PRACTICE GROUP

Omni Practice Group
6141 Bothell Way NE, #301
Kenmore, WA 98028
877.866.6053
www.omni-pg.com

Required Dental Practice Financial and Practice Documents

Checklist

Instructions: Please provide the following information/documents. Please check off items enclosed to the left of the item number or enter N/A if item is not available. Please return this form or a copy with your documents.

_____ 1. Past 5 years tax returns. Schedule C's or 1120(s) if it is a Corporation, All Supporting Statements.

_____ 2. Year to Date, & past 3 years year-end Profit & Loss and Balance Sheet.

_____ 3. Yearly Depreciation schedules for equipment that is currently in use.

_____ 4. Inventory of MAJOR equipment – chairs, sterilization equipment etc.

_____ 5. Production by provider report for past 3 years, (Identifying hygiene portion)

_____ 6. Current Accounts Receivable Aging Report.

_____ 7. List of items that show up on the Profit & Loss statement that are not related to the operations of the practice. For example, travel, car expense, club dues, life insurance, etc. (This will be kept confidential.)

_____ 8. Production by procedure report for past year.

_____ 9. Production/Collections report for past 3 years.

_____ 10. Narrative of any major events that may have affected your practice in a positive or negative way in the past three years. For example, major change in insurance or Medicare reimbursement, major lawsuit, negative/positive publicity, Dentist of the year award, added a partner or associate, etc.

Other events or things we should be aware of:

_____
_____
_____
_____
_____
_____
_____
_____

_____, _____initials

Practice Valuation Questionnaire

General Dentistry

Instructions: Please complete the following information as accurately as possible.

General Information

1. Practice legal name_____

2. Principal practice address: _____

3. Please identify practice owner(s) and ownership percentages:
Name Ownership percent Name Ownership percent
_____ _____ _____ _____
_____ _____ _____ _____

4. Practice is operated as:
 Sole Proprietor Professional/Service Corporation (PC, SC, Inc., or Ltd.) LLC-Limited Liability Company

 Partnership C-Corporation S-Corporation LLP-Limited Liability Partnership

5. If incorporated or partnership, date of formation:_____

6. Does practice owner(s) operate any satellite/additional offices?..... Yes No
If yes, please identify
location(s):_____

7. How far is/are satellite(s) located from the primary
office?_____

8. Purpose of Valuation:
 Estate planning Possible outright sale
 Sale to current associate Sale to future associate/partner
 Divorce Other *(Please Specify)* _____

9. If sale is anticipated, timetable for sale:_____ Does staff know? Yes No

10. If sale, will Seller agree to continue with practice after the sale? ..... Yes No How long? ____

Will Seller's ongoing employment be a condition of sale? ..... Yes No

If yes, Seller's required number of clinical hours per week after sale? _____

11. Has any event occurred during the past 12 months which has or may have a significant positive or negative impact on practice receipts/net practice profitability?..... Yes No

If yes, please describe _____
_____

12. Is the practice owner(s) aware of any upcoming event which may have a significant impact on practice receipts/net practice profitability?..... Yes No

If yes, please describe _____
_____

_____, _____initials

OMNI Practice Group
6141 Bothell Way NE, Suite 301
Kenmore, WA 98028
(206) 979-2660 (866)-725-7013 fax

Practice History

1. How was practice acquired? ☐ Started by present owner ☐ Purchased

2. Date practice was started or acquired. _____

3. If practice was purchased, previous owner's name_____

4. How long did previous owner operate practice?.._____

5. How long has practice operated at present location? _____

6. How long did practice operate at previous location?_____

7. Has practice ever acquired/merged any other practice into present operation?. ☐ Yes ☐ No

If yes, when?_____ By what percentage did practice gross receipts increase after acquisition?_____

Acquisition price?_____ Previous average gross of practice acquired?_____

8. List any other significant dates or events in practice history:

_____
_____
_____

Community Demographics

1. What is the population of the community where the principal practice is located?.. _____

2. What is the population of the practice drawing are?_____

3. Is area surrounding office location: ☐ Urban ☐ Growing ☐ Stable ☐ Affluent
☐ Rural ☐ Declining ☐ Transient ☐ Blue Collar

4. How would you rate the desirability of your practice location?
☐ Highly Desirable ☐ Desirable ☐ Average ☐ Questionable

5. Are there any desirable or adverse conditions occurring within the community and/or area's economy?

*(PleaseDescribe)*_____

_____
_____
_____
_____
_____
_____

_____, _____initials

OMNI Practice Group
6141 Bothell Way NE, Suite 301
Kenmore, WA 98028
(206) 979-2660 (866)-725-7013 fax

Practice Management/Business Operations

1. Does practice accept insurance assignment?..... ☐ Yes
   ☐ No

2. Are non-insurance covered patients required to pay for services at time of service?..... ☐ Yes
   ☐ No

3. Are insurance patients required to pay estimated co-payments at time of service?..... ☐ Yes
   ☐ No

4. Does practice offer "credit card" payment options?..... ☐ Yes
   ☐ No

Practice Statistics

1. Total number of Active patients *(different individuals seen during past 24 months)* _____

2. Average New Patients seen per month for past 3 years?. _____

3. Total New patients seen year-to-date. _____
Period covered *(example: 1/10 - 4/10)*_____

4. Please identify primary new patient referral sources and approximate percentage of new patients derived from each source:

