FINANCIAL DATA FOR PRACTICE # 9550

Raleigh Area

GENERAL DENTISTRY

Owner/Operator Purchase

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

\$499,845

PURCHASER COMPENSATION AT 35% FOR PRODUCTION.

\$174,946

60%

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 \$166,661

THE PROFIT - NOT INCLUDING PURCHASER SALARY, DIVIDED BY THE TOTAL LOAN FOR THE PRACTICE PRICE AND WORKING CAPITAL, RESULTS IN A RATE OF 13%

TO COMPARE THIS OPPORTUNITY TO OTHER OPPORTUNITIES, WHETHER THEY ARE ASSOCIATESHIPS OR

5. WHAT IS PERCENT OF TOTAL ECONOMIC BENEFIT VERSUS PURCHASER PERSONAL PRODUCTION

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

\$208,703

2. WHAT IS PERCENT OF PERSONAL PRODUCTION OF PRACTICE NET INCOME

42%

3. WHAT ARE EXPECTED TAX SAVINGS AND EQUITY INCREASES FOR THE PURCHASER

\$90,591

4. TOTAL ECONOMIC BENEFIT - NET CASH FLOW (AFTER DEBT SERVICE), EQUITY, AND TAX SAVINGS

\$299,294

12/3/20252:30 PM

FINANCIAL DATA FOR PRACTICE # 9550 **GENERAL DENTISTRY Owner/Operator Purchase** Raleigh Area 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 \$657,690 100.0% HYGIENE COMPONENT \$157,846 24.0% DENTIST COMPONENT \$499,845 76.0% RETAINED SELLER ASSOCIATE PURCHASER \$499,845 76.0% VARIABLE EXPENSES \$ % WAGES, PAYROLL TAX, ETC. \$161,720 24.6% 4.4% LABORATORY \$28,667 5.2% CLINICAL SUPPLIES \$34,233 OTHER VARIABLE EXPENSE \$26,023 4.0% \$250,644 TOTAL VARIABLE EXPENSE 38.1% FIXED EXPENSES % PHONE, UTILITIES \$12,817 1.9% EGAL & ACCOUNTING \$9,690 1.5% INSURANCE \$7,650 1.2% OTHER FIXED EXPENSE \$35,283 5.4% TOTAL FIXED EXPENSE \$65,440 9.9% DEBT SERVICE FOR PRACTICE AND BULDING 10.8% \$70.911 INTERES^{*} PRINCIPAL \$61,993 9.4% TOTAL DEBT SERVICE \$132,903 20.2% SUMMARY % \$ EXPECTED COLLECTIONS \$657,690 100.0% \$316,084 EXPECTED EXPENSES 48.1% PRACTICE DEBT SERVICE \$132,903 20.2% EXPCTD NET INCOME AFTER EXPENSES AND DEBT & PERCENT OF PERSONAL PROD. \$208,703 42% THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS: % PRACTICE SALES PRICE & PERCENT OF GROSS \$530,000 84% WORKING CAPITAL \$32,000 TOTAL PRACTICE LOAN \$562,000 PRACTICE LOAN INTEREST RATE 6.00% PRACTICE LOAN TERM (MONTHS) 120 MONTHLY PRACTICE PAYMENT \$6,239 11% \$675,000 BUILDING PRICE MONTHLY BUILDING MORTGAGE PAYMENTS \$4,836 9% MONTHLY PRACTICE AND BUILDING PAYMENTS \$11,075 20% ESTIMATED MONTHLY HYGIENE AND ASSOCIATE PROFIT 15% \$8.159 PURCHASER SALARY BASED ON 35% OF PERSONAL PRODUCTION \$174,946 PRACTICE PROFIT - IN ADDITION TO PURCHASER SALARY \$166,661 30% PURCHASER TAX SAVINGS AND 1ST YEAR EQUITY INCREASE \$90,591 \$132,903 SALARY + PROFIT +TAX SAVINGS + EQUITY - DEBT SERVICE / % OF PERSONAL PRODUCTION \$299,294 60%

