PRACTICE PROFILE

PRACTICE • GENERAL

GENERAL INFORMATION

A. CLINIC NAME:

B. OWNERS NAME:

C. CLINIC STREET ADDRESS:

D. CITY, STATE, ZIP:

E. CELL PHONE/PREFERED CONTACT #

EMAIL

F. HOW MANY YEARS HAVE YOU BEEN PRACTICING

HOW MANY YEARS PRACTICING AT THIS LOCATION

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

H. PORP'SHIP PART'SHIP "S" CORP "C" CORP PA

I. STRAIGHT: MIXER:

J. TREATMENT TECHNIQUE:

PRIMARY:

SECONDARY:

OTHER:

K. HOW MANY PATIENTS FILES ON HAND?

L. LAST YEARS AVERAGE CHARGES PER VISIT:

M. TOTAL NEW PATIENTS LAST YEAR?

N. OFFICE STATISTICS:

[1] USABLE SQUARE FEET

LEASE AMOUNT$ OWNED LEASED

[2] PATIENT PARKING SPACES:

[3] FREE STANDING OR MULTI-TENANT:

[4] LOCATION:

[5] SIGNAGE:

[6] ADDITIONAL DC CAPABILITY:

O. DOES DOCTOR OWN OTHER CLINICS?

P. ATTACH COMPLETE LISTING OF FEES FOR SERVICES PROVIDED.

Q. CLINIC HOURS:

SGR

RATE YOUR OFFICE

POOR: 1
EXCELLENT: 5

HOW WELL EQUIPPED IS YOUR CLINIC?

1 2 3 4 5

DO YOU HAVE ENOUGH SPACE IN YOUR CLINIC?

1 2 3 4 5

IS YOUR CLINIC EASY TO FIND?

1 2 3 4 5

IS YOUR CLINIC ON A BUSY STREET?

1 2 3 4 5

IS YOUR CLINIC WELL MARKED?

1 2 3 4 5

IS YOUR CLINIC VISIBLE?

1 2 3 4 5

IS YOUR CLINIC ACCESSIBLE?

1 2 3 4 5

DOES YOUR CLINIC HAVE ADEQUATE PARKING?

1 2 3 4 5

STAFF

PRACTICE • GENERAL

NOTE: IF YOUR SPOUSE, RELATIVES, OR ANY SPECIAL PEOPLE WORK FOR YOU, PLEASE INDICATE THEIR RELATIONSHIP WHEN FILLING OUT THE INFORMATION BELOW

NAME
HOURLY
SALARY
MONTHLY PAY
BONUS PAY
HOURS REQUIRED TO WORK
CONTRACT LABOR
LENGTH OF EMPLOYMENT
SPECIAL CONDITIONS
GENERAL DUTIES

DOCTORS PERSONAL EVALUATION

POOR: 1
EXCELLENT: 5

1 2 3 4 5

NAME
HOURLY
SALARY
MONTHLY PAY
BONUS PAY
HOURS REQUIRED TO WORK
CONTRACT LABOR
LENGTH OF EMPLOYMENT
SPECIAL CONDITIONS
GENERAL DUTIES

DOCTORS PERSONAL EVALUATION

POOR: 1
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1 2 3 4 5

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HOURLY
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MONTHLY PAY
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HOURS REQUIRED TO WORK
CONTRACT LABOR
LENGTH OF EMPLOYMENT
SPECIAL CONDITIONS
GENERAL DUTIES

DOCTORS PERSONAL EVALUATION

POOR: 1
EXCELLENT: 5

1 2 3 4 5

STAFF CONTINUED

PRACTICE • GENERAL

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1 2 3 4 5

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HOURS REQUIRED TO WORK

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LENGTH OF EMPLOYMENT

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GENERAL DUTIES

DOCTORS PERSONAL EVALUATION

POOR: 1
EXCELLENT: 5

1 2 3 4 5

PRACTICE INFO

PRACTICE • GENERAL

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

GROSS BILLING · GROSS RECEIPTS · OVERHEAD

2018			
2019			
2020			

D. HMO/PPO GROUPS CURRENTLY WORKING WITH:

E. APPROXIMATE DOLLAR AMOUNT COLLECTED FROM THE HMO/PPO GROUPS LAST YEAR:

F. ATTORNEYS:

G. LEGAL NETWORKERS:

H. SPECIAL REFERRALS FROM OTHER SOURCES:

I. ACCOUNTS RECEIVABLE

PRESENT BALANCE:

AGING SCHEDULE:

CURRENT	
31-60	
61-90	
91-120	
121-180	
181 PLUS	

RECEIVABLE PROFILE:

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

J. CLINIC NET ASSETS:

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

STATISTICAL SUMMARY

PRACTICE • GENERAL

PLEASE LIST YOUR PRACTICE STATISTICS FOR THE LAST 12 MONTHS 2021

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

S.G.R., INC. USE ONLY

PRACTICE • GENERAL

COLLECTIONS RATIO	CASE AVERAGE	VISIT AVERAGE	NEW PATIENT 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 ELIMINATE, BUT BE AS ACCURATE AS POSSIBLE. THIS FORM WILL BE PRESENTED TO QUALIFIED PROSPECTIVE PURCHASERS AND THEIR ADVISORS.

NAME OF PROVIDER	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	

NOTE: IF ANY OF YOUR FIGURES ARE AN ESTIMATE, PLEASE PLACE "EST." AFTER EACH AMOUNT

PRACTICE INFO

PRACTICE • GENERAL

K. ASSUMABLE LIABILITIES:

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

L. LEASE OBLIGATIONS:

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

ITEM	MONTHLY LEASE PAYMENT	LEASE TERM

EQUIPMENT

PRACTICE • GENERAL

M.

RATE YOUR EQUIPMENT

POOR: 1
EXCELLENT: 5

1 2 3 4 5

EQUIPMENT LIST

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

PRACTICE DOCTOR

PRACTICE • GENERAL

N. DOCTORS BACKGROUND

CHIROPRACTIC COLLEGE	YEAR	POST CHIROPRACTIC COLLEGE EDUCATIONS

LIST YOUR CHIROPRACTIC COLLEGE, YEAR OF GRADUATION AND POST CHIROPRACTIC COLLEGE EDUCATIONS

DOCTOR OBSERVATION

PRACTICE

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

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

PERSONAL

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: