

# How to Start A Private Practice Checklist

Considering opening up your own private practice? Prepare well in advance to set yourself up for success. While the process is time and resource intensive and will require a willingness to learn and get your hands dirty, you can make it easier by leveraging the expertise of your colleagues and vendors. Start by establishing the big picture and ensuring viability, and then take a step by step approach (some steps may take longer than you think, so plan accordingly).

Here's a broad overview list of your priority steps.

## Starting a Private Practice

### Checklist

- ✓ Put together a business pro forma
- ✓ Determine a location
- ✓ Secure financing and documentation
- ✓ Interview and hire staff
- ✓ Vet potential vendors and services
- ✓ Coordinate credentialing and logistics
- ✓ Get insurance plans and benefits in place

## **1. Business Pro Forma**

1. What is your business model? Insurance-based or other?
2. Who is your ideal patient population?
3. Analyze the competition to determine the need for your services: wait times, practice type, volume, reviews.
4. Financial analysis/budget. At minimum, determine start up costs, year 1 expenses, and expected revenue  
Major expenses: lease, equipment, payroll, software/technology, vendors  
What do you need to generate to break even?  
1 year, 3 year, and 5 year conservative projections for revenue

## **2. Location**

1. Determine location most accessible to the target patient population.  
Heavily research patient demographics, payor mix, local competition, proximity to referring providers and hospitals. A consultant can help you.
2. Certificate of Occupancy to use the space (need fire, safety, and city inspections)
3. Furnishings, signage, equipment, utilities, and/or potential rehab for space

## **3. Secure your financing and documentation**

1. Financing - line of credit and loan to cover at least 180 days of initial expenses.
2. Accounting - EIN/tax ID, business accountant, bank account, credit card
3. Entity structuring: Healthcare attorney, articles of organization/incorporation

## **4. Staffing**

1. Practice manager: most important/first hire, ideally with past practice management experience. Oversees strategy/execution and hiring.
2. Medical assistant, nurse, technician, front desk, etc. Stay lean as possible.
3. Employee management - Policies and procedures manual, HIPAA, OSHA, Stark, CLIA, Universal Protocols, Disaster response, Harassment training

## **5. Vet potential vendors/services as applicable or keep it in-house..**

1. Payroll services
2. Billing/Coding/Compliance (explore how much you should be paying an external billing company)
3. Information Technology (data backup and storage, phone lines, internet)
4. Website/social media/SEO/marketing
5. Electronic Health Record
6. Practice management software
7. Cleaning/groundskeeping
8. Credit card processing

## 6. Credentialing/Contracting/Logistics

1. Get your state medical license - this typically takes longer than you think
2. Group NPI/DEA/Medicare provider numbers
3. Get credentialed at your local hospitals
4. Apply for insurance and Medicare/Medicaid coverage

It is likely if you are on your own you'll have little ability to negotiate private insurer contracts

5. HIPAA and MACRA compliance

## 7. Insurance/Benefits

1. [Malpractice](#), Health, [Disability](#), [Life](#), Business/Corporate/Workers Comp, and Umbrella Insurances
2. Other employee benefits such as retirement plans; ensure legal compliance

## Initial Logistics

- ✓ You need a legal name, so that you can do all the other things. Although you can name your business whatever you want, people often include their specialty, region, and/or name. Make sure there is not another company with the same or overly similar name in your state.
- ✓ Once the name is ready, purchase a domain name so that it doesn't get taken. Even if you plan on having someone else build the website, owning your own domain is a good idea. You can also get an email address up and running related to the domain, or use a generic email account.
- ✓ You'll need an address. If you've found your practice location, that's great. Otherwise use a UPS box or other address (note, USPS PO boxes will not work for credentialing or bank accounts).
- ✓ Set up your LLC. For something as big as a practice, you may want to get [legal consultation](#) to make sure you do it right, especially if there is more than one owner. Don't forget when you set up your business entity to do your [Beneficial Ownership Information \(BOI\) report filing](#).
- ✓ Get a TaxID/EIN number (the IRS provides [EIN guidance](#)).
- ✓ Get a phone number. You can get a Google Voice number, which is free, but also has the ability to add a HIPAA compliant option for texts through Google workspace.
- ✓ Get a fax number. You can use Doximity for free or use a paid e-fax provider if you anticipate more volume.
- ✓ Set up a Group NPI number (different than your individual NPI). You can do this with the National Plan & Provider Enumeration System.
- ✓ Set up a bank account.

