

Notification Checklist for Practice Merger

	Whom	Do By	Done?
Post Office:	_____	_ / _ / _____	_____
Periodicals (forwarding address or cancel)	_____	_ / _ / _____	_____
Local Newspapers	_____	_ / _ / _____	_____
Hospitals:	_____	_ / _ / _____	_____
Surgery Centers:	_____	_ / _ / _____	_____
Utilities (as applicable):			
Gas Company	_____	_ / _ / _____	_____
Electric Company	_____	_ / _ / _____	_____
Water Company	_____	_ / _ / _____	_____
Sewer Company	_____	_ / _ / _____	_____
Telephone:			
Lines	_____	_ / _ / _____	_____
Yellow Pages	_____	_ / _ / _____	_____
White Pages	_____	_ / _ / _____	_____
Long Distance	_____	_ / _ / _____	_____
Answering Service:	_____	_ / _ / _____	_____
Equipment and Supplies:			
Suppliers (Medical)	_____	_ / _ / _____	_____
Suppliers (Business)	_____	_ / _ / _____	_____
Vendors	_____	_ / _ / _____	_____
Board of Medical Quality Assurance:			
County Health Department	_____	_ / _ / _____	_____
City Business License	_____	_ / _ / _____	_____

	Whom	Do By	Done?
Advisors:			
CPA	_____	<u> / / </u>	_____
Attorney	_____	<u> / / </u>	_____
Insurance Broker	_____	<u> / / </u>	_____
Pension Administrator	_____	<u> / / </u>	_____
Pension Trustee	_____	<u> / / </u>	_____
Current Insurance Carriers:			
Office:			
Corporate Malpractice	_____	<u> / / </u>	_____
Premises Coverage	_____	<u> / / </u>	_____
Business Overhead	_____	<u> / / </u>	_____
Fire, Theft, Flood	_____	<u> / / </u>	_____
Office Premises	_____	<u> / / </u>	_____
Accounts Receivable	_____	<u> / / </u>	_____
Valuable Papers and Records	_____	<u> / / </u>	_____
Equipment	_____	<u> / / </u>	_____
General Liability Umbrella	_____	<u> / / </u>	_____
Employees:			
Bonding	_____	<u> / / </u>	_____
Workers' Compensation	_____	<u> / / </u>	_____
Medical	_____	<u> / / </u>	_____
Dental	_____	<u> / / </u>	_____
Benefits Administrator	_____	<u> / / </u>	_____
Each Physician:			
DEA	_____	<u> / / </u>	_____
Malpractice	_____	<u> / / </u>	_____
Personal Disability	_____	<u> / / </u>	_____
Life	_____	<u> / / </u>	_____
Medical Associations:			
Local	_____	<u> / / </u>	_____
County	_____	<u> / / </u>	_____
National	_____	<u> / / </u>	_____
Specialty	_____	<u> / / </u>	_____
Payors:			
Commercial Carriers	_____	<u> / / </u>	_____
Medicare	_____	<u> / / </u>	_____
Medicaid	_____	<u> / / </u>	_____
Contracts (HMO, PPO, IPA, Other)	_____	<u> / / </u>	_____

	Whom	Do By	Done?
Patients:			
Announcements	_____	____/____/____	_____
Date Printed	_____	____/____/____	_____
Date Sent	_____	____/____/____	_____
To Whom	_____	____/____/____	_____
All Patients	_____	____/____/____	_____
All Referral Sources	_____	____/____/____	_____
Hospital Administration	_____	____/____/____	_____
Allied Health Care Professionals	_____	____/____/____	_____
Friends	_____	____/____/____	_____

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