

ACCOUNTS RECEIVABLE (disclosure in percentage)

----- Private Pay ----- Insurance Company ----- Medicaid ----- Medicare

LOCATION OF PRACTICE

----- Size (square feet) ----- Age of practice (years) ----- Own
 ----- Number of Exam Rooms ----- Percentage owner-occupied ----- Lease

Competitors	Referrals

If Lease:
 Lease Term: _____
 Lease Expiration: _____
 Gross Net: _____
 Triple Net: _____

Geographic Location (describe surrounding area): _____

Proximity to Hospitals, Surgery Centers and Key Referral Sources: _____

PRACTICE BACKGROUND

History (business start date, purchased, how and who started): _____

Website of Practice: _____

Physician's Medical Experience (medical school, residency, fellowship and hospital/private practice): _____

Type of Entity (document ownership in percentages)

----- LLC ----- C Corp ----- S Corp ----- Partnership ----- Proprietorship

Practice Hours of Operation (open and close)

Monday ----- Tuesday ----- Wednesday ----- Thursday ----- Friday ----- Saturday ----- Sunday -----

PRACTICE DEMOGRAPHICS

Average Age of Patients (in percentages)

_____ Under 16 _____ 16-29 _____ 30-50 _____ Over 50

Active Number of Patients: _____

New Patients per Month: _____

Veterinary Practice (in percentages)

_____ Dogs _____ Cats _____ Birds _____ Exotics _____ Other

KEY MANAGEMENT

List of Physicians in Practice

_____	_____
_____	_____
_____	_____

Business Succession Plan: Yes No

Buyout Provisions of Existing Physicians: _____

Plan to Hire New Physician: Yes No

If yes, what is the time frame: _____

Office Manager: _____

Office Manager Experience in Current and Previous Practices: _____

Number of Employees in Practice: _____

Payroll: In-House 3rd Party

Has your license ever been revoked? Yes No

Currently Bound by any Non-Compete? Yes No

Non-Physician Owners in Practice? Yes No

If yes, fully disclose their role and responsibilities: _____

Life Insurance and/or Disability of each Physician (document amounts of each owner)

Physician: _____

Physician: _____

Physician: _____

Physician: _____

Practice Centers of Influence

→ Healthcare Attorney: _____

→ Medical Consultant: _____

→ CPA: _____

→ Other: _____

SELLING INFORMATION (IF APPLICABLE)

Reason for Sale: _____

How long has the seller been associated with the practice? _____

How long has the buyer been associated with the practice? _____

How was the price determined? _____

Will staff remain at the practice? Yes No Is the staff aware of the sale? Yes No Will the seller remain at the practice? Yes No

If yes, for how long and what is the compensation: _____

Condition of Medical Equipment: _____

How long has the practice been established? _____

List of Broker(s) Involved

BROKER # 1	BROKER #2
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

SELLING INFORMATION (CONTINUED)

Are there any seller related expenses such as, officer compensation or auto expense? Yes No

If yes, please explain: _____

Are there any positions being eliminated? Yes No

If yes, please explain: _____

Are there any personal expenses being paid by the practice being acquired? Yes No

If yes, please explain: _____

Are there any shareholder loans or distributions? Yes No

If yes, please explain: _____

Are there any equipment leases? Yes No

If yes, please explain: _____

Are there any pension expense? Yes No

If yes, please explain: _____

Will the rent or lease payment change? Yes No

If yes, please explain: _____

CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Year-to-date Profit & Loss Statement and Balance Sheet (most recent) | <input type="checkbox"/> A/R aging report (most recent) (if applicable) |
| <input type="checkbox"/> Prior year-end Profit & Loss Statement and Balance Sheet (ending 12/31 of previous year) | <input type="checkbox"/> Lease agreement (if applicable) |
| <input type="checkbox"/> Complete business tax return for last three years | <input type="checkbox"/> Curriculum Vitae (CV) |
| <input type="checkbox"/> Year-end financial statements for last three years | <input type="checkbox"/> Copy of guarantor's personal bank statements to verify liquidity (last 2 months) |
| <input type="checkbox"/> Complete personal tax return for the last three years (include K-1s for each entity listed on schedule E) | <input type="checkbox"/> If real estate purchase: copy contract, rent roll (if applicable), project renovation estimate |
| <input type="checkbox"/> Personal financial statement for all guarantors | <input type="checkbox"/> If practice acquisition: copy of asset purchase agreement, non-compete agreement, seller's last 3 years business returns and most recent complete Profit & Loss statement and Balance Sheet |
| <input type="checkbox"/> Signed and completed 4506T | |
| <input type="checkbox"/> Business debt schedule | |