



## Practice Start-Up Checklist

	<u>BY WHEN</u>	<u>BY WHOM</u>	<u>DONE</u>
<b><u>I. FINANCIAL ISSUES</u></b>			
1. Select bank , determine financing needs, negotiate terms, secure mix of financing options (line, loan)	__ / __ / __	_____	___
2. Arrange malpractice insurance coverage and premium payment	__ / __ / __	_____	___
3. Develop and adopt operational and capital budgets	__ / __ / __	_____	___
4. Obtain payor participation	__ / __ / __	_____	___
5. Create practice fee schedules	__ / __ / __	_____	___
<b><u>II. LEGAL/PRACTICE ASPECTS</u></b>			
1. Execute Hospital Agreement	__ / __ / __	_____	___
2. Negotiate office lease/assignment	__ / __ / __	_____	___
3. Consider implementing a Compliance Plan	__ / __ / __	_____	___
4. Execute physician Employment Agreements.	__ / __ / __	_____	___
5. Adopt fringe benefit plan arrangements.	__ / __ / __	_____	___
6. Adopt retirement plan agreements	__ / __ / __	_____	___
7. Execute Billing Service Agreement	__ / __ / __	_____	___
<b><u>III. ADMINISTRATIVE MATTERS</u></b>			
1. Determine staffing needs	__ / __ / __	_____	___
2. Secure new assignment accounts/provider numbers	__ / __ / __	_____	___
3. Complete payor credentialing	__ / __ / __	_____	___
4. Determine administrative staffing needs and hire accordingly	__ / __ / __	_____	___
5. Select payroll service and execute payroll forms for all employees	__ / __ / __	_____	___
6. Develop office personnel manual	__ / __ / __	_____	___

- |  |                 |       |       |
|--|-----------------|-------|-------|
| 7. Develop letterhead/logo   | <u>  /  /  </u> | _____ | _____ |
| 8. Complete Notifications (See #V)   | <u>  /  /  </u> | _____ | _____ |
| 9. Centralize requisition, purchase orders, receipt confirmation and accounts payable routines | <u>  /  /  </u> | _____ | _____ |
| 10. Determine appropriate telephone listings   | <u>  /  /  </u> | _____ | _____ |
| 11. Decide upon charge ticket/forms/brochures  | <u>  /  /  </u> | _____ | _____ |
| 12. Develop billing and collection routines  | <u>  /  /  </u> | _____ | _____ |
| 13. Determine methods for data collection and coding   | <u>  /  /  </u> | _____ | _____ |
| 14. Develop plan to take promotional advantage of the new practice                             | <u>  /  /  </u> | _____ | _____ |

**IV. FRINGE BENEFITS**

- |                             |                 |       |       |
|-----------------------------|-----------------|-------|-------|
| 1. Adopt retirement plan(s) | <u>  /  /  </u> | _____ | _____ |
| 2. Life insurance           | <u>  /  /  </u> | _____ | _____ |
| 3. Disability insurance     | <u>  /  /  </u> | _____ | _____ |
| 4. Health insurance         | <u>  /  /  </u> | _____ | _____ |
| 5. MERP                     | <u>  /  /  </u> | _____ | _____ |
| 6. Cafeteria plan           | <u>  /  /  </u> | _____ | _____ |

**V. NOTIFICATIONS**

- |                           |                 |       |       |
|---------------------------|-----------------|-------|-------|
| 1. Post Office            | <u>  /  /  </u> | _____ | _____ |
| 2. Hospitals              | <u>  /  /  </u> | _____ | _____ |
| 3. Utilities:             |                 |       |       |
| Gas Company               | <u>  /  /  </u> | _____ | _____ |
| Electric Company          | <u>  /  /  </u> | _____ | _____ |
| 4. Telephone              |                 |       |       |
| Lines                     | <u>  /  /  </u> | _____ | _____ |
| Yellow Pages              | <u>  /  /  </u> | _____ | _____ |
| White Pages               | <u>  /  /  </u> | _____ | _____ |
| Long Distance             | <u>  /  /  </u> | _____ | _____ |
| 5. Answering Service      | <u>  /  /  </u> | _____ | _____ |
| 6. Equipment and Supplies |                 |       |       |
| Suppliers (Medical)       | <u>  /  /  </u> | _____ | _____ |

Suppliers (Business)	<u>  /  /  </u>	_____	_____
Creditors	<u>  /  /  </u>	_____	_____
7. Board of Medicine			
State Board of (Osteopathic/Allopathic) Medicine	<u>  /  /  </u>	_____	_____
County Health Department	<u>  /  /  </u>	_____	_____
City Business License	<u>  /  /  </u>	_____	_____
8. Business Insurance Carriers			
Business overhead	<u>  /  /  </u>	_____	_____
Fire, theft, flood	<u>  /  /  </u>	_____	_____
Office premises	<u>  /  /  </u>	_____	_____
Accounts receivable	<u>  /  /  </u>	_____	_____
Employment practices	<u>  /  /  </u>	_____	_____
Fraud and abuse coverage	<u>  /  /  </u>	_____	_____
Valuable papers and records	<u>  /  /  </u>	_____	_____
Equipment/Computer	<u>  /  /  </u>	_____	_____
9. Each Physician			
DEA	<u>  /  /  </u>	_____	_____
State license (affiliation)	<u>  /  /  </u>	_____	_____
Malpractice	<u>  /  /  </u>	_____	_____
Health insurance	<u>  /  /  </u>	_____	_____
Personal disability	<u>  /  /  </u>	_____	_____
Life	<u>  /  /  </u>	_____	_____
10. Medical Associations			
Local	<u>  /  /  </u>	_____	_____
County	<u>  /  /  </u>	_____	_____
National	<u>  /  /  </u>	_____	_____
Specialty	<u>  /  /  </u>	_____	_____
11. Patients/Surgeons			
Announcements	<u>  /  /  </u>	_____	_____
Date Printed	<u>  /  /  </u>	_____	_____

Date Sent	<u>  /  /  </u>	_____	_____
To whom	<u>  /  /  </u>	_____	_____
All patients	<u>  /  /  </u>	_____	_____
All referral sources	<u>  /  /  </u>	_____	_____
Hospital administration	<u>  /  /  </u>	_____	_____
Allied health care professionals	<u>  /  /  </u>	_____	_____
Friends	<u>  /  /  </u>	_____	_____



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