

**Dietetic Services**

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Cost for a the one line valuation is R250 payment via EFT

Your contact details:

NAME :

BHF NUMBER :

CELL :

TEL :

E MAIL :

Physical location of practice:

**Practice price evaluation form , August 2011**

**Leave blank any question which may not be applicable to your practice**

**It is NOT you that is being evaluated but this practice.**

**This data will be used to place an estimated value on the practice.**

**Please complete this questionnaire .**

**1 When did you start this practice?**

yy mm dd .....

**2 How much did you pay when you bought it?**

R.....

**3 Who owned this practice before you did?**

.....

**4 How many patients have you got on your medical accounting program .....**

On Medacc – go to # N ,# of patients is the yellow number

**5 How many referring doctors do you have?**

.....

On Medacc Go to Menu D # 7 ,over any time frame

**6 Which are the top three medical schemes your patients belong to?**

..... # of patients , .....

..... # of patients , .....

..... # of patients , .....

Medacc menu M # 7 ,over any time frame

**7 What is the gross income over the last three months**

**R= , number of receipts:.....**

**On Medacc go to Menu 7 and select program 6**

**Enter a start date of 3 months ago @ 93 days**

**Gross income would be the RE receipts**

**8 What is payments outstanding (owed) over 90 days**

**= R for .....patients**

**On Medacc go to Menu 9 and select program 5**

**Write down the TOTAL 90 DAYS =**

**Write down for .....Patients**

**9 What is your patient debt 120 days and over ?**

**R ..... as a percentage of Debt.....%**

**On Medacc go menu 9 # 2**

**10 How many days a year do you close your practice?**

**.....**

**11 How many times a year do you employ a locum?**

**.....**

**20 How much rent do you pay a month**

**R=**

**21 How much for lights and water**

**R=**

**22 How much for landlines phone**

**R =**

**23 How much for cell phone**

**R=**

**24 How much on staff**

**R=**

**25 What is the name / supplier of your medical accounts package**

**.....**

The following should be entered in time , minutes not distance

How far to your Nearest

- 41 fax ?.....
- 42 printing business?..... like Postnet
- 43 Post office ?.....
- 44 pharmacy ?.....
- 45 medical doctor?.....
- 46 competitor ?.....
- 47 blue box Discovery claims point?.....
- 48 nearest clinic ..... name :
- 49 state hospital ..... name :
- 50 nearest shopping mall ..... name :

Have you signed a lease /yn .....

How many month's notice do you have to give?.....

How many secure parking bays do you have ?.....

How many are undercover ? .....

How many physical rooms do you have?.....

How many cabinets do you have ?.....

How many chairs do you have ?.....

Does the office have air conditioning y/n .....

Does the office have security staff y/n .....

80 Are you prepared to introduce the new owner to referring doctors and staff y/n /maybe

81 How much do you think this practice is worth?

R.....

82 How much do you think your practice would be worth as part of your deceased estate?

R .....

90 Anything else that could boost the value of this practice