# Credentialing

Credentialing is the process of getting on insurance panels so that you can accept payments from patients who have that insurance. This process can take a while to be finalized (usually 90-120 days, but expect up to six months), so initiate the process well before you start seeing patients. Each application is time consuming, involving submitting the application, as well as often times ensuring they've received the application and following up on the status of the application. Many say they have to resubmit applications, submit further information or contest decisions, and spend a lot of time on the phone. Sometimes, insurance companies will state that they are full and not accepting physicians of your specialty in your location, and you will have to monitor carefully for openings to come up.

If you need help with credentialing, you can use a company such as our partner, Cosentus. Use our affiliate link for a free professional billing and coding review as well as 5% off services with the code PSG5OFF.

## Decide which insurance companies you want to be credentialed with

This will be based on who the major insurance carriers are in the region. You don't have to get credentialed with every single insurance company off the bat, but will want to at least get the major carriers on board so that you can see the largest number of patients from the start. An easy way to figure out who the biggest insurers are in the region is to see what insurances the other practices in the area accept.

As reimbursements have not only failed to keep up with inflation but decreased, many of our private practice physicians have had to consider whether they can afford to see Medicare patients. This can raise questions and dilemmas for doctors, which we cover separately in our article on what to know and consider before opting out of Medicare.

## CAQH (Council for Affordable Quality Healthcare)

CAQH (Council for Affordable Quality Healthcare) is a database that serves as a repository of credentialing information used by insurance companies and others that need credentialing information. These companies pay for access, but you do not. Importantly, this will not preclude you from having to do an application, just from having to submit individual documents. Not all payers use it, but the majority of the big ones do.

Insurance companies require a lot of documentation, and much of it is repetitive from one company to the next and needs to be kept updated. Examples include:

- √ CV
- √ W-9
- √ Board certification
- √ Diplomas
- √ Proof of malpractice
- √ State licenses
- √ DEA and CDS (Controlled Dangerous Substances) or equivalent certificates
- √ Proof of hospital privileges.
- √ References (typically three)

Your CV has to be in the correct format, with month/year, or it will be rejected, and there can not be gaps in employment history so make sure all dates are accounted for. If you keep the documents uploaded in CAQH and update them regularly, the insurance companies that do participate in CAQH can directly access those documents, saving you a lot of time and energy. Note that you will regularly have to attest that the information is accurate and up to date.

You will also need information about your practice entity, including:

- ✓ Legal documentation/articles of organization
- ✓ Address
- ✓ Tax ID number
- ✓ Group NPI
- ✓ Your NPI
- ✓ Office hours
- ✓ Phone and fax numbers.

If applicable, you'll also need billing company information and contacts for billing and credentialing.

## Submitting Your CAQH Profile

You can set up your CAQH profile at <https://proview.caqh.org/pr/registration/selfregistration>. If you are currently employed, your employer likely already has a CAQH on you, and you'll have to request your CAQH ID#, login, and password from your human resources department. While there is a paper version, it is long and cumbersome, and has to be manually inputted by someone, increasing the chances for delays or paperwork getting lost.

Grant access to the payers by signing and dating the provided attestation form, and uploading the document.

Regularly check your profile every 60-90 days to make sure everything is up to date.

## Credential With Each Insurance Company

Expect at least 10 hours per company including getting the application (in a lot of cases, you will need to print the application and complete by hand), organizing the information/documentation, and submitting the application, as well as following up with the company by phone. It is generally recommended to call the insurance company after you submit documentation to ensure they got it and that there are no issues to avoid the application being in limbo and potentially expiring, thus starting the timeline again. Many people also say to call the insurance company every 2 weeks thereafter to check in on the status. You should ask to speak to provider relations and establish a contact person at the company who you can speak to directly and start forming a good relationship with. You should then follow up your conversations with an email to ensure a paper trail.

## FAQs

### How long will it take?

Usually 90-120 days, but it could be as long as 6 months.

## Should I assume I'll get credentialed?

In most cases yes, although some insurance companies require being licensed or practicing for a certain amount of time before you can join their panels. Sometimes, the panels will say that they are full.

## What happens if a panel says it's full?

Call them and pitch them on why they want you on their panel - emphasize what you bring that others in the area don't offer (offering pediatric or underserved options, extended office hours or weekends, speaking another language, performing niche procedures, etc.). If all else fails, keep calling back to check for openings.

