

<b>Winston-Salem, North Carolina</b>	<b>GENERAL DENTISTRY</b>
<b>DATA FOR PRACTICE NUMBER 9330</b>	<b>PRICE \$149,500</b>

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	1,100
EXPANDABLE FOOTAGE	
CURRENT MONTHLY RENTAL i.e. "1200"	\$1,500
PRICE PER SQUARE FOOT	\$16.36
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	10
PROXIMITY OF PARKING PLACES	Front of building
TOTAL NUMBER OF EQUIPPED OPERATORIES	3
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF OPERATORIES USED PRIMARILY BY DENTIST(S)	3
NUMBER OF OPERATORIES USED PRIMARILY BY HYGIENIST(S)	
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

**WORK SCHEDULE**

PLANS AFTER SALE OF PRACTICE	Limited retirement
DAYS/WEEK CURRENTLY WORKED	4.0

<b>PRACTICE DATA</b>	
MANAGEMENT CONSULTANT IN LAST 5 YRS? IF SO WHO?	
RESULTS	
DESCRIBE INTERNAL MARKETING	Letters,
DESCRIBE EXTERNAL MARKETING	Radio, Radio website
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	No
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?	Yes
WHAT TYPE RECALL SYSTEM	weak
WHAT TYPE COMPUTER SYSTEM	
<b>PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA &amp; REDUCED FEE PLANS</b>	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	1,200
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	35
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST(S)	6
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST(S)	N/A
HOW FAR AHEAD IS DENTIST SCHEDULED?	2 Weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	N/A
<b>PRACTICE DATA</b>	
% INCOME FROM CASH	85%
% OF PATIENTS PAYING CASH	85%
% INCOME FROM FEE FOR SERVICE INSURANCE	
% OF PATIENTS WITH FEE FOR SERVICE INSURANCE	
% PRACTICE INCOME FROM REDUCED FEE PLANS	15%
% OF PATIENTS WITH REDUCED FEE PLANS	15%
% PRACTICE INCOME FROM CAPTITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME FROM REDUCED FEE PLANS	15%
% OF PATIENTS WITH REDUCED FEE PLANS	15%
<b>SCHEDULING DATA</b>	
MONDAY	9 AM - 5 PM
TUESDAY	9 AM - 5 PM
WEDNESDAY	9 AM - 5 PM
THURSDAY	9 AM - 5 PM
FRIDAY	
SATURDAY	
SUNDAY	
OWNER HOURS WORKED PER WEEK	32
ASSOCIATE HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	1,060
HYGIENE PATIENT VISITS PER YEAR	
NUMBER OF DAYS WORKED PER YEAR	200
NUMBER OF WEEKS WORKED PER YEAR	50
<b>COLLECTION DATA</b>	
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	

<b>WHAT PERCENTAGE OF THE PRACTICE INCOME IS:</b>	
HYGIENIST PRODUCTION	15%
OPERATIVE	10%
PEDODONTICS	
ORTHODONTICS	
IMPLANTS	
REMOVABLE PROSTHETICS	30%
FIXED PROSTHETICS	45%
ENDODONTICS	
PERIODONTICS	
ORAL SURGERY	
COSMETIC	
TMJ TREATMENT	
SOFT TISSUE MANAGEMENT	
OTHER	
TOTAL	100%
WHAT SERVICES ARE REFERRED OUT?	
<b>REVENUES SOURCES</b>	
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?	
<b>FEE SCHEDULE</b>	
ADULT PROPHY 01110	\$120
TWO SURFACE ANTERIOR COMPOSITE 02331	\$240
CORE BUILD-UP 02950	\$110
CROWN - GOLD/PORCELAIN 02750	\$1,000
ANTERIOR CANAL ROOT CANAL 03310	
PANORAMIC X-RAY 00330	\$75
TWO SURFACE POSTERIOR COMPOSITE 02392	
CROWN - PORCELAIN CERAMIC 02740	\$1,000
LABIAL PORCELAIN VENEER 02962	\$1,000
BICUSPID ROOT CANAL 03320	
AVERAGE OF FEES	\$581
PERCENT OF FEE PARITY	109%
<b>DEMOGRAPHIC DATA</b>	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	250,000
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	3,000,000
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	
	WITHIN
MAJOR EMPLOYERS IN AREA	Novant, Baptist Hospital, Fed Ex, VA, Caterpillar

STAFF DATA					CONFORMITY DATA
POSITION	YEAR HIRED	STAY	BENEFITS	ANNUAL SALARY AND/OR COMMISSION PERCENT	DOES YOUR PRACTICE MI
RECEPTIONIST				\$39,000	
OFFICE MANAGER					
INSURANCE					DOES YOUR PRACTICE MI
OTHER FRONT DESK					
BOOKKEEPER					
ASSISTANT /FRONT DESK					
ASSISTANT				\$39,000	ANY DISCIPLINARY ACTIO
ASSISTANT					
ASSISTANT					
ASSISTANT					
HYGIENIST					
HYGIENIST					ANY PRACTICE LAWSUITS
HYGIENIST					
HYGIENIST					
LAB TECHNICIAN					
LAB TECHNICIAN					
ASSOCIATE					
ASSOCIATE					
ASSOCIATE					
WHAT BENEFITS DO YOU PROVIDE FOR THE STAFF?				None	
COST OF BENEFITS PROVIDED FOR EACH EMPLOYEE					
DO YOU HIRE ANY UNPAID FAMILY MEMBERS?				No	
WHAT POSITION DO THEY HOLD?					
WHAT IS THE ESTIMATED MARKET VALUE OF THEIR JOB?					
ARE THERE ANY EMPLOYEES WHO ARE PAID MORE OR LESS					
THAN THE NORMAL SALARY FOR THEIR POSITION?					
WHAT POSITIONS AND WHAT IS AMOUNT OF OVER/UNDER					
COMPENSATION FOR EACH					

MEET OSHA STANDARDS? WHY NOT?		Yes
MEET HIPAA STANDARDS? WHY NOT?		Yes
N IN LAST 7 YRS? EXPLAIN		No
S FILED IN PAST TEN YRS. EXPLAIN		None



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