

***ChiroEquity***  
***G.M. Kingsbury, D.C.***

***48 Murray Hill Sq.***  
***New Providence, NJ 07974***

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## Practice Profile

- A. Clinic Name: \_\_\_\_\_
- B. Owners Name: \_\_\_\_\_
- C. Clinic Street Address: \_\_\_\_\_
- D. City, State, Zip: \_\_\_\_\_
- E. Phone: (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_\_ email: \_\_\_\_\_
- F. Years in Practice \_\_\_\_\_ At This Location \_\_\_\_\_
- G. DC'S \_\_\_\_\_ MD'S \_\_\_\_\_ DO'S \_\_\_\_\_ PT'S \_\_\_\_\_ LMT'S \_\_\_\_\_ CA'S \_\_\_\_\_
- H. Sole Prop \_\_\_\_\_ Part' ship \_\_\_\_\_ "S" Corp \_\_\_\_\_ "C" Corp \_\_\_\_\_ PA \_\_\_\_\_
- I. Straight: \_\_\_\_\_ Mixer: \_\_\_\_\_
- J. Technique(s)/Protocols \_\_\_\_\_
- Primary: \_\_\_\_\_
- Secondary: \_\_\_\_\_
- Other: \_\_\_\_\_
- K. How many patients files on hand? \_\_\_\_\_
- L. Last year average-visits per patient. (Patient Retention) \_\_\_\_\_
- M. Last years average charges per visit: \_\_\_\_\_
- N. Total patient visits last year \_\_\_\_\_
- O. Office Statistics:
- (1) Usable square feet \_\_\_\_\_ Owned \_\_\_\_\_ Leased \_\_\_\_\_ Lease Amount \$ \_\_\_\_\_
  - (2) Patient parking spaces: \_\_\_\_\_
  - (3) Free standing or multi-tenant: \_\_\_\_\_
  - (4) Location: \_\_\_\_\_
  - (5) Signage: \_\_\_\_\_
  - (6) Additional DC capability: \_\_\_\_\_
- P. Does Doctor own other clinics? \_\_\_\_\_ Number \_\_\_\_\_
- Q. Attach complete listing of fees for services provided.
- R. Clinic Hours \_\_\_\_\_

## ***RATE YOUR OFFICE***

	Circle One				
	Poor				Excellent
How well equipped is your clinic?	1	2	3	4	5
Do you have enough space in your clinic?	1	2	3	4	5
Is your clinic easy to find?	1	2	3	4	5
Is your clinic on a busy street?	1	2	3	4	5
Is your clinic well marked?	1	2	3	4	5
Is your clinic visible?	1	2	3	4	5
Is your clinic accessible?	1	2	3	4	5
Does your clinic have adequate parking?	1	2	3	4	5

## ***STAFF***

NOTE: If your spouse, relatives, or any special people work for you, please indicate their relationship when filling out the information below.

Name \_\_\_\_\_ Length of Employment \_\_\_\_\_  
 Monthly Pay \_\_\_\_\_ Bonus Pay \_\_\_\_\_  
 Salary \_\_\_\_\_ Hourly \_\_\_\_\_ Contract Labor \_\_\_\_\_  
 Special Conditions \_\_\_\_\_  
 General Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Hours Required to Work \_\_\_\_\_  
 Doctors Personal Evaluation    Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Name \_\_\_\_\_ Length of Employment \_\_\_\_\_  
 Monthly Pay \_\_\_\_\_ Bonus Pay \_\_\_\_\_  
 Salary \_\_\_\_\_ Hourly \_\_\_\_\_ Contract Labor \_\_\_\_\_  
 Special Conditions \_\_\_\_\_  
 General Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Hours Required to Work \_\_\_\_\_  
 Doctors Personal Evaluation    Poor 1 2 3 4 5 6 7 8 9 10 Excellent

## ***STAFF - CONTINUED***

**NOTE:** If your spouse, relatives, or any special people work for you, please indicate their relationship when filling out the information below.

