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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 | |

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

|  |  |
| --- | --- |
| 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 |  |