Dive deeper into credentialing with tips and tricks for credentialing with insurance companies and payors.

# Contracting

Contracting is different than credentialing. This is where you actually negotiate reimbursement and terms with the insurance companies. Once you've passed through the credentialing process, the insurance company will send you a contract that includes the "fee schedule" that they propose, in which it is stated how much you will be paid for each service. Before you waste your time on the fine print, start with the compensation information (usually located at the end), because if the numbers don't make sense, the rest of the contract will change throughout negotiations, or you may just elect not to go forward.

**Know that even with the same payer, they will have several different fee structures, and what they will offer you will likely depend on what they think your negotiating power is and what their need for you is.** They may not pay you what they are paying your friend down the street. Similarly, you should research the competition and compare fee schedules from different companies, even if you're not planning on using that insurance company for one reason or other. Understand which insurance companies have which payor mixes and different types of plans (Medicare, Medicaid, Medicare Advantage, HMO, PPO, etc) and what other physicians or hospitals are in the network for referrals. In most cases, you can't pick and choose the lines that you are contracted with, so assume you will have to accept all of their plans. If you have concerns about particular lines, ask about them and what, if anything, can be modified. If there are certain medications or services you routinely provide, ask about their formulary restrictions or preauthorization requirements. *The more data you have, the better.*

It's also very important for you to decide whether the proposal makes sense. Don't just decide you are going to take it because you feel that you have to be in-network. You can also decide to be out of network, or decide to negotiate. Your goal is to work smarter, not harder, and you should run the numbers for different scenarios. Decide the point where more patients and volume isn't worth it at a lower reimbursement rate, and it's better to have fewer patients reimbursed at a higher rate or to leave time in your schedule for something that pays better.

When you're first starting out or if you're a solo practice, you may not have much room for negotiation, but you should of course try to get yourself the best deal possible. Understand that the rate you lock in at initially will be the rate you will be stuck with for a few years, and also understand it will be the starting point for negotiations at the next round, so whatever rates you agree to will follow you. Therefore even a small increase will justify the effort over the long run.

When you negotiate, you can ask for a conversation with the payer. It is very important to come into that conversation prepared, so that you can most effectively advocate for your worth.

You should know what things make you attractive to the insurance company. If there are things that you can offer that nobody else in the area can, mention those things (specialized expertise or training, procedures that others can't do, languages that you can speak, better patient satisfaction, large patient base, dominant brand, etc). If you know there are things they will try and use against you (e.g. nearby competition), be prepared to counter those with numbers.

After the conversation, they'll usually have you put your asks in writing. This is good because it will create a document that can be passed between various people at the company as well as a record of correspondence. This document should be written at a lay person's level and include:

Information about you - basic demographic information, where you're located, who your patient base is, which hospitals you're credentialed at, specialty and board certifications

More specifics about your practice: procedures you do and codes you use, any subspecialty focus or interests.

Any other factors that make you unique.

Be very organized in these negotiations. Clearly document everything that's agreed upon, the person who agreed to it, and the date they agreed to it on, so that you can ensure that it ends up in the final contract. Take lots of notes about the discussions, what was used against you, and what worked for you, as they will help you when you renegotiate contracts in a few years.

You'll also want to assess the term, conditions for termination and renewal, and how the claims will be filed and paid. Most plans will not let you terminate your participation until a certain amount of time has passed, and will require a certain notice period. Know if either party can terminate without cause or if there is an automatic renewal clause. If you terminate, what will your obligations to the patients be? You will also want to understand details of payment timelines such as how long you have to submit a claim, what classifies as a late payment, and what happens with overpayments. Are there any nuances or caps for payments? What data is the RVU value being determined from?

As you read through the contract, read every word (don't skim!), track changes and take notes about possible concerns or questions. Red line your changes and insert the exact wording you prefer. Make a copy before you send off the document, send the letter via certified mail, and then follow up to have a phone conversation with your contact at the payer. Good negotiation skills and demeanor will get you far. While nobody will care about the process as much as you do, if you don't trust yourself to do the negotiations or don't have the time to do it with every payor, you can outsource it to a billing company. This will likely cost a few thousand dollars, but again is a fixed cost that will pay itself off if the alternative is not negotiating.

When the time comes to renegotiate the contract, repeat the exercise of listing what has changed about your practice that makes you attractive to the insurance company. How much has your practice grown? Do you offer new services? Has the competition changed? Standard contract increases are only a few percent, if any, so if you want something higher, you'll want to be persistent about declaring your worth.

Explore tips and tricks for contracting with insurance companies and payors.

# Hiring Staff

**Your practice manager is your very important go to.** They are going to be the one to handle or oversee everything, including human resources and staffing issues, payments, relationships with vendors, hiring and firing, and marketing. It is critical to find someone with the right skill set to do this and someone that you get along with well, as you'll be working with them quite closely.

Strong people skills, compassion, flexibility, and adaptability. The practice manager needs to get along well not only with you and the other physicians, but with your staff, your vendors, and your patients. They should have a personality that is approachable and be well-spoken and mature enough to control emotions in difficult situations. You do not want your practice manager to be the reason you lose staff or contracts.

Organized and detail oriented. The right person is going to need to multi-task and will be overseeing lots of small details. In order to make sure the ball doesn't get dropped on marketing, payments, billing and coding, and other critical day to day functions.

Has authority but also has the ability to delegate. The ideal practice manager will be adept at empowering the rest of the staff to take ownership of projects or tasks. As the practice grows, it will be harder and harder to keep an eye on everything.

Negotiating skills. The practice manager will be dealing with vendors, staff, and patients and all the complaints and concerns they have. They should be able to politely but firmly enforce rules or procedures when necessary.

Once you've figured out your practice manager, you'll move on to the other hires. You'll have to decide exactly how much staff that you need. **Start as lean as possible.** Remember people can have multiple roles, and this is actually beneficial so that they can cover each other if someone is out sick or on vacation. As you scale, their roles will become more specialized.

At a minimum, you will likely need a front desk staff member/scheduler and a medical assistant. We've covered [what to consider when hiring a medical assistant](#) separately. At the beginning when things are slower, they can also help you with things like social media, scribing, or cleaning up between patients. Depending on your specialty you may need some specialized staff like an ultrasound or x-ray tech, a nurse, or a phlebotomist. You will need to make the decision about whether to keep billing in house or outsource to a [billing company](#). Be intentional about your decision with billing, as this is what will keep the lights on, so if you decide to keep it in house, make sure your staff can keep up with timely submission of claims as well as follow up of denials.

Also know there are various ways to **outsource some of this if you want to stay lean**. You may be able to outsource some staff through a hospital, MSO, or billing company, or share resources with another small practice. You could use virtual employees through a company like [Edge Health](#) or [GSD Associates](#). Explore [ways virtual assistants can be used in private practice](#).



Now to the **hiring process**. You'll first have to look at how many hours each person will be working and decide whether it makes sense to have them as hourly employees or salaried employees. Typically, office staff and MAs are usually paid hourly, while other medical practitioners and the practice manager are salaried. Research what other practices are paying for these positions in your area but looking on job sites and postings, or asking around. Then decide salary rates and what kinds of benefits you'd like to offer. Is there a bonus structure? Are you going to have retirement plans? Is there paid time off, and if so, how much? Is there an ability to work from home some days? What will a typical day look like and what will the exact responsibilities for each position be? Prospective employees will ask these questions, and you want to instill confidence that you know what you're doing and that you'll be a good employer. At the same time, they should know they're helping launch a new practice and they will be expected to be a team player and get their hands in the weeds.

You can **advertise** the jobs via local job boards, community resources, word of mouth through friends and family, or in advertising for your upcoming practice. Cast your net far and wide, but be specific about the job description to avoid spending time on leads that won't work.

**Have a contract ready** to be signed so that when you meet the right people, you can take action quickly. Many hourly employees are looking for immediate availability and will not wait weeks for a contract like we are used to with physician job searches. Make sure the contracts or onboarding process include confidentiality agreements and non-disparagement clauses.

You will also have to have some **basic human resources** like an employee handbook that delineates staff roles and personal policies. Things that should be included in your employee handbook include medical office policies such as work hours, attendance at office meetings, break policies, PTO, benefits, how payroll is handled, how performance will be assessed, and how disciplinary issues will be handled. These should all be compiled and given to the new employees during the hiring and orientation procedure.

You will also need some additional **compliance materials** that will offer you protection as an employer. Have a method for storing personnel files. Make sure everything is in compliance with ADA, Federal Equal Employment Opportunity (EEO) Laws, Age Discrimination Act of 1967, Fair Labor Standards Act, Equal Pay Act, and FMLA. Training should include modules on all of these things as well as training for things like practice protocols, disaster response, cultural sensitivity, and harassment training.