Existing Patients..... _____%
Advertising/Yellow Pages..... _____%
Other Medical/Dental Providers..... _____%
Contracted Third Party (Insurance) Programs..... _____%
Other *(Please Specify Source)* ..... _____%

5. Does any one referral source account for more than 10% of the practice revenue? ..... ☐ Yes ☐ No
If yes, please identify
source(s)_____

6. Describe any marketing activities the practice is currently involved
in_____

7. Does the practice track referral sources? ..... ☐ Yes ☐ No

8. Who are the practices major competitors?_____

9. What impact have they had on practice receipts? _____

10. Number of active Welfare (Medical Assistance) patients._____
What percentage of practice revenues are derived from these patients?..... _____
11. Number of HMO Plan patients covered._____
What percentage of practice revenues are derived from these patients?..... _____

12. Estimated percentage of practice consisting of children under the age of 16_____
13. Does practice employ a hygienist?..... ☐ Yes ☐ No
If yes, # of hygiene days available per week..... _____
(One hygienist working 3 days and another working 4 days equals 7 total days.)

_____, _____initials

OMNI Practice Group
6141 Bothell Way NE, Suite 301
Kenmore, WA 98028
(206) 979-2660 (866)-725-7013 fax

14. Average number of patients seen per day per hygienist..... _____

15. How many patient contact hours are available for all dentists in practice?. _____

16. What percentage of patients are covered by third-party payors?..... _____

17. Historically, which month has been the practice's most productive *(Jan.-Dec.)*? _____

18. Historically, which month has been the least productive *(Jan.-Dec.)*?_____

19. How many patient contact days did employed/owner dentists provide: Year-to-date____ Prior calendar year_____

20. Number of vacation/sick days taken by owner: .Year-to-date_____ Prior calendar year_____

21. Typical weekly clinical schedule *(Doctor's hours)*: .. Mon._____ Thurs._____ Tues._____ Fri. _____ Wed._____

Employee Information

1. Number of full-time employees_____ Number of part-time employees _____

2. If this valuation is being done as part of an anticipated sale, estimated number of employees who will stay following the transition..... ___ _____

3. Does practice employ any non-owner dentists?..... ... ☐ Yes ☐ No

If yes, do they have an employment agreement?..... ☐ Yes ☐ No

Does the agreement contain a non-compete provision?..... ☐ Yes ☐ No

If yes, state distance and duration_____

5. Have any employed dentists or prior partners left the practice in the previous two years and continued practicing in the area?..... ☐ Yes ☐ No

6. Have any employed hygienists left the practice in the previous two years and continued practicing in the area?..... ☐ Yes ☐ No

If yes, how many days-per-week did they treat patients in your office?..... _____

_____, _____initials

Facilities

1. Office is: Owned Leased..... Square feet of office..... _____

Is building occupied by: Practice only Part of a larger office complex?

Is practice readily reachable by private and public transportation? ..... Yes No

2. If leased, remaining years left on lease ..... _____

Is a 5-7 year renewal option available?..... Yes No Unknown

3. If owned, estimated *(desired)* Sale Price/Building Value ..... _____

Does building have any rental tenants/available rental space?..... Yes No

If practice is not the only occupant, percentage of square footage occupied by practice ..... _____

4. Total number of treatment rooms: Equipped_____ _____Available

Number of hygiene rooms..... _____ Number of doctor treatment rooms_____

Are doctor treatment rooms equipped with Fiber Optics?..... Yes No

5. Number of parking spaces available: Off-Street _____ On-Street _____

6. Average age of dental equipment.. _____

7. Is any equipment presently leased? ..... Yes No

(Please include copies of leases with requested documents.)

8. Specialized equipment owned:

 Laser Intra-oral Camera Panoramic X-Ray Other_____

9. Is the practice computerized? ..... Yes No

If yes, type of software _____ Year Hardware Purchased_____

Additional Information

(Please use back of form or attach additional pages as needed.)

I understand the above information will be relied upon for the purpose of completing this appraisal and to the best of my knowledge is true, correct, and accurate.

_____ _____

Doctor Signature *Date*

_____, _____initials

OMNI Practice Group
6141 Bothell Way NE, Suite 301
Kenmore, WA 98028
(206) 979-2660 (866)-725-7013 fax

OMNI
PRACTICE GROUP

EMPLOYEE INFORMATION

DOCTOR NAME:_____ **PRACTICE NAME:** _____

Please fill out as completely as possible and fax to 866-725-7013 or e-mail to rod@omni-pg.com

EMPLOYEE NAME	POSITION	WAGES	HRS/WK	YEARS EMPLOYED	BENEFITS	COMMENTS