



## New Practice Checklist

	To Do	Done
1. Evaluate possible location of practice Contact: - Census data - Chamber of Commerce - Medical societies - Hospital administrators	_____ _____ _____ _____	_____ _____ _____ _____
2. Register with State Licensing board for medical license (DEA status?)	_____	_____
3. Evaluate needs for capital for start-up costs; - prepare budget - pull estimated income - estimate expenses - personnel needs - equipment and space needs	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
4. Arrange practice financing	_____	_____
5. Choose advisors (lawyer, accountant, insurance, banking)	_____	_____
6. Check possible locations for leasing/ buying office space	_____	_____
7. Evaluation of office and equipment leasing/ buying arrangement with attorney/accountant	_____	_____
8. Reserve phone numbers (office, private, cell phones, beepers, etc.) and advertising in local telephone directory	_____	_____
9. Develop office layout and design	_____	_____
10. Re-evaluate medical and office equipment needed	_____	_____
11. Order office equipment and layout and design	_____	_____
12. Apply for malpractice insurance, disability insurance, premise coverage, etc.	_____	_____
13. Apply for narcotics license	_____	_____
14. Apply for membership hospital staffs and medical societies	_____	_____
15. Apply for tax identification number; talk to attorney about choice of entity	_____	_____
16. Apply for county and city occupational licenses	_____	_____
17. Apply for Blues (Blue Shield, etc.) and Medicare numbers, complete universal Application and credentialing and send to all "other" payors	_____	_____

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|---|-------|-------|
| 18. Arrange for office and personal insurance   | _____ | _____ |
| 19. Arrange for answering service   | _____ | _____ |
| 20. Order filing system   | _____ | _____ |
| 21. Order accounting systems  |       |       |
| - accounts payable system   | _____ | _____ |
| - computer (billing) system   | _____ | _____ |
| - payroll system  | _____ | _____ |
| 22. Order insurance forms (HCFA 1500) and clearinghouse for electronic remittance           | _____ | _____ |
| 23. Open practice checking and savings accounts   | _____ | _____ |
| 24. Order office signs  | _____ | _____ |
| 25. Order announcements for new office, business card, office stationery and business forms | _____ | _____ |
| 26. Contact referring physicians, local agencies or community groups re: new location       | _____ | _____ |
| 27. Develop office policy manual  | _____ | _____ |
| 28. Develop preliminary office job descriptions   | _____ | _____ |
| 29. Develop office fee schedule   | _____ | _____ |
| 30. Recruit and hire office personnel   | _____ | _____ |
| 31. Arrange newspaper announcement of office opening  | _____ | _____ |
| 32. Write patient information booklet   | _____ | _____ |

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