



This city is about 6 miles south of downtown Washington, D.C

FAIRFAX COUNTY, VIRGINIA

Ref# MD643

Medical – Urgent Care PRACTICE FOR SALE

After being established for 13 years, the Seller is changing careers and is asking \$441,000 for the practice which is located in a free standing building on a highly visible street, close to freeways. The 1,330 sq. ft. office consists of 5 exam/treatment rms, a receptionist/waiting rm (seats 5-7), Dr. office, business office, lab, dark room, x-ray, physical therapy room, storage room and a restroom.

Gross Income:	2008(11mo) = \$514k	2007= \$629k	
	2006 = \$559k	2005= \$624k	
Patient Information:			
Patient Visits	Sees 450 pts/month and 200 new pts/month		
Services rendered:	80% Exams;	20% Minor Surgery	
Patient Demographics:	30% High Income;	50% Middle;	20% Low Income
Patient Breakdown:	15% Under 20 yrs;	60% 21-59 yrs;	25% Over 60 yrs.
Source of Patients:	59% Internet;	20% Contracts	
	10% ea Patient Ref and Dr's;	1% Yellow Pages	
Payment Sources:	98% Insurances;	2% WC	
Office Hours:	Monday – Friday 10- 8, Saturday 9-5, Sunday 11-5		
Seller Hours:	Monday, Tuesday, Friday 10-8, Wednesday 10-3		
Associate 1:	Thursday 10-8		
Associate 2:	Saturday 9-5, Sunday 11-5		
Staff:	1 Receptionist, 1 Office Manager, 3 MA's, 1 Biller, 2 Associates		

All information has been supplied by the Seller and is deemed to be reliable, but not guaranteed by ProMed Financial, Inc

info@promed-financial.com

888-277-6633

www.promed-financial.com

100% FINANCING AVAILABLE FOR ACQUISITIONS

Other Financing Available: Debt Cons~ Equipment ~ Real estate ~ Working Cap.

Associate Positions Available



888-277-6633

888-577-6633

Please return to Brian@promed-financial.com

MEDICAL
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:

MD 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 Medical Buyer Confidentiality Agreement.

Print Name: _____

Signature: _____

Date: _____

Cell # _____ Email: _____