Lastly, your employees will need a way to **get paid**. You can either do this through your accountant or use a payroll service like [Gusto](#). or [Quickbooks Payroll](#) (PSG members receive 30% off Quickbooks Payroll products for 6 months using our [affiliate link](#)).

# Physical Location

The next legal and accounting steps will likely require a medical office address for necessary paperwork/applications, so you'll have to secure a location.

## Choosing the Location

Some things to consider when choosing the location for your private practice:

Where does your ideal client live?

Is there a need for extra physicians in your field in this area? If not, what will set you apart from the existing competition?

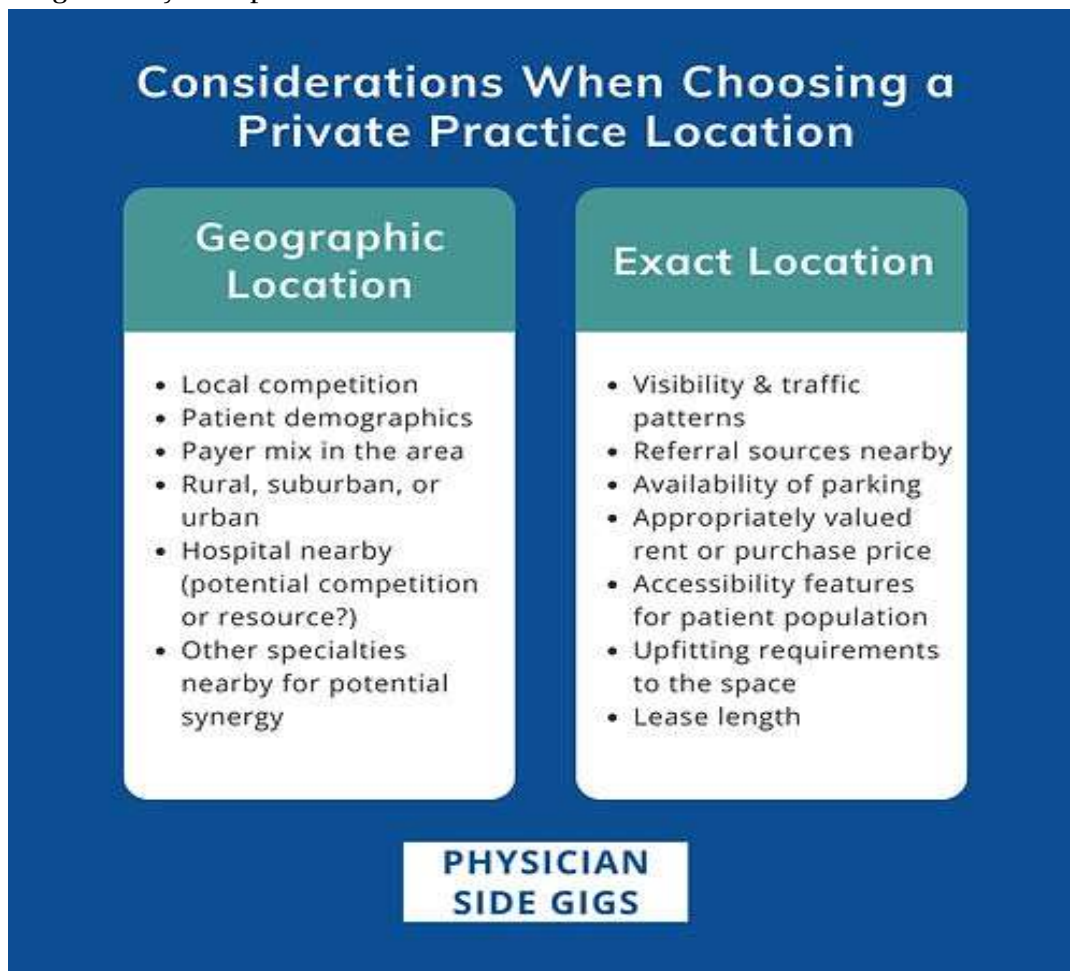
Do you want your own space from the beginning or do you want to rent space from another practice, retiring physician, etc temporarily to limit costs?

Consider:

Where would your practice get visibility?

Is there ample parking?

Is there room to grow as you expand?



If you decide to [invest in a medical office building](#) versus leasing, consider as you set up your practice if there is an opportunity to [rent out any unused office space in your private practice](#) to add an additional revenue stream.

## Preparing for Opening

You'll want to start by furnishing the building. Depending on the previous occupant's setup, you may need a contractor. You may also want to consider hiring an interior decorator. Make sure when planning out the space, you plan for:

- √ Front desk
- √ Exam rooms
- √ Back office

### Equipment and supplies

Try and limit overhead at first. See if you can get heavily discounted or even free from other medical practices, retiring physicians, or hospitals in the area. Things to remember and budget for:

- √ Exam tables
- √ Stethoscopes
- √ Otoscopes
- √ Blood pressure monitors

Consumables such as: ointments, gloves, scalpels, syringes, gauze, antibacterial wipes, and tongue depressors

Hardware such as: fax machines, computers, phones, and credit card machines

Clothing such as: lab coats, staff uniforms, name tags, and patient gowns

### Certificate of Occupancy

Make sure you cover the following:

- √ Fire Inspection
- √ Safety inspection
- √ City inspections

### Utilities

You'll want to create accounts with and get your utilities (phone, internet, electricity, water, trash, etc.) set-up.

### Aesthetics

To make your practice inviting, professional, and easy to find, don't forget to account for the following as well:

- √ Landscaping
- √ Signage
- √ Decor

A little bit can go a long way.

# Choosing an EMR / EHR

These days, there are lots of options for EMRs, each with their own features, pros and cons, and price points. Understandably, making the decision about which to choose is perplexing and time consuming. While it's tempting to make a decision purely based on cost, it's important to remember the most likely, the actual most important factor is that you pick the system that maximizes your team's productivity (and by extension, your revenue).

Given these things, sit down and list what your needs are. Think about the daily workflow in your practice or if you're starting a new practice, that of previous places you worked. Think about the things that detracted from your productivity, the features you wished you had, the complaints that you and your colleagues voiced, and the features you and others appreciated about the EMR.

Also, remember that your entire practice will be interacting with this EMR, so it's important to get their perspectives on the software as well. You will want to consider things like ease of scheduling, automation features, the patient portal experience and relevant patient resources or notes, ease of charting, whether you need a cloud based system that can be accessed from outside of the office, integration with other systems such as labs, hospitals you admit at, and e-prescribing, the ability to customize templates and other functionality and integrate results into notes without having to copy and paste or type, and aiding in billing and coding. Some systems will have time-saving features like the ability for patients to schedule, patient notifications, ability to communicate with pharmacies, integration with patient handouts and necessary notes, and integration with billing and coding and Medicare platforms. You'll also want to assess how intuitive the system is, as this will minimize training time and frustration.

Be organized as you assess these features, and take note of things like how many clicks and popups you encounter in commonly used processes, how easy it is to create templates and macros, how long it takes to complete a typical note, and how much time you spend going back and forth into new portals or signins. You will want to assess how easily you can access the patient's history of prior visits, workups, labwork, imaging, etc. Are notes prepopulated for you? While a lot of vendors will tell you their average number of clicks as a selling point, it's also important to assess loading times and ease of use and customizability for the various menus and screens that may be necessary to navigate through. Are there easily accessible shortcuts on the keyboard or via dictation? Time is money.

Remember that in some cases, you or your staff will be entering information in front of the patient, and you want that to be as seamless as possible so that you can spend more time looking at your patient and less time charting after hours. This will also translate to a better patient experience, which will help you to grow your practice's reputation.

Additional things to consider are how much the system helps you to do your job better. Does it alert you of possible drug interactions or allergies in a helpful way? Does it actually facilitate increasing your reimbursement? Recent changes are confusing to many, and some EMRs will actually provide suggestions about what you need to qualify for higher levels of service or suggest codes based on your documentation. Having a patient friendly portal will allow your office to communicate more efficiently with your patients without the extra time on the phone, phone tag, as well as send important screening reminders or education which could improve patient care.

Once you've assessed all of these things, revisit the list of needs you created initially and decide what things are essential, what things are nice but not necessary, and what things you absolutely can't stand. Take the ones that are dealbreakers off the list, and list the remaining options in terms of most ideal to least ideal.

Now, pick a few candidates that would work and start negotiating! Remember that while price is a huge factor, other negotiating levers to pull include added functionality/features, price locks for a certain time period or free months, added users or training, etc. If you can, try and time your purchase with the end of a quarter or fiscal year, as just like car salespeople, the sales representatives may have bonuses they want to hit based on closed sales.

