



Acquisition Initial Questionnaire

Physicians Endoscopy
 1456 Ferry Road – Suite 305 – Doylestown, PA 18901
 Tel. (215) 589-9000 – Fax (215) 589-9030

Center Information			
Center Name		Contact Date	
Address		Source	
		Conf Call Date	
Website		Meeting Date	

Designated Contacts for this Project			
Physician		Other Contact	
Title		Title	
Phone		Phone	
Email		Email	

Center Specs			
Year Opened		Annual Volumes	
# Rooms		Rooms Utilized	
Management		% Utilization	
Billing			

Physician Information			
# Physicians		Group/Coalition	
Retiring Docs?		Ownership Structure	

Physician Names/Ages	

Payer Mix	Percentage (%)	In-Network %
Medicare		
Payer 1:		
Payer 2:		
Payer 3:		
Payer 4:		

Reason(s) for Equity Sale
<input type="checkbox"/> Our center is underperforming and we need a true business partner to help us grow and manage our center more professionally.
<input type="checkbox"/> A few physicians will be exiting the center soon and we need a business partner to help us recruit more doctors. A business partner can help us fund the buyout and bring added professional business guidance.
<input type="checkbox"/> Our center is currently performing well and we are considering a liquidity event. We want to understand the financial impact of a minority equity acquisition.
<input type="checkbox"/> Other. Please specify.