12/3/20252:30 PM

DATA FOR PRACTICE #9550 GENERAL DENTISTRY Owner/Operator Purchase 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. SQUARE FOOTAGE OF OFFICE 1,755 EXPANDABLE FOOTAGE TOTAL MO. RENT EXP. \$3,000 PRICE PER SQUARE FOOT \$20.51 IS OFFICE HANDICAPPED ACCESSIBLE? Yes NUMBER OF PARKING SPACES 20 PROXIMITY OF PARKING PLACES Out front # EQUIPPED OPS 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? YES OR NO YES DO YOU WISH TO SELL THE BUILDING? YES OR NO YES IF NOT APPRAISED, ESTIMATED BUILDING PRICE \$570,000 IF NOT SOLD, MONTHLY RENTAL AMOUNT ANNUAL REAL ESTATE TAXES \$3,012 ANNUAL REAL ESTATE INSURANCE COST \$1,800 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 \$675,000 6.00% PURCHASER MORTGAGE INTEREST RATE PURCHASER MORTGAGE TERM - YEARS 20 PURCHASER MONTHLY PAYMENT \$4.836 PURCHASER CURRENT MONTHLY RENT \$33.07 PRICE PER SQUARE FOOT WORK SCHEDULE PLANS AFTER SALE OF PRACTICE Possibly work part time at another practice DAYS/WEEK CURRENTLY WORKED 3.0 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	None				
DESCRIBE EXTERNAL MARKETING	None				
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	Next appointment made at the time current appointment				
WHAT TYPE COMPUTER SYSTEM	Softdent				
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DA	TA & REDUCED FEE PLANS				
ESTIMATE NUMBER OF DIFFERENT PATIENTS IN LAST 18 MONTHS	614				
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	8				
AVERAGE NUMBER PATIENTS TREATED PER DAY BY DENTIST(S)	7				
AVERAGE NUMBER PATIENTS TREATED PER DAY BY HYGIENISTS	7				
HOW FAR AHEAD IS DENTIST SCHEDULED?	2 weeks				
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	6 month recall				
PRACTICE DATA	o monun recall				
	200/				
% INCOME FROM CASH	32%				
% OF PATIENTS PAYING CASH	32%				
% INCOME FROM FEE FOR SERVICE INSURANCE	50%				
% OF PATIENTS WITH FEE FOR SERVICE INSURANCE	50%				
% INCOME FROM DISCOUNT FEE INSURANCE	18%				
% OF PATIENTS WITH DISCOUNT FEE INSURANCE	18%				
% PRACTICE INCOME FROM MEDICAID					
% OF PATIENTS WITH MEDICAID					
% PRACTICE INCOME FROM REDUCED FEE PLANS	18%				
% OF PATIENTS WITH REDUCED FEE PLANS	18%				
SCHEDULING DATA					
MONDAY	8 AM - 5 PM				
TUESDAY	7 AM - 5 PM				
WEDNESDAY	8 AM - 5 PM				
THURSDAY					
FRIDAY					
SATURDAY					
DAYS WORKED PER WEEK	3				
OWNER HOURS WORKED PER WEEK	24				
ASSOCIATE HOURS WORKED PER WEEK					
HYGIENIST HOURS WORKED PER WEEK	24				
DENTIST PATIENT VISITS PER YEAR					
HYGIENE PATIENT VISITS PER YEAR					
NUMBER OF DAYS WORKED PER YEAR	151				
NUMBER OF WEEKS WORKED PER YEAR	48				
COLLECTION DATA					
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$62,133				
WHAT IS YOUR PATIENT CREDIT BALANCE	φο <u>ν</u> , 100				
	044.000				
ACCOUNTS RECEIVABLES - CURRENT	\$41,693				
ACCOUNTS RECEIVABLES - 31-60 DAYS	\$9,261				
ACCOUNTS RECEIVABLE - 61-90 DAYS	\$1,871				
ACCOUNTS RECEIVABLE >90 DAYS	\$9,308				

12/3/20252:30 PM Page 4

WHAT PERCENTAGE OF THE PRACTICE INCOME IS:	WHAT PERCENTAGE OF THE PRACTICE INCOME IS:						
HYGIENIST PRODUCTION	24%						
OPERATIVE	42%						
PEDODONTICS							
ORTHODONTICS	4%						
IMPLANTS							
REMOVABLE PROSTHETICS	9%						
FIXED PROSTHETICS	12%						
ENDODONTICS							
PERIODONTICS							
ORAL SURGERY							
COSMETIC							
TMJ TREATMENT							
DIAGNOSTIC							
OTHER							
TOTAL							
	100%						
WHAT SERVICES ARE REFERRED OUT? REVENUES SOURCES							
IS ANY OF YOUR REPORTED INCOME FROM ANY OTHER	h.						
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	\$126						
TWO SURFACE ANTERIOR COMPOSITE 02331	\$285						
CORE BUILD-UP 02950	\$390						
CROWN - GOLD/PORCELAIN 02750	\$1,545						
ANTERIOR CANAL ROOT CANAL 03310	\$1,067						
PANORAMIC X-RAY 00330	\$157						
TWO SURFACE POSTERIOR COMPOSITE 02392	\$329						
CROWN - PORCELAIN CERAMIC 02740	\$1,490						
LABIAL PORCELAIN VENEER 02962	\$1,545						
BICUSPID ROOT CANAL 03320	\$1,208						
AVERAGE OF FEES	\$814						
PERCENT OF FEE PARITY	83%						
DEMOGRAPHIC DATA							
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	75,977						
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA							
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES							
WITHIN							
MAJOR EMPLOYERS IN AREA	School system, Dell Technology, Apex Tool Group, ATI Industrial						
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWING AREA	Population increasing						
	1						
YEAR BEGINNING PRACTICE IN CITY	2001						
YEAR BEGINNING PRACTICE IN CURRENT LOCATION							
RIGHT OR LEFT HANDED							
PURCHASE OR SCRATCH START							
, aronado							