Name _____	Length of Employment _____
Monthly Pay _____	Bonus Pay _____
Salary _____	Hourly _____
Contract Labor _____	
Special Conditions _____	
General Duties _____	
_____	
Hours Required to Work _____	
Doctors Personal Evaluation      Poor 1   2   3   4   5   6   7   8   9   10 Excellent	

A. Gross Billing: \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_  
 B. Gross Receipts: \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_  
 C. Overhead: \_\_\_\_\_ 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_

**Please provide the same information for all of the months so far in 2024.**

NOTE: Exclude all depreciation charges and all expenditures for doctor's salary, bonus and fringe benefits (i.e. automobile, dues, and memberships, life-health-disability insurance, retirement plan contributions, etc.)

D. HMO/PPO Groups currently working with:

E. Approximate dollar amount collected from the HMO/PPO groups last year:

F. Attorneys:

G. Legal Networkers:

H. Specialized Referrals from other sources:

**I. ACCOUNTS RECEIVABLE:**

1. Present Balance: \$ \_\_\_\_\_

2. Aging Schedule

Current	\$ _____	91 – 120	\$ _____
31 - 60	\$ _____	121 - 120	\$ _____
61 - 90	\$ _____	181 Plus	\$ _____

3. Receivable Profile:

Patients Direct Pay..... \$ \_\_\_\_\_  
 Private Insurance..... \$ \_\_\_\_\_  
 Workman's Comp..... \$ \_\_\_\_\_  
 HMO/PPO (by carrier)..... \$ \_\_\_\_\_  
 Personal Injury..... \$ \_\_\_\_\_  
 Medicare/Medicaid..... \$ \_\_\_\_\_  
 Other..... \$ \_\_\_\_\_

J. CLINIC NET ASSETS:..... \$ \_\_\_\_\_

NOTE: Include only those assets owned or leased by the clinic. Land at cost, building net of accumulated depreciation, and furniture, fixtures, equipment, leasehold improvement and capitalized leases net of

**accumulated depreciation. Exclude cash, marketable securities (if any) and accounts receivable.**

**New Patient Source Categories:**

1. Patient Referrals: \_\_\_\_\_ %
2. Advertising \_\_\_\_\_ %
3. Lectures \_\_\_\_\_ %
4. Yellow Pages: \_\_\_\_\_ %
5. Attorneys: \_\_\_\_\_ %
6. Spinal Screenings: \_\_\_\_\_ %
7. Other: \_\_\_\_\_ %

**Please list your practice statistics for the last 12 months**

Month/Year	Collections	Billings	New Patients	Total Visits
12 Month Totals				

*(CHIROEQUITY USE ONLY)*

CA	PVA	OVA	NPA	CR
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## HMO/PPO COLLECTIONS REPORT

If you are an HMO/PPO provider, please complete the following information. If you do not have exact figures, please estimate, but be as accurate as possible. This form will be presented to qualified prospective purchasers and their advisors.

[illegible]

**K. Assumable Liabilities: \$**\_\_\_\_\_

**NOTE:** Include only those liabilities selling doctor expects buying party to assume.




**Total Original Value of All Equipment and  
Furnishings:**\_\_\_\_\_

PRACTICE DOCTOR

N.

DOCTORS BACKGROUND

1. Chiropractic College/Year\_\_\_\_\_

\_\_\_\_\_

2. Post Chiropractic College educations\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***DOCTOR OBSERVATION***

### **Practice**

What do you see as the strongest two areas in your practice?

A. \_\_\_\_\_

B. \_\_\_\_\_

What do you see as the weakest two areas in your practice?

A. \_\_\_\_\_

B. \_\_\_\_\_

### **Personal**

What do you see as your two strongest attributes as they relate to your practice?

A. \_\_\_\_\_

B. \_\_\_\_\_

What do you see as your two weakest attributes as they relate to your practice?

A. \_\_\_\_\_

B. \_\_\_\_\_

Miscellaneous

Observations: \_\_\_\_\_

\_\_\_\_\_