



Thomas & Fees

OVERHEAD ANALYSIS TEMPLATE ORTHODONTICS PRACTICE

Appendix C

OFFICE OF: _____

MONTH OF: _____

STATEMENT OF INCOME	PERCENTAGE		AMOUNT	
	<u>Optimum</u>	<u>Actual</u>	<u>Current Month</u>	<u>Year to Date</u>
Collections	100%	_____	_____	_____
Expenses		_____		
Salaries - Staff	17% - 22%	_____	_____	_____
Payroll Taxes	2%	_____	_____	_____
Lab	1% - 3%	_____	_____	_____
Professional Supplies	6% - 9%	_____	_____	_____
Rent & Utilities	5%	_____	_____	_____
Office Supplies & Computer	3%	_____	_____	_____
Legal, Accounting & Collection	1%	_____	_____	_____
Telephone	1%	_____	_____	_____
Insurance	2%	_____	_____	_____
Group Ins. & Employee Benefits	2%	_____	_____	_____
Advertising	1%	_____	_____	_____
Other Business Expenses	4%	_____	_____	_____
Maintenance		_____	_____	_____
Promotion		_____	_____	_____
Education & Seminars		_____	_____	_____
Dues & Subscriptions		_____	_____	_____
Equipment Rental		_____	_____	_____
Licenses & Permits		_____	_____	_____
TOTAL EXPENSE	50%	_____	_____	_____
NET CASH INCOME	50%	_____ %	\$ _____	\$ _____