Wastarn Warviana (Jeneral Dentistry				
Western Maryland General Dentistry FINANCIAL DATA SUMMARY FOR PRACTICE	9157			
The following statistics are based on assumptions that the subject practice will continue to be operated as it has been				
in the past. Vartiation from past performance are 1) increase in fees for each		•		
and 3) overhead expenses increase each year. Fee and overhead increases	s are based on	estimates of inflation and	ſ	
can be adjusted.				
The purpose of this summary is to demonstrate the individual practice reven	nues and profita	bility of this particular pr	actice.	
PRACTICE FINANCIAL SUMMARY				
		1		
AMOUNT OF INCOME PERSONALLY GENERATED BY PURCHASER	\$335,903			
COMPENSATION FOR PURCHASER FOR HIS/HER PRODUCTION.				
CONSIDER A GENEROUS COMMISSION RATE OF 35%	\$117,566			
CONSIDER A CENTERCOS COMMISSION (A CENTERCOS COMMISSIO	<b>\$111,000</b>			
NOW CONSIDER THE PRACTICE PROFIT. THIS IS AN AMOUNT OVER AND	ABOVE THE CO	OMPENSATION		
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	\$183,447			
THE PROFIT - NOT INCLUDING PURCHASER SALARY, DIVIDED BY THE TO	TAL LOAN			
FOR THE PRACTICE PRICE AND WORKING CAPITAL, REPRESENTS THE RA	ATE OF	29%		
TO COMPARE THE OPPORTUNITY TO OTHER OPPORTUNITIES WHITTHER				
TO COMPARE THIS OPPORTUNITY TO OTHER OPPORTUNITIES, WHETHER	THEY ARE AS	SOCIATESHIPS OR		
OTHER PRACTICES TO PURCHASE, LOOK AT SEVERAL KEY DATA POINTS		SOCIATESHIPS OR	SUBJECT PRACTICE	
OTHER PRACTICES TO PURCHASE, LOOK AT SEVERAL KEY DATA POINTS	6.			
·	6.		SUBJECT PRACTICE \$183,447	
OTHER PRACTICES TO PURCHASE, LOOK AT SEVERAL KEY DATA POINTS  1. HOW DOES THE ALTERNATIVE COMPARE WITH BEFORE TAX DOLLARS	S. S (AFTER DEBT		\$183,447	
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OTHER PRACTICES TO PURCHASE, LOOK AT SEVERAL KEY DATA POINTS  1. HOW DOES THE ALTERNATIVE COMPARE WITH BEFORE TAX DOLLARS  2. WHAT IS PERCENT OF PERSONAL PRODUCTION OF PRACTICE NET INC.	S (AFTER DEBT		\$183,447 55%	
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## Western Maryland **General Dentistry** FINANCIAL DATA FOR PRACTICE 9157 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 \$447,871 100.0% HYGIENE COMPONENT \$111,968 25.0% DENTIST COMPONENT \$335,903 75.0%

DEITHOT COMIT C	/IVEIVI		ψ000,000	7 0.0 70
RET	TAINED SELLER			
ASS	SOCIATE			
PUF	RCHASER		\$335,903	75.0%
VARIABLE EXPENSES				
WAGES, PAYROL	L TAX, ETC.		\$117,825	26.3%
LABORATORY			\$17,063	3.8%
CLINICAL SUPPLI	ES		\$22,106	4.9%
OTHER VARIABLE	E EXPENSE		\$11,595	2.6%
		TOTAL VARIABLE EXPENSE	\$168,589	37.6%
FIXED EXPENSES			<b>*</b> 1123,222	
TIXED EXITERED				
PHONE, UTILITIE:	s		\$9,869	2.2%
LEGAL & ACCOU			\$2,812	0.6%
INSURANCE	NTINO		\$6,124	1.4%
OTHER FIXED EX	PENSE		\$21,627	4.8%
SHIERTIAEDEA	1 L110L	TOTAL FIXED EXPENSE	\$40,432	9.0%
DEDT SERVICE FOR DRACTION	AND DILL DING	TOTAL FIXED EXPENSE	ψ <del>4</del> υ,432	9.076
DEBT SERVICE FOR PRACTICE	AND BULDING		POC 242	F 00/
INTEREST PRINCIPAL			\$26,343 \$29,060	5.9% 6.5%
FININGIFAL		TOTAL DEBT SERVICE	\$55,403	12.4%
SUMMARY		TOTAL BEBT CERTICE	<del>\$00,100</del>	121470
EXPECTED COLLECTIONS			\$447,871	100.0%
EXPECTED EXPENSES			\$209,021	46.7%
PRACTICE DEBT SERVICE			\$55,403	12.4%
EXPCTD NET INCOME AFTER EX		ERCENT OF PERSONAL PROD.	\$183,447	55%
PURCHASER PRODUCED PROD	OUCTION		\$335,903	75.0%
EQUITY INCREASE & PERCENT	OF PERSONAL PRODUCT	TION	\$29,060	8.7%
TAX SAVINGS FROM DEPRECIAT	TION & PERCENT OF PER	SONAL PRODUCTION	\$14,472	4.3%
TOTAL ECONOMIC BEN	TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.			68%
THIS CASH FLOW EXAMPLE IS I	BASED ON THE FOLLOWI	NG ASSUMPTIONS:		
	PRACTICE SAI	LES PRICE & PERCENT OF GROSS	\$299,000	69%
WORKING CAPITAL			\$22,000	
	TOTAL PRACTICE LOAN			
			\$321,000 6.00%	
	PRACTICE LOAN INTEREST RATE PRACTICE LOAN TERM (MONTHS)			
MONTHLY PRACTICE PAYMENT			120 \$3,564	10%
				10%
	MONTHLY	BUILDING PRICE BUILDING MORTGAGE PAYMENTS	\$150,000	3%
		BUILDING MORTGAGE PATMENTS	\$1,053	3%
PURCHASER CASH FLOW CON	SIDERATIONS			
	MONTHLY PRA	ACTICE AND BUILDING PAYMENTS	\$4,617	12%
	ESTIMATED MONTHLY	HYGIENE AND ASSOCIATE PROFIT	\$5,595	15%
PURCHA		35% OF PERSONAL PRODUCTION	\$117,566	12,75
				400/
	PRACTICE PROFIT - IN A	DDITION TO PURCHASER SALARYI	\$135 755	42%
		DDITION TO PURCHASER SALARY R SALARY AND PRACTICE PROFIT	\$135,755 \$253.321	42%
	TOTAL PURCHASE	DDITION TO PURCHASER SALARY R SALARY AND PRACTICE PROFIT ICE FOR PRACTICE AND BULDING	\$135,755 \$253,321 (\$55,403)	42%

