

# **The Paragon Client Profile**

**Paragon Management Associates, Inc.**

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*“The journey of 1,000 miles  
begins with the first step!”*

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How often do you set goals? \_\_\_\_\_

Are your goals written?

YES

NO

How frequently do you review your personal goals? \_\_\_\_\_

Please list the three most serious barriers keeping you from attaining your personal goals.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# Practice Goal Setting

Please list, in order of importance, your three most important short-term (within 1 year) practice goals.

1. \_\_\_\_\_  
\_\_\_\_\_

Time frame for completion: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Time frame for completion: \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Time frame for completion: \_\_\_\_\_

Please list, in order of importance, your three most important long-term (3-5 years) practice goals.

1. \_\_\_\_\_  
\_\_\_\_\_

Time frame for completion: \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Time frame for completion: \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Time frame for completion: \_\_\_\_\_

Please list three goals you wish to attain from your relationship with Paragon.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list the three most serious barriers keeping you from attaining your practice goals.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Practice Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Private Line: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Page: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Yr. Graduated: \_\_\_\_\_

Dental School: \_\_\_\_\_ Yr. Graduated: \_\_\_\_\_

How did you start your practice? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years have you been in practice? \_\_\_\_\_

How many years have you been in your present location? \_\_\_\_\_

Where is your practice located?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business area             | <input type="checkbox"/> Urban setting   | <input type="checkbox"/> Stand alone office |
| <input type="checkbox"/> Downtown                  | <input type="checkbox"/> Rural setting   | <input type="checkbox"/> House              |
| <input type="checkbox"/> Residential area          | <input type="checkbox"/> Suburbs         | <input type="checkbox"/> Professional Bldg. |
| <input type="checkbox"/> Medical / Dental district | <input type="checkbox"/> Apartment Bldg. | <input type="checkbox"/> Other _____        |

Which of the following risk management insurance policies do you carry; please list the amount of coverage.

Disability Insurance \_\_\_\_\_

Malpractice Insurance \_\_\_\_\_

Overhead Insurance \_\_\_\_\_

Business Interruption Insurance \_\_\_\_\_

How would you describe your philosophy of treatment? \_\_\_\_\_

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Which procedures do you enjoy performing the most?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_



# Office Configuration

Office Square Footage: \_\_\_\_\_

Number of Treatment Rooms: \_\_\_\_\_

Office Hours:

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

How many active patients do you have in the practice? \_\_\_\_\_  
(An active patient is defined as one who has been in for treatment within the past 18 months)

What percentage of your patients are: Adults: \_\_\_\_\_  
Children: \_\_\_\_\_

Do you participate in any reduced fee plans:  Yes  No

If yes, please name and briefly describe.

Plan Name	Type of Plan
_____	_____
_____	_____
_____	_____
_____	_____

What percentage of your collections come from these plans? \_\_\_\_\_

What percentage of your patient base comes from these plans? \_\_\_\_\_

What percentage of your time is spent treating patients with these plans? \_\_\_\_\_

Is the hygiene room(s) equipped to render restorative treatment other than purely emergency treatment?  Yes  No

Could additional treatment rooms be added or equipped?  Yes  No

When was your office last redecorated? \_\_\_\_\_  
Or remodeled? \_\_\_\_\_

Do you delegate those procedures that can be legally delegated?  Yes  No

Are you confident that your office meets OSHA standards?  Yes  No

Are you confident in your blood-borne pathogen policy?  Yes  No

Does your office have or utilize any of the following? (Please list brands where possible)

- Dental Software \_\_\_\_\_
- # of terminals \_\_\_\_\_
- Location of terminals \_\_\_\_\_
- Location of printers \_\_\_\_\_
- E-insurance claims submission \_\_\_\_\_
- Voice activated perio charting \_\_\_\_\_
- Computerized patient charting \_\_\_\_\_
- Radiovisiography \_\_\_\_\_
- Intra oral camera \_\_\_\_\_
  - Multi-op \_\_\_\_\_
  - Other \_\_\_\_\_
- Patient education system \_\_\_\_\_  
(i.e. Caesy)
- Panorgraphic x-ray \_\_\_\_\_
- Number of x-ray heads \_\_\_\_\_
- Imager \_\_\_\_\_

