Medical practice startup checklist

CHECKLIST

Every task to open a US medical practice, grouped by what it depends on and when to start it.

Start the long-lead items first. Licensing, payer enrollment, and malpractice cover are the only tasks that can hold your opening date. Everything in sections 2 to 6 can be resequenced around them.

Order matters more than speed. A signed lease means nothing if you cannot bill an insurer for the patients walking through it.

1 LICENSING, CREDENTIALING, AND COVER

Start 9–12 months out

- [ ] State medical license active in the state where you will practice
- [ ] DEA registration filed on **Form 224** if you will prescribe controlled substances
- [ ] MATE Act training attestation completed on the DEA form
- [ ] State controlled-substance registration, where your state issues one separately
- [ ] Individual NPI (**Type 1**) confirmed in NPPES
- [ ] Organizational NPI (**Type 2**) issued for the practice entity
- [ ] CAQH ProView profile complete, attested, and released to your payers
- [ ] Medicare: **CMS-855I** for you, **CMS-855B** for the entity, **CMS-855R** to reassign benefits, filed in PECOS
- [ ] State Medicaid enrollment submitted
- [ ] Commercial payer applications submitted, with the date logged for each
- [ ] Malpractice policy bound; claims-made versus occurrence decided and the tail priced
- [ ] Hospital privileges applied for, if your care model needs them

2 ENTITY, FUNDING, AND BOOKS

Start 6–9 months out

- [ ] Entity formed in the structure your state allows for physicians (PC, PLLC, or LLC)
- [ ] Corporate practice of medicine rules checked for your state
- [ ] EIN issued by the IRS
- [ ] Business bank account open and separate from personal accounts
- [ ] Accounting software set up with a chart of accounts you understand
- [ ] Startup budget written, plus 6–12 months of working capital identified
- [ ] Funding secured: practice loan, SBA loan, or a line of credit
- [ ] Fee schedule set and checked against your contracted rates
- [ ] Billing route decided: in-house, outsourced, or a biller plus clearinghouse
- [ ] Collections and financial hardship policies written before you see patients

3 SPACE, SAFETY, AND IN-OFFICE TESTING

Start 4–8 months out

- [ ] Location chosen on demographics and payer mix, not rent alone
- [ ] Letter of intent submitted, then the lease signed
- [ ] Tenant improvement allowance negotiated and written into the lease
- [ ] Zoning and certificate of occupancy confirmed for medical use
- [ ] ADA access reviewed: parking, entrance, restrooms, and exam rooms
- [ ] Build-out scheduled and equipment ordered against written lead times
- [ ] Medical waste contract signed
- [ ] OSHA exposure control plan written (**29 CFR 1910.1030**) and sharps handling in place
- [ ] CLIA certificate applied for on **Form CMS-116** if you test in-office
- [ ] Certificate of Waiver confirmed to cover only the waived tests you actually run

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Systems, staffing, patient acquisition, and the first 90 days after opening.

4 SYSTEMS AND RECORDS

Start 3–5 months out

- [ ] Practice management software and EHR chosen, with day-one data loaded
- [ ] Online booking, reminders, and digital intake forms live and tested end to end
- [ ] Charting templates built for the visits you will actually run
- [ ] Payment processing and card terminals set up and reconciled to the books
- [ ] Phone, secure messaging, and a fax replacement in place
- [ ] HIPAA security risk analysis completed and written down
- [ ] Business associate agreements signed with every vendor that touches patient data
- [ ] Privacy officer and security officer named in writing
- [ ] Notice of Privacy Practices written, posted, and given to patients
- [ ] Backups and access controls tested rather than assumed

5 PEOPLE

Start 2–4 months out

- [ ] Org chart and job descriptions for the roles you open with
- [ ] Offers made, with start dates staggered so training finishes before opening day
- [ ] Payroll, workers' compensation, and benefits set up
- [ ] Employee handbook issued and signed for
- [ ] HIPAA and OSHA training scheduled, with attendance recorded and dated
- [ ] Background checks and license verification done for clinical staff
- [ ] Every employee and contractor screened against the OIG exclusion list (LEIE)
- [ ] Someone named as the owner of each opening-week workflow

6 GETTING PATIENTS THROUGH THE DOOR

Start 1–3 months out

- [ ] Website live with your services, location, and the insurance you accept
- [ ] Google Business Profile claimed, verified, and matching your website details
- [ ] Listed in the provider directory of every payer you contracted with
- [ ] Referral introductions made to the local providers most likely to send patients
- [ ] Booking open before opening day so week one is not empty
- [ ] Consent forms, financial policy, and no-show policy finalized
- [ ] New patient journey walked through once, start to finish, as a patient would see it
- [ ] Reviews process ready to ask your first patients for feedback

7 THE FIRST 90 DAYS

After opening

- [ ] No-show rate tracked weekly from week one
- [ ] New patients per month measured against the plan's forecast
- [ ] Days in accounts receivable and clean-claim rate reviewed monthly
- [ ] Every denial in month one read for a pattern you can fix
- [ ] Each payer contract checked to confirm it is paying the contracted rate
- [ ] Weekly staff check-in on what the workflow gets wrong
- [ ] Cash position compared with the working capital you budgeted
- [ ] Business plan revisited against actuals at day 90

Forms and standards named above: CMS-855I, CMS-855B, and CMS-855R (Medicare enrollment, filed in PECOS); CMS-116 (CLIA application, sent to your state agency); DEA Form 224 (controlled substance registration); 29 CFR 1910.1030 (OSHA bloodborne pathogens standard); OIG List of Excluded Individuals and Entities.

Requirements vary by state and by payer. This checklist is general guidance, not legal or tax advice. Have a healthcare attorney and an accountant review anything that affects your entity, your contracts, or your billing.