

Brookfield, Illinois **General Dentistry**
FINANCIAL DATA SUMMARY FOR PRACTICE 7100 7/23/2006 20:25

The following summary illustrates a projected year's income and expenses for the subject practice which incorporates a 4% 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.

PRACTICE INCOME				
EXPECTED GROSS COLLECTIONS			\$208,561	100.0%
	HYGIENE COMPONENT		\$0	0.0%
	DENTIST COMPONENT		\$208,561	100.0%
		RETAINED SELLER	\$0	0.0%
		ASSOCIATE	\$0	0.0%
		PURCHASER	\$208,561	100.0%
VARIABLE EXPENSES				
	WAGES, PAYROLL TAX, ETC.		\$26,684	12.8%
	LABORATORY		\$15,059	7.2%
	CLINICAL SUPPLIES		\$13,117	6.3%
	OTHER VARIABLE EXPENSE		\$10,948	5.2%
TOTAL VARIABLE EXPENSE INCREASE			\$65,808	31.6%
FIXED EXPENSES				
	RENT		\$15,600	7.5%
	PHONE, UTILITIES		\$6,440	3.1%
	LEGAL & ACCOUNTING		\$3,640	1.7%
	INSURANCE		\$2,600	1.2%
	OTHER FIXED EXPENSE		\$15,489	7.4%
TOTAL FIXED EXPENSE INCREASE			\$43,768	21.0%
DEBT SERVICE				
	INTEREST		\$13,125	6.3%
	PRINCIPAL		\$15,607	7.5%
TOTAL DEBT SERVICE			\$28,732	13.8%
SUMMARY				
EXPECTED COLLECTIONS			\$208,561	100.0%
EXPECTED EXPENSES			\$109,576	52.5%
DEBT SERVICE			\$28,732	13.8%
EXPECTED NET INCOME & PERCENT OF PERSONAL PRODUCTION			\$70,252	33.7%
PURCHASER PRODUCED PRODUCTION			\$208,561	100.0%
EQUITY INCREASE & PERCENT OF PERSONAL PRODUCTION			\$15,607	7.5%
TAX SAVINGS FROM DEPRECIATION & PERCENT OF PERSONAL PRODUCTION			\$2,896	1.4%
TOTAL ECONOMIC BENEFIT-CASH, TAX SAVINGS, EQUITY & % PERSONAL PROD.			\$88,756	42.6%
THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:				
	SALES PRICE & PERCENT OF GROSS		\$140,000	70%
	WORKING CAPITAL		\$10,000	4.8%
	TOTAL LOAN		\$150,000	71.9%
	LOAN INTEREST RATE		8.75%	
	LOAN TERM IN MONTHS		84	
	MONTHLY PAYMENT		\$2,394	13.8%
	ESTIMATED MONTHLY HYGIENE/ASSOC PROFIT		\$0	0.0%

Brookfield, Illinois	
DATA SUMMARY FOR PRACTICE NUMBER 7100	
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	800
EXPANDABLE FOOTAGE	
CURRENT MONTHLY RENTAL i.e. "1200"	\$1,300
PRICE PER SQUARE FOOT	\$19.50
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	Numerous
PROXIMITY OF PARKING PLACES	Close
NUMBER OF OPERATORIES EQUIPPED FOR DENTIST	2
NUMBER OF OPERATORIES EQUIPPED FOR HYGIENIST	
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF UNPLUMBED EMPTY OPERATORIES	
DATE OF LEASE i.e. "1/1/99"	January-06
DATE LEASE ENDS - i.e. "1/1/04"	December-08
TERM OF LEASE IN YEARS i.e. "5"	3
YEARS REMAINING ON LEASE i.e. "2.5"	2.5
RENEWAL OPTIONS	
DO YOU OWN YOUR BUILDING? "YES" OR "NO"	No
DO YOU WISH TO SELL THE BUILDING? "YES" OR "NO"	No
PRICE OF BUILDING	
IF NOT FOR SALE, MO. RENTAL AMOUNT	
ANNUAL REAL ESTATE TAXES	
ANNUAL REAL ESTATE INSURANCE COST	
PURCHASER MORTGAGE INTEREST RATE	
PURCHASER MORTGAGE TERM - YEARS	
PURCHASER MONTHLY PAYMENT	
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	
WORK SCHEDULE	
PLANS AFTER SALE OF PRACTICE	
DAYS/WEEK CURRENTLY WORKED	3
ENTER DESIRED DAYS WORKED FOR NEW BUYER SALE	
DESIRED WORK DAYS/WEEK 1ST YR	0
DESIRED WORK DAYS/WEEK 2ND YR	0
DESIRED WORK DAYS/WEEK 3RD YR	0
DESIRED WORK DAYS/WEEK 4TH YR	0
DESIRED WORK DAYS/WEEK 5TH YR	0
DESIRED WORK DAYS/WEEK 6TH YR	0

PRACTICE DATA	
WHAT CONSULTANT USED IN PAST 5 YRS	None
RESULTS	
DESCRIBE INTERNAL MARKETING	Thank you mailings
DESCRIBE EXTERNAL MARKETING	None
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	No
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF PTS LAST 18 MONTHS	1000
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	13
AVERAGE NUMBER PTS TREATED PER DAY BY DENTIST	
AVERAGE NUMBER PTS TREATED PER DAY BY HYGIENIST	N/A
HOW FAR AHEAD IS DENTIST SCHEDULED?	4 weeks
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	N/A
% PRACTICE INCOME FROM CASH	30%
% OF PATIENTS PAYING CASH	30%
% PRACTICE INCOME FROM INSURANCE	30%
% OF PATIENTS WITH INSURANCE	30%
% PRACTICE INCOME FROM HMO	
% OF PATIENTS WITH HMO	
% PRACTICE INCOME FROM PPO	40%
% OF PATIENTS WITH PPO	40%
% PRACTICE INCOME FROM CAPITATION	
% OF PATIENTS WITH CAPITATION	
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME WITH REDUCED FEE PLANS	40%
% OF PATIENTS WITH REDUCED FEE PLANS	40%
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
OFFICE HOURS	MONDAY 9:00 a.m. - 8:00 p.m.
	TUESDAY Closed
	WEDNESDAY Closed
	THURSDAY 9:00 a.m. - 6:00 p.m.
	FRIDAY 9:00 a.m. - 12:00 p.m.
	SATURDAY 9:00 a.m. - 1:00 p.m.
DENTIST HOURS WORKED PER WEEK	24
HYGIENIST HOURS WORKED PER WEEK	N/A
ASSOCIATE HOURS WORKED PER WEEK	N/A
DENTIST PATIENT VISITS PER YEAR	
HYGIENE PATIENT VISITS PER YEAR	N/A
NUMBER OF DAYS WORKED PER YEAR	N/A
NUMBER OF WEEKS WORKED PER YEAR	45
ACTUAL ACCOUNTS RECEIVABLE BALANCE	
SIX WEEKS ACCOUNTS RECEIVABLE	\$24,065
WHAT IS YOUR COLLECTION PERCENTAGE	90%
WHAT TYPE RECALL SYSTEM	Cards
WHAT TYPE COMPUTER SYSTEM	Softdent

WHAT % OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	20%
BASIC RESTORATIVE	15%
MAJOR RESTORATIVE	36%
ORTHODONTICS	0%
IMPLANTS	0%
REMOVABLE PROSTHETICS	2%
FIXED PROSTHETICS	10%
ENDODONTICS	8%
PERIODONTICS	3%
ORAL SURGERY	6%
COSMETIC	0%
TMJ	0%
SOFT TISSUE MANAGEMENT	0%
OTHER	0%
TOTAL	100%
MARKET FACTOR DATA	
EQUIPMENT FACTOR SCALE 0% - 100%	65%
LOCATION DEMAND SCALE 0% - 100%	70%
PLAN / MEDICAID PRACTICE %	40%
ANNUAL FEE INCREASE %	4.0%
ANNUAL OVERHEAD INCREASE %	4.0%
FEE SCHEDULE	
ADULT PROPHY 01110	\$49
GOLD INLAY 02540	
TWO SURFACE POSTERIOR COMPOSITE 02386	\$125
TWO SURFACE AMALGAM 02150	\$115
CORE BUILD-UP INCLUDING PINS 02950	\$155
GOLD / PORCELAIN CROWN 02750	\$725
ANTERIOR CANAL ROOT CANAL 03310	\$450
BICUSPID ROOT CANAL 03320	\$550
LABIAL PORCELAIN VENEER 02962	
AVERAGE OF FEES	\$241
PERCENT OF FEE PARITY	89%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	25,000
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	40,000
NUMBER OF DENTISTS WITHIN 5 MILES	20
NUMBER NEW DENTISTS WITHIN 5 MILES IN LAST 5 YEARS	3
MAJOR EMPLOYERS IN AREA	Brookfield Zoo, Loyola Medical Center, Cook County Department of Corrections
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN YOUR DRAWING AREA	Brookfield has had a redevelopment of the downtown shopping area

STAFF DATA			
DESCRIBE STAFF BY POSITION AS TO	HOURLY SALARY	WILL STAY?	FULLOR PART TIME
RECEPTIONIST	UPON REQUEST	PROBABLY	FULL
OFFICE MANAGER	\$ _____	_____	_____
RECEPTIONIST	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
ASSISTANT	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
HYGIENIST	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
LAB TECHNICIAN	\$ _____	_____	_____
OTHER _____	\$ _____	_____	_____
OTHER _____			
DESCRIBE FRINGE BENEFITS AND VALUE			
DO YOU HIRE ANY UNPAID FAMILY MEMBERS	NO		
DESCRIBE DUTIES			
ESTIMATED ANNUAL VALUE OF ABOVE			
PRODUCTION CENTERS			
	YEAR TO DATE	LAST YEAR	TWO YEARS AGO
ENTER YEAR	2005	2004	2003
GROSS PRODUCTION	\$246,122	\$243,532	\$205,439
HYGIENISTS	\$ _____	\$ _____	\$ _____
OWNER	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ASSOCIATE	\$ _____	\$ _____	\$ _____
ENTER ASSOCIATE SALARY IN DOLLARS IF FIXED			
ENTER ASSOCIATE COMMISSION PERCENTAGE			
ENTER HYGIENIST SALARY IN DOLLARS IF FIXED			
ENTER HYGIENIST COMMISSION PERCENTAGE			
CONFORMITY DATA			
DOES YOUR PRACTICE MEET OSHA STANDARDS?	Yes		
WHY NOT			
DOES YOUR PRACTICE MEET CDC STANDARDS?	Yes		
WHY NOT			
DOES PRACTICE MEET ALL GOVERNMENTAL REGULATIONS?	Yes		
EXPLAIN ANY DISCREPANCIES			
HAVE YOU HAD ANY DISCIPLINARY ACTION IN LAST 7 YRS	No		
EXPLAIN			
HAVE YOU HAD ANY PRACTICE RELATED SUITS FILED	No		
AGAINST YOU IN THE PAST TEN YEARS? EXPLAIN			
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT YOUR PRACTICE OF DENTISTRY	None		