



## Closing Your Practice Worksheet

When a physician makes the decision to end their current practice arrangement, providing notice in a timely manner is imperative in order to promote continuity of patient care, avoid allegations of abandonment, and fulfill contractual and regulatory obligations. The process should begin at least 90 days before the anticipated closure.

This checklist identifies tasks that should be completed. Assigning responsibility for each task, with a due date will ensure that necessary tasks are completed according to schedule.

| Tasks/Notification  | Assigned to | Due Date | Completed | Notes |
|---|-------------|----------|-----------|-------|
| <b><i>Practice/Hospital</i></b>   |             |          |           |       |
| Agreed statement regarding departure.   |             |          |           |       |
| Stop accepting new patients, if specialty office determine last day for procedures. Ensure that follow up time is built into the date selection.                    |             |          |           |       |
| <b><i>Notifications</i></b>   |             |          |           |       |
| Staff:<br>* Review obligations with your attorney.  |             |          |           |       |
| Patients:   |             |          |           |       |
| Develop letter to patient, notice to public, include date office will close; include record release and if possible a list of all practices accepting new patients. |             |          |           |       |
| Notification to all active patients, 90 days or more. Letter should include how to transfer medical record.   |             |          |           |       |
| Follow up of patients at high risk, 60 days or more.  |             |          |           |       |

|  |  |  |  |  |
|--|--|--|--|--|
| Post notification of departure in waiting area and all exam rooms.   |  |  |  |  |
| Family Practice: post advertisement in local newspaper of departure/closure. This notice should run a few weeks in a row.  |  |  |  |  |
| Specialty Practice: post advertisement in regional newspapers. This may be in several newspapers depending on the region the practice covers. This notice should run a few weeks in a row. |  |  |  |  |
| Notify contracts provider may have with other entities or suppliers.   |  |  |  |  |
| * Notification requirements with change in status.   |  |  |  |  |
| <b>Medical Records</b>   |  |  |  |  |
| * Notifications/follow-up  |  |  |  |  |
| * Custodian  |  |  |  |  |
| * Retention  |  |  |  |  |
| * Transfer to storage facility   |  |  |  |  |
| * Determine how records request will be routed once office closes.   |  |  |  |  |
| <b>Physician Notifications To</b>  |  |  |  |  |
| * State licensing board.   |  |  |  |  |
| * State and local medical societies.   |  |  |  |  |
| * Drug Enforcement Administration (DEA).   |  |  |  |  |
| * Medicare   |  |  |  |  |
| * Medicaid   |  |  |  |  |
| * Third-party payers and managed care (for credentialing purposes)/Insurance companies.  |  |  |  |  |
| * Professional associations with whom you are a member.  |  |  |  |  |
| * Malpractice insurance.   |  |  |  |  |
| * Tail coverage.   |  |  |  |  |
| * Ancillary services (lab, X-ray).   |  |  |  |  |
| * Colleagues and associates.   |  |  |  |  |
| <b>Medications</b>   |  |  |  |  |
| * Samples returned to rep/destroyed.   |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| * Follow federal guidelines for controlled substances (DEA).  |  |  |  |  |
| * Plan for handling request for medication refills.   |  |  |  |  |
| <b><i>Post-Provider Departure Considerations</i></b>  |  |  |  |  |
| Final follow up for patient notification of those patients who have not responded (high risk).                              |  |  |  |  |
| Answering service alerting callers of the provider departure and directing to providers who will or may accept the patient. |  |  |  |  |
| Determine responsibility:   |  |  |  |  |
| Routing of lab tests or other procedures that are outstanding and require addressing.                                       |  |  |  |  |
| Medication refill requests.   |  |  |  |  |

Medical Mutual's "Checklists" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.