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PRACTICE PROFILE: ACUPUNCTURE

SELLER'S NAME:		
E-MAIL:		
CELL PHONE:		



GENERAL INFORMATION

CLINIC NAME:					
CLINIC ADDRESS:					
YEARS IN DC'S MD'S DO'S PT'S LMT'S STAFF CA'S PRACTICE:					
PORP'SHIP PORP'SHIP "S" CORP "C" CORP PA AT THIS					
LOCATION: STRAIGHT: PORP'SHIP:					
STRATUTE.					
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:	0 W	/ N E D :
LEASED:	LEASE AMO	UNT:
PATIENT PARKING SPACE	S	
FREE STANDING/MULTI-T	ENANT:	
LOCATION:		
SIGNAGE:		
ADDITIONAL L.AC. CAPAB	ILITY:	
DOES ACUPUNCTURIST OV		□YES HOW MANY: □NO
OFFICE HOURS:		
ATTACH COMPLETE	LISTING OF FEES FOR S	ERVICES PROVIDED

RATE YOUR OFFICE

P 0 0 R			ΕX	CELLE	NT
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

LENGTH OF EMPLOYMENT
BONUS PAY
HOURLY
D R
TIONS
S
D TO WORK
SONAL EVALUATION POOR 1 2 3 4 5 EXCELLENT
D TO WORK

N A M E	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 D EXCELLENT



STAFF

LENGTH OF EMPLOYMENT
BONUS PAY
HOURLY
D R
TIONS
S
D TO WORK
SONAL EVALUATION POOR 1 2 3 4 5 EXCELLENT
D TO WORK

N A M E	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 D EXCELLENT



INCOME STATS 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 BAL	ANCE:				
AGING SCHED	ULE:				
CURRENT	\$	91-120	\$		
31-60	\$	121-120	\$		
61-90	\$	181 PLUS	\$		
RECEIVABLE PROFILE:					
РА	TIENTS DIRECT PAY	\$			
р	RIVATE INSURANCE	\$			
,	WORKMAN'S COMP	\$			

M E D I C A R E / M E D I C A I D

OTHER

CLINIC NET ASSETS: \$

HMO/PPO (BY CARRIER)

PERSONAL INJURY

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	CASE	VISIT	NEW	RETENTION
RATIO	AVERAGE	AVERAGE	PATIENTS	RATIO
			AVERAGE	



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		
H N A		
CIPA		
0 M N I		
CHPA		
SPN		
F C A		
PHN		
IHP		
CHPS		
AETNA		
AFFORDABLE		
ANTHEM		
C A P P - C A R E		
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.

I T E M	MONTHLY LEASE PAYMENT	L E A S E T E R M



EQUIPMENT BREAKDOWN

	EXCELLENT
RATE YOUR PRESENT EQUIPMENT	□ G O O D
	□ NEEDS REPLACED

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

QTY	Y E A R O R A G E	DESCRIPTION: INCLUDE MAKE, MODEL & MFGR.	SERIAL NUMBER FOR ITEMS OVER \$500	O W N	LEASE	O R I G I N A L V A L U E



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:

