

## ProMed Financial, Inc. Presents



# Family Practice Space for Lease (Ref# MDP100) San Diego County CALIFORNIA

**Asking \$2500/month**

Space available for lease from this cutting edge office in a booming location. 2 exam rooms (approx 90 sq. ft. each) and physician's office (205 sq ft) available for lease. Newly installed EMR (electronic medical records) System. Established 8 years in prof/med building. Fully staffed and fully equipped office. Operate solo or join the group. Family Practice with part time Chiropractor and Podiatrist.

### Space and Services Available:

- 2 fully equipped exam rooms (85-92 sq.ft.)
- Physician Office (205 sq.ft.)
- Shared Common Areas: exam room for overflow, lobby, kitchen, chart room, storage, front desk and nurse station
- Equipment Includes: EMR(electronic medical records) System, computers in each exam room for paperless coding and billing, scale, oedometer, blood pressure, EKG, nerve conduction study, medical tables, practice management software, copier, computers, fax, scanner, and printers
- Paperless office and does own billing with excellent collection ratio
- Staff: front desk, verification clerk, biller, office manager, and MA (if needed)
- **Note: If you would like to share the staff, you will be responsible for a % of their salary in addition to the \$2500/month for the lease of the space**
- Friendly staff and experienced office manager
- Office Hours 8:30 a.m. – 5:00 p.m. mon-fri (can set your own hours)

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

**Email: [brian@promed-financial.com](mailto:brian@promed-financial.com) or 888 277 6633**

**Visit our website [www.promed-financial.com](http://www.promed-financial.com) - Licensed Real Estate Broker**

100% Financing Available for Acquisitions  
Other Financing: Debt Cons, Equipment, R/E, Start-up, Working Capital  
Associate Positions also Available



888-277-6633

888-577-6633

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

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**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: \_\_\_\_\_