CONTACT

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PRACTICE PROFILE: GENERAL

SELLER'S NAME:

E-MAIL:

CELL PHONE:

GENERAL INFORMATION

CLINIC NAME:

CLINIC ADDRESS:

YEARS IN PRACTICE:

AT THIS LOCATION:

DC'S	MD'S	DO'S	PT'S	LMT'S	STAFF	CA'S

PORP'SHIP	PORP'SHIP	"S" CORP	"C" CORP	PA

STRAIGHT:	PORP'SHIP:

TREATMENT TECHNIQUE

PRIMARY:

SECONDARY:

OTHER:

HOW MANY PATIENT FILES ON HAND:

TOTAL NEW PATIENTS LAST YEAR:

LAST YEARS AVERAGE CHARGE PER VISIT:

OFFICE STATISTICS

USABLE SQFT: ______ OWNED: ______

LEASED: ______ LEASE AMOUNT: ______

PATIENT PARKING SPACES ______

FREE STANDING/MULTI-TENANT: ______

LOCATION: ______

SIGNAGE: ______

ADDITIONAL DC CAPABILITY: ______

DOES DOCTOR OWN OTHER CLINICS: ☐ YES ☐ NO HOW MANY: ______

OFFICE HOURS: ______

ATTACH COMPLETE LISTING OF FEES FOR SERVICES PROVIDED

RATE YOUR OFFICE

POOR EXCELLENT

1	2	3	4	5	
☐	☐	☐	☐	☐	HOW WELL EQUIPPED IS YOUR CLINIC
☐	☐	☐	☐	☐	DO YOU HAVE ENOUGH SPACE IN YOUR CLINIC
☐	☐	☐	☐	☐	IS YOUR CLINIC EASY TO FIND
☐	☐	☐	☐	☐	IS YOUR CLINIC ON A BUSY STREET
☐	☐	☐	☐	☐	IS YOUR CLINIC WELL MARKED
☐	☐	☐	☐	☐	IS YOUR CLINIC VISIBLE
☐	☐	☐	☐	☐	IS YOUR CLINIC ACCESSIBLE
☐	☐	☐	☐	☐	DOES YOUR CLINIC HAVE ADEQUATE PARKING

STAFF

NAME

LENGTH OF EMPLOYMENT

MONTHLY PAY

BONUS PAY

SALARY

HOURLY

CONTRACT LABOR

SPECIAL CONDITIONS

GENERAL DUTIES

HOURS REQUIRED TO WORK

DOCTORS PERSONAL EVALUATION

POOR 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ EXCELLENT

NAME

LENGTH OF EMPLOYMENT

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DOCTORS PERSONAL EVALUATION

POOR 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ EXCELLENT

INCOME STATS

GROSS BILLING			
GROSS RECEIPTS			
OVERHEAD			

NOTE: EXCLUDE ALL DEPRECIATION CHARGES AND ALL EXPENDITURES FOR DOCTOR'S SALARY, BONUS AND FRINGE BENEFITS (I.E. AUTOMOBILE, DUES, MEMBERSHIPS, LIFE-HEALTH-DISABILITY, INSURANCE, RETIREMENT PLAN CONTRIBUTIONS, ETC.)

- HMO/PPO GROUPS CURRENTLY WORKING WITH:

- APPROXIMATE DOLLAR AMOUNT COLLECTED FROM THE HMO/PPO GROUPS LAST YEAR

- ATTORNEYS:

- LEGAL NETWORKERS:

- SPECIALIZED REFERRALS FROM OTHER SOURCES:

ACCOUNTS RECEIVABLE

- PRESENT BALANCE:
- AGING SCHEDULE:

CURRENT	$	91-120	$
31-60	$	121-120	$
61-90	$	181 PLUS	$

- RECEIVABLE PROFILE:

PATIENTS DIRECT PAY	$
PRIVATE INSURANCE	$
WORKMAN'S COMP	$
HMO/PPO (BY CARRIER)	$
PERSONAL INJURY	$
MEDICARE/MEDICAID	$
OTHER	$

- CLINIC NET ASSETS: $

NOTE: INCLUDE ONLY THOSE ASSETS OWNED OR LEASED BY THE CLINIC. LAND AT COST, BUILDING NET OF ACCUMULATED DEPRECIATION, FURNITURE, FIXTURES, EQUIPMENT, LEASEHOLD IMPROVEMENT AND CAPITALIZED LEASES NET OF ACCUMULATED DEPRECIATION. EXCLUDE CASH, MARKETABLE SECURITIES (IF ANY) AND ACCOUNTS RECEIVABLE.

