

New Provider Setup Checklist

A step-by-step guide to get a new provider billing correctly from Day 1

When a new doctor, nurse practitioner, or other provider joins your practice, there is a lot of behind-the-scenes work that must happen before they can legally bill insurance. Missing even one step can delay payments by months. Use this checklist every single time a new provider is added to your practice.

SECTION 1 — Credentials & Licenses

Verify State Medical License

- ☐ Confirm the provider has a current, active license in your state. Go to your state medical board's website to verify — do not just trust a copy of the license.

Confirm DEA Number (If Applicable)

- ☐ If the provider will prescribe controlled substances, they must have a valid DEA registration number. Verify this is active and not expired.

Obtain NPI Number (Type 1)

- ☐ Every individual provider must have their own National Provider Identifier (NPI) — this is a 10-digit number from CMS. Apply at nppes.cms.hhs.gov if they don't have one yet.

Collect CAQH Profile

- ☐ The Council for Affordable Quality Healthcare (CAQH) is used by most insurance companies for credentialing. Make sure the provider has an active CAQH profile and that it is up to date.

Get Copies of All Diplomas and Certifications

- ☐ Collect copies of medical school diploma, residency completion, board certifications, and any specialty certifications. Store these securely in the provider's credential file.

■ **Quick Tip:** Start the credentialing process at least 90–120 days before the provider's first day. Insurance enrollment takes a long time.

SECTION 2 — Insurance Credentialing & Enrollment

Submit Credentialing Applications

- ☐ Apply to every insurance company the provider will bill. Use the CAQH profile to speed this up. Track every application with a submission date and expected approval date.

Enroll in Medicare and Medicaid

- 7 ☐ If the provider will see Medicare or Medicaid patients, enroll through PECOS (for Medicare) and your state's Medicaid portal. This can take 60–90 days.

Request Effective Date Confirmation

- 8 ☐ Once credentialing is approved, get a letter or email from each insurance company confirming the exact date the provider can start billing. Keep this on file.

Add Provider to Group Contract

- 9 ☐ Make sure the new provider is added to your practice's group contract with each insurance company. Being individually credentialed is not always enough.

Set Up Electronic Funds Transfer (EFT)

- 10 ☐ Enroll in electronic funds transfer with each payer so payments go directly to your practice bank account. This is faster and safer than paper checks.

SECTION 3 — Practice Management System Setup

Add Provider Profile in Billing Software

- 11 ☐ Enter all provider information in your practice management system: full legal name, NPI, specialty, tax ID, and contact info. Double-check every field for accuracy.

Assign Correct Taxonomy Code

- 12 ☐ A taxonomy code tells insurance companies what type of provider this is (e.g., family medicine, cardiology). Use the correct code or claims will be denied.

Set Up Provider-Specific Fee Schedule

- 13 ☐ If this provider has different rates than your other providers, set up a separate fee schedule in your billing system. This prevents billing errors.

Configure Electronic Remittance Advice (ERA)

- 14 ☐ Set up ERA for the new provider so that insurance payments and explanations come in electronically. This saves hours of manual data entry.

Test Claim Submission

- 15 ☐ Before the provider sees any patients, submit a test claim to your clearinghouse to make sure all provider information is set up correctly and the claim passes validation.

■ **Quick Tip:** Never bill under another provider's NPI while waiting for credentialing to be approved — this is insurance fraud and can result in serious penalties.

SECTION 4 — Onboarding & Training

Train Provider on Documentation Standards

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6 ☐ Make sure the new provider understands what must be included in every clinical note: chief complaint, history, examination findings, diagnosis, and plan. Poor notes cause claim denials.

Review Coding Guidelines

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7 ☐ Walk through the basic CPT and ICD-10 codes most commonly used in your specialty. Incorrect coding is the number one cause of claim denials.

Explain Prior Authorization Process

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8 ☐ Show the provider which services require prior authorization from insurance companies before the patient visit. Seeing a patient without auth can mean zero payment.

Introduce Billing Team

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9 ☐ Personally introduce the new provider to your billing team. A good working relationship between clinical and billing staff reduces errors and speeds up payment.

Schedule 30-Day Billing Review

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0 ☐ Plan a review meeting 30 days after the provider starts to check for claim denials, coding issues, or missing information. Fix problems early before they become habits.