



APPRAISAL INFORMATION

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

1. The attached questionnaire should be completed. Please type or print neatly.
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 years. Be sure to also include the accompanying schedule that itemizes "other expenses" or "other deductions".
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	_____	_____	_____

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 (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. Aged Accounts Receivable Schedule

9. Copy of your current fee schedule and fee schedule for any plans.

10. Copy of contracts with any associates, partners, or employees.

11. Hygiene Program

	<u>Total Hygiene Gross</u>
2017	\$ _____
2018	\$ _____
2019	\$ _____

12. Estimated square footage of the office _____ sq.ft.

13. If you lease, please include a copy of your current lease and all renewal options. If you own the real estate, you have two possibilities:

A. If you want to continue to own the real estate after selling your practice, you can continue to do so. What rent do you wish to charge the purchaser of your dental practice? Rent \$_____ Who will pay the property taxes, insurance, and repairs?

B. If you want to sell the real estate at the same time that the practice is sold, we will eventually need an appraisal by a state licensed real estate appraiser.

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.

Robert Steinman
237 North Main Street
Edwardsville, IL 62025

Phone: 618-692-0818
Cell: 618-741-9005
Fax: 618-692-0819
email: roberts@steinmanservices.com