

### Successful Dental Partnerships A Step-by-Step Process to Practice Transitions

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### The Deal

### "Good"

Money
Cash Up Front — Accelerate Time to 3:1
Means of Transitioning Your Patients
Significance
Selling Doctor Guarantees the Buying Doctor's Note
Buyer receives tax deduction - Tax Leveraged Buy-Out

### The Deal

### "Bad"

I Didn't Get Enough Money for the Practice
I Paid Too Much for the Practice
Loss of Control
Loss of Relationship
Working Harder
I Have to Guarantee Note — I'm at Risk
Splitting the Money Sometimes Seems Unfair
I'll Receive No Hygiene Profit While At-Risk

### The Deal

#### "Ugly"

Borrowing
At Risk Buyer <—> Seller
Paying the Tax
Buyer Has No Cash \$
Break the Basic Rules, Incur Penalty
Stress = Change

# Understanding The Numbers of Your Business

### **Economics of a Dental Practice**

- ▶ Break-Even Analysis
- Direct Cost
- Fixed Costs
- ▶ Profit Margin

# **Break-Even Calculation Associate Example**

**Profit Margin = 100% - Direct Cost %** 

Profit Margin = 100% - 30% = 70%

Associate Salary Package \$150,000

# **Associateship Phase**

- Established Dr. produces \$1,000,000
  - Associate Dr. produces \$500,000

#### Established Dr.

Profit \$400,000

Direct Costs \$400,000

Fixed Costs \$200,000

#### Associate Dr.

Profit \$300,000

Direct Costs \$200,000

# **Associateship Phase**

#### What happens to the increased profit?

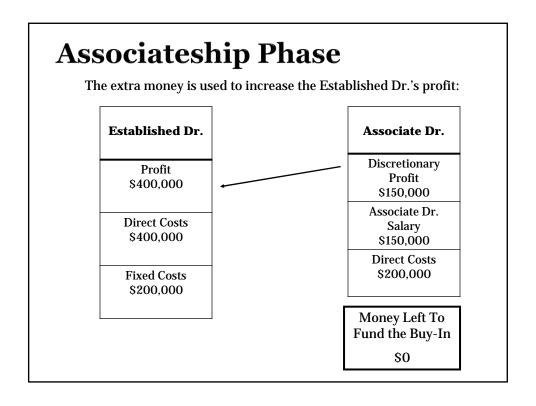
• First, it must be understood that without the Associate Dr. there is no increased profit.

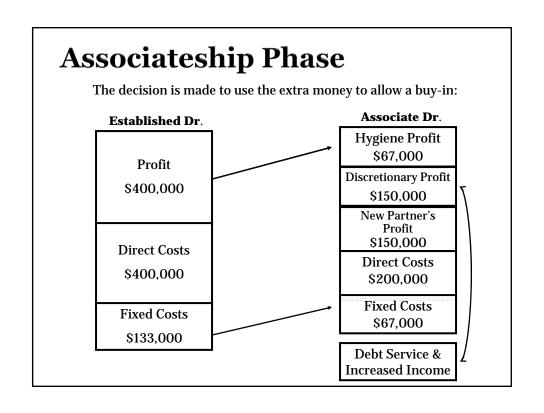
Therefore, a decision needs to be made:

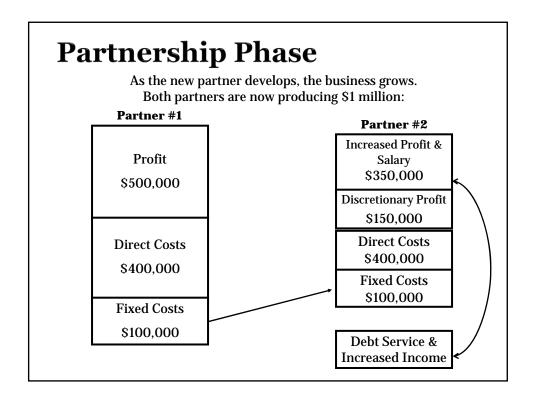
• Does the Established Dr. want to make more money on a monthly basis with the hope that the Associate continues to show up?

or

■ Does the Established Dr. allow the Associate Dr. to buy into the practice, share some of the costs and receive a lump-sum up money upfront?



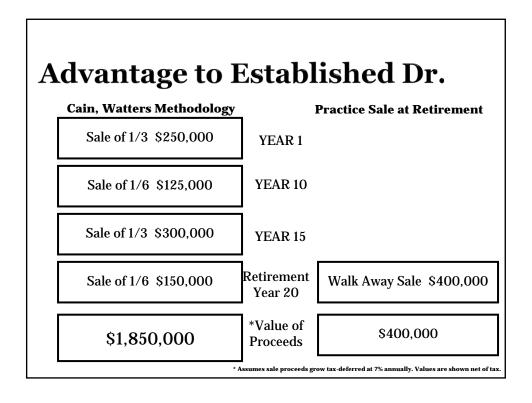




### **Partnership Phase**

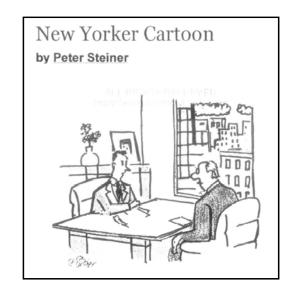
Ultimately, the methodology allows for practice transition.

Partner #1	Partner #2	Associate Dr.
Profit \$250,000	Profit \$450,000	Discretionary Profit \$150,000
Direct Costs \$200,000	Direct Costs \$400,000	Associate Dr. Salary \$150,000
Fixed Costs \$50,000	Fixed Costs \$150,000	Direct Costs \$200,000

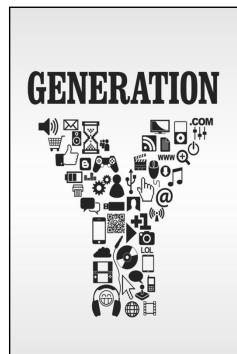


Selection Process & Understanding Personality Differences



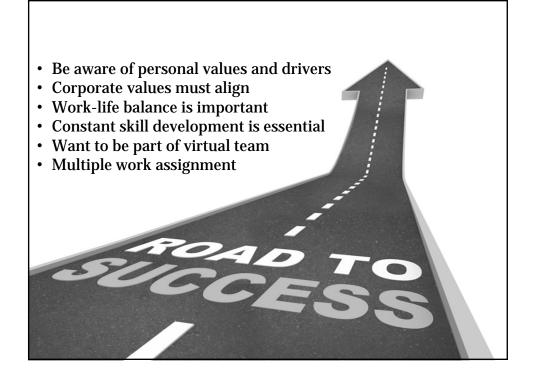


"I will have someone from my generation get in touch with someone from your generation."

