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| **CASH FLOW ASSESSMENT**  |

Please complete the information below as thorough as possible. Type directly into the fields provided, save it to your computer and email it back to: tcasasanta@spsolutionteam.com

Free Hygiene Assessment

 Name of Practice:
 Type of Practice: [ ] General Dentist [ ]  Cosmetic [ ]  Specialty
 Name of Dentist/Owner: Additional Dentist Owner:
 Business Street Address:
 City:  State:  Zip Code:

 **Contact Info**: Check the preferred mode of contact below-

 [ ] Office Phone#: () [ ] Cell Phone #: () [ ]  Email address:
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| Revenue |
| Net Production in the last 12 months |  |
| Collection in the last 12 months  |  |
| Accounts Receivable |

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| --- | --- | --- | --- | --- |
|  | Current | 30 -60 Days overdue | 61 -90 Days overdue | 91-120 Days overdue |
| Insurance Aging  |  |  |  |  |
| Patient Aging  |  |  |  |  |
| Total Aging  |  |  |  |  |

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| Expenses  |
| Leases – Total monthly payments |  |
| Loans – Total monthly payments |  |
| Credit Cards ( business only) – Total monthly charges |  |
| Dental Supplies – Average Monthly Expense |  |
| Payroll Taxes & Benefits – Monthly Expense |  |
| Payroll – Average Monthly Expense |  |
| Miscellaneous – Expenses |  |