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

PRACTICE \$595,000 PRICE \$: BUILDING \$1,275,000 23 - 226 LISTING # A/R'S: not included **Est.** (2012) 2017 **POPULATION:** mixed Covina LOCATION: # Not Plumbed: _____ Sq. Ft. _2,477 **DESCRIPTION:** # of Ops: 6 Yrs. Remain NEW \$/Month YOU CAN OWN! Lease X Own ___ **Option/Renew** NEW T W TH Office Hours M FR SAT SUN 9-6 9-6 9-6 9-6 9-6 9-4 closed **Front:** 3 (2,5,5) **Salary:** \$275 / \$300 / \$300 day **STAFF** Will Stay Yes Will Stay Yes **Back:** 3 (5,5,3) **Salary:** \$200 / \$300 / \$300 / day A1 \$600 5 days / A2 25% 2 days **Salary:** A3 25% 1 day Other: 3 Associates Will Stay 1 GP Yes, 2 No **Salary:** \$300 / day Other: Biller Will Stay 30 - 90 days Other: Implant & Endo Salary: 50% 2-3x/mo each Will Stay negotiable **PATIENT PROFILE:** % Group 5-10 Yrs: <u>2</u>% <u>11-19 Yrs: 10</u>% <u>20-49 Yrs: 60</u>% <u>50-75+: 28</u>% **PPO** 6% Cash 24% **Plans** _____ % Reimb Idemn _____ Cap _____ Avg. Cap _____ Medical 70% Restorative 27% Crown & Bridge 35% **Endo** 15% %Revenue Perio **Prosthetics** 6% Ortho 0% Implant 3% Oral Surgery 5% Procedures referred out: **PRACTICE STATS:** *(Need to verify with Buyer Audit) (approx) # Active Charts _____ # of Recalls per month* _____ # of New Patients per month* 75+ Total # of New Patients YTD* 900+ 2021! Any one referral source account for more than 10% of practice revenue? No Does practice employ a hygienist? _____ no ____ Number of days _____ % of Gross ____ FINANCIAL: (Need to verify with Tax Returns and Financial Information by Seller) **2021** \$1,409,267 **2022** \$1,694,833 **2023** \$1,422,241 **Current YTD** Pending **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

<u>COMMENTS:</u> Streetside building with monument signage. Beautiful and spacious interior. Seller has consistent advertising in place that keeps steady stream of patients. Mostly 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, 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, 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, INC**. 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. 23 – 226 Locati	on 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	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

PLEASE FAX BACK TO: 949 548-0525

E-mail Address