STATISTICAL SUMMARY

PLEASE LIST YOUR PRACTICE STATISTICS FOR THE LAST 12 MONTHS

MONTH/YEAR	COLLECTIONS	SERVICES	NEW PATIENTS	TOTAL VISITS
12 MONTH TOTAL				

SGR, INC. USE ONLY

COLLECTIONS RATIO	CASE AVERAGE	VISIT AVERAGE	NEW PATIENTS AVERAGE	RETENTION RATIO

HMO/PPO COLLECTIONS REPORT

IF YOU ARE AN HMO/PPO PROVIDER, PLEASE COMPLETE THE FOLLOWING INFORMATION. IF YOU DO NOT HAVE EXACT FIGURES, PLEASE ESTIMATE, BUT BE AS ACCURATE AS POSSIBLE. THIS FORM WILL BE PRESENTED TO QUALIFIED PROSPECTIVE PURCHASERS AND THEIR ADVISORS. IF ANY OF YOUR FIGURES ARE AN ESTIMATE, PLEASE PLACE "EST." AFTER EACH AMOUNT.

PROVIDER	AMOUNT COLLECTED	YEAR
PHCS		
BEECH ST.		
BLUE CHOICE		
ASHN		
AMERICA WHOLE HEALTH NETWORK		
CCN		
HNA		
CIPA		
OMNI		
CHPA		
SPN		
FCA		
PHN		
IHP		
CHPS		
AETNA		
AFFORDABLE		
ANTHEM		
CAPP-CARE		
AHP		

ADDITIONAL INFORMATION

ASSUMABLE LIABILITIES: $

NOTE: INCLUDE ONLY THOSE LIABILITIES SELLING DOCTOR EXPECTS BUYING PARTY TO ASSUME.

LEASE OBLIGATIONS:

NOTE: LIST ALL EQUIPMENT, AUTOMOBILES, DATA PROCESSING, OFFICE SPACE AND ANY OTHER ASSETS LEASED BY THE PRACTICE/CLINIC.

ITEM	MONTHLY LEASE PAYMENT	LEASE TERM

EQUIPMENT BREAKDOWN

RATE YOUR PRESENT EQUIPMENT

- ☐ EXCELLENT
- ☐ GOOD
- ☐ NEEDS REPLACED

LIST EACH MAJOR PIECE OF EQUIPMENT YOU USE IN YOUR PRACTICE (I.E. ADJUSTING TABLES, ULTRA SOUND, X-RAY, ETC.)

QTY	YEAR OR AGE	DESCRIPTION: INCLUDE MAKE, MODEL & MFGR.	SERIAL NUMBER FOR ITEMS OVER $500	OWN	LEASE	ORIGINAL VALUE

DOCTOR OBSERVATION

- WHAT DO YOU SEE AS THE STRONGEST TWO AREAS IN YOUR PRACTICE?

- WHAT DO YOU SEE AS THE WEAKEST TWO AREAS IN YOUR PRACTICE?

- WHAT DO YOU SEE AS YOUR TWO STRONGEST ATTRIBUTES AS THEY RELATE TO YOUR PRACTICE?

- WHAT DO YOU SEE AS YOUR TWO WEAKEST ATTRIBUTES AS THEY RELATE TO YOUR PRACTICE?

- MISCELLANEOUS OBSERVATIONS:

- CHIROPRACTIC COLLEGE/YEAR:

- POST CHIROPRACTIC COLLEGE EDUCATION: