FINANCIAL DATA FOR PRACTICE # 4020 — Oral and Maxillofacial Surgery
Owner/Operator Purchase

The following statistics are based on assumptions that the subject practice will continue to be operated as it has been in the past. Variation from past performance are 1) increase in fees for each year; 2) no production increase occurs; and 3) overhead expenses increase each year. Fee and overhead increases are based on estimates of inflation and can be adjusted.

The purpose of this summary is to demonstrate the individual practice revenues and profitability of this particular practice.

PRACTICE FINANCIAL SUMMARY

AMOUNT OF INCOME PERSONALLY GENERATED BY PURCHASER $2,225,920

PURCHASER COMPENSATION AT 35% FOR PRODUCTION. $779,072

NOW CONSIDER THE PRACTICE PROFIT. THIS IS AN AMOUNT OVER AND ABOVE PURCHASER'S PRODUCTION COMPENSATION .

THE PROFIT IS A BENEFIT OF OWNERSHIP OF THE PRACTICE.
ONLY PRACTICE OWNERS REALIZE THIS PRACTICE PROFIT.

IN THIS PRACTICE, THE PROFIT, AFTER ALL EXPENSES AND PURCHASER SALARY COMPENSATION HAVE BEEN PAID IS $378,314

THE PROFIT - NOT INCLUDING PURCHASER SALARY, DIVIDED BY THE TOTAL LOAN FOR THE PRACTICE PRICE AND WORKING CAPITAL, RESULTS IN A RATE OF 17%

TO COMPARE THIS OPPORTUNITY TO OTHER OPPORTUNITIES, WHETHER THEY ARE ASSOCIATESHIPS OR OTHER PRACTICES TO PURCHASE, LOOK AT SEVERAL KEY DATA POINTS.

	SUBJECT PRACTICE
1. HOW DOES THE ALTERNATIVE COMPARE WITH AFTER DEBT SERVICE AND BEFORE TAX NET INCOME	$855,350
2. WHAT IS PERCENT OF PERSONAL PRODUCTION OF PRACTICE NET INCOME	38%
3. WHAT ARE EXPECTED TAX SAVINGS AND EQUITY INCREASES FOR THE PURCHASER	$267,858
4. TOTAL ECONOMIC BENEFIT - NET CASH FLOW (AFTER DEBT SERVICE), EQUITY, AND TAX SAVINGS	$1,123,208
5. WHAT IS PERCENT OF TOTAL ECONOMIC BENEFIT VERSUS PURCHASER PERSONAL PRODUCTION	51%

FINANCIAL DATA FOR PRACTICE # 4020		Oral and Maxillofacial Surgery Owner/Operator Purchase		
The following summary illustrates a projected year's income and expenses for the subject practice which incorporates an 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. NOTE: Practice price does not include accounts receivable.				
PRACTICE INCOME			**$**	**%**
EXPECTED GROSS COLLECTIONS			$2,782,400	100.0%
	HYGIENE COMPONENT			
	DENTIST COMPONENT		$2,782,400	100.0%
		RETAINED SELLER	$556,480	20.0%
		ASSOCIATE		
		PURCHASER	$2,225,920	80.0%
VARIABLE EXPENSES			**$**	**%**
	WAGES, PAYROLL TAX, ETC.		$854,204	30.7%
	LABORATORY		$966	0.0%
	CLINICAL SUPPLIES		$198,018	7.1%
	OTHER VARIABLE EXPENSE		$255,069	9.2%
		TOTAL VARIABLE EXPENSE	**$1,308,258**	**47.0%**
FIXED EXPENSES			**$**	**%**
	RENT		$126,000	4.5%
	PHONE, UTILITIES		$19,970	0.7%
	LEGAL & ACCOUNTING		$9,785	0.4%
	INSURANCE		$7,725	0.3%
	OTHER FIXED EXPENSE		$157,955	5.7%
		TOTAL FIXED EXPENSE	**$321,435**	**11.6%**
PRACTICE DEBT SERVICE			**$**	**%**
	INTEREST		$124,703	4.5%
	PRINCIPAL		$172,654	6.2%
		TOTAL DEBT SERVICE	**$297,357**	**10.7%**
SUMMARY			**$**	**%**
	EXPECTED COLLECTIONS		$2,782,400	100.0%
	EXPECTED EXPENSES		$1,629,692	58.6%
	PRACTICE DEBT SERVICE		$297,357	10.7%
EXPCTD NET INCOME AFTER EXPENSES AND DEBT & PERCENT OF PERSONAL PROD.			**$855,350**	**38%**
THIS CASH FLOW EXAMPLE IS BASED ON THE FOLLOWING ASSUMPTIONS:			**$**	**%**
		PRACTICE SALES PRICE & PERCENT OF GROSS	$2,098,000	78%
		WORKING CAPITAL	$134,000	
		TOTAL PRACTICE LOAN	$2,232,000	
		PRACTICE LOAN INTEREST RATE	6.00%	
		PRACTICE LOAN TERM (MONTHS)	120	
		MONTHLY PRACTICE PAYMENT	$24,780	11%
		MONTHLY PRACTICE PAYMENTS	$24,780	11%
		ESTIMATED MONTHLY HYGIENE AND ASSOCIATE PROFIT		
		PURCHASER SALARY BASED ON 35% OF PERSONAL PRODUCTION	$779,072	
		PRACTICE PROFIT - IN ADDITION TO PURCHASER SALARY	$378,314	17%
		PURCHASER TAX SAVINGS AND 1ST YEAR EQUITY INCREASE	$267,858	
		LESS PRACTICE DEBT SERVICE	($297,357)	
SALARY + PROFIT +TAX SAVINGS + EQUITY - DEBT SERVICE / % OF PERSONAL PRODUCTION			**$1,127,886**	**51%**

