



_____, 20__

**MEDICAL PRACTICE FINANCIAL PLANNING
DATA QUESTIONNAIRE
FOR**

BUSINESS INFORMATION

Full Legal Name Of Practice _____

Address _____

Phone Number _____

Fax Number _____

Principal Business Activities _____

Employer Identification Number _____

Form Of Business Entity

_____ Sole Proprietorship

_____ Non-Profit Organization

_____ General Partnership

_____ Professional Corporation

_____ Limited Partnership

_____ Limited Liability Company

_____ C Corporation

_____ Other

_____ Subchapter S Corporation

Accounting Basis: Cash _____ Accrual _____

Date Business Began _____

Date Of Incorporation _____

State Of Incorporation _____

Fiscal Year Ends _____

Related Corporations Or Entities (Names, Nature Of Enterprises, Relationship Of Enterprises).

Capitalization

	<u>Number of</u> <u>Common Shares</u>	<u>Voting</u>	<u>Number Of</u> <u>Preferred Shares</u>	<u>Voting</u>	<u>Other</u>	<u>Voting</u>
Outstanding	_____	Y N _____	_____	Y N _____	_____	_____
Authorized	_____	_____	_____	_____	_____	_____
Dividend Rate	_____	_____	_____	_____	_____	_____

DISTRIBUTION OF OWNERSHIP

<u>Name Of Owner</u>	<u>Birthdate</u>	<u>Date Employed</u>	<u>Employment Agreement</u>	<u>Position</u>	<u>Salary</u>	<u>Bonus</u>	<u>Currently Active</u>
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N
_____	_____	_____	Y N	_____	\$ _____	\$ _____	Y N

<u>Name of Owner</u>	<u>Common</u>			<u>Preferred</u>			<u>Other</u>		
	<u>Number Of Shares</u>	<u>Purchase Date</u>	<u>Cost</u>	<u>Number Of Shares</u>	<u>Purchase Date</u>	<u>Cost</u>	<u>Number Of Shares</u>	<u>Purchase Date</u>	<u>Cost</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

OTHER KEY EMPLOYEES

<u>Name</u>	<u>Birthdate</u>	<u>Date Employed</u>	<u>Employment Agreement</u>	<u>Position</u>	<u>Salary</u>	<u>Bonus</u>
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	_____	_____	_____
_____	_____	_____	Y N	Personnel Mgr.	_____	_____
_____	_____	_____	Y N	Controller	_____	_____

LOANS

(Complete One Page For Each Loan, Do Not Include Credit Cards)

Asset Description (If Applicable) _____

Borrower(s) (Is Loan Personally Guaranteed By
Anyone? If So, Who?) _____

Type of Loan (Plant & Equipment, Lines Of
Credit, Etc.) _____

Balance Outstanding \$ _____

Last Annual Reset Balance Date
(Variable Rate Only) _____

Original Amount Borrowed \$ _____

Minimum Payment \$ _____

Actual Payment \$ _____

Frequency Of Payment _____

Date Of 1st Payment _____

Issue Date _____

Maturity Date _____

Current Interest Rate _____

Institution (Bank, S&L, Etc.) _____

Address _____

Phone _____

Loan Account No. _____

Comments _____

LOANS

(Complete One Page For Each Loan, Do Not Include Credit Cards)

Asset Description (If Applicable) _____

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Anyone? If So, Who?) _____

Type of Loan (Plant & Equipment, Lines Of
Credit, Etc.) _____

Balance Outstanding \$ _____

Last Annual Reset Balance Date
(Variable Rate Mortgages Only) _____

Original Amount Borrowed \$ _____

Minimum Payment \$ _____

Actual Payment \$ _____

Frequency Of Payment _____

Date Of 1st Payment _____

Issue Date _____

Maturity Date _____

Current Interest Rate _____

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Borrower(s) (Is Loan Personally Guaranteed By
Anyone? If So, Who?) _____

Type of Loan (Plant & Equipment, Lines Of
Credit, Etc.) _____

Balance Outstanding \$ _____

Last Annual Reset Balance Date
(Variable Rate Mortgages Only) _____

Original Amount Borrowed \$ _____

Minimum Payment (If Mortgage, Exclude Taxes
And Insurance) \$ _____

Actual Payment \$ _____

Frequency Of Payment _____

Date Of 1st Payment _____

Issue Date _____

Maturity Date _____

Type of Mortgage _____

Current Interest Rate _____

Institution (Bank, S&L, Etc.) _____

Address _____

Phone _____

Loan Account No. _____

Comments _____

LOANS

(Complete One Page For Each Loan, Do Not Include Credit Cards)

Asset Description (If Applicable) _____

Borrower(S) (Is Loan Personally Guaranteed By
Anyone? If So, Who?) _____

Type Of Loan (Plant & Equipment, Lines Of
Credit, Etc.) _____

Balance Outstanding \$ _____

Last Annual Reset Balance Date
(Variable Rate Mortgages Only) _____

Original Amount Borrowed \$ _____

Minimum Payment (If Mortgage, Exclude Taxes
And Insurance) \$ _____

Actual Payment \$ _____

Frequency Of Payment _____

Date Of 1st Payment _____

Issue Date _____

Maturity Date _____

Type of Mortgage _____

Current Interest Rate _____

Institution (Bank, S&L, Etc.) _____

Address _____

Phone _____

Loan Account No. _____

Comments _____

FUTURE BUSINESS PLANS

Where Is The Medical Practice Going? _____

Will There Be Any Material Capital Requirements In The Next Few Years? _____

What Are The Most Important Factors In Making Your Medical Practice Successful? _____

How Many Additional Employees, If Any, Do You Anticipate Adding And In What Areas Of The Practice?

