## Wilmington, North Carolina

## **General Dentistry**

MERGER FINANCIAL SUMMARY FOR PRACTICE

8643

3/17/2014 15:23

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. Although all variable expenses are included, fixed expenses that will not be duplicated are not included. This summary is not a representation or warranty of future practice performance. Purchasers should obtain legal and accounting counsel prior to any purchase decision. **NUIE: Practice price does not include accounts receivable.** 

<u> </u>	sel prior to any purchase decisi	on. NOTE: Practice price does not i	nclude accounts	receivable.
PRACTICE INCOME				
EXPECTED GROSS COLLECTION			\$555,680	100.0%
HYGIENE COMPO	NENT		\$144,477	26.0%
DENTIST COMPO			\$411,203	74.0%
	AINED SELLER		\$411,203	74.0%
ASS	SOCIATE			
PUI	RCHASER			
VARIABLE EXPENSE INCREAS				
WAGES, PAYROI	L TAX, ETC.		\$133,887	24.1%
LABORATORY			\$51,389	9.2%
CLINICAL SUPPL			\$48,675	8.8%
OTHER VARIABL			\$166,501	30.0%
TOTAL VARIABLE EXPENSE IN	CREASE		\$400,452	72.1%
FIVE EVALUATION AND AND AND AND AND AND AND AND AND AN				
FIXED EXPENSE INCREASE  RENT				
PHONE, UTILITIE			\$3,000	0.5%
LEGAL & ACCOU			\$3,500	0.5%
INSURANCE	VIING		\$1,500	0.070
OTHER FIXED EX	DENICE		+ /	0.3%
TOTAL FIXED EXPENSE INCRE			\$9,603	1.7%
TOTAL FIXED EXPENSE INCRE	ASE		\$17,603	3.2%
DEBT SERVICE INCREASE - EX	CLUSIVE OFANY REAL ESTATE I	MORTGAGE WHICH IS INCLUDED IN FIXE	D EXPENSES	
INTEREST			\$16,818	3.0%
PRINCIPAL			\$38,462	6.9%
TOTAL DEBT SERVICE - THIS	S BREAK-EVEN RETENTION	PERCENTAGE	\$55,280	9.9%
SUMMARY				
EXPECTED INCREASED COLL			\$555,680	100.0%
EXPECTED INCREASED EXPE	ISES		\$418,056	75.2%
EXPECTED INCREASED DEBT	SERVICE		\$55,280	9.9%
EXPECTED INCREASED NET I	COME & PERCENT OF PERS	SONAL PRODUCTION	\$82,345	#DIV/0!
PURCHASER PRODUCED PRO				
EQUITY INCREASE & PERCEN			\$38,462	#DIV/0!
TAX SAVINGS FROM DEPRECI			\$16,490	#DIV/0!
TOTAL ECONOMIC BENEFIT-C	ASH, TAX SAVINGS, EQUITY	& % PERSONAL PROD.	\$137,297	#DIV/0!
THIS CASH FLOW EXAMPLE IS			0.100.000	000/
	S PRICE & PERCENT OF GRO	OSS	\$428,000	80%
WORKING CAPIT	AL		\$27,000	
TOTAL LOAN			\$455,000	
LOAN INTEREST			4.00%	
LOAN TERM IN M			120	
TOTAL MONTHLY			\$4,607	10%
ESTIMATED MON	THLY HYGIENE/ASSSOC PR	OFIT	\$18,590	40%

## Wilmington, North Carolina

## DATA SUMMARY FOR PRACTICE NUMBER 8643

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	2,000
EXPANDABLE FOOTAGE	
CURRENT MONTHLY RENTAL i.e. "1200"	\$3,800
PRICE PER SQUARE FOOT	\$22.80
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	100
PROXIMITY OF PARKING PLACES	Outside office
TOTAL NUMBER OF EQUIPPED OPERATORIES	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	
	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"	Never ending
RENEWAL OPTIONS	
IS THERE AN OPTION TO PURCHASE?	
BUILDING VALUE TO BE USED	
PURCHASER MORTGAGE INTEREST RATE	
PURCHASER MORTGAGE TERM - YEARS	
PURCHASER MONTHLY PAYMENT	
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	
WORK SCHEDULE	

WORK SCHEDULE				
PLANS AFTER SALE OF PRACTICE	Work part time			
DAYS/WEEK CURRENTLY WORKED	3.0			
HOW MANY DAYS WOULD YOU PREFER TO WORK FOR BUYER				
DESIRED WORK DAYS/WEEK 1ST YR	3.0			
DESIRED WORK DAYS/WEEK 2ND YR	3.0			
DESIRED WORK DAYS/WEEK 3RD YR	3.0			
DESIRED WORK DAYS/WEEK 4TH YR	3.0			
DESIRED WORK DAYS/WEEK 5TH YR	3.0			
DESIRED WORK DAYS/WEEK 6TH YR	3.0			

