



Practice Start-Up Checklist

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

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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>	_____	_____

	<u>BY WHEN</u>	<u>BY WHOM</u>	<u>DONE</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>	_____	_____

	<u>BY WHEN</u>	<u>BY WHOM</u>	<u>DONE</u>
10. Medical Associations			
Local	__ / __ / __	_____	_____
County	__ / __ / __	_____	_____
National	__ / __ / __	_____	_____
Specialty	__ / __ / __	_____	_____
11. Patients/Surgeons			
Announcements	__ / __ / __	_____	_____
Date Printed	__ / __ / __	_____	_____
Date Sent	__ / __ / __	_____	_____
To whom	__ / __ / __	_____	_____
All patients	__ / __ / __	_____	_____
All referral sources	__ / __ / __	_____	_____
Hospital administration	__ / __ / __	_____	_____
Allied health care professionals	__ / __ / __	_____	_____
Friends	__ / __ / __	_____	_____

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