## SELLER FINANCING AVAILABLE OAC! EXCELLENT BASE OF PPO PATIENTS! HIGH NET PRACTICE WITH BIG UPSIDE! ON MAIN STREET TO MAJOR SHOPPING AREA!

## FIRST CHOICE PRACTICE SALES, INC.

Phone: (949) 548-4559 • Fax: (949) 548-0525 • <u>www.firstchoicedds.com</u> \$99.000

	LISTING #	20 - 602		PRICE:	PRICE: \$59,000 OBO! A/R'S: negotiable						
Lease   X   Own   Option/Renew   no   Yrs, Remain   1   \$/Month   \$2,563 FG	LOCATION: Goleta			<b>Est.</b> (1970's) 1/09 <b>POPULATION:</b> Mixed							
Marchenic   Marchenic   Marchenic   Closed   10 - 5   Closed   10 - 5   Closed   C	<b>DESCRIPTION</b> :	# of C	<b>ps:</b> 3	# Not P	lumbed:	0	Sq. Ft.	1,200			
Closed   10 - 5 2x   Closed   10 - 5   Closed	Lease X	Own	Opt	ion/Renew no	Yı	rs. Remai	in <u>1</u>	1 <b>\$/Month</b> \$2,563 FG			
STAFF	Off. Hours	M	T	W	Т	H	FR	SAT	S	UN	
Back:   Balary:   Will Stay   Yes   Other:   Hygienist (M)   Salary:   \$60 an hour   Will Stay   Yes   off for Covid PATIENT PROFILE:   660 an hour   Will Stay   Yes   off for Covid Patients PROFILE:   660 an hour   Will Stay   Yes   off for Covid Patients PROFILE:   660 an hour   Will Stay   Yes   off for Covid Patients PROFILE:   660 an hour   Will Stay   Yes   off for Covid Patients   Yes   Other   Will Stay   Yes   off for Covid Patients PROFILE:   Salary:   Salary:	, <del>-</del>	Closed	10 - 52x	Closed	10	- 5	Closed	closed	clo	osed	
Other:   Hygienist (M)   Salary:   \$60 an hour   Will Stay   Yes - off for Covide PATIENT PROFILE:	STAFF Front: 1 (front/back)		back) Sa	<b>Salary:</b> \$15			Will Stay		yes		
Active Charts		Back:		Sa	alary:	Wil		ll Stay y		yes	
		Other:	Hygien	ist (M)	Salary: _	\$60 an h	our W	ill Stay Ye	s - off for	Covid	
Medical   0%   Cap   0%   Avg. Cap   \$0	PATIENT PROI	FILE:									
Medical 0% Cap 0% Avg. Cap \$0  Nervenue Restorative 65% Crown & Bridge 30% Endo 1% Perio 1%  Oral Surgery 1% Prosthetics 2% Ortho 0%  Procedures referred out: Refers a lot of implants, some endo and 3rds.  PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)  # Active Charts 600+ # of Recalls per month* pending  # of New Patients per month* 1-2 Total # of New Patients YTD*  Any one referral source account for more than 10% of practice revenue? Yes No X  Does practice employ a hygienist? Yes Number of days 1 % of Gross 5-10  FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)  2018 \$194,468 2019 \$209,899 2020 \$144,100 YTD \$75,000 As Of 6/30  EQUIPMENT:  # Chairs 3 Hygiene yes Avg. Age New/older  # X-Rays 3 (1 sensor) Pano yes Other  Grecial Equip owned: Laser Intraoral Camera Yes Other	% Group	5-10 Yrs:	5	11-19 Yrs: _	5	20-49	Yrs:	40	50-75+:	50	
Restorative   65%   Crown & Bridge   30%   Endo   1%   Perio   1%	% Reimb	Cash	30%	Idemn _			PPO	70%	Plans	1	
Oral Surgery 1% Prosthetics 2% Ortho 0%  Procedures referred out: Refers a lot of implants, some endo and 3rds.  PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)  # Active Charts 600+ # of Recalls per month* pending  # of New Patients per month* 1-2 Total # of New Patients YTD*  Any one referral source account for more than 10% of practice revenue? Yes No X  Does practice employ a hygienist? Yes Number of days 1 % of Gross 5-10  PINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)  2018 \$194,468 2019 \$209,899 2020 \$144,100 YTD \$75,000 As Of 6/30  POUIPMENT:  # Chairs 3 Hygiene yes Avg. Age New/older  # X-Rays 3 (1 sensor) Pano yes Other  Special Equip owned: Laser Intraoral Camera Yes Other		Medical	0%	Cap _	0%	Avg	. Cap	\$0	_		
Procedures referred out: Refers a lot of implants, some endo and 3rds.  PRACTICE STATS: *(Need to verify with Buyer Audit) (approx)  # Active Charts 600+ # of Recalls per month* pending  # of New Patients per month* 1-2 Total # of New Patients YTD*  Any one referral source account for more than 10% of practice revenue? Yes No X  Does practice employ a hygienist? Yes Number of days 1 % of Gross 5-10  PINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)  2018 \$194,468 2019 \$209,899 2020 \$144,100 YTD \$75,000 As Of 6/30  EQUIPMENT:  # Chairs 3 Hygiene yes Avg. Age New/older  # X-Rays 3 (1 sensor) Pano yes Other  Special Equip owned: Laser Intraoral Camera Yes Other	%Revenue	Restorative	65% C	rown & Bridge	30%	. ]	Endo	1%	Perio	1%	
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Yes   Number of days   1   % of Gross   5-10	# of New Patients per month*			1-2 Total # of New Patients YT				*			
FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller)   2018	Any one referral	source accoun	t for more t	han 10% of pra	actice reve	enue?	Y	Zes .	No X		
2018         \$194,468         2019         \$209,899         2020         \$144,100         YTD         \$75,000 As Of 6/30           EQUIPMENT:           # Chairs         3         Hygiene         yes         Avg. Age         New/older           # X-Rays         3 (1 sensor)         Pano         yes         Other           Special Equip owned:         Laser         Intraoral Camera         Yes         Other	Does practice employ a hygienist?			Yes	Number of days 1				% of Gross <u>5-10</u>		
#X-Rays 3 (1 sensor) Pano yes Other Special Equip owned: Laser Intraoral Camera Yes Other	2018 \$1 EQUIPMENT:	94,468	2019	\$209,899	2020	\$144,100	<u>Y</u>				
Special Equip owned: Laser Intraoral Camera Yes Other				·							
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**COMMENTS:** Needs to sell this steady, low overhead practice. Seller has done no marketing for many years. Steady flow of referral patients mostly PPO. Great demographics and huge upside for full-time dentist. Lots of traffic on major street near large retail center. Main city area of Goleta! New computer, server and sensor!

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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 INC., 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, landlord, 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, INC.

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. <u>20 – 602</u>	Location	Goleta
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	<u> </u>	Any additions or deletions to this page other than information we have
Phone (Circle One: Mobile/Home/Business)	)	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