

ProMed Financial, Inc. Presents

FAMILY PRACTICE FOR SALE (Ref #MD906)



San Bernardino County, CALIFORNIA

Asking \$250,000

The High desert community accommodates this long established practice of 8 years. The office condo, which is available for lease, has 2,000 sq. ft. of space with leasehold improvements. There are 4 exam rooms, a reception/waiting area (sets 18), 2 doctor's office, a business office, staff lounge, storage, and 2 restrooms. Seller is retiring. Rent will be \$3,000/month for the first year.

Gross Income:

2008(Jan-May)=\$180k 2007=\$479k
2006 = \$692k 2005= \$671k

Patient Information:

Visits: Sees 350 patients/ month of which 25 are new patients
Age Breakdown: 1% =under 20yrs 39%= 21-59 yrs, 60% =over 60 yrs
Demographics: 20%= High 70%=Middle 9% = Low
Payment Method: 28% Capitation, 67% Ins 5% ea: Cash
Treatments: 89% Exams, 11% Minor Surgery

Marketing:

Patient Referrals, other Doctors, Yellow pages

Staff:

(1 FT) Recept, (1FT/ 1 PT) FO, (1FT) Office Mgr. (1FT) BO

Office Hours:

Monday-Thursday 8:00am- 5:00pm; Friday 8am- 1pm

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

Email: info@promed-financial.com or 888 277 6633

Visit our website www.promed-financial.com - Licensed Real Estate Broker

100% FINANCING AVAILABLE FOR ACQUISITION

Other Financing: Debt Cons, Equipment, Real Estate, Start-up, Working Capital

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: _____