

Charleston Area	GENERAL DENTISTRY	Merger Purchase
FINANCIAL DATA SUMMARY FOR PRACTICE		9554

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	\$343,784
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PURCHASER COMPENSATION AT 35% FOR PRODUCTION.	\$120,324
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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	\$146,048
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THE PROFIT - NOT INCLUDING PURCHASER SALARY, DIVIDED BY THE TOTAL LOAN FOR THE PRACTICE PRICE AND WORKING CAPITAL, RESULTS IN A RATE OF	28%
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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	\$199,551
3. WHAT ARE EXPECTED TAX SAVINGS AND EQUITY INCREASES FOR THE PURCHASER	\$59,479
4. TOTAL ECONOMIC BENEFIT - NET CASH FLOW (AFTER DEBT SERVICE), EQUITY, AND TAX SAVINGS	\$259,030

Charleston Area GENERAL DENTISTRY Merger Purchase			
FINANCIAL DATA FOR PRACTICE Merger Purchase			
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		\$610,837	100.0%
	HYGIENE COMPONENT	\$267,054	43.7%
	DENTIST COMPONENT	\$343,784	56.3%
	RETAINED SELLER		
	ASSOCIATE		
	PURCHASER	\$343,784	56.3%
VARIABLE EXPENSES		\$	%
	WAGES, PAYROLL TAX, ETC.	\$252,670	41.4%
	LABORATORY	\$22,754	3.7%
	CLINICAL SUPPLIES	\$41,035	6.7%
	OTHER VARIABLE EXPENSE	\$12,238	2.0%
TOTAL VARIABLE EXPENSE		\$328,697	53.8%
FIXED EXPENSES		\$	%
	RENT		
	PHONE, UTILITIES	\$3,000	0.5%
	LEGAL & ACCOUNTING	\$3,500	0.6%
	INSURANCE	\$1,500	0.2%
	OTHER FIXED EXPENSE	\$7,768	1.3%
TOTAL FIXED EXPENSE		\$15,768	2.6%
PRACTICE DEBT SERVICE		\$	%
	INTEREST	\$24,351	4.0%
	PRINCIPAL	\$42,470	7.0%
TOTAL DEBT SERVICE		\$66,821	10.9%
SUMMARY		\$	%
	EXPECTED COLLECTIONS	\$610,837	100.0%
	EXPECTED EXPENSES	\$344,465	56.4%
	PRACTICE DEBT SERVICE	\$66,821	10.9%
EXPCTD NET INCOME AFTER EXPENSES AND DEBT & PERCENT OF PERSONAL PROD.		\$199,551	58%
THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:			
	PRACTICE SALES PRICE & PERCENT OF GROSS	\$495,000	83%
	WORKING CAPITAL	\$30,000	
	TOTAL PRACTICE LOAN	\$525,000	
	PRACTICE LOAN INTEREST RATE	5.00%	
	PRACTICE LOAN TERM (MONTHS)	120	
	MONTHLY PRACTICE PAYMENT	\$5,568	11%
	MONTHLY PRACTICE PAYMENTS	\$5,568	11%
	ESTIMATED MONTHLY HYGIENE AND ASSOCIATE PROFIT	\$10,274	20%
	PURCHASER SALARY BASED ON 35% OF PERSONAL PRODUCTION	\$120,324	
	PRACTICE PROFIT - IN ADDITION TO PURCHASER SALARY	\$146,048	28%
	PURCHASER TAX SAVINGS AND 1ST YEAR EQUITY INCREASE	\$59,479	
	LESS PRACTICE DEBT SERVICE	(\$66,821)	
SALARY + PROFIT + TAX SAVINGS + EQUITY - DEBT SERVICE / % OF PERSONAL PRODUCTIO		\$259,030	75%