PRACTICE DATA	
MANAGEMENT CONSULTANT IN LAST 5 YRS? IF SO WHO?	
RESULTS	
DESCRIBE INTERNAL MARKETING	
	To:
DESCRIBE EXTERNAL MARKETING	Direct mail
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	No
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	No
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?	Yes
WHAT TYPE RECALL SYSTEM	
WHAT TYPE COMPUTER SYSTEM	
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DAT	A & REDUCED FEE PLANS
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	825
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	15
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST(S)	8
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST(S)	8
HOW FAR AHEAD IS DENTIST SCHEDULED?	2 weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	2 weeks
PRACTICE DATA	
% INCOME FROM CASH	100%
% OF PATIENTS PAYING CASH	100%
% INCOME FROM FEE FOR SERVICE INSURANCE	
% OF PATIENTS WITH FEE FOR SERVICE INSURANCE	
% 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
TUESDAY	8 AM - 5 PM
WEDNESDAY	12 PM - 7 PM
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	
OWNER HOURS WORKED PER WEEK	30
ASSOCIATE HOURS WORKED PER WEEK	30
HYGIENIST HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	
HYGIENE PATIENT VISITS PER YEAR	
NUMBER OF DAYS WORKED PER YEAR	
NUMBER OF WEEKS WORKED PER YEAR	50
COLLECTION DATA	
WHAT IS YOUR COLLECTION PERCENTAGE	98%
ACTUAL ACCOUNTS RECEIVABLE BALANCE	
WHAT IS YOUR PATIENT CREDIT BALANCE	
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 PRODUCTION	N 26%
OPERATIV	/Ε
PEDODONTIC	S
ORTHODONTIC	S
IMPLANT	S
REMOVABLE PROSTHETIC	S
FIXED PROSTHETIC	os es
ENDODONTIC	os es
PERIODONTIC	cs control of the con
ORAL SURGER	RY
COSMET	IC .
TMJ TREATMEN	IT
SOFT TISSUE MANAGEMEN	п
DIAGNOST	C
TOTA	AL 26%
WHAT 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?	
WHAT IS THE SOURCE OF THIS OTHER INCOME?	
MARKET FACTOR DATA	
EQUIPMENT FACTOR SCALE 0% - 100%	90%
LOCATION DEMAND SCALE 0% - 100%	85%
OWNER URGENCY SCALE 0% - 100%	50%
REDUCED FEE %	
ANNUAL FEE INCREASE %	4%
ANNUAL OVERHEAD INCREASE %	4%
FEE SCHEDULE	
ADULT PROPHY 01110	
TWO SURFACE ANTERIOR COMPOSITE 02331	
CORE BUILD-UP 02950	
CROWN - GOLD/PORCELAIN 02750	
ANTERIOR CANAL ROOT CANAL 03310	
PANORAMIC X-RAY 00330	
TWO SURFACE POSTERIOR COMPOSITE 02392	
CROWN - PORCELAIN CERAMIC 02740	
ABIAL PORCELAIN VENEER 02962	
BICUSPID ROOT CANAL 03320	
AVERAGE OF FEES	#DIV/0!
PERCENT OF FEE PARITY	#DIV/0!
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	106,000
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	106,000
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	
WITHIN	
MAJOR EMPLOYERS IN AREA	PPD, Corning, GE
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AF	RE

STAFF DATA						
POSITION YI	AR ST	AY? VALUE	OF BENEFITS	AA.	NUAL SALARY AND/O	R COMMISSION PERCENT
RECEPTIONIST	201	2 Ye	\$ \$3600	\$40,000		
OFFICE MANAGER						
INSURANCE						
OTHER FRONT DESK						
BOOKKEEPER						
ASSISTANT	201	Ye	s	\$44,000		
ASSISTANT						
ASSISTANT						
ASSISTANT						
ASSISTANT						
HYGIENIST	20	11 Y	es	\$47,000		
HYGIENIST						
HYGIENIST						
HYGIENIST						
LAB TECHNICIAN						
LAB TECHNICIAN						
ASSOCIATE						
ASSOCIATE						
ASSOCIATE						
WHAT BENEFITS DO	YOU PR	OVIDE FOR	THE STAFF?			
COST OF BENEFITS F	PROVIDE	D FOR EAC	CH EMPLOYEE			
				•		
DO YOU HIRE ANY UI	NPAID F	AMILY MEM	BERS?	No		
WHAT POSITION DO	THEY HO	OLD AND W	HAT IS THE ESTIMATED			
FAIR MARKET VALUE	OF THE	IR JOB?				
				•		
ARE THERE ANY EMP	ARE THERE ANY EMPLOYEES WHO ARE PAID MORE OR LESS		No			
THAN THE NORMAL SALARY FOR THEIR POSITION?						
WHAT POSITIONS AN	ID WHAT	IS AMOUN	T OF OVER/UNDER	None		
COMPENSATION FOR	REACH					
COLLECTION CENTE	RS					
PERIOD				2013	2012	2011
GROSS COLLECTION				\$	\$	\$
OWNER COLLECTION	-			\$	\$	\$
HYGIENIST COLLECT	IONS			\$	\$	\$
ASSOCIATE COLLEC				\$	\$	\$
ASSOCIATE COLLEC				\$	\$	\$
ASSOCIATE COLLEC	TIONS			\$	\$	\$
ASSOCIATE COLLEC	TIONS					
ASSOCIATE SALARY	IN DOLL	ARS OR CO	MMISSION PERCENT	\$ OR %		
HYGIENIST SALARY I	N DOLLA	ARS OR CO	MMISSION PERCENT	\$	OR %	

CONFORMITY DATA	
CONFORMITT 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
	1
ANY PRACTICE LAWSUITS FILED IN PAST TEN YRS. EXPLAIN	No
	1
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR PRACTICE OF DENTISTRY	None
INSURANCE EXPLANATION	
TOTAL EXPENSE FOR INSURANCE IN CURRENT PERIOD	\$5,000
HOW MUCH OF TOTAL IS FOR OWNER HEALTH INSURANCE?	ψυ,ουυ
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?	+ 1
TAXES AND LICENSES EXPLANATION	ψ2,000
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

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DESCRIBE YOUR PRACTICE, STAFF, PATIENTS, COMMUNITY, AND PRACTICE PHILOSOPHY AND THE BEST STRENGTHS AND WORST WEAKNESSES OF YOUR PRACTICE:	
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