

## ProMed Financial, Inc. Presents



### GENERAL DENTAL PRACTICE FOR SALE ESSEX COUNTY, NEW YORK – Ref# D 617 Reduced - Asking only \$300,000

Essex County is in the northeastern part of New York state, just west of Vermont. The eastern boundary of Essex Co. is Lake Champlain, which serves as the NY-Vermont border. This long estab. practice since 1989 offers its own free standing bldg built in 2001 (available through Seller) with 2,800 sq. ft. of dental space including 4 fully equipped operatories, receipt/waiting rm, laboratory, sterilization, dark rm, 3 x-rays, 1 Pano, business office, dr office, consultation room, staff lounge, storage and a restrm.

**Gross Income:** 2008(Jan-Apr 9): \$160k, 2007: \$620k; 2006: \$653k

#### **Patient Info:**

Demographics: 95% = Middle Income; 5% = Low Income  
Patient Visits: 192 Hygiene / 70 Seller = Pts Mo. 10-15 = New Pt  
(Scheduled 6 mo in Advance)

Services: 30% = General Op, 20% ea= C&B, 10%= Restorative  
5% ea = Pedo, Endo, Perio, Denture  
10% ea = Oral Surgery, Hygiene

Payment Program: Insurance= 25%, Cash=75%  
Marketing: Has a recall system

**Office/Seller Hrs:** M/W = 8am-5pm Thurs = 8am-3pm Seller vacation=4 wks

All information has been provided to the best of Seller's knowledge and is deemed reliable but not guaranteed by ProMed Financial, Inc

# 888-277-6633

[info@promed-financial.com](mailto:info@promed-financial.com)

[www.promed-financial.com](http://www.promed-financial.com)

### 100% FINANCING AVAILABLE

Acquisitions, Debt Cons/Refi, Eqpmt, Expansion, Real Estate, Start-up, Working Cap

### ASSOCIATE POSITIONS AVAILABLE



888-277-6633

888-577-6633

Please return to [Debra@promed-financial.com](mailto:Debra@promed-financial.com)

**DENTAL**  
**2009 - BUYER'S CONFIDENTIALITY AGREEMENT**

In order to maintain the confidentiality and integrity of the practice sale, it is necessary to forward an executed and completed Buyer's Confidentiality Agreement ("Agreement") to ProMed Financial, Inc. (ProMed). Upon receipt, detailed information will be provided. Prior to scheduling an appointment, please fax a copy of your Curriculum Vitae.

**Licensing:**  
 Subspecialty: \_\_\_\_\_  
 Yr Licensed: \_\_\_\_\_  
 Sts Licensed : \_\_\_\_\_

**Credit Status:**  
 Score: \_\_\_\_\_  
 BK  Liens  Judgment  
 Foreclosure  \_\_\_\_\_

**Financing**  
 Need 100% Financing  
 Has Down Payment  
 \$ \_\_\_\_\_

**Practices:**  
 DDS Ref # \_\_\_\_\_

**Other Description:**  
 Gross  Net Income: \$ \_\_\_\_\_

**Lease or Buy**  
 Real Estate  Lease

**Preferred Locations**

States	Counties	Cities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Terms and Conditions of Agreement**

- Termination Date: This Agreement will apply to all sellers introduced and will terminate one (1) year from execution.
- Confidentiality: (a) Buyer may only share confidential information with personal consultants (attorneys, CPA)  
 (b) Buyer will refrain from contacting any of Seller or Seller's staff without permission
- Offers (a) All offers shall be made directly to ProMed .
- 100% Financing ProMed shall have the first right to obtain 100% acquisition financing to Buyer's satisfaction.
- Hold Harmless: ProMed shall be held harmless from all claims and causes of action by reason of any damage sustained as a result of information provided by Seller. Information is deemed to be reliable but not guaranteed by ProMed. Buyer is purchasing practice based upon their own judgment.
- Original Document: A signed facsimile of this Agreement is considered to be an original and will be upheld in any court of law or by the American Arbitration Association in Orange County, California.

I, agree to abide by all the terms and conditions as stated in this Dental Buyer Confidentiality Agreement.

Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cell # \_\_\_\_\_ Email: \_\_\_\_\_