DATA FOR PRACTICE # 4020	PRICE: $XXXX (ENTER A GIVEN PRICE OR DELETE CELL IF THERE'S A PRICE)
Oral and Maxillofacial Surge Owner/Operator Purchase	

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	3,675
EXPANDABLE FOOTAGE	
TOTAL MO. RENT EXP.	
PRICE PER SQUARE FOOT	
IS OFFICE HANDICAPPED ACCESSIBLE?	Yes
NUMBER OF PARKING SPACES	20+
PROXIMITY OF PARKING PLACES	Adjacent
# EQUIPPED OPS	7
NUMBER OF PLUMBED BUT UNEQUIPPED OPERATORIES	
NUMBER OF OPERATORIES USED PRIMARILY BY DENTIST(S)	7
NUMBER OF OPERATORIES USED PRIMARILY BY HYGIENIST(S)	
NUMBER OF UNPLUMBED AND EMPTY OPERATORIES	
DO YOU OWN YOUR BUILDING? YES OR NO	Yes
DO YOU WISH TO SELL THE BUILDING? YES OR NO	No
IF NOT APPRAISED, ESTIMATED BUILDING PRICE	$1,500,000
IF NOT SOLD, MONTHLY RENTAL AMOUNT	$10,500
ANNUAL REAL ESTATE TAXES	$17,419
ANNUAL REAL ESTATE INSURANCE COST	
DATE OF LEASE i.e. "6/1/2016"	
DATE LEASE ENDS - i.e. "1/1/2020"	
IS THERE AN OPTION TO PURCHASE?	
RENEWAL OPTIONS	
BUILDING VALUE TO BE USED	$1,500,000
PURCHASER MORTGAGE INTEREST RATE	6.00%
PURCHASER MORTGAGE TERM - YEARS	20
PURCHASER MONTHLY PAYMENT	
PURCHASER CURRENT MONTHLY RENT	
PRICE PER SQUARE FOOT	$34.29
WORK SCHEDULE	
PLANS AFTER SALE OF PRACTICE	Pretreating at Riverside Dental Jacksonville.
DAYS/WEEK CURRENTLY WORKED	5.0
HOW MANY DAYS WOULD YOU PREFER TO WORK FOR BUYER	
DESIRED WORK DAYS/WEEK 1ST YR	1.0
DESIRED WORK DAYS/WEEK 2ND YR	1.0
DESIRED WORK DAYS/WEEK 3RD YR	
DESIRED WORK DAYS/WEEK 4TH YR	
DESIRED WORK DAYS/WEEK 5TH YR	
DESIRED WORK DAYS/WEEK 6TH YR	