## Western Maryland DATA FOR PRACTICE NUMBER 9157 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 1,700 EXPANDABLE FOOTAGE CURRENT MONTHLY RENTAL i.e. "1200" PRICE PER SQUARE FOOT IS OFFICE HANDICAPPED ACCESSIBLE? NUMBER OF PARKING SPACES PROXIMITY OF PARKING PLACES Very close to front door PURCHASER MORTGAGE INTEREST RATE PURCHASER MORTGAGE TERM - YEARS 20 PURCHASER MONTHLY PAYMENT 1,053 PURCHASER CURRENT MONTHLY RENT TOTAL NUMBER OF EQUIPPED OPERATORIES 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? DO YOU WISH TO SELL THE BUILDING? WAS BUILDING APPRAISED? No WHEN? APPRAISED PRICE IF NOT APPRAISED, ESTIMATED BUILDING PRICE ANNUAL REAL ESTATE TAXES \$734 ANNUAL REAL ESTATE INSURANCE COST 142800.00% DATE OF LEASE i.e. "6/1/2016" DATE LEASE ENDS - i.e. "1/1/2020" RENEWAL OPTIONS IS THERE AN OPTION TO PURCHASE? PLANS AFTER SALE OF PRACTICE Take 1 year off and/or help work with new dentist to start 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 COVID INFORMATION DATE CLOSED FOR COVID March 20, 2020 DATE REOPENED FOR COVID May 18, 2020 DATE OF LATEST PRACTICE REVENUE December 31, 2020 AMOUNT OF LATEST PRACTICE REVENUES \$254,874 AMOUNT OF ANY OUTSTANDING PPP OR EIDL LOANS

ARE YOU CURRENTLY LISTED WITH ANOTHER BROKER? WHO	
MANAGEMENT CONSULTANT IN LAST 5 YRS? IF SO WHO?	No
RESULTS	INO
RESOLIS	
	T
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	Nitrous Oxide
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?	Pretty much
WHAT TYPE RECALL SYSTEM	Postcards 1 month before; phone call 2 days ahead
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	2,700
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	60
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST(S)	15
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST(S)	10
HOW FAR AHEAD IS DENTIST SCHEDULED?	2 1/2 weeks
	6 months
% INCOME FROM CASH	10%
% OF PATIENTS PAYING CASH	10%
% INCOME FROM FEE FOR SERVICE INSURANCE	60%
% OF PATIENTS WITH FEE FOR SERVICE INSURANCE	60%
#REF!	#REF!
% PRACTICE INCOME FROM REDUCED FEE PLANS	
% OF PATIENTS WITH REDUCED FEE PLANS	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	30%
% OF PATIENTS WITH MEDICAID	30%
% PRACTICE INCOME FROM REDUCED FEE PLANS	30%
MONDAY	8 AM - 5 PM
TUESDAY	8 AM - 5 PM
WEDNESDAY	8 AM - 12 PM
THURSDAY	8 AM - 4 PM
FRIDAY	8 AM - 12 PM
FRIDAT	O AIVI - 12 FIVI
SATURDAY	
	3/20/2020
OWNER HOURS WORKED PER WEEK	24
ASSOCIATE HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	24
DENTIST PATIENT VISITS PER YEAR	2,250
HYGIENE PATIENT VISITS PER YEAR	1,500
NUMBER OF DAYS WORKED PER YEAR	150
WHAT IS YOUR COLLECTION PERCENTAGE	\$1
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$6,012
WHAT IS YOUR PATIENT CREDIT BALANCE	
ACCOUNTS RECEIVABLES - CURRENT	\$6,012
ACCOUNTS RECEIVABLES - 31-60 DAYS	
ACCOUNTS RECEIVABLE - 61-90 DAYS	

