

CONTACT

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## PRACTICE PROFILE: ACUPUNCTURE

■ 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

<input type="checkbox"/> USABLE SQFT:	<input type="text"/>	OWNED:	<input type="text"/>
	LEASED:	LEASE AMOUNT:	<input type="text"/>
<input type="checkbox"/> PATIENT PARKING SPACES	<input type="text"/>		
<input type="checkbox"/> FREE STANDING/MULTI-TENANT:	<input type="text"/>		
<input type="checkbox"/> LOCATION:	<input type="text"/>		
<input type="checkbox"/> SIGNAGE:	<input type="text"/>		
<input type="checkbox"/> ADDITIONAL L.AC. CAPABILITY:	<input type="text"/>		
<input type="checkbox"/> DOES ACUPUNCTURIST OWN OTHER CLINICS:	<input type="checkbox"/> YES	HOW MANY:	<input type="text"/>
	<input type="checkbox"/> NO		<input type="text"/>
<input type="checkbox"/> OFFICE HOURS:	<input type="text"/>		

ATTACH COMPLETE LISTING OF FEES FOR SERVICES PROVIDED

## RATE YOUR OFFICE

POOR		EXCELLENT			
1	2	3	4	5	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOW WELL EQUIPPED IS YOUR CLINIC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DO YOU HAVE ENOUGH SPACE IN YOUR CLINIC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IS YOUR CLINIC EASY TO FIND
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IS YOUR CLINIC ON A BUSY STREET
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IS YOUR CLINIC WELL MARKED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IS YOUR CLINIC VISIBLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IS YOUR CLINIC ACCESSIBLE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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

L.AC.'S PERSONAL EVALUATION

POOR	1	2	3	4	5	EXCELLENT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NAME  LENGTH OF EMPLOYMENT

MONTHLY PAY  BONUS PAY

SALARY  HOURLY

CONTRACT LABOR

SPECIAL CONDITIONS

GENERAL DUTIES

HOURS REQUIRED TO WORK

L.AC.'S PERSONAL EVALUATION

POOR	1	2	3	4	5	EXCELLENT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# STAFF

NAME  LENGTH OF EMPLOYMENT

MONTHLY PAY  BONUS PAY

SALARY  HOURLY

CONTRACT LABOR

SPECIAL CONDITIONS

GENERAL DUTIES

HOURS REQUIRED TO WORK

L.A.C.'S PERSONAL EVALUATION

POOR	1	2	3	4	5	EXCELLENT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NAME  LENGTH OF EMPLOYMENT

MONTHLY PAY  BONUS PAY

SALARY  HOURLY

CONTRACT LABOR

SPECIAL CONDITIONS

GENERAL DUTIES

HOURS REQUIRED TO WORK

L.A.C.'S PERSONAL EVALUATION

POOR	1	2	3	4	5	EXCELLENT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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## INCOME STATS

	<u>                    </u>	<u>                    </u>	<u>                    </u>
■ GROSS BILLING			
■ GROSS RECEIPTS			
■ OVERHEAD			

NOTE: EXCLUDE ALL DEPRECIATION CHARGES AND ALL EXPENDITURES FOR ACUPUNCTURIST 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	\$ <input type="text"/>	91-120	\$ <input type="text"/>
31-60	\$ <input type="text"/>	121-120	\$ <input type="text"/>
61-90	\$ <input type="text"/>	181 PLUS	\$ <input type="text"/>

RECEIVABLE PROFILE:

PATIENTS DIRECT PAY	\$ <input type="text"/>
PRIVATE INSURANCE	\$ <input type="text"/>
WORKMAN'S COMP	\$ <input type="text"/>
HMO/PPO (BY CARRIER)	\$ <input type="text"/>
PERSONAL INJURY	\$ <input type="text"/>
MEDICARE/MEDICAID	\$ <input type="text"/>
OTHER	\$ <input type="text"/>

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.





# 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		





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## ACUPUNCTURIST 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:

ACUPUNCTURIST SCHOOL/COLLEGE/YEAR:

POST ACUPUNCTURIST SCHOOL/COLLEGE EDUCATION: