

Editor John McGill Invites You...

...to participate in *The McGill Advisory Practice Profitability and Economic Survey*! Manage your practice with confidence and **improve profitability using valuable benchmarks** through your participation! Mail or fax completed form along with your practice income & expense statement (Profit & Loss) **for the 12-months ending December 31, 2017**. A **FREE** profitability analysis will be mailed after compiled results are published in May - *provide your HOME address if you do not want this mailed to your office.*

Name: _____ **Contact Person** (if we have questions): _____

Email: _____ **Office Phone:** _____ **Fax:** _____

Address: _____ **City/St/ZIP:** _____ Is this home or office ?

All information below required. All info kept strictly confidential.

<p>1. Total practice production in 2017: \$ _____</p> <p>2. How did 2017 production compare to 2016? <input type="checkbox"/> Increased (by _____ %) <input type="checkbox"/> Stayed the same <input type="checkbox"/> Decreased (by _____ %)</p> <p>3. Percentage of 2017 production from discounted fee managed care plans (includes Delta Dental)? <input type="checkbox"/> None <input type="checkbox"/> 20-29% <input type="checkbox"/> 50-59% <input type="checkbox"/> 1-9% <input type="checkbox"/> 30-39% <input type="checkbox"/> 60% or more <input type="checkbox"/> 10-19% <input type="checkbox"/> 40-49%</p> <p>4. How did 2017 managed care production percentage compare to 2016? <input type="checkbox"/> Increased (by _____ %) <input type="checkbox"/> Stayed the same <input type="checkbox"/> Decreased (by _____ %)</p> <p>5. Total practice collections in 2017: \$ _____</p> <p>6. How did 2017 total collections compare to 2016? <input type="checkbox"/> Increased (by _____ %) <input type="checkbox"/> Stayed the same <input type="checkbox"/> Decreased (by _____ %)</p> <p>7. Total number of NEW patients in 2017: _____</p> <p>8. Total # of NEW patients in 2017 compared to 2016: <input type="checkbox"/> Increased (by _____ %) <input type="checkbox"/> Stayed the same <input type="checkbox"/> Decreased (by _____ %)</p> <p>9. Practice overall treatment acceptance rate in 2017 (dollars of treatment produced compared to dollars of treatment recommended): <input type="checkbox"/> 90-99% <input type="checkbox"/> 60-69% <input type="checkbox"/> Less than 40% <input type="checkbox"/> 80-89% <input type="checkbox"/> 50-59% <input type="checkbox"/> Don't know / <input type="checkbox"/> 70-79% <input type="checkbox"/> 40-49% Don't track</p>	<p>10. How did 2017 treatment acceptance rate compare to 2016? <input type="checkbox"/> Increased (by _____ %) <input type="checkbox"/> Stayed the same <input type="checkbox"/> Decreased (by _____ %)</p> <p>11. For all of 2017, how busy was your practice compared to how busy you wanted to be? <input type="checkbox"/> 100% (operating at full capacity) <input type="checkbox"/> 90-99% <input type="checkbox"/> 70-79% <input type="checkbox"/> 50-59% <input type="checkbox"/> 80-89% <input type="checkbox"/> 60-69% <input type="checkbox"/> Less than 50%</p> <p>12. How did 2017 busyness percentage compare to 2016? <input type="checkbox"/> Increased (by _____ %) <input type="checkbox"/> Stayed the same <input type="checkbox"/> Decreased (by _____ %)</p> <p>13. Did you (or any owner doctors) employ family members through your practice in 2017? <input type="checkbox"/> No <input type="checkbox"/> Yes – total salaries paid: \$ _____ spouse(s) \$ _____ children If Yes, are family member salaries listed separately on Profit & Loss Statement, or lumped with staff salaries? <input type="checkbox"/> Family member(s) salary separate line item on P&L <input type="checkbox"/> Family member(s) salary lumped in with staff costs</p> <p>14. If incorporated <i>and</i> doctor salary is <u>not</u> a separate line item on P&L, what was <u>total</u> doctor salaries (<u>all</u> doctors including associates) in 2017? \$ _____</p> <p>15. Practice specialty (check all that apply): <input type="checkbox"/> General <input type="checkbox"/> Endo <input type="checkbox"/> Oral/Max <input type="checkbox"/> Ortho <input type="checkbox"/> Pediatric <input type="checkbox"/> Perio <input type="checkbox"/> Prosth</p> <p>16. Practice's tax status: <input type="checkbox"/> S Corp <input type="checkbox"/> Unincorporated Partnership/LLC <input type="checkbox"/> C Corp <input type="checkbox"/> Sole Proprietor (Schedule C)</p> <p>17. Number of doctors (<u>all</u> including associates) in your practice: <input type="checkbox"/> Solo Practitioner <input type="checkbox"/> 3 Doctors <input type="checkbox"/> 2 Doctors <input type="checkbox"/> 4 Doctors or more: # _____</p>
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MAIL ALONG WITH YOUR PROFIT & LOSS STATEMENT TO:

Practice Survey – *The McGill Advisory*, c/o John K. McGill & Co., 8816 Red Oak Blvd., Ste. 240, Charlotte, NC 28217
Or Fax to 704.323.4138 or 704.424.9786

DEADLINE to participate: Extended to April 16, 2018!