

SAMPLE DISCLOSURE STATEMENT

Estimating Factor	Value
Sq. Ft	
Rent /Sq. Ft.	
CAM/sq. ft.	
Utilities/Mo	
Weekly Revenue per Patient	
COGS % (cost of meds and supplies)	
Nurses on Staff at a Time	
Nurse Hourly Rate	
Receptionist	
Receptionist Hourly Rate	
Drivers	
Driver Hourly Rate	
Medical Director	
Medical Director Hourly Rate	
Liability Insurance Annual Premium	
Tenant Improvements, Fixtures, Furniture & Equipment (FF&E)	
Term of FF&E Financing (years)	
Financing Rate for FF&E	
Employment Taxes %	
Benefits %*	
Hours of operation per day	
Days per Week of Operation	
% of Patients Making Daily Visits	
Average Length of Visit (minutes)	
Seating Capacity	
# of dosing windows	

Expense	Amount
Weekly Payroll	
Weekly Rent	
Weekly Utilities + Insurance	
Weekly Fixtures, Furniture & Equipment Payment	
Total Weekly Expenses	
Break-Even Patients Per Week	
Patients Per Week for 20% Margin	
Weekly Profit @ 20% Margin	
Annual Profit @ 20% Margin	

Traffic Calculations	
Calculation - Break Even	Amount
# of Visits Per day - Break Even	
# of Visits Per Hour - Break Even	
# of Patients at a time - Break Even	
Calculation - 20% Margin	
#of Visits Per day - 20% Margin	
# of Visits Per Hour - 20% Margin	
# of Patients at a time - 20% Margin	