## Getting Paid

Billing and coding is an extensive topic and discussed in more detail on our understanding medical billing and code page.

For basic banking, you are going to want a relationship with a bank, not just for your business banking accounts, but also for things like lines of credit, practice loans, or other issues that come up in your life as a small business owner. Smaller banks may be more flexible and provide better service, so make sure to assess different options. We have a financing resource above to help you get started.

Patients need an easy, secure, and convenient way to submit payments, different payors may have different ways of paying you, and you will need a secure way to submit payments to your vendors. You should have your own business credit card - make sure you pick one with perks, given that you'll likely be spending a lot of money on it!

Most patients will pay their co-pays, co-insurance, deductibles, or cash for uncovered services via credit or debit card, although some may still pay via cash or check. You will have to decide what mechanism(s) you want to accept. Credit card fees can get expensive, so it's important to shop around and negotiate! When you don't have much volume, it may be hard to get competitive processing fee rates, but as you grow, you should regularly renegotiate with your payments processor for lower fees. Our partners at Square will allow you to do this.

An additional thing to keep in mind is that unfortunately, for in network payments, you may not be able to pass on credit card fees because you have to paid exactly at your contracted rates.

# Marketing and Social Media

One of the critical factors to success in private practice is ***actually having patients come in the door***. This requires a multi-pronged approach to creating awareness about your practice's existence and the breadth and quality of services offered amongst both referring physicians and patients. Before you do anything, you should identify your target demographics and market. List the specialties of the referring physicians who are most likely to refer to you, and then look within your referral radius for all of the applicable practices, noting the size and popularity of their practices. Determine what your ideal patient population looks like based on the services that you offer, and get insights into where they spend their time, what services they need the most, and what kind of marketing they would respond to. Keep an eye out for how your competitors advertise, and what seems to be successful.

Once you've done that, you're ready to create a marketing strategy. We've covered [setting up a side gig](#) and [growing your side gig](#). The same advice can be used for your private practice, so make sure to check those pages out, where we cover topics such as:

- ✓ Creating a website with [search engine optimization \(SEO\)](#)
- ✓ Developing marketing materials
- ✓ Networking



## Network Within the Community

Make a real effort to be seen within the community. Most people like to support their own, and attending and holding social events is a great opportunity to introduce yourself and your services. Go to hospital events and introduce yourself to other physicians. They may need someone in your niche to refer to, or will remember you when another colleague is asking about services you offer. Sponsor booths at local school, sporting, or fundraising events and talk to members of the community and hand out giveaways like coffee mugs or t-shirts that are likely to be seen by others. Don't be shy about telling people you'd love for them to refer you patients. Encourage them to feel free to post about you or their neighborhood or local Facebook groups (and try and join them as well and provide helpful advice to relevant questions).

**Relevant resource:** [Moo](#) has some customizable items like water bottles and notebooks. 25% off your 1st purchase through our [referral link](#).

If you are hosting or sponsoring events such as free sports physicals or skin screenings, let the local news or newspaper know about your events.

## Social Media Advertising

Whether you like social media or not, a social media presence can be a huge boon to a practice. It's worth considering investing time and energy (and if necessary, money) in social media services to create eye-catching and engaging material. Post reminders, answers to commonly asked questions, promotions you're running, or pictures of you and your staff at work. The more that your practice feels like home to them, the more loyalty they'll have to your practice, and the more they'll tell others about it.

You'll also want those social media accounts so that they can tag you when they talk about (hopefully positive!) experiences at their doctor's office. You can target advertisements to the friends of your followers, a large percentage of which are likely to be within your encashment as well. Several companies exist to help you create this material if you're not able to dedicate that bandwidth amongst you and your staff. Price points can vary a lot, so put some thought into what you think you actually need and where to spend those precious marketing dollars.

## Consider Billboards, Radio, and Newspaper Advertising

Brainstorm which outlets you think your target patient population are likely to see and focus advertising there as well. While social media is great, if your practice tailors to an elderly population, don't forget to make sure you are using appropriate outlets to reach them.

