<u>Physician Due Diligence Practice Profile:by David N. Helfman, DPM</u>

The Practice Profile Sheets examine the nature and history of your practice from its inception. They are designed to assist in the appraisal of your practice.

GENERAL INFORMATION

1.0 Doctor's Name	Date of Birth
1.2 Associates/Partners:	
Name	
Name	
1.3 Percent Ownership: Doctor #1	Doctor #2 Doctor #3
1.4 Practice Name:	Phone ()
1.5 Address:	
1.7 Location of Satellite Offices:	
1.8 Address:	Phone ()
1.9 Type of Practice: (General/Family	y, Specialty)
1.10 Reason for Valuation:	
Purchase	Sell
Estate Taxes	Admission of Associate
Estate Planning	Liquidation
Divorce	Financing
Other	Merger
1.11 Valuation Date:	
	PERSONAL
2.0 Doctor's names and degrees	
Doctor #1	
Doctor #3	

2.1 Year of graduation, additional degrees, and school

Doctor #1	
Doctor #2	
Doctor #3	
2.3 Years in active practice and years in present location	
Doctor #1	
Doctor #2	
Doctor #3	
2.4 Number of months doctor will remain (if applicable)	
2.5 Names and addresses of professional associates to whapper if necessary.)	hich doctors belong (Use additional
Doctor #1	
Doctor #2	
Doctor #3	
2.6 Doctor's work part time (# hours) or full t	
Explain	•
2.7 Do all have wills? Is there a provision re the pro-	ractice?
MARKET ANALY	YSIS
3.0 Description of area in which practice is located:	
Residential	Commercial
Industrial	Inner-City
Business District	Rural
Other (describe)	
3.1 Description of area	
Stable	Transient
Increasing Population	Decreasing
3.2 Economic conditions in area: Good Aver	rage Poor
3.3 Average income level of patients:	
High Medium Low	
3.4 Population of community	
3.5 Approximate population practice serves	
3.6 Name of nearest large city	

3.7 Principal industries (major employers) in area	
3.8 Present unemployment rate%	
3.9 Average age of patients	
3.10 Percentage source of patients	
% Patient Referrals	% Advertisements
% Professional Referrals	% Other
Type of advertising used	
3.11 Number of other similar practitioners in area	
3.12 Number of specialists in area	
3.13 Methods patients use to arrive at office	
% Drive % Public Transportation	% Walk
3.14 Parking is Adequate Inadequate	
3.15 Public transportation is AdequateInadeq	uate
OFFICE DEMOGRAPHICS	S
4.0 Number of office locations	
4.1 Office square feet	
4.2 Type(s):	
Office Building	Home
	Storefront
Free-standing Building	Shopping Mall
Other (describe)	
4.3 Do you own the real estate and/or office?YesNo	
Year constructed \$Original cost	
4.4 Current fair market value of office \$	
4.5 Property taxes for current (or prior) year \$	
4.6 Do you rent? Yes No If yes, monthly rent \$	

4.7 Lease expires or	1	
-	n to renew? YesNo t per month of escalation clau	
4.9 Average cost pe \$ Electricity \$	r month of utilities? SWater \$Gas	
4.10 Is office compu	uterized?YesNo	
4.11 Areas/Rooms i	ncluded: (exact numbers)	
Reception	Separate x-ray	Storage
Business	Consultation	Vacuum
Operatories	Laboratory	Lounge
Dark Room	Sterilization	Utility
Priv. Off	Rest Rooms	Computer
Patient Ed	Nitrous-oxide	Panorex
Other (describe)		
4.13 Please submit tA layout plan of	the following for appraisal pure of the office (8x10)	rposes:
Pictures of the	office building exterior	
Pictures of eac	h operatory, the reception are	a, business office, private office(s), and the like
Any appraisal	reports that have been done	
Copies of lease	agreement	
	THE PRA	ACTICE
5.0 Legal form of property Solo Partnership S Corporation 5.1 Describe service	Corporation Retail Clin	ic

5.2 Is I.V. sedation used in the office?			
5.3 Are you a provider for any prepaid plans, preferred provider organizations, or any other plans, and if so, please describe briefly? MISCELLANEOUS 6.0 Please list strong and weak points of your practice situation:			
			PATIENTS
			7.0 Number of active patients treated on a regular basis
7.1 Average number of patients treated daily by each doctorDoctor # 1Doctor # 2Doctor # 3			
7.2 Average number of new patients monthly			
Walk-insPatient Referrals			
AdvertisingDoctor Referrals			
What percent of Medicaid is accepted? %			
What percent is covered by insurance? %			
7.3 Does the office have evening hours?YesNo			
Saturday/weekend schedulesYesNo 7.4 Number of active patients treated within the last 12 monthsDoctor #1Doctor #2Doctor #3			
7.5 Do you have a recall system?YesNo If "yes" how many recall patients are seen each month			
AUXILIARY PERSONNEL			
8.0 List auxiliary personnel giving duties (in brief), years service, position, educational and professional credentials; use another sheet where necessary. (1)			

Pension Medical Uniform Allowance Medical Profit Sharing Reimbursement Other 8.2 If there is an office policy manual, please submit it to appraisers. FINANCIAL 9.0 Financial data are required for the past five-year periods up to the present valuation date or latest accounting period. Please submit the following: a) Annual balance sheets b) Annual income statements c) For sole practitioners: Schedule C's d) For partnerships: Form 1065s e) For professional corporations: Form 1120s 9.1 Please submit the following other items if you have not already done so: a) Copies of leases (real estate or equipment) b) Copies of any buy-sell agreements in existence c) Copies of any other contractual obligations such as: loans	8.1 Type of fringe bene None	efits provided:Hospitalization	Dental
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1es 10 ii yes iii what capacity and annual safary.	following: a) Aged account b) Retirement p c) Cancellation d) Used "as is" Serial Number e) Used as is prequipment for t f) Price paid for g) Used furnitu *Attach a list 9.3 Does your spouse r	ats receivable from accounted and benefits' present value value of any life insurance retail value of vehicles in Year Marice of in-place equipment the ongoing practice remopened supplies for pare dealer retail price of fut of all equipment, furniture receive a salary from the organization.	e from plan administrator be by agent practice by dealer showing the following: ke Model Condition Value by supplier giving age, condition, and type of rior two months rniture in the ongoing practice re, and furnishings.

9.4 List any contingencies not shown on balance sheets, such as pending lawsuits, IRS audits,

	the like. ses submit a written letter from your attorney stating there are no nding IRS audits against the practice.
9.5 If necessary, do we have y	our permission to contact any of your advisors?YesNo
	Phone ()
AttorneyAddress	Phone ()
•	be beneficial if you would include a map of your office area, your otographs of the inside and outside of your office.
Dated	Signature