



COOK MARTIN POULSON, P.C.

Certified Public Accountants

Dental Comparison Project Worksheet

Business Name: _____

Address: _____

Phone: _____

Email: _____

Contact: _____

Financial Data: Please include your 2007 information

INCOME

Patient Fees Collected _____
Less Refunds _____

EXPENSES

Advertising \$ _____
Bank Fees \$ _____
Billing & Collections \$ _____
Continuing Education \$ _____
Contract Labor \$ _____
Dental Supplies \$ _____
Dues & Subscriptions \$ _____
Insurance
 Professional \$ _____
 Health \$ _____
 Other \$ _____
Interest \$ _____

Lab Fees	\$
Legal & Professional	\$
Licenses & Permits	\$
Meetings & Meals	\$
Miscellaneous	\$
Office Expense	\$
Officer Salary	\$
Pension Plans	
Doctor	\$
Staff	\$
Postage	\$
Promotions	\$
Rent - Equipment	\$
Rent - Office	\$
Repairs & Maintenance	\$
Taxes - Payroll	\$
Taxes - Property	\$
Telephone	\$
Travel	\$
Uniforms	\$
Utilities	\$
Wages & Salaries	\$
Depreciation/Amortization	\$

Office Data:

Total number of Active Patients _____

(Active is defined as patients seen within the last 18 months)

Number of Years in Practice _____

Total number of Staff

Doctors _____

Hygienists _____

Assistants _____

Front Office / Clerical _____

Gross Annual Production \$ _____

Total Staff Salary

Doctors \$ _____

Hygienists \$ _____

Assistants \$ _____

Front Office / Clerical \$ _____

Average Hourly Pay Per

Assistants \$ _____

Front Office / Clerical \$ _____

Are Health Benefits Provided ? Yes _____ No _____

Type of Pension Plan

No Pension Offered _____

Safe Harbor 401(k) _____

Traditional 401(k) _____

New Comparability _____

Simple IRA _____

Profit Sharing _____

Accounting

Who Pays the Office Bills?

Doctor ____ Spouse ____ Office Manager ____ Other ____

Who Records and Makes Deposits?

Doctor ____ Spouse ____ Office Manager ____ Other ____

Who Reconciles the Bank Statements?

Doctor ____ Spouse ____ Office Manager ____ Other ____

Do you rent your building from yourself Yes ____ No ____

Square footage of your Office Space _____

Rent Paid per Square Foot \$ _____

Total Number of Operatories _____

UCR Fees and Lab Fees (per each)

Porcelain fused to high noble metal crown \$ _____

Scaling and Root Planning \$ _____

Restoration of Implant (including abutment and crown) \$ _____

Etc.

_____ \$ _____

_____ \$ _____

_____ \$ _____

Average fee billed for each procedure

Class II composite restoration (posterior) \$ _____

Molar root canal \$ _____

Non-surgical extraction \$ _____

Adult Prophy \$ _____

Periodic exam \$ _____

Etc.

_____ \$ _____

_____ \$ _____

Number of PPO's / HMO's do you accept

How many are a Preferred Provider

How many days per week is the practice open for

Doctors

Hygienist

Production Per hour for

Doctors

\$

Hygienist

\$
