



314-997-0535

800-221-6727

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Information Summary PERSONAL INFORMATION

Name						DDS	DMD
Office address							
Home address							
Office phone		Home phone					
Email address		Web site					
Education:	Degree	Year graduated		Ins	titution		
Undergraduate							
Graduate							
Post-graduate							
Marital Status:	single	married	di	ivorced	k		
Number of children and ages							
Does your spouse work in the offi	ce? Yes	No					
If yes, in what capacity?							
Health: Age:							
Do you currently have any health	problems?	Yes	No				
Do you have an infectious disease	∍?	Yes	No				
If yes, please explain							
Owner's time away from practice	each year						
Type of practice	•						
How long established							
How long at present location							
Accountant							
Attorney		Office phone					
Have you ever been found guilty,		•				ent degree w	ith regards to:
Felony?			`	Yes	No		
Malpractice claim?			`	Yes	No		
Other criminal or civil litig	gation?		١	Y es	No		
Charge of fraud or tax av	oidance with						
regard to any federal o	r state taxes?		`	Yes	No		
Bankruptcy?			١	Y es	No		
Disciplinary action taken	by the State De	ental Board?	Y	Y es	No		
If yes to any of these, please expl							

Office Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Office:						
Dwner/Dentist						
Associate						
Associate				<u> </u>		
Hygienist						
Hygienist Hygienist						
unch						
- Official						
PERSONNEL:						
Name		Position	Day/Hours W	orked Lgth. o	of Service Pay/E	Benefits
		_				
		_				
		_				
		_				
PATIENT'S MET	THOD OF PA	YMENT:				
% 1. Casl	n or Check		% 4. PPO			
% 2. Privo	ate Insurance		% 5. HMO			
% 3. Gov	ernment/Wel	fare	% 6. Other			
s your office con	nputerized?	Yes	No			
•	•	omputer?				
The undersigned	dentist hereb	y warrants and i	represents that the	statements and o	answers made a	bove and the attacl
			nisrepresented any			
			-			



APPRAISAL INFORMATION

Please provide the following items as soon as possible. Do not send originals.

2. Complete copies of your federal tax returns for the past 3 years. If the practice is incorporated submit your "1120" U.S. Corporate Income Tax Return for each of the last 3 years. If your practice is not incorporated, submit your Schedule C from your personal return (1040) for each of the last 3

is not incorporated, submit your Schedule C from your personal return (1040) for each of the last 3 years. Be sure to also include the accompanying schedule that itemizes "other expenses" or "other

<u>deductions".</u>

3. If your practice is a corporation, W2s or 1099s for all dentists employed including the practice owner for the last 3 years.

4. If your income includes any of the following items, please list the exact amount for each of the past 3 years:

	2017	2018	2019
Orthodontics			
PPOs			
Public Aid			
HMOs & Capitation			

1. The attached questionnaire should be completed. Please type or print neatly.

5. If you have a monthly or quarterly income statement for the current year and year end statements for the previous three years, please include these documents. If you do not, then please include your monthly production and collections for each month in the current year.

6. Patient Information:

Number of Active Patient Charts	ī
(Patients seen within the last 2 years)	
Number of New Patients Seen Per Month	
Average Number of Patients Seen a Day	
Number of Recalls Sent Per Month	

7. Computerized printout of all production of the most recent year broken down by procedure or code. It should include quantity of each procedure produced and the total dollar amount for all production for the year for each procedure.

8. <i>A</i>	3. Aged Accounts Receivable Schedule				
9.	2. Copy of your current fee schedule and fee schedule f	or any plans.			
10.	0. Copy of contracts with any associates, partners, or e	employees.			
11.	1. Hygiene Program				
2017 2018 2019		Total Hygiene Gross \$ \$ \$ \$			
12.	2. Estimated square footage of the office	sq.ft.			
13.	3. If you lease, please include a copy of your current l real estate, you have two possibilities:	ease and all renewal options. If your own the			
	A. If your want to continue to own the real escontinue to do so. What rent do you wish to Rent \$ Who will pay the property tax	charge the purchaser of your dental practice?			
	B. If you want to sell the real estate at the san eventually need an appraisal by a state licens	•			
14. We need an appraisal of all the tangible assets in the dental office including the equipment, supplies, office equipment, and office furniture. You can use your own dental equipment supply house or independent dental repair person to do the appraisal. If you do so, don't tell them that you are selling your practice					

We highly recommend using Steinman Services. He has done hundreds of practice appraisals for ADS Midwest and has always done a great job.

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