Charleston Area		GENERAL DENTISTRY	
DATA	FOR PRACTICE NUMBER	Merger 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.			
OFFICE DATA			
SQUARE FOOTAGE OF OFFICE	1,500		
EXPANDABLE FOOTAGE	n/a		
TOTAL MO. RENT EXP.	\$4,750		
PRICE PER SQUARE FOOT	\$38.00		
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes		
NUMBER OF PARKING SPACES	10+		
PROXIMITY OF PARKING PLACES	Outside front door		
# EQUIPPED OPS	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			
DO YOU OWN YOUR BUILDING? YES OR NO	NO		
DO YOU WISH TO SELL THE BUILDING? YES OR NO	NO		
IF NOT APPRAISED, ESTIMATED BUILDING PRICE			
IF NOT SOLD, MONTHLY RENTAL AMOUNT			
ANNUAL REAL ESTATE TAXES			
ANNUAL REAL ESTATE INSURANCE COST			
DATE OF LEASE i.e. "6/1/2016"	June 1, 2026		
DATE LEASE ENDS - i.e. "1/1/2020"	May 31, 2031		
IS THERE AN OPTION TO PURCHASE?			
RENEWAL OPTIONS	2 - 5 year terms		
BUILDING VALUE TO BE USED			
PURCHASER MORTGAGE INTEREST RATE	6.00%		
PURCHASER MORTGAGE TERM - YEARS	20		
PURCHASER MONTHLY PAYMENT			
PURCHASER CURRENT MONTHLY RENT			
PRICE PER SQUARE FOOT			
WORK SCHEDULE			
PLANS AFTER SALE OF PRACTICE	Move away from Mount Pleasant and be dental school instructor		
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?	Consultant to help with new lease.
RESULTS	
DESCRIBE INTERNAL MARKETING	Ask for referrals.
DESCRIBE EXTERNAL MARKETING	n/a
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	n/a
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	n/a
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?	Yes
WHAT TYPE RECALL SYSTEM	Patient recall at hygiene appointment.
WHAT TYPE COMPUTER SYSTEM	Eaglesoft
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF DIFFERENT PATIENTS IN LAST 18 MONTHS	1,500
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	12
AVERAGE NUMBER PATIENTS TREATED PER DAY BY DENTIST(S)	6
AVERAGE NUMBER PATIENTS TREATED PER DAY BY HYGIENISTS	15
HOW FAR AHEAD IS DENTIST SCHEDULED?	1 week
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	6 months
PRACTICE DATA	
% INCOME FROM CASH	25%
% OF PATIENTS PAYING CASH	20%
% INCOME FROM FEE FOR SERVICE INSURANCE	25%
% OF PATIENTS WITH FEE FOR SERVICE INSURANCE	20%
% INCOME FROM DISCOUNT FEE INSURANCE	50%
% OF PATIENTS WITH DISCOUNT FEE INSURANCE	60%
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME FROM REDUCED FEE PLANS	50%
% OF PATIENTS WITH REDUCED FEE PLANS	60%
SCHEDULING DATA	
MONDAY	8AM-5PM
TUESDAY	8AM-5PM
WEDNESDAY	
THURSDAY	8AM-5PM
FRIDAY	8AM-3PM
SATURDAY	
DAYS WORKED PER WEEK	4
OWNER HOURS WORKED PER WEEK	32
ASSOCIATE HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	64
DENTIST PATIENT VISITS PER YEAR	871
HYGIENE PATIENT VISITS PER YEAR	2,177
NUMBER OF DAYS WORKED PER YEAR	184
NUMBER OF WEEKS WORKED PER YEAR	46
COLLECTION DATA	
	97%
ACTUAL ACCOUNTS RECEIVABLE BALANCE	\$24,829
WHAT IS YOUR PATIENT CREDIT BALANCE	
ACCOUNTS RECEIVABLES - CURRENT	\$20,629
ACCOUNTS RECEIVABLES - 31-60 DAYS	\$1,045
ACCOUNTS RECEIVABLE - 61-90 DAYS	\$47
ACCOUNTS RECEIVABLE >90 DAYS	\$3,106

WHAT PERCENTAGE OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	45%
OPERATIVE	26%
PEDODONTICS	
ORTHODONTICS	
IMPLANTS	7%
REMOVABLE PROSTHETICS	
FIXED PROSTHETICS	2%
ENDODONTICS	
PERIODONTICS	
ORAL SURGERY	
COSMETIC	
TMJ TREATMENT	
DIAGNOSTIC	17%
OTHER	3%
TOTAL	100%
WHAT SERVICES ARE REFERRED OUT?	Removeable prosthodontics, extractions, oral surgery, ortho, endo, perio
REVENUES SOURCES	
IS ANY OF YOUR REPORTED INCOME FROM ANY OTHER SOURCE THAN PATIENT TREATMENT FROM THIS PRACTICE?	No
IF SO HOW MUCH IN CURRENT PERIOD?	n/a
IF SO , HOW MUCH FOR LAST YEAR?	n/a
IF SO HOW MUCH FOR THE PREVIOUS YEAR?	n/a
WHAT IS THE SOURCE OF THIS OTHER INCOME?	n/a
FEE SCHEDULE	
ADULT PROPHY 01110	\$114
TWO SURFACE ANTERIOR COMPOSITE 02331	\$237
CORE BUILD-UP 02950	\$314
CROWN - GOLD/PORCELAIN 02750	\$1,379
ANTERIOR CANAL ROOT CANAL 03310	\$907
PANORAMIC X-RAY 00330	\$136
TWO SURFACE POSTERIOR COMPOSITE 02392	\$269
CROWN - PORCELAIN CERAMIC 02740	\$1,414
LABIAL PORCELAIN VENEER 02962	\$1,481
BICUSPID ROOT CANAL 03320	\$1,056
AVERAGE OF FEES	\$731
PERCENT OF FEE PARITY	74%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	100,000
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	44,000
APPROXIMATE NUMBER OF GENERAL DENTAL PRACTICES	5
WITHIN	1
MAJOR EMPLOYERS IN AREA	Boeing, Bon Secours Mercy Health, Nucor Corporation, Town Of Mt. Pleasant
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWING AREA	
YEAR BEGINNING PRACTICE IN CITY	2011
YEAR BEGINNING PRACTICE IN CURRENT LOCATION	2011
RIGHT OR LEFT HANDED	RIGHT
PURCHASE OR SCRATCH START	SCRATCH START

STAFF DATA						
POSITION	YEAR HIRED	STAY	BENEFITS	ANNUAL SALARY	HOURLY SALARY	ANNUAL COST OF BENEFITS
FRONT OFFICE	40756	Yes		\$43,362	\$27.00	\$4,500
PATIENT COORDINATOR						
FRONT OFFICE						
FRONT OFFICE						
FRONT OFFICE						
ASSISTANT	45261	Yes		\$33,487	\$28.00	\$2,400
ASSISTANT						
ASSISTANT						
ASSISTANT						
ASSISTANT						
HYGIENIST	41061	Yes		\$66,824	42%	\$6,200
HYGIENIST	43831	Yes		\$58,944	38%	\$6,500
HYGIENIST						
HYGIENIST						
LAB TECHNICIAN						
LAB TECHNICIAN						
ASSOCIATES						
UNFILLED POSITIONS TO						
n/a						
WHAT BENEFITS DO YOU PROVIDE FOR THE STAFF?						
COST OF BENEFITS PROVIDED FOR EACH EMPLOYEE						
DO YOU HIRE ANY UNPAID FAMILY MEMBERS?				No		
WHAT POSITION DO THEY HOLD?						
WHAT IS FAIR MARKET WAGE FOR 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						
COLLECTION CENTERS						
				46142	2025	2024
GROSS COLLECTIONS				\$197,903	\$591,814	#REF!
OWNER COLLECTIONS				\$114,784	\$327,989	#REF!
HYGIENIST COLLECTIONS				\$83,119	\$263,824	#REF!
ASSOCIATE COLLECTIONS						
ASSOCIATE COLLECTIONS						
ASSOCIATE COLLECTIONS						
ASSOCIATE COLLECTIONS						
ASSOCIATE - SALARY IN DOLLARS / COMMISSION PERCENT						
HYGIENIST - SALARY IN DOLLARS / COMMISSION 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	No		
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR PRACTICE OF DENTISTRY?	n/a		
INSURANCE EXPLANATION			
TOTAL EXPENSE FOR INSURANCE IN CURRENT PERIOD	\$5,783		
HOW MUCH OF TOTAL IS FOR OWNER HEALTH INSURANCE?			
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?	\$1,700		
HOW MUCH FOR TOTAL IS FOR BUILDING INSURANCE?	\$931		
TAXES AND LICENSES EXPLANATION			
TOTAL EXPENSE FOR TAXES	\$26,580		
HOW MUCH OF TOTAL IS FOR PAYROLL TAXES?	\$25,805		
HOW MUCH OF TOTAL IS FOR STAFF PAYROLL TAX?	\$14,586		
HOW MUCH OF TOTAL IS FOR OWNER PAYROLL TAX?	\$11,219		
HOW MUCH OF TOTAL IS AD VALOREM (PRACTICE EQUIP)?			
HOW MUCH OF TOTAL IS FOR REAL ESTATE TAXES?	\$676		
PENSION EXPLANATION AND 401k COMBINED			
TOTAL EXPENSES FOR PENSION PLAN	n/a		
HOW MUCH OF TOTAL IS FOR STAFF	n/a		
HOW MUCH OF TOTAL IS FOR OWNER?	n/a		
BENEFITS EXPLANATION			
TOTAL EXPENSE FOR EMPLOYEE BENEFITS			
HOW MUCH OF TOTAL IS FOR STAFF?			
HOW MUCH OF TOTAL IS FOR OWNER?			
TEN HIGHEST INCOME S(% OF PRX INCOME	% OF YOUR FEE	% OF PATIENTS ON
PLAN NAME - BE SURE TO LIST DELTA PREMIERE IF YOU HAVE	FROM THIS PLAN	THIS PLAN PAYS	THIS PLAN
Delta	22%		
BCBS	18%		
Metlife	8%		
UHC	3%		
	51%		