

Physician Due Diligence Practice Profile:by David N. Helfman, DPM

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: _____

1.6 Employer Tax I.D. Number _____

1.7 Location of Satellite Offices: _____

1.8 Address: _____ Phone (____) _____

1.9 Type of Practice: (General/Family, 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 #2 _____

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 which doctors belong (Use additional paper if necessary.)

Doctor #1 _____

Doctor #2 _____

Doctor #3 _____

2.6 Doctor's work ____ part time (# hours) or ____ full time (# of hours).

Explain _____.

2.7 Do all have wills? ____ Is there a provision re the practice? _____

MARKET ANALYSIS

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 ____ Average ____ 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 _____ Adequate _____ Inadequate

A map submitted with the area highlighted in yellow, the office highlighted in blue, and the number of practitioners who are in competition highlighted in red would be beneficial.

OFFICE DEMOGRAPHICS

4.0 Number of office locations _____

4.1 Office square feet _____

4.2 Type(s):

____ Office Building _____ Home
____ Professional Complex _____ Storefront
____ Free-standing Building _____ Shopping Mall
____ Other (describe) _____

4.3 Do you own the real estate and/or office? ___ Yes ___ No

____ 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 on _____

4.8 Is there an option to renew? ____ Yes ____ No
Average cost per month of escalation clause? \$ _____

4.9 Average cost per month of utilities?
\$ _____ Electricity \$ _____ Water \$ _____ Gas

4.10 Is office computerized? ____ Yes ____ No

4.11 Areas/Rooms included: (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) _____		

4.12 Is office expansion being considered and if so, how?

4.13 Please submit the following for appraisal purposes:

- ____ A layout plan of the office (8x10)
- ____ Pictures of the office building exterior
- ____ Pictures of each operatory, the reception area, business office, private office(s), and the like
- ____ Any appraisal reports that have been done
- ____ Copies of lease agreement

THE PRACTICE

5.0 Legal form of practice:

____ Solo	____ Corporation
____ Partnership	____ Retail Clinic
____ S Corporation	____ Other

5.1 Describe services offered to patients:

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 doctor
____ Doctor # 1 ____ Doctor # 2 ____ Doctor # 3

7.2 Average number of new patients monthly

____ Walk-ins ____ Patient Referrals

____ Advertising ____ Doctor Referrals

What percent of Medicaid is accepted? _____ %

What percent is covered by insurance? _____ %

7.3 Does the office have evening hours? ____ Yes ____ No

Saturday/weekend schedules ____ Yes ____ No

7.4 Number of active patients treated within the last 12 months
____ Doctor #1 ____ Doctor #2 ____ Doctor #3

7.5 Do you have a recall system? ____ Yes ____ No
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) _____
- (2) _____
- (3) _____
- (4) _____

liens against the practice, and the like.

a. For estate tax purposes submit a written letter from your attorney stating there are no pending law suits, liens, or pending IRS audits against the practice.

9.5 If necessary, do we have your permission to contact any of your advisors? ____ Yes ____ No

Attorney _____ Phone (____) _____
Address _____

Attorney _____ Phone (____) _____
Address _____

NOTE: Don't forget, it would be beneficial if you would include a map of your office area, your office layout plan, and any photographs of the inside and outside of your office.

Dated

Signature