PRACTICE DATA	
MANAGEMENT CONSULTANT IN LAST 5 YRS? IF SO WHO?	
RESULTS	
DESCRIBE INTERNAL MARKETING	Google Reviews
DESCRIBE EXTERNAL MARKETING	Minimal
HAS GROSS CHANGED SIGNIFICANTLY? WHY?	Aug-Dec 2025 incredibly slow during Associate. Has since returned to normal
LIST SEDATIONS USED - NITROUS, DOCS, IV SEDATION	Nitrous, Minimal DOCS, IV Sedation
IS YOUR PRACTICE MERCURY FREE - NO AMALGAM?	Yes
WHAT TYPE RECALL SYSTEM	
WHAT TYPE COMPUTER SYSTEM	Dentrix
PURCHASER MUST PERSONALLY VERIFY PATIENT POPULATION DATA & REDUCED FEE PLANS	
ESTIMATE NUMBER OF DIFFERENT PATIENTS IN LAST 18 MONTHS	
AVERAGE NUMBER OF NEW PATIENTS PER MONTH	
AVERAGE NUMBER PATIENTS TREATED PER DAY BY DENTIST(S)	
AVERAGE NUMBER PATIENTS TREATED PER DAY BY HYGIENISTS	
HOW FAR AHEAD IS DENTIST SCHEDULED?	
HOW FAR AHEAD IS HYGIENIST SCHEDULED?	
PRACTICE DATA	
% INCOME FROM CASH	42%
% OF PATIENTS PAYING CASH	35%
% INCOME FROM FEE FOR SERVICE INSURANCE	
% OF PATIENTS WITH FEE FOR SERVICE INSURANCE	
% INCOME FROM DISCOUNT FEE INSURANCE	58%
% OF PATIENTS WITH DISCOUNT FEE INSURANCE	65%
% PRACTICE INCOME FROM MEDICAID	
% OF PATIENTS WITH MEDICAID	
% PRACTICE INCOME FROM REDUCED FEE PLANS	58%
% OF PATIENTS WITH REDUCED FEE PLANS	65%
SCHEDULING DATA	
MONDAY	8am to 4pm
TUESDAY	8am to 4pm
WEDNESDAY	8am to 4pm
THURSDAY	8am to 4pm
FRIDAY	7am to 3pm
SATURDAY	
DAYS WORKED PER WEEK	5
OWNER HOURS WORKED PER WEEK	36
ASSOCIATE HOURS WORKED PER WEEK	
HYGIENIST HOURS WORKED PER WEEK	
DENTIST PATIENT VISITS PER YEAR	4,266
HYGIENE PATIENT VISITS PER YEAR	
NUMBER OF DAYS WORKED PER YEAR	248
NUMBER OF WEEKS WORKED PER YEAR	50
COLLECTION DATA	
ACTUAL ACCOUNTS RECEIVABLE BALANCE	$275,930
WHAT IS YOUR PATIENT CREDIT BALANCE	$53,610
ACCOUNTS RECEIVABLES - CURRENT	$128,135
ACCOUNTS RECEIVABLES - 31-60 DAYS	$51,230
ACCOUNTS RECEIVABLE - 61-90 DAYS	$28,298
ACCOUNTS RECEIVABLE >90 DAYS	$69,507

WHAT PERCENTAGE OF THE PRACTICE INCOME IS:	
HYGIENIST PRODUCTION	
OPERATIVE	
PEDODONTICS	
ORTHODONTICS	
IMPLANTS	
REMOVABLE PROSTHETICS	
FIXED PROSTHETICS	
ENDODONTICS	
PERIODONTICS	
ORAL SURGERY	100%
COSMETIC	
TMJ TREATMENT	
DIAGNOSTIC	
OTHER	
TOTAL	100%
WHAT SERVICES ARE REFERRED OUT?	Cancer
REVENUES SOURCES	
IS ANY OF YOUR REPORTED INCOME FROM ANY OTHER	
SOURCE THAN PATIENT TREATMENT FROM THIS PRACTICE?	
IF SO HOW MUCH IN CURRENT PERIOD?	
IF SO , HOW MUCH FOR LAST YEAR?	
IF SO HOW MUCH FOR THE PREVIOUS YEAR?	
WHAT IS THE SOURCE OF THIS OTHER INCOME?	
FEE SCHEDULE	
ADULT PROPHY 01110	$114
TWO SURFACE ANTERIOR COMPOSITE 02331	
CORE BUILD-UP 02950	
CROWN - GOLD/PORCELAIN 02750	
ANTERIOR CANAL ROOT CANAL 03310	
PANORAMIC X-RAY 00330	$145
TWO SURFACE POSTERIOR COMPOSITE 02392	
CROWN - PORCELAIN CERAMIC 02740	
LABIAL PORCELAIN VENEER 02962	
BICUSPID ROOT CANAL 03320	
AVERAGE OF FEES	$130
PERCENT OF FEE PARITY	112%
DEMOGRAPHIC DATA	
WHAT IS APPROX. POPULATION OF YOUR CITY OR TOWN	206,400
WHAT IS APPROX. POPULATION OF YOUR DRAWING AREA	123,793
APPROXIMATE NUMBER OF ORAL SURGERY PRACTICES	3
WITHIN	5 Miles
MAJOR EMPLOYERS IN AREA	Florida State University, FAMU, Amazon, State of Florida
DESCRIBE ANY MAJOR ECONOMIC CHANGES IN DRAWING AREA	The area is experiencing strong, consistent growth. Historically, a very
YEAR BEGINNING PRACTICE IN CITY	2007
YEAR BEGINNING PRACTICE IN CURRENT LOCATION	2013
RIGHT OR LEFT HANDED	Right
PURCHASE OR SCRATCH START	Scratch & Purchase

STAFF DATA						
POSITION	YEAR HIRED	STAY	BENEFITS	ANNUAL SALARY	HOURLY SALARY	ANNUAL COST OF BENEFITS
FRONT OFFICE		Y	$80	$38,000	$19.00	
PATIENT COORDINATOR		Y	$80	$42,000	$21.00	
OFFICE MANAGER		Y	$80	$72,115	$36.05	
INS./ADMIN ASST		Y	$80	$44,000	$22.00	
EXECUTIVE ASST		Y	$80	$52,000	$26.00	
INSURANCE COORD		Y	$80	$38,000	$19.00	
ACCOUNTS PAYABLE		Y	$30	$34,245	$45.66	
ASSISTANT		Y	$30	$11,250	$15.00	
ASSISTANT		Y	$80	$58,000	$29.00	
ASSISTANT		Y	$80	$46,000	$23.00	
NURSE PRACTICIONER		Y	$80	$100,960	5048%	
HYGIENIST						
HYGIENIST						
HYGIENIST						
LAB TECHNICIAN						
LAB TECHNICIAN						
ASSOCIATES						
UNFILLED POSITIONS TO B						

WHAT BENEFITS DO YOU PROVIDE FOR THE STAFF?	
COST OF BENEFITS PROVIDED FOR EACH EMPLOYEE	
DO YOU HIRE ANY UNPAID FAMILY MEMBERS?	Father
WHAT POSITION DO THEY HOLD?	
WHAT IS FAIR MARKET WAGE FOR THEIR JOB?	
ARE THERE ANY EMPLOYEES WHO ARE PAID MORE OR LESS THAN THE NORMAL SALARY FOR THEIR POSITION?	
WHAT POSITIONS AND WHAT IS AMOUNT OF OVER/UNDER COMPENSATION FOR EACH	

COLLECTION CENTERS			
	2026	**2025**	**2024**
GROSS COLLECTIONS	$1,347,416	$2,585,182	$2,819,482
OWNER COLLECTIONS	$1,347,416	$2,585,182	$2,819,482
HYGIENIST COLLECTIONS			
ASSOCIATE COLLECTIONS			
ASSOCIATE COLLECTIONS			
ASSOCIATE COLLECTIONS			
ASSOCIATE COLLECTIONS			
ASSOCIATE - SALARY IN DOLLARS / COMMISSION PERCENT			
HYGIENIST - SALARY IN DOLLARS / COMMISSION PERCENT		0%	

CONFORMITY DATA	
DOES YOUR PRACTICE MEET OSHA STANDARDS? WHY NOT?	Yes
DOES YOUR PRACTICE MEET HIPAA STANDARDS? WHY NOT?	Yes
ANY DISCIPLINARY ACTION IN LAST 7 YRS? EXPLAIN	No
ANY PRACTICE LAWSUITS FILED IN PAST TEN YRS. EXPLAIN	
DESCRIBE ANY HEALTH PROBLEMS WHICH WOULD AFFECT	
YOUR PRACTICE OF DENTISTRY?	
INSURANCE EXPLANATION	
TOTAL EXPENSE FOR INSURANCE IN CURRENT PERIOD	$49,214
HOW MUCH OF TOTAL IS FOR OWNER HEALTH INSURANCE?	
HOW MUCH OF TOTAL IS FOR STAFF HEALTH INSURANCE?	
HOW MUCH OF TOTAL IS FOR OTHER OWNER BENEFITS?	$20,994
HOW MUCH OF TOTAL IS FOR MALPRACTICE INSURANCE?	$18,470
HOW MUCH FOR TOTAL IS FOR BUILDING INSURANCE?	
TAXES AND LICENSES EXPLANATION	
TOTAL EXPENSE FOR TAXES	
HOW MUCH OF TOTAL IS FOR PAYROLL TAXES?	
HOW MUCH OF TOTAL IS FOR STAFF PAYROLL TAX?	
HOW MUCH OF TOTAL IS FOR OWNER PAYROLL TAX?	
HOW MUCH OF TOTAL IS AD VALOREM (PRACTICE EQUIP)?	
HOW MUCH OF TOTAL IS FOR REAL ESTATE TAXES?	
PENSION EXPLANATION AND 401k COMBINED	
TOTAL EXPENSES FOR PENSION PLAN	
HOW MUCH OF TOTAL IS FOR STAFF	
HOW MUCH OF TOTAL IS FOR OWNER?	
BENEFITS EXPLANATION	
TOTAL EXPENSE FOR EMPLOYEE BENEFITS	
HOW MUCH OF TOTAL IS FOR STAFF?	
HOW MUCH OF TOTAL IS FOR OWNER?	

TEN HIGHEST INCOME SO	**% OF PRX INCOME**	**% OF YOUR FEE**	% OF PATIENTS ON
PLAN NAME - BE SURE TO LIST DELTA PREMIERE IF YOU HAVE I	**FROM THIS PLAN**	**THIS PLAN PAYS**	THIS PLAN
Delta			
Aetna			
BCBS			
Delta			
Metlife			
Medicare			