

ASSOCIATE RUN!

BUY THE BUILDING!

CONSTANT FLOW OF NEW PATIENTS!

FIRST CHOICE PRACTICE SALES, INC.

Phone: (949) 548-4559 • Fax: (949) 548-0525 • www.firstchoicedds.com

LISTING # 21 - 226 **PRICE \$:** PRACTICE \$1,190,000
BUILDING \$1,475,000 **A/R'S:** not included

LOCATION: Covina **Est.** (2012) 2017 **POPULATION:** mixed

DESCRIPTION: **# of Ops:** 6 **# Not Plumbed:** _____ **Sq. Ft.** 2,477

Lease X **Own** _____ **Option/Renew** _____ **NEW** _____ **Yrs. Remain** _____ **NEW** _____ **\$/Month** _____ **YOU CAN OWN!**

Office Hours

M	T	W	TH	FR	SAT	SUN
9-6	9-6	9-6	9-6	9-6	9-4	closed

STAFF

Front:	<u>3 (2,5,5)</u>	Salary:	<u>\$275 / \$300 / \$300 day</u>	Will Stay	<u>Negotiable</u>
Back:	<u>3 (5,5,3)</u>	Salary:	<u>\$200 / \$300 / \$300 / day</u>	Will Stay	<u>Negotiable</u>
Other:	<u>Associate</u>	Salary:	<u>\$500</u>	Will Stay	<u>30 days</u>
Other:	<u>Billor</u>	Salary:	<u>\$300 / day</u>	Will Stay	<u>30 – 60 days</u>
Other:	<u>Implant</u>	Salary:	<u>50% 1x/mo</u>	Will Stay	<u>negotiable</u>

PATIENT PROFILE:

% Group	5-10 Yrs:	<u>2%</u>	11-19 Yrs:	<u>10%</u>	20-49 Yrs:	<u>60%</u>	50-75+:	<u>28%</u>
% Reimb	Cash	<u>15%</u>	Idemn	_____	PPO	<u>5%</u>	Plans	_____
	Medical	<u>80%</u>	Cap	_____	Avg. Cap	_____		_____
%Revenue	Restorative	<u>20%</u>	Crown & Bridge	<u>45%</u>	Endo	<u>15%</u>	Perio	<u>9%</u>
	Oral Surgery	<u>5%</u>	Prosthetics	<u>6%</u>	Ortho	_____		_____

Procedures referred out: _____

PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)

Active Charts 3,000+ **# of Recalls per month*** _____

of New Patients per month* 75+ **Total # of New Patients YTD*** 950+ 2020!

Any one referral source account for more than 10% of practice revenue? **Yes** **No**

Does practice employ a hygienist? no **Number of days** _____ **% of Gross** _____

FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)

2018 \$869,619 **2019** \$1,249,104 **2020** \$1,491,594 **Current YTD** \$803,727 As Of 6/30/21

EQUIPMENT:

Chairs 6 **Hygiene** _____ **Avg. Age** mixed, newer

X-Rays 2 digital **Pano** room **Other** _____

Special Equip owned: **Laser** _____ **Intraoral Camera** _____ **Other** _____

Is the practice computerized? Front **Type of Software:** Easy Dental

COMMENTS: Streetside building with monument signage. Beautiful and spacious interior. Seller has consistent

advertising in place that keeps steady stream of patients. Associate run. Building was rebuilt groundup in 2015/2016.

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REGISTRATION AGREEMENT – CONFIDENTIALITY

IMPORTANT: Please fax back this form to obtain the office location and financial data @ 949-548-0525

In consideration of **FIRST CHOICE PRACTICE SALES**, hereinafter called **FIRST CHOICE**, supplying me with confidential information concerning the following businesses, or any other businesses to which you may otherwise introduce me, I agree to use such confidential information obtained only for purposes of evaluation to purchase. I further agree not to divulge such information to others, except to secure professional advice. **I further agree not to directly contact the owner, employees, suppliers or disturb any business relationship which includes requesting a position as an associate or asking for permission to visit the practice during practice hours of the seller without first obtaining seller's permission through FIRST CHOICE PRACTICE SALES.**

Should I, or anyone to whom I have introduced those confidential business listings that you previously presented to me, purchase or acquire an interest in any of those businesses, I agree to conduct all negotiations through your office. I further understand that the seller will be responsible for the payment of the commission to **FIRST CHOICE PRACTICE SALES**. I further understand and agree that if I should purchase all or any portion, lease, become an associate of or come into possession of the business through direct negotiations with the seller and without **FIRST CHOICE's** involvement, within one year from date hereof, then a commission is due **FIRST CHOICE** and I will assume responsibility for the payment of that commission.

The commission referred to above is ten percent (10%) of the total purchase price or \$12,500, whichever is greater. Should any controversy arise as a result of this agreement, **FIRST CHOICE** and I hereby agree to have the matter settled by and under the rules of the American Arbitration Association without the necessity of a court order. All rights of discovery allowed by law may be used and the prevailing party shall be entitled to actual attorney fees and costs. Any decision shall be final and binding upon myself and **FIRST CHOICE**.

Listing No. 21 – 226 Location Covina

Accepted and Agreed to:

Signature

Agent

Print Name

Print Name

Date

Date

Address

P. O. Box 8445
Newport Beach, CA 92660
(949) 548-4559

City Zip

Phone (Circle One: Mobile/Home/Business)

Any additions or deletions to this page other than information we have requested will void your request and we will not provide any additional information. Thank you.

E-mail Address

PLEASE FAX BACK TO: 949 548-0525