABLES - CURRENT                          | \$16,491                                                                      |  |  |  |  |
| ACCOUNTS RECEIVABLES - 31-60 DAYS                       | \$7,908                                                                       |  |  |  |  |
| ACCOUNTS RECEIVABLE - 61-90 DAYS                        | \$15,999                                                                      |  |  |  |  |
| ACCOUNTS RECEIVABLE >90 DAYS                            | \$40,782                                                                      |  |  |  |  |

| WHAT PERCENTAGE OF THE PRACTICE INCOME IS:                 |                                       |  |  |  |
|------------------------------------------------------------|---------------------------------------|--|--|--|
| HYGIENIST PRODUCTION                                       | 35%                                   |  |  |  |
| OPERATIVE                                                  | 21%                                   |  |  |  |
| PEDODONTICS                                                |                                       |  |  |  |
| ORTHODONTICS                                               |                                       |  |  |  |
| IMPLANTS                                                   | 2%                                    |  |  |  |
| REMOVABLE PROSTHETICS                                      | 3%                                    |  |  |  |
| FIXED PROSTHETICS                                          | 14%                                   |  |  |  |
| ENDODONTICS                                                |                                       |  |  |  |
| PERIODONTICS                                               | 6%                                    |  |  |  |
| ORAL SURGERY                                               | 2%                                    |  |  |  |
| COSMETIC                                                   |                                       |  |  |  |
| TMJ TREATMENT                                              |                                       |  |  |  |
| DIAGNOSTIC                                                 | 270                                   |  |  |  |
| OTHER                                                      | 11%                                   |  |  |  |
| TOTAL                                                      |                                       |  |  |  |
| WHAT SERVICES ARE REFERRED OUT?                            |                                       |  |  |  |
| REVENUES SOURCES                                           | Complicated Endo, Perio, OS and Ortho |  |  |  |
|                                                            |                                       |  |  |  |
| IS ANY OF YOUR REPORTED INCOME FROM ANY OTHER              | N.                                    |  |  |  |
| 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                                         | \$113                                 |  |  |  |
| TWO SURFACE ANTERIOR COMPOSITE 02331                       | \$245                                 |  |  |  |
| CORE BUILD-UP 02950                                        | \$324                                 |  |  |  |
| CROWN - GOLD/PORCELAIN 02750                               | \$1,426                               |  |  |  |
| ANTERIOR CANAL ROOT CANAL 03310                            | \$969                                 |  |  |  |
| PANORAMIC X-RAY 00330                                      | \$137                                 |  |  |  |
| TWO SURFACE POSTERIOR COMPOSITE 02392                      | \$279                                 |  |  |  |
| CROWN - PORCELAIN CERAMIC 02740                            | \$1,461                               |  |  |  |
| LABIAL PORCELAIN VENEER 02962<br>BICUSPID ROOT CANAL 03320 | \$1,532<br>\$1,093                    |  |  |  |
| AVERAGE OF FEES                                            |                                       |  |  |  |
|                                                            | \$758<br>                             |  |  |  |
| PERCENT OF FEE PARITY                                      | 77%                                   |  |  |  |
| DEMOGRAPHIC DATA                                           | I                                     |  |  |  |
| WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN            | 357,767                               |  |  |  |
| WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA            | 1,285,000                             |  |  |  |
| APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES             |                                       |  |  |  |
| WITHIN                                                     |                                       |  |  |  |
| MAJOR EMPLOYERS IN AREA                                    | Touro Hospital                        |  |  |  |
|                                                            |                                       |  |  |  |
|                                                            |                                       |  |  |  |
| DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWING AREA        |                                       |  |  |  |
|                                                            |                                       |  |  |  |
|                                                            |                                       |  |  |  |
|                                                            |                                       |  |  |  |
|                                                            |                                       |  |  |  |
|                                                            |                                       |  |  |  |
| YEAR BEGINNING PRACTICE IN CITY                            | 1986                                  |  |  |  |
| YEAR BEGINNING PRACTICE IN CURRENT LOCATION                |                                       |  |  |  |
| RIGHT OR LEFT HANDED                                       |                                       |  |  |  |
| PURCHASE OR SCRATCH START                                  |                                       |  |  |  |
| I ONORACE ON SONATOTI STANT                                |                                       |  |  |  |

| STAFF DATA                                         |              |                    |                    |                |                   |                         |  |  |
|----------------------------------------------------|--------------|--------------------|--------------------|----------------|-------------------|-------------------------|--|--|
| POSITION                                           | YEAR HIRED   | STAY               | BENEFITS           | ANNUAL SALARY  | HOURLY SALARY     | ANNUAL COST OF BENEFITS |  |  |
| FRONT OFFICE                                       | 2000         | Yes                |                    | \$41,090       |                   |                         |  |  |
| PATIENT COORDINATOR                                | 2020         | ?                  |                    | \$34,925       |                   |                         |  |  |
| FRONT OFFICE                                       |              |                    |                    |                |                   |                         |  |  |
| FRONT OFFICE                                       |              |                    |                    |                |                   |                         |  |  |
| FRONT OFFICE                                       |              |                    |                    |                |                   |                         |  |  |
| ASSISTANT                                          | 2025         | Yes                |                    | \$28,288       |                   |                         |  |  |
| ASSISTANT                                          | 2025         | Yes                |                    | \$36,608       |                   |                         |  |  |
| ASSISTANT                                          |              |                    |                    |                |                   |                         |  |  |
| ASSISTANT                                          |              |                    |                    |                |                   |                         |  |  |
| ASSISTANT                                          |              |                    |                    |                |                   |                         |  |  |
| HYGIENIST                                          | 2002         | Yes                |                    | \$103,470      |                   |                         |  |  |
| HYGIENIST                                          |              |                    |                    |                |                   |                         |  |  |
| HYGIENIST                                          |              |                    |                    |                |                   |                         |  |  |
| HYGIENIST                                          |              |                    |                    |                |                   |                         |  |  |
| LAB TECHNICIAN                                     |              |                    |                    |                |                   |                         |  |  |
| LAB TECHNICIAN                                     |              |                    |                    |                |                   |                         |  |  |
| ASSOCIATE                                          |              |                    |                    |                |                   |                         |  |  |
| ASSOCIATE                                          |              |                    |                    |                |                   |                         |  |  |
| ASSOCIATE                                          |              |                    |                    |                |                   |                         |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
| WHAT BENEFITS DO YOU                               | PROVIDE FO   | R THE S            | TAFF?              |                |                   |                         |  |  |
| products)PTO(incre                                 | mental for f | irst 2 ye          | ears),paid holiday | s, AFLAC Accid | ental & Vision is | offered (Paid 100%)     |  |  |
| COST OF BENEFITS PROV                              |              |                    |                    |                |                   | ,                       |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
| DO YOU HIRE ANY UNPAIL                             | FAMILY ME    | MBERS?             |                    | No             |                   |                         |  |  |
| WHAT POSITION DO THEY                              | HOLD?        |                    |                    |                |                   |                         |  |  |
| WHAT IS FAIR MARKET W                              | AGE FOR TH   | EIR JOB            | ?                  |                |                   |                         |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
| ARE THERE ANY EMPLOY                               |              |                    |                    |                |                   |                         |  |  |
|                                                    |              |                    | THEIR POSITION?    |                |                   |                         |  |  |
| WHAT POSITIONS AN                                  |              |                    |                    | I              |                   |                         |  |  |
|                                                    | C            | JMPENS             | ATION FOR EACH     |                |                   |                         |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
| COLLECTION CENTERS                                 | S            |                    |                    |                |                   |                         |  |  |
|                                                    |              |                    |                    |                |                   |                         |  |  |
|                                                    |              |                    |                    | 2024           | 2023              | 2022                    |  |  |
|                                                    |              | GRO                | SS COLLECTIONS     | \$944,531      | \$988,731         | \$925,976               |  |  |
|                                                    |              | OWN                | ER COLLECTIONS     | \$430,064      | \$362,897         | \$574,105               |  |  |
| HYGIENIST COLLECTIONS                              |              | \$346,520          | \$355,726          | \$351,871      |                   |                         |  |  |
| ASSOCIATE COLLECTIONS                              |              |                    | \$167,947          | \$270,108      |                   |                         |  |  |
| ASSOCIATE COLLECTIONS                              |              |                    |                    |                |                   |                         |  |  |
|                                                    | Α            | SSOCIA             | TE COLLECTIONS     |                |                   |                         |  |  |
|                                                    | Α            | SSOCIA             | TE COLLECTIONS     |                |                   |                         |  |  |
| ASSOCIATE - SALARY IN DOLLARS / COMMISSION PERCENT |              | \$252/day plus Com |                    |                |                   |                         |  |  |
| HYGIENIST - SALARY I                               | N DOLLARS    | / COMM             | IISSION PERCENT    |                | 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                   | Yes but case was overt | turned. Patient wa | s "doctor-shopping" and I was |  |  |
| the 3rd or 4th dentist involved.                                       |                        |                    |                               |  |  |
| DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT                        | Yes; Worsening eye pr  | oblems             |                               |  |  |
| YOUR PRACTICE OF DENTISTRY?                                            |                        |                    |                               |  |  |
| INSURANCE EXPLANATION                                                  |                        |                    |                               |  |  |
| TOTAL EXPENSE FOR INSURANCE IN CURRENT PERIOD                          | \$24,771               |                    |                               |  |  |
| HOW MUCH OF TOTAL IS FOR OWNER HEALTH INSURANCE?                       |                        |                    |                               |  |  |
| HOW MUCH OF TOTAL IS FOR STAFF HEALTH INSURANCE?                       | \$1,666                |                    |                               |  |  |
| HOW MUCH OF TOTAL IS FOR OTHER OWNER BENEFITS?                         |                        |                    |                               |  |  |
| HOW MUCH OF TOTAL IS FOR MALPRACTICE INSURANCE?                        | \$5,784                |                    |                               |  |  |
| HOW MUCH FOR TOTAL IS FOR BUILDING INSURANCE?                          | \$5,901                |                    |                               |  |  |
|                                                                        |                        |                    |                               |  |  |
| TAXES AND LICENSES EXPLANATION                                         |                        |                    |                               |  |  |
| TOTAL EXPENSE FOR TAXES                                                | \$144,261              |                    |                               |  |  |
| 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?                            | \$11,598               |                    |                               |  |  |
| PENSION EXPLANATION AND 401k COMBINED  TOTAL EXPENSES FOR PENSION PLAN | \$70.074               |                    |                               |  |  |
| HOW MUCH OF TOTAL IS FOR STAFF                                         | \$79,271<br>\$55.690   |                    |                               |  |  |
| 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 SC                                                  | % OF PRX INCOME        | % OF YOUR FEE      |                               |  |  |
| PLAN NAME - BE SURE TO LIST DELTA PREMIERE IF YOU HAVE                 | FROM THIS PLAN         |                    |                               |  |  |
| AlwaysCare/Unum (29 Patients use Unum)                                 | 1%                     | 85%                |                               |  |  |
| anayosa syonani (201 adono doo onani)                                  | 1 /0                   | 0070               |                               |  |  |
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