What Has Been The Practice's Policy Concerning Salary Increases, Bonuses And Employee Fringe Benefits?

What Has Been Your Rate Of Employee Turnover? _____

BUSINESS CONTINUATION

Do You Want Your Practice Interest Retained Or Sold If You:

<u>Owner</u>	<u>Insurable</u>	<u>Retire?</u>	<u>Become Disabled?</u>	<u>Die?</u>	<u>Other?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If The Business Practice Is Retained, Who Will End Up With Each Owner's Interest And How Will They Acquire It? Also, Who Will Replace You In Your Job?

<u>Owner</u>	<u>New Owner Of Interest</u>	<u>Method Of Acquisition</u>	<u>Replacement</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If Sold, List The Purchaser, Purchase Price And Funding Arrangement.

<u>Owner</u>	<u>Purchaser</u>	<u>Price</u>	<u>Funding Arrangement</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYEE BENEFITS

Department Head: _____

Phone: _____

Does Your Company Provide Any Of The Following?

<u>Benefit</u>	<u>Employees Covered</u>	<u>Details</u>
Group Term Insurance	_____	_____
Split Dollar Insurance	_____	_____
Accident Insurance	_____	_____
Medical Insurance	_____	_____
Medical Reimbursement	_____	_____
Dental Care	_____	_____
Vision Care	_____	_____
Sick Pay Plan	_____	_____
Long-Term Disability Insurance	_____	_____
Company Car Or Van	_____	_____
Club Memberships	_____	_____
Educational Reimbursement Plan	_____	_____
Group Legal Service Plan	_____	_____
Financial Planning Services	_____	_____
Child Or Dependent Care Assistance	_____	_____
Other:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have You Established A Cafeteria Benefits Plan? _____

RETIREMENT PLANS

<u>Benefit</u>	<u>Employees Covered</u>	<u>Details</u>
Pension Plan	_____	_____
Profit-Sharing Plan	_____	_____
SEP	_____	_____
SAPSEP	_____	_____
401(k) Plan	_____	_____
401(a) Savings Plan	_____	_____
Employee Stock Ownership Plan (ESOP)	_____	_____
Non-Qualified Deferred Compensation Plan	_____	_____
Incentive Stock Options	_____	_____
Non-Qualified Stock Options	_____	_____
Stock Appreciation Rights	_____	_____
Performance Units	_____	_____
Employee Stock Purchase Plan	_____	_____
Stock Bonus Plan	_____	_____
Restricted Stock Plan	_____	_____
Phantom Stock Plan	_____	_____
Formula Price Shares	_____	_____
Salary Continuation After Death	_____	_____

ADVISOR QUESTIONNAIRE

	<u>Name</u>	<u>Firm & Address</u>	<u>Phone/Fax Number</u>
ACCOUNTANT	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
		_____	_____
		_____	_____
RETIREMENT PLAN ADMINISTRATOR/ACTUARY (If You Own A Business)	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
		_____	_____
ATTORNEY	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
		_____	_____
BANKER - (Loans)	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
		_____	_____
INSURANCE AGENT - (Life & Disability)	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
		_____	_____
INSURANCE AGENT - (Property & Casualty)	_____	_____	_____
	_____	_____	_____
		_____	_____
		_____	_____
		_____	_____

EMPLOYEE BENEFITS -

OTHER

OTHER

CHECKLIST OF DATA/DOCUMENTS

(Please Supply)

Tax And Financial Information (3 Years)

- _____ Tax Returns For All Affiliates
- _____ Financial Statements
- _____ Copy Of Your Latest Business Plan
- _____ Loan Agreements
- _____ Lease Agreements
- _____ Corporate Minutes And Communications
- _____ Investment Confirmations For All Corporate Investments
- _____ Business Valuation

Retirement And Compensation Plan Documents

- _____ Qualified Plan Documents
- _____ Non-Qualified Deferred Compensation Agreements
- _____ Employment Agreements
- _____ 5500 Federal Tax Forms (3 Years)
- _____ Personal Services Contracts
- _____ Investment Confirmations For Qualified And Non-Qualified Plans
- _____ Investment Policy Statement

Employee Benefits

- _____ Medical Plan Information
- _____ Disability Plan Information
- _____ Life Insurance Plan Information
- _____ Split Dollar Insurance Policies
- _____ Latest Billing Statements For All Employee Benefits
- _____ Copies Of All Employee Benefit Books And Brochures

Ownership Transfer Information and Insurance Policies

- _____ Listing Of All Owners And The Percentage Of Ownership
- _____ Copies Of All Buy-Sell Agreements
- _____ Information On Funding Arrangements And All Insurance Policies
- _____ Disability Overhead Insurance Policies
- _____ Key Person Life Insurance Policies
- _____ Property And Casualty Insurance Policies

Insurance

- _____ Contingent Liability Insurance
- _____ Business Interruption Insurance
- _____ Commercial General Liability Insurance
- _____ Commercial Property Insurance
- _____ Directors And Officers Insurance
- _____ Employment Practices Insurance
- _____ Fidelity Bond Insurance
- _____ Non-Owned Automobile Insurance
- _____ Product Liability Insurance
- _____ Professional Liability Insurance
- _____ Umbrella Insurance
- _____ Workers Compensation And Employers Liability Insurance

Other

- _____ Disaster Plan
- _____ Employee Handbook