## Your Patients

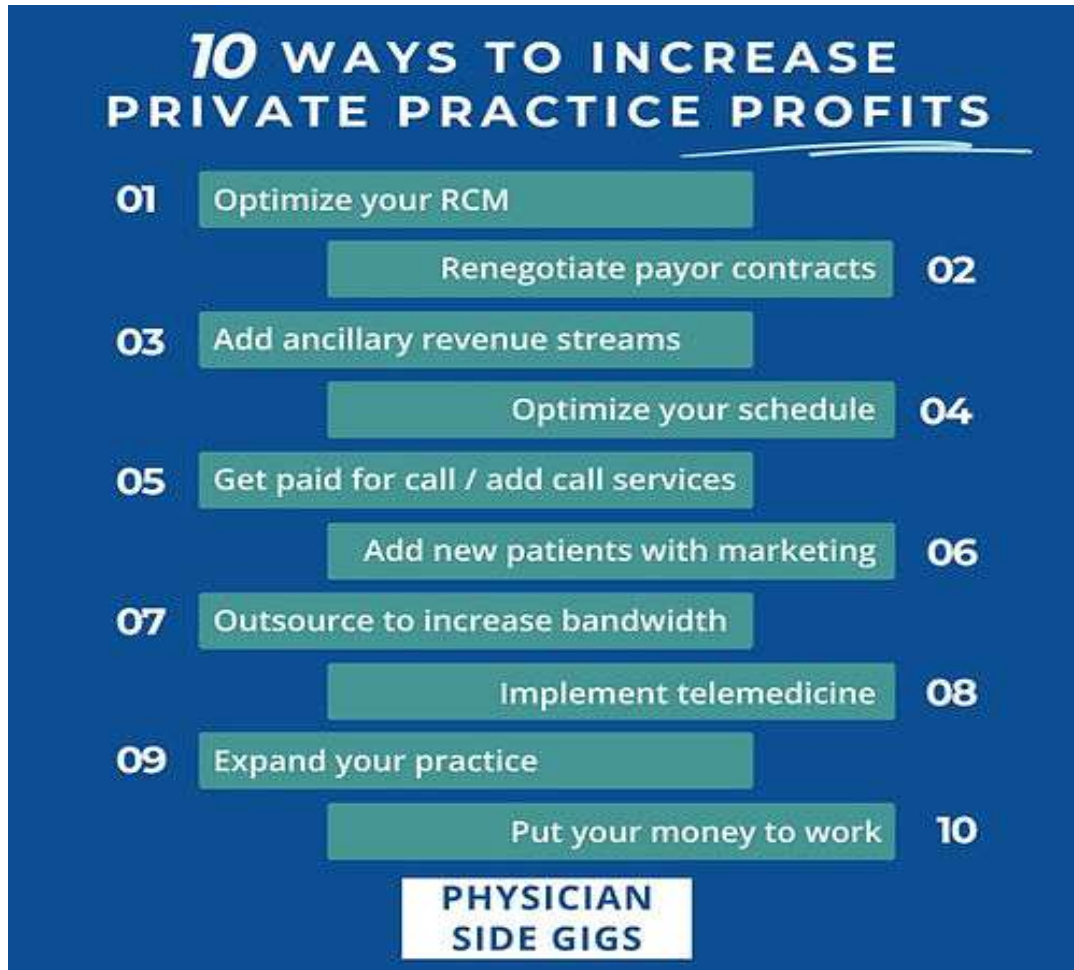
Last, but definitely not least, is to leverage your patients to bring in more patients. Nothing brings in more patients than happy patients. If you know they're happy, give your patients some of your business cards, ask them to post on social media or to leave a review on review sites, or to otherwise spread the word. Some aesthetics practices will have referral perks as well. Stay on top of patient complaints and do your best to make sure your staff puts their best foot forward in regards to customer service. Also use automated systems to remind patients when it's time for their next appointment, as you want them to keep coming back as well!

Should you find yourself in a situation where you receive a bad patient review and you're worried how it will affect your marketing efforts, check out our [guide to handling bad online patient reviews for physicians and practices](#). Putting a [proactive online reputation management strategy in place](#) can help you actively monitor for reviews and build up a favorable online reputation with positive reviews.



# Increasing Revenue for Your Practice

Once your medical practice is up and running, there are opportunities to increase your revenue. This can include:



**Learn more about ways to increase your private practice revenue, or jump directly to topics including:**

Add additional income streams for private practices

Add new patients by marketing your private practice

Outsourcing in house services to reduce overhead and increase bandwidth

Telemedicine opportunities for physicians

**You can also explore the following ancillary income streams to see if they might be a good fit for your practice:**

Adding Remote Patient Monitoring (RPM)

Clinical Research Opportunities for Medical Practices