- Laser \_\_\_\_\_
- Cutting \_\_\_\_\_
- Curing \_\_\_\_\_
- Anesthesia Alternative \_\_\_\_\_
- Air Abrasion \_\_\_\_\_
- Light communication system \_\_\_\_\_
- Cable or Satellite TV \_\_\_\_\_
- Water filtration system \_\_\_\_\_
- Outside financing \_\_\_\_\_
- Payroll software \_\_\_\_\_
- Payroll service \_\_\_\_\_
- Accounts payable software \_\_\_\_\_

On the next page, you will find a chart. Please circle the description which most fits your practice pertaining to each row of information.

**Example:**

Financial	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;">Accounts receivable is greater than 2 times last months production.</div>  Greater than 5% annual write off	Accounts receivable is between 1.5 – 2 times last months production  <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;">1 –3% annual write off</div>	Accounts receivable less than 1 month production  Less than 1% write off
Fees	Reduced or low for area	<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;">Average for area</div>	High or elevated fees

<b>Financial</b>	Accounts receivable is greater than 2 times last months production  Greater than 5% annual write off	Accounts receivable is between 1.5 – 2 times last months production  1 – 3 % write off	Accounts receivable less than 1 months production  Less than 1% write off
<b>Fees</b>	Reduced or low for area	Average for area	High or elevated fees
<b>Treatment Plans</b>	None  Episodic Care	Phased treatment	Full treatment plans
<b>Scheduling</b>	Episodic No goals  High churning (turn over of schedule)	Scheduling goals met 50% of time  NO more than 20% churning	Scheduling goals met 90% of time  Less than 5% churning  Using power block scheduling technique
<b>Hygiene</b>	Less than 40% recall efficiency  Very little soft tissue procedures	40 – 70% recall efficiency  10 – 20 % of patients in a STMP	Greater than 85% recall efficiency  Greater than 50% of practice in a STMP
<b>Marketing</b>	Mostly external with lots of give-a ways	Some external plans  Some internal plans	Internal only
<b>New Patients</b>	60 – 80 each month	25 – 40 each month	8 – 10 each month

## Team Building / Leadership / Management

Which of the following do you employ in the management of your practice:

- Personnel policy manual
- Office procedure manual
- Regularly scheduled staff meetings
- Monthly review of practice numbers
- Morning huddles
- Regular staff evaluations
- Computer reports
- Quarterly meetings with accountants
- Graphs / statistics

Please check all items that apply to salary reviews:

- Are based on performance
- Are based on reviews only
- Are based on fee increases
- Are done at the employees' request
- Are based on the doctor's subjective evaluation
- Are done annually according to anniversary dates
- Are not done, bonus plans take care of increases

Performance reviews are done:

- Quarterly
- Semi-annually
- Annually
- Not on a regular basis

Does your office have an employee bonus / incentive plan in place?  Yes  No

If yes, please describe:

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If no, are you opposed to a profitability-based bonus program for staff?  Yes  No

Please check all items you use for team building activities:

- Regularly schedules staff meetings
- Incentive bonus
- Employee suggestion program
- Group participation in community activities
- Group use of printed material, audio or video tapes
- Group retreats or trips
- Continuing education outside the office
- Social activities
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Finance Management

Your total accounts receivable (excluding those accounts in formal collections) are: \_\_\_\_\_

Aged accounts receivable totals are:

0 – 30 days	_____
30 – 60 days	_____
60 – 90 days	_____
90 – 120 days	_____
120+ days	_____

Receivables in formal collections total: \_\_\_\_\_

How often do you age your accounts receivable? \_\_\_\_\_

After aging, what action is taken? \_\_\_\_\_  
\_\_\_\_\_

Accounts are written off the books as uncollectable at: \_\_\_\_\_

Your net collection to net production percentage is: \_\_\_\_\_

List the outside financing services you have available for your patients:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please check all items that apply to the review of your fee schedule:

- |   |   |
|---|---|
| <input type="checkbox"/> Twice a year           | <input type="checkbox"/> Increased by percentage “across the board” |
| <input type="checkbox"/> Once a year            | <input type="checkbox"/> Increased by a flat dollar amount          |
| <input type="checkbox"/> Not on a regular basis | <input type="checkbox"/> Usually selectively adjusted               |

Date of last fee increase \_\_\_\_\_

Finance arrangements are:

- Made in writing and signed by the patient
- Made verbally
- Made by one person in the office
- Made through outside financing

Please list your payment options for large treatment (i.e. exceeding \$500):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Do you submit insurance claims for payment:

- Per office visit
- Upon completion of treatment
- Electronically per visit
- Do not accept insurance, patients pay for treatment then submits for payment

Please check all items which apply to statements:

- No regular billing cycle
- Sent once per month
- Sent twice per month
- Sent daily for patient balance after insurance payment even during on-going treatment
- Computer generated
- Typed or hand written
- Duplications of ledger cards
- Done by electronic billing service
- Include specific due dates
- Include ability to pay by VISA or MC
- Include self-addressed return envelope
- Statements are not sent until all insurance claims are paid

Delinquent accounts are acted upon in the following time frame:

- 30 days
- 30 - 60 days
- 60 - 90 days
- Over 90 days
- We do not follow up

Who in the office, decides if an account is sent to collections? \_\_\_\_\_

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The follow-up on delinquent account occurs by (please check as many as apply):

- Phone call after 30 days
- Letter after 30 days
- Phone call after 60 days
- Letter after 60 days
- Phone call after 90 days
- Letter after 90 days
- Turned over to collection after 90 days with phone call warning
- Turned over to collection after 90 days with letter warning

## Practice Marketing

Please name your top three sources of new patients:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The average numbers of new patients per month are:

- \_\_\_\_\_ New fee for service adults  
\_\_\_\_\_ New fee for service children  
\_\_\_\_\_ New reduced fee adults and children

Please list your three most **consistent** "Internal Marketing Action Plans"

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list your three most **consistent** "External Marketing Action Plans"

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Who **consistently** asks patients for new patient referrals?

- Doctor
- Staff
- Honestly, no one consistently asks

Do you have a sign outside your building?  Yes  No

Is it internally lit?  Yes  No

Is it externally lit?  Yes  No

How many new patients per month do you generate from your sign? \_\_\_\_\_

Does the doctor make “care calls” by phone to patients in the evenings after extensive treatment?  Yes  No

Does the hygienist make “care calls” to STM patients?  Yes  No

Do you have a monthly marketing budget?  Yes  No

Dollar amount usually spent per month? \$ \_\_\_\_\_

Please check all "Marketing Action Plans" the practice consistently use?

Marketing Plan	Approximate number of new patients gained per month by this method:
<input type="checkbox"/> Logo	_____
<input type="checkbox"/> Thank you notes	_____
<input type="checkbox"/> Coffee mugs / water bottles	_____
<input type="checkbox"/> Monthly drawings	_____
<input type="checkbox"/> Referral reward system	_____
- Staff	_____
- Patients	_____
<input type="checkbox"/> Staff business cards	_____
<input type="checkbox"/> Share incentive cards with patients	_____
<input type="checkbox"/> Consistently utilize intra-oral camera	_____
<input type="checkbox"/> Host cookout or BBQ for patients	_____
<input type="checkbox"/> Advertising	_____
<input type="checkbox"/> Direct Mail	_____
<input type="checkbox"/> Val Pak / coupon incentives	_____
<input type="checkbox"/> Press release	_____
<input type="checkbox"/> TV / Radio, public service announcements	_____
<input type="checkbox"/> Newsletters	_____
<input type="checkbox"/> Practice brochures	_____
<input type="checkbox"/> Phone book ad(s)	_____
<input type="checkbox"/> Newspaper / Magazine Ads	_____
<input type="checkbox"/> Participate in Health fairs	_____
<input type="checkbox"/> Paid referral service	_____
<input type="checkbox"/> Other:	_____

## **Appointment Scheduling**

Our appointment books are usually scheduled (please check as many as apply):

### **DOCTOR**

- Less than one week in advance
- Between 1 - 2 weeks in advance
- Between 2 - 3 weeks in advance
- Over 3 weeks in advance
- In 10 minute intervals
- In 15 minute intervals
- On computer up front
- On computer in treatment rooms
- In a regular (paper) appointment book
- Utilizes power blocks (reserved time for larger treatment)
- Single unit appointments
- Quadrant appointment
- Complete arch appointment
- Utilizes an accelerated technique (use of multiple chair scheduling)
- Openings are left for new patients

### **HYGIENE**

- Less than one week in advance
- Between 1 - 2 weeks in advance
- Between 2 - 3 weeks in advance
- Over 3 weeks in advance
- In 10 minute intervals
- In 15 minute intervals
- On computer up front
- On computer in treatment rooms
- In a regular (paper) appointment book
- Utilizes power blocks for quadrant scalings
- By extended appointment for multiple quadrant scalings
- On an accelerated basis with the use of a dental assistant
- Openings are left for new patients

An *adult new patient appointment* consists of (please check the appropriate clinician):

<u>DDS</u>	<u>RDH</u>	<u>DA</u>	<u>Not done</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharing philosophy of care with patient
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure recording
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral cancer screening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intra oral camera review
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full-mouth x-rays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panoramic x-rays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vertical bitewings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal bitewings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of bitewings normally taken is _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnostic casts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recorded full mouth 6-point perio probing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSR screening
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perio diagnosis and treatment plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaling and prophylaxis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluoride treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delivery of operative treatment plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Recare and Hygiene Systems

Current recare efficiency percentage is: \_\_\_\_\_%  
 (Defined as the percentage of patients returning for continuing care in the month they are due.)

The recare system consists of:

- Future appointment is made at the end of the appointment by front desk / business staff
- Future appointment is made at the end of the appointment by the hygienist
- Appointments are scheduled on computer
- Appointments are scheduled in paper appointment book
- Reminder post card is sent to the patient followed by a confirmation call
- Reminder post card is sent to the patient with no confirmation call
- Our patients are called approximately 1 month in advance of due date and asked to schedule
- Our patients are asked to call us in the month they are due

Please mark the following to designate which clinician performs the following procedures at recare:

<u>DDS</u>	<u>RDH</u>	<u>DA</u>	<u>Not done</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recorded 6-point perio pocket probing at each recare visit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recorded 6-point perio pocket probing once a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic root planning and scaling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sealants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polish amalgams
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impressions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-appoint recare visits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oral hygiene instructions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult fluoride, frequency per year: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child fluoride, frequency per year: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilize intraoral camera
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irrigation, medicaments used: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takes necessary x-rays
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard tissue exam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soft tissue exam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss optimal treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you have a strong, consistent soft tissue management program? \_\_\_\_\_

Please briefly describe: \_\_\_\_\_

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Does your hygienist co-diagnose and present needed treatment? \_\_\_\_\_

Can your current hygiene department effectively service your patient base? \_\_\_\_\_

## Practice Profitability

The total office collections for the past twelve (12) months were: \$ \_\_\_\_\_

This amount represents a \_\_\_\_\_% (increase / decrease) in collection dollars from the previous year's collections.

Total profit for the past 12 months was: \$ \_\_\_\_\_

This represents a \_\_\_\_\_% (increase / decrease) in profit dollars from the previous year's profit.

Please provide a copy of your most recent profit and loss (P&L) statement for review.

# **Breakeven Point Calculation (BEP)**

**Paragon Management Associates, Inc.**

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In order to maintain positive practice growth and cash flow, it is essential to know the economic condition of your practice. Calculating the Break Even Point (BEP) allows you to know the necessary collection and production figures that must be reached in order to meet all expenses, including the doctor's salary. By knowing the amount of collection necessary to meet all expenses, you can effectively:

1. Establish annual, monthly, weekly, daily and hourly goals;
2. Track your cash flow and effectively gain control of both receivables and payables; and
3. Set up an employee bonus system based on true profits from newly created profit, not from the doctor's salary.

