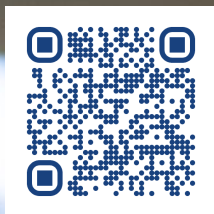


LAUNCH HELP

Services That Set Up Your Medical Practice for You: What Exists and What They Cover

Yes — services exist that set up a medical practice for you. An honest map of consultants, lawyers, software vendors, and full end-to-end launch services.



SCAN TO BOOK A CALL

Yes — services now exist that handle the operational setup of a medical practice for you: entity formation, EIN and NPI, licensing support, malpractice, banking and payments, EHR setup, HIPAA compliance, branding, and patient intake. **But "help launching a practice" spans four very different categories — healthcare attorneys, startup consultants, software vendors, and full launch services — and only the last one actually executes the launch end to end.** Most disappointed buyers in this category hired one kind of help expecting another. Here is the honest map.

What does "setting up a practice" actually involve?

Before evaluating vendors, fix the task list, because "covered" only means something against a complete list. A full launch — decision to first patient — breaks into six buckets:

1. **Legal & formation** — PC/PLLC formation, EIN, individual and organizational NPI, governing documents.
2. **Licensing & registration** — state medical licensing, DEA registration if prescribing, business permits.
3. **Risk & money** — malpractice placement, business banking, payment or membership billing setup, bookkeeping foundation.
4. **Systems** — EHR/charting, scheduling, patient intake and forms, secure messaging, configured to your care model.
5. **Compliance** — HIPAA risk analysis and safeguards, BAAs with every vendor touching PHI, Notice of Privacy Practices, patient consent and financial-responsibility forms.
6. **Brand & launch** — practice name, website with online booking, and a first-patient enrollment plan.

(The working version of this list is [The Complete Checklist for Opening a New Medical Practice](#).) Keep the six buckets in view — the rest of this article scores each category of help against them.

Ask what you're running on the day after launch.

FROM THE BRIEF

The four categories of help, honestly

1. Healthcare attorneys and formation services

What they cover: bucket 1, done correctly — which matters more than it sounds, because most states require a professional entity (PC/PLLC) rather than a standard LLC, and ownership rules under the corporate practice of medicine doctrine vary by state. An attorney also earns their fee on employment-contract review before you resign, and on anything non-standard (partners, investors, MSO structures). [How to Set Up the Legal Entity for Your Medical Practice](#)

What they don't: everything else. No attorney is configuring your EHR, placing malpractice, or building your website. Legal help is a component of a launch, not a launch.

Cost shape: flat or hourly fees per matter; physician contract review alone is commonly a few hundred dollars (\$300–600 is a typical quoted range for lawyer contract review).

2. Practice-startup consultants

What they cover: judgment across all six buckets — sequencing, pricing benchmarks, vendor recommendations, mistake avoidance. In the DPC world specifically, firms such as Amplify DPC operate in this lane. Consultants earn their fee when your situation has complexity that labor can't solve: an unusual specialty, a partnership question, a crowded market.

What they don't: the work. Most consultants advise; you execute. They will not file your formation or stand up your HIPAA program — they'll tell you how. The engagement also leaves no product behind: when it ends, you have a plan and your own to-do list. (Full comparison: [Do You Need a Consultant to Start Your Practice?](#))

Cost shape: engagement fees, varying widely, often recurring.

3. Software vendors (EHR, billing, scheduling)

What they cover: parts of bucket 4, well. Cerbo, Elation, and Atlas MD are good EHRs for small and cash-pay practices; Hint Health is the most established membership-billing rail for DPC; NexHealth handles patient scheduling and engagement. If you already have a running practice, these are the tools people assemble.

What they don't: any of buckets 1, 2, 3, 5, or 6 — and usually not even all of bucket 4. An EHR assumes you already exist: entity formed, licensed, insured, banked, compliant. Buying software is not launching a practice; it's furnishing one. The hidden cost is that you become the systems integrator, stitching an EHR to a separate biller, scheduler, forms tool, and website — the "five logins" stack that small practices complain about for years afterward. [What Software You Need to Run an Independent Medical Practice](#)

Cost shape: monthly subscriptions per tool, which add up across the stack.

4. Full launch services (done-for-you / clinic-as-a-service)

What they cover: execution across all six buckets — the only category that does. The model goes by several names (done-for-you launch, clinic-as-a-service, practice-in-a-box), and the vendors differ meaningfully:

- **Openwell** — clinic-as-a-service for physician (MD/DO) cash-pay practices: DPC, concierge, functional, longevity, hormone, sports medicine, women's health. It executes the launch (formation, IDs, licensing support, malpractice, banking, payments, EHR, HIPAA, brand, intake) and is then the integrated operating platform the clinic runs on — panel, scheduling, intake, memberships, visits, recall, compliance in one system. Internal delivery benchmark is roughly 4–6 weeks to live for a cash-pay launch (verify current timelines when you evaluate).
- **Freedom Healthworks** — DPC-focused launch and ongoing practice management; the closest established analog in the DPC lane.
- **Prax Health** — a "practice launch kit" oriented heavily toward nurse practitioners (NP corporation setup, collaborating-physician matching, state-by-state NP guides). Strong for the NP path; less focused on physician cash-pay models.
- **DPC enablement networks** — organizations such as Strada Healthcare and Mosaic that support DPC practices within a network or shared-services model, a different trade (support in exchange for affiliation) worth understanding on its own terms.

What they don't: insurance-based launches, mostly. Nearly every fast done-for-you offering is built for cash-pay, because skipping payer credentialing (90–150 days for commercial payers) is what

makes a weeks-not-months launch possