

New Physician On-boarding Checklist

CONFIDENTIAL INFORMATION

(Remember to password protect or encrypt document.)

1. Collect physician demographic data.

Last Name:	First Name:	Initial:
Street Address:		SSN#:
City:	State:	Zip:
Cell phone #:	Home #:	Business #:
Date of Birth:	City of Birth:	State of Birth:

2. Obtain contact information for new physician's medical school/residency programs.

Full Name:	Title
Work Phone:	Email:

3. Apply and receive state license, if applicable.

Done Y/N	6-8 Weeks Out	Fill in Data/Notes
	a. Register online.	<ul style="list-style-type: none"> Physicians must have a state license to practice. To ensure timely receipt, include this as a requirement in your hiring process as the application processing time varies by state. https://www.deadiversion.usdoj.gov/webforms/jsp/regapps/common/renewalAppLogin.jsp
	State Licence:	
	State License #:	
	State License Login:	
	State License Password:	
	b. Complete state medical license online application.	N/A
	c. Copy certificates and documents.	N/A
	d. Send out reference letters. (If mailed back to you, do not open.)	N/A

	e. Send out residency forms. <i>(If mailed back to you, do not open.)</i>	
	f. Mail a copy of the application with all copied documents and unopened reference letters to the state licensing board.	
4. Obtain an NPI for provider, if necessary.		
Done Y/N	6-8 Weeks Out	Fill in Data/Notes
	a. Connect a personal NPI to your organization.	*See #7 •https://nppes.cms.hhs.gov/NPPES/Welcome.do
	NPI Licence #:	
	NPI Login:	
	NPI Password:	
	b. Complete online application.	*See #8 if no PECOS.
5. Apply and receive DEA number(s).		
Done Y/N	6-8 Weeks Out	Fill in Data/Notes
	a. State DEA Number: <i>(If applicable)</i>	
	State DEA Licence #:	
	State DEA Login:	
	State DEA Password:	
	b. Federal DEA number <i>(Make address changes.)</i>	
	Federal DEA Licence #:	
	Federal DEA Login:	
	Federal Password:	
6. Run an OIG check and maintain documentation in personnel file. <i>(You will also need to know about any previous lawsuits, arrests, chemical dependencies, mental situations, etc.)</i>		
Done Y/N	6-8 Weeks Out	Fill in Data/Notes
	a. OIG.	
	b. Prior lawsuits. Yes ____ No ____	
	c. Prior arrests. Yes ____ No ____	
	d. Chemical dependencies. Yes ____ No ____	

	e. Mental health status findings. Yes ____ No ____	
	f. Other.	
5. Secure malpractice insurance coverage.		
Done Y/N	6-8 Weeks Out	Fill in Data/Notes
	a. Malpractice Insurance Coverage:	
	Company Name:	
	License #:	
	Login	
	Password:	
	b. Request face sheet for credentialing.	
	c. Make sure tail coverage is in place with previous or present insurer.	
7. Complete PECOS application. (CMS-855 forms can be completed online.)		
Done Y/N	6-8 Weeks Out	Fill in Data/Notes
	a. PECOS number:	
	License #:	
	Login:	
	Password:	
	b. Application may be processed within 60 days but it can take up to 100+.	(https://pecos.cms.hhs.gov/pecos/login.do)
	c. All information in 1.a-l will be needed to complete application. (May need to apply with Medicare DME provider, too.)	N/A
8. Complete credentialing applications for large insurance companies, local hospitals and ASC's. Also complete CAQH, if applicable.		
Done Y/N	6-8 Weeks Out	Fill in Data/Notes
	a. CAQH:	
	License #:	

	Login:	
	Password:	
	b. All information in 1.a-l will be needed.	N/A
	c. Hand-deliver or mail application to credentialing department.	N/A
	d. Large Insurance Companies:	
	– Medicare Advantage Plans	
	Login:	
	Password:	
	– BCBS	
	Login:	
	Password:	
	– Cigna	
	Login:	
	Password:	
	– United Healthcare	
	Login:	
	Password:	
	– Alliant	
	Login:	
	Password:	
	– Aetna	
	Login:	
	Password:	
	– Humana	
	Login:	
	Password:	
9. Order letterhead, business cards and other print materials.		
Done Y/N	6-8 Weeks Out	Fill in Data/Notes
	a. Letterhead	
	b. Business cards	
	c. Prescription Pads	
	d. Appointment cards	

10. Begin Marketing campaign. (Timing will depend on your geographic area.)

Done Y/N	6-8 Weeks Out	Notes/URL
	a. Host an introductory event for the community.	
	b. Send letters to physicians in the service area.	
	c. Develop and launch public ad campaign.	

11. Prepare physician's office or other private area for phone calls and paperwork.

Done Y/N	6-8 Weeks Out	Notes/URL
	a. Create a phone quick reference list.	
	b. Copy of policies, procedures and protocols.	
	c. Copy of ER call schedule.	
	d. Make necessary renovations.	

12. Make software changes to incorporate physician's name, NPI, DEA, etc.

Done Y/N	4 Weeks Out	Fill in Data/Notes
	a. EHR system	
	b. Practice management system	

13. Build patient schedules.

Done Y/N	4 Weeks Out	Fill in Data/Notes
	a. Gather information about scheduling preferences.	
	b. Begin training on EHR software.	
	c. Begin training a scribe.	

14 Onboard new physician.

Done Y/N	First Week of Employment	Fill in Data/Notes
	a. Appoint a colleague mentor.	
	b. Provide physician with organizational chart and staff positions.	



Practice Forms Library Disclaimer

Disclaimer and Limitation of Liability: These forms are samples shared from practice administrators for inclusion in the Practice Forms Library of the American Academy of Ophthalmic Executives® (AAOE®) and can be customized for your practice. They are provided by the Academy for informational purposes only. The Academy does not review, warrant, verify or guarantee the forms. The Academy does not provide legal or accounting services or advice. You should seek legal and/or accounting advice if appropriate to your situation. The Academy, its employees, agents and representatives are not liable to you or any other party to any extent whatsoever for errors in, or omissions from, or inclusions in the forms or for any information they contain. By using the forms, you accept this Disclaimer and Limitation of Liability.