HYGIENIST PRODUCTION	25%				
OPERATIVE	25%				
PEDODONTICS					
ORTHODONTICS					
IMPLANTS					
REMOVABLE PROSTHETICS	13%				
FIXED PROSTHETICS					
ENDODONTICS					
PERIODONTICS					
ORAL SURGERY					
COSMETIC					
TMJ TREATMENT					
SOFT TISSUE MANAGEMENT					
OTHER					
TOTAL	100%				
REVENUES SOURCES					
IS ANY OF YOUR REPORTED INCOME FROM ANY OTHER	No				
SOURCE THAN PATIENT TREATMENT FROM THIS PRACTICE?					
IF SO HOW MUCH IN CURRENT PERIOD?					
IF SO , HOW MUCH FOR LAST YEAR?					
IF SO HOW MUCH FOR THE PREVIOUS YEAR?					
ANNUAL OVERHEAD INCREASE %					
FEE SCHEDULE					
	roc -				
ADULT PROPHY 01110 TWO SURFACE ANTERIOR COMPOSITE 02331	\$85 \$200				
CORE BUILD-UP 02950	\$250				
CROWN - GOLD/PORCELAIN 02750	\$1,300				
ANTERIOR CANAL ROOT CANAL 03310	\$750				
PANORAMIC X-RAY 00330	\$110				
TWO SURFACE POSTERIOR COMPOSITE 02392	\$230				
CROWN - PORCELAIN CERAMIC 02740	\$1,100				
LABIAL PORCELAIN VENEER 02962	\$1,100				
BICUSPID ROOT CANAL 03320	\$900				
AVERAGE OF FEES	60250%				
PERCENT OF FEE PARITY					
DEMOGRAPHIC DATA					
	25.000				
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	25,000				
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	75,000				
	thirty-one				
	Cumberland				
MAJOR EMPLOYERS IN AREA					
some factories					
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWI	NG AREA				

POSITION	YEAR HIRED	STAY	BENEFITS			
POSITION			BENEFITS VALUE	ANNUAL SALAF		
RECEPTIONIST		0.7	22.12.110 17.202	7 11 11 10 7 12 0 7 12 1		
OFFICE MANAGER	2017			\$35,464		
INSURANCE				. ,		
OTHER FRONT DESK						
BOOKKEEPER						
ASSISTANT	2001	Yes		\$27,172		
ASSISTANT	2001	100		ψ <u>Σ</u> Γ,17 <u>Σ</u>		
ASSISTANT						
ASSISTANT						
ASSISTANT						
HYGIENIST	2016	Yes		\$38,472		
HYGIENIST	20.0			<del>+00,112</del>		
HYGIENIST						
HYGIENIST						
LAB TECHNICIAN						
LAB TECHNICIAN						
ASSOCIATE						
ASSOCIATE						
ASSOCIATE						
ASSOCIATE						
	\//U/\T	DENIE	EITS DO VOLLE	I PROVIDE FOR T	LE CTAEE2	
ofter O veers	VVIIAI	DLINLI	113 00 100 1	I	IL STALL:	
after 2 years	0///DED E0	D E A CI	LEMBLOVEE			
COST OF BENEFITS PR	OVIDED FO	R EACE	1 EMPLOYEE			
DO YOU	HIRE ANY UN	IPAID FA	MILY MEMBERS?	No		
			DO THEY HOLD?			
WHAT IS THE ESTIMAT	ED MARKET	VALUE	OF THEIR JOB?	·		
WHAT POSITIONS AND		MOUNT	OF OVER/UNDER			
COMPENSATION FOR EAC						
COMPENSATION FOR EAC						
			PERIOD	\$2,020	\$2,022	\$2,021
		GROS	SS COLLECTIONS			
OWNER COLLECTIONS						
HYGIENIST COLLECTIONS						
	ASSOCIATE COLLECTIONS					
	Α	SSOCIA	TE COLLECTIONS			
	А	SSOCIA	TE COLLECTIONS			
	Α	SSOCIA	TE COLLECTIONS			
ASSOCIATE SALARY IN						

DOES YOUR PRACTICE MEET OSHA STANDARDS? WHY NOT?	Yes	
RY ACTION IN LAST 7 YRS? EXPLAIN	No	
AND DRACTICE LAWOUTE ELED IN DACT TEN VDO. EVELANA	NI.	
ANY PRACTICE LAWSUITS FILED IN PAST TEN YRS. EXPLAIN	NO .	
TS FILED IN PAST TEN YRS. EXPLAIN	No	
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT	No	
Cigna PLAN NAME - BE SURE TO LIST DELTA PREMIERE IF YOU HAVE		
PLAN NAME - BE SURE TO LIST DELTA PREMIERE IF YOU HAVE		
Guardian		
Delta		
Delta Maryland Child Medicaid		
,		