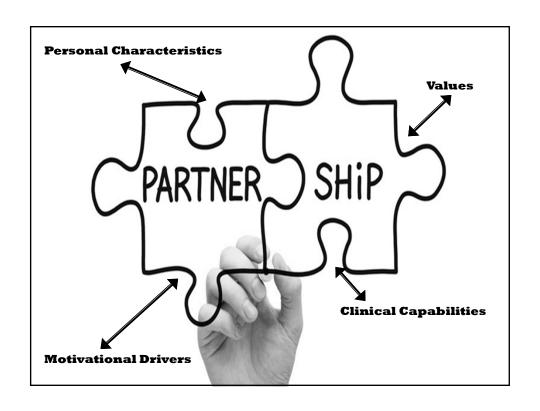


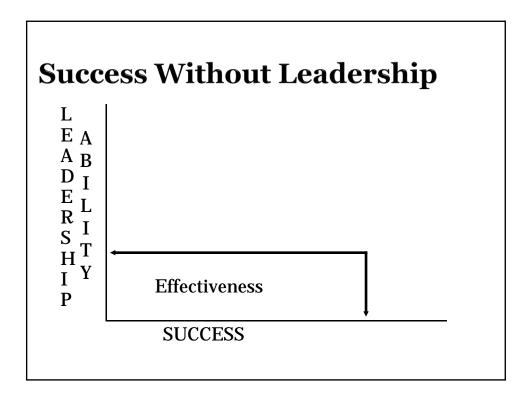
#### MILLENNIAL DEMOGRAPHICS

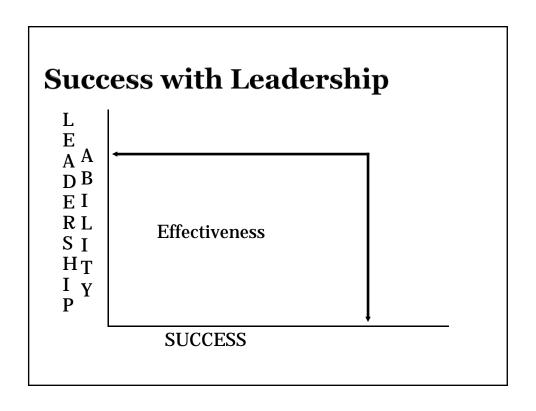
- 70 Million (26% of U.S. Population)
- Ethnically Diverse (1/3 not Caucasian)
- ¼ Live in Single Parent Home
- ¾ Have a Working Mom
- · Prefer Directness over Subtlety
- Heavily Influenced by Branding and Peer Groups
- Family is Important; Money Takes a Back Seat











# Law of Reproduction Survey Says:

85% of Leaders say the reason they are a Leader is due to the Influence of Another Leader





Employee & At Risk Phase

# **Employment Phase**

- **▶** Compensation
- **▶** Non-Compete
- ▶ How Long?
- Responsibilities

### **At-Risk Phase**

- Independent Contractor
- Expectations
- ▶ How Long?
- **→** Compensation

# **At-Risk Compensation**

#### **Production Ratios**

Dr/Dr/Hygiene Ratio		Dr/Dr Ratio	
Dr. S \$65,000 Prod Ratio	43.33%	Dr. S Production Ratio	65.00%
Dr. B \$35,000 Prod Ratio	23.33%	Dr. B Production Ratio	35.00%
Hygiene \$50,000 Prod Ratio	33.33%	Total	<u>100 %</u>
Total	<u>100 %</u>		

# **Cost Sharing Methodology**

			Dr/Dr Production <u>Percentage</u>		Dr/Dr Ownership <u>Percentage</u>
Expense Category					
Direct Costs:					
Dental Supplies				X	
Laboratory Fees	X				
Office Supplies				X	
Hygiene Salaries		X			
Staff Payroll Tax				X	
Office Manager Salary				X	
Front Desk Salary				X	
Assistant Salary			X		
•					

# **At-Risk Compensation**

Associate Dr's Share of Net Collections (Dr/Dr/Hygiene Ratio)

	•	, ,
	\$150,000 X 23.33 %	\$ <u>35,000.00</u>
Less:	1) 30% to Dr. Seller	(10.500.00)
	2) 100% of Doctors' Lab Bill	( <u>3,600.00</u> )
	3) Staff Payroll Taxes (Dr/Dr/Hygiene Ratio)	
	\$2,000.00 X 23.33%	( <u>467.00</u> )
	4) Dental Supplies (Dr/Dr/Hygiene Ratio)	
	\$9,000.00 X 23.33%	( <u>2,100.00)</u>
	5) Office Supplies (Dr/Dr/Hygiene Ratio)	
	\$2,250.00 X 23.33%	( <u>525.00</u> )
	6) Front Desk Salaries (Dr/Dr/Hygiene Ratio)	
	\$9,000.00 X 23.33%	( <u>2,100.00</u> )
	7) Chairside Salaries (Dr/Dr Ratio)	
	\$10,500.00 X 35.00 %	( <u>3,675.00</u> )
	Associate's Share of "At-Risk" Profit in Dollars	<b>\$</b> 12,033.00

# Valuation & Partnership Phase

### **Profit & Loss**

- Must be organized and consistent
- Compare to Industry Ratios
- Look for Variances
- Sellers & Buyers need to learn how to read

### The Financial Statement

"A Must to Manage Overhead"

	Month	Percent	Year	Percent
Revenue				
Collections	101,000	101.0%	1,212,000	101.0%
Refunds	(1,000)	-1.0%	(12,000)	-1.0%
Net Revenue	100,000	100.0%	1,200,000	100.0%
Direct Expenses				
Staff Salaries	22,000	22.0%	264,000	22.0%
Payroll Taxes	1,500	1.5%	18,000	1.5%
Lab	9,000	9.0%	108,000	9.0%
Dental Supplies	6,000	6.0%	72,000	6.0%
Office Supplies	1,500	1.5%	18,000	1.5%
Total Direct Expenses	40,000	40.0%	480,000	40.0%
Fixed Expenses				
Accounting	1,000	1.0%	12,000	1.09
Advertising	3,000	3.0%	36,000	3.09
Rent	5,000	5.0%	60,000	5.09
Utilities	500	0.5%	6,000	0.59
Etc.	10,500	10.5%	126,000	10.59
Total Fixed Expenses	20,000	20.0%	240,000	20.09
Net Practice Income	40,000	40.0%	480,000	40.09
Professional Expenses				
Dr Salary	21,250	21.3%	255,000	21.39
Dr Pavroll Taxes	900	0.9%	10,800	0.99
Auto	500	0.5%	6,000	0.59
Continuing Ed	500	0.5%	6,000	0.59
Travel	500	0.5%	6,000	0.59
Total Professional Expenses	23,650	23.7%	283,800	23.79
Non-Operating Costs				
Amortization	400	0.4%	4,800	0.49
Depreciation	2,000	2.0%	24,000	2.09
Interest	500	0.5%	6,000	0.59
Total Non Constitut Conta	2,900	2.9%	34,800	2.99
Total Non-Operating Costs	2,500	2.070	0.,000	

### **Philosophy of Splitting the Money**

- Portion of profit should be based on ownership
- Majority should be based on production
- Partner who receives the benefit (cash) pays the expense
- ▶ It will cause problems allocating expenses to a partner that does not have the money to pay for the expense
- ▶ Four Basic Ways to share:
  - Direct Allocation
  - Based on Ownership
  - Between the Doctors Production
  - Between the Doctors & Hygiene

### **Philosophy of Splitting the Money**

#### **Direct Allocation**

- Lab Fees
- Dues
- Subscriptions
- Perks
- Staff Pensions

#### **Ownership**

Fixed Assets

#### **Doctor's & Hygiene Production**

- Front Desk Salaries
- Dental Supplies
- Office Supplies

#### **Doctor's Only Production**

Everything Else

### **Normalization**

The Goal is to Clean Up the P&L to Arrive at True Net Cash Flow

#### Remove Perks or Add Future Expenses:

- ▶ Non-Working Spouse
- Dental Supplies
- Office Supplies
- Personal Taxes
- Personal Perks
- Underpaid Working Spouse
- Contingency Costs
- New Staff Pension Funding
- **▶** FMV Building Rent

Arrive at Net Income Before Pension, Perks, and Dr. Compensation

### **Valuation Process**

Net Cash Flow Before Pension Funding and Doctor's Compensation/Perks Imputed Doctor Salary (25% of Normal Collections)	750,000 (375,000) 375,000
Assumed Tax Rate	35%
After-Tax Net Cash Flow Before Pension Funding/Doc Perks	243,750
Capitalization Rate Risk Free Rate (Long Term Gov't Bond Rate) Equity Risk Premium	4.60% 7.10%
Risk Premium For Size (Small Stocks Risk Premium)	6.36%
Subjective Risk Factors Specific to Practice	3.60%
Capitalization Rate	21.66%
Rounded Value of Practice	<u>\$1,125,000</u>

### **Tax & Entity Structure**

**Operating Partnership** 

Can be a general partnership or a LLC

Selling Doctor Corporation

**Buying Doctor Corporation** 

Selling Doctor Personal Buying Doctor Personal



# **Questions...**

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