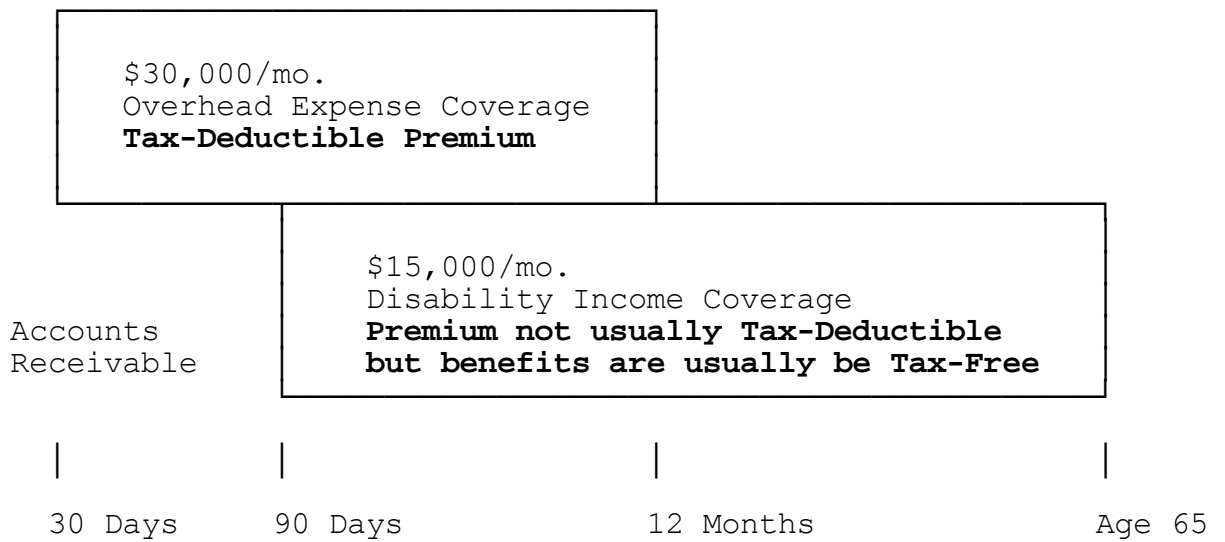


**FOR DOCTOR SMITH**

Possible Disability Income Program



Typical Overhead Expenses

Rent/Lease Mort.	_____	Medical Ins.	_____
Utilities	_____	Malpractice Ins.	_____
Salaries	_____	Accounting/Legal	_____
Installment Pmts.	_____	Postage	_____
Business Ins.	_____	Dues & Subs	_____
Phone/Ans. Serv.	_____	Other	_____