12/3/20252:30 PM Page 5

STAFF DATA							
POSITION	YEAR HIRED	STAY	BENEFITS	ANNUAL SALARY	HOURLY SALARY	ANNUAL COST OF BENEFITS	
OFFICE MANAGER	2010	No		\$65,000			
PATIENT COORDINATOR							
FRONT OFFICE							
FRONT OFFICE							
FRONT OFFICE							
ASSISTANT	2022	Possibly		\$41,500			
ASSISTANT							
ASSISTANT							
ASSISTANT							
ASSISTANT							
HYGIENIST	2019	Possibly		\$58,000			
HYGIENIST							
HYGIENIST							
HYGIENIST							
LAB TECHNICIAN							
LAB TECHNICIAN							
ASSOCIATE							
ASSOCIATE							
ASSOCIATE							
WHAT BENEFITS DO YOU	PROVIDE FO	R THE S	TAFF?				
COST OF BENEFITS PROV	IDED FOR E	ACH EM	PLOYEE	401K safe harbor -	3%, wife, dds, and	RDH participate	
					- , , ,	' '	
DO YOU HIRE ANY UNPAIL	DO YOU HIRE ANY UNPAID FAMILY MEMBERS? No						
WHAT POSITION DO THEY	'HOLD?						
WHAT IS FAIR MARKET WAGE FOR THEIR JOB?							
ARE THERE ANY EMPLOY	EES WHO AF	RE PAID	MORE OR LESS				
			THEIR POSITION?				
WHAT POSITIONS AND	WHAT IS AI	MOUNT (OF OVER/UNDER	Office Manager			
	CC	MPENS	ATION FOR EACH	\$20,000			
COLLECTION CENTERS	3						
				10/9/2025	2024	2023	
		GROS	S COLLECTIONS		\$653,290	\$633,622	
			R COLLECTIONS		\$496,500	\$481,552	
					\$156,790	\$152,069	
HYGIENIST COLLECTIONS ASSOCIATE COLLECTIONS				ψ130,790	Ψ102,009		
ASSOCIATE COLLECTIONS ASSOCIATE COLLECTIONS							
ASSOCIATE COLLECTIONS ASSOCIATE - SALARY IN DOLLARS / COMMISSION PERCENT							
HYGIENIST - SALARY IN DOLLARS / COMMISSION PERCENT 0%							
ITTUIENIOT - SALARY IN	DOLLARS ,	COMM	SSION FERGENT		0 70		

CONFORMITY DATA						
DOES YOUR PRACTICE MEET OSHA STANDARDS? WHY NOT?	Yes					
BOED TOOK! TRACTICE WILL TOOLIA STANDARDS: WITH NOT:	103					
DOES VOLID DRACTICE MEET HIDAA STANDARDS? WHY NOT?	Vaa					
DOES YOUR PRACTICE MEET HIPAA STANDARDS? WHY NOT? Yes						
ANN BIGGIBLINABY A GTION IN LACT TAYBOO. FARIAN	.					
ANY DISCIPLINARY ACTION IN LAST 7 YRS? EXPLAIN	No					
ANN DRACTICE LAWCHITC EILER IN DACT TEN VOC. EVELAIN	NI.					
ANY PRACTICE LAWSUITS FILED IN PAST TEN YRS. EXPLAIN	No					
DECORURE ANNUAL THE PROPRIENCE WILLIAM OF THE AFFECT	la i					
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT	None					
YOUR PRACTICE OF DENTISTRY?						
INSURANCE EXPLANATION						
TOTAL EXPENSE FOR INSURANCE IN CURRENT PERIOD	\$16,800					
HOW MUCH OF TOTAL IS FOR OWNER HEALTH INSURANCE?	\$16,800	16,800				
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?	\$1,600					
HOW MUCH FOR TOTAL IS FOR BUILDING INSURANCE?	\$2,548					
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 SC	% OF PRX INCOME	% OF YOUR FEE	% OF PATIENTS ON			
PLAN NAME - BE SURE TO LIST DELTA PREMIERE IF YOU HAVE		THIS PLAN PAYS				
Delta Premier	18%					
	18%					