Directions:

Complete the following pages of practice financial data. It is best to calculate the BEP using at least 6 months of data – preferably 12. This will give you an accurate Variable Expense Factor (VEF). Variable expenses are those that are determined by the amount of dentistry produced (or in the case of marketing... helps to determine the amount of dentistry produced). The VEF should be updated whenever the type of material or type of dentistry being produced changes. For example, more lab fees are incurred when the practice directs itself to more comprehensive treatment plans.

Fixed Expenses are those that are incurred every month even if patients are not seen and dentistry is not produced. The BEP should be updated quarterly or whenever there is an additional purchase or an increase or decrease in the following categories:

- ⇒ The hiring of an additional staff member
- ⇒ Increase in staff wages and / or benefit package
- ⇒ Doctor's salary or benefit package increases
- ⇒ Rent changes
- ⇒ Equipment is paid off or an additional purchase is made or leased
- ⇒ Change in debt service
- ⇒ Leasehold improvements
- ⇒ Any of the fixed expenses change

## Fixed Expenses

Name: \_\_\_\_\_ Total expenses from \_\_\_\_\_ to \_\_\_\_\_

Total Revenue collected for the period: \$ \_\_\_\_\_

<b><u>STAFF COMPENSATION</u></b> <b><u>(Section A)</u></b>	TOTAL EXPENSE AMOUNT	PERCENTAGE OF REVENUE COLLECTED	CATEGORY ACCEPTABLE RANGE <small>(Either use your own goal or use the maximum recommended amount)</small>	OVER / UNDER
Staff Gross Salaries	_____			
Employee Payroll Taxes & Employer Matches	_____			
Employee Health Insurance	_____			
Employee Pension Cost	_____			
Employee Continuing Education (not Paragon)	_____			
Employee Uniforms/laundry	_____			
Employee other _____	_____			
Employee other _____	_____			
			recommended maximum is <b>25%</b> ↓	
<b>TOTAL OF SECTION A</b>	_____	_____	_____ %	_____ %

### **FACILITY (Section B)**

Rent	_____			
Utilities (water/sewer/gas/electric)	_____			
Property Taxes	_____			
Outside Maintenance Service	_____			
Other _____	_____			
_____	_____			
			recommended maximum is <b>4%</b> ↓	
<b>TOTAL OF SECTION B</b>	_____	_____	_____ %	_____ %

## Fixed Expenses (continued)

<b><u>GENERAL EXPENSES</u></b> <b><u>(Section C)</u></b>	TOTAL EXPENSE AMOUNT	PERCENTAGE OF REVENUE COLLECTED	CATEGORY ACCEPTABLE RANGE (Either use your own goal or use the maximum recommended amount)	OVER / UNDER
Telephone (with Yellow Pages if applicable)	_____			
Dues and Subscriptions	_____			
Internet Access	_____			
Computer Support	_____			
Overhead Insurance	_____			
Professional Liability Insurance	_____			
Other _____	_____			
_____	_____		recommended maximum is 5%	
_____	_____		↓	
<b>TOTAL OF SECTION C</b>	_____	_____	_____ %	_____ %

### **EQUIPMENT LEASES, DEBT SERVICE (Section D)**

Equipment Leases:

_____	_____
_____	_____
_____	_____

Debt Service (all loans pertaining to practice):

_____	_____
_____	_____
_____	_____

recommended  
maximum  
is 4%  
↓

<b>TOTAL OF SECTION D</b>	_____	_____	_____ %	_____ %
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## Fixed Expenses (continued)

<u><b>PROFESSIONAL SERVICES</b></u> <b>(Section E)</b>	TOTAL EXPENSE AMOUNT	PERCENTAGE OF REVENUE COLLECTED	CATEGORY ACCEPTABLE RANGE (Either use your own goal or use the maximum recommended amount)	OVER / UNDER
Accounting	_____			
Paragon Service Fee	_____			
Other _____	_____			
_____	_____			
_____	_____		recommended maximum is <b>5%</b> ↓	
<b>TOTAL OF SECTION E</b>	_____	_____	_____ %	_____ %
 <b><u>MISCELLANEOUS (Section F)</u></b>				
Outstanding <u>Fixed</u> Debt	_____			
IRS	_____			
LAB	_____			
Supplies	_____			
Other _____	_____			
_____	_____			
_____	_____			
_____	_____			
Small Equipment Purchases	_____		recommended maximum is <b>2%</b> ↓	
<b>TOTAL OF SECTION F</b>	_____	_____	_____ %	_____ %
 <b>TOTAL FIXED COSTS</b>				
<b>SECTIONS A+B+C+D+E+F</b>	_____	_____	recommended maximum is <b>45%</b> ↓	_____ %
	_____	_____	_____ %	_____ %

## Variable Expenses

	TOTAL EXPENSE AMOUNT	PERCENTAGE OF REVENUE COLLECTED	CATEGORY ACCEPTABLE RANGE	OVER / UNDER
Lab Fees	_____	_____	10%	_____ %
Dental Supplies (not including small equipment)	_____	_____	5%	_____ %
Office Supplies (including computer supplies)	_____	_____	1%	_____ %
Promotion / Marketing	_____	_____	1.5%	_____ %
Repairs / Maintenance (equipment)	_____	_____		_____ %
Repairs / Maintenance (cont.) (facility)	_____	_____	.5%	_____ %
Travel & Entertainment	_____	_____	1%	_____ %
Staff Bonus	_____	_____		_____ %
Bank Service Charges (including MC/VISA %)	_____	_____		_____ %
Temporary Labor (contract services)	_____	_____		_____ %
Other	_____	_____		_____ %
Other	_____	_____		_____ %
Other	_____	_____		_____ %
Other	_____	_____		_____ %
Other	_____	_____	1%	_____ %
			recommended maximum is <b>20%</b> ↓	
<b>TOTAL Variable Costs</b>	_____	_____	_____ %	_____ %

## Doctor's Compensation

	TOTAL EXPENSE AMOUNT	PERCENTAGE OF REVENUE COLLECTED	CATEGORY ACCEPTABLE RANGE	OVER / UNDER
Doctor Gross Salary	_____			
Doctor Payroll Taxes	_____			
Doctor Benefits	_____			
Auto Expense	_____			
Doctor Uniform expense	_____			
Doctor Pension Portion	_____			
Doctor Disability Insurance	_____			
Doctor Life Insurance	_____			
Doctor Health Insurance	_____			
Accelerated Debt Reduction	_____			
Other _____	_____			
<b>Total Doctor Compensation</b> (including salary & benefits)	_____	_____	_____ %	_____ %

recommended  
minimum  
is **33%**  
↓

## Break Even Point (BEP) for the Practice

Total Revenue for the period = \_\_\_\_\_

**Variable** Expense Factor:

Total Variable Costs ÷ Total Revenue Collected = Variable Expense Factor Percentage

\_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ %

**Fixed** Expense Factor:

Total Fixed Costs ÷ Total Revenue Collected = Fixed Expense Factor Percentage  
(including Dr. compensation)

\_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_ %

❶ Total Fixed Cost Expenses including Doctor's Compensation = \$ \_\_\_\_\_

❷ Variable Expense Factor (VEF) Percentage = \_\_\_\_\_ %

❸ 1.00 - VEF (e.g. 1.00 - .25 [25%] = .75 [or 75%]) = \_\_\_\_\_ %

BEP formula:      ❶ Total Fixed Costs      ÷      ❸ (1.00 - VEF) =      BEP for period

Enter your figures:      ❶ \_\_\_\_\_ ÷      ❸ \_\_\_\_\_ =      \$ \_\_\_\_\_

BEP Annually =      \$ \_\_\_\_\_

BEP Monthly =      \$ \_\_\_\_\_

BEP Daily =      \$ \_\_\_\_\_

BEP Hourly =      \$ \_\_\_\_\_

## Expense Reduction Action Plan

List the categories calculated in your Breakeven Point (BEP) that were too high:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List the steps you are taking to reduce these expenses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Thank you for taking the time and effort to complete Paragon's Client Profile. The information you have provided is an essential tool that will allow us to help you increase the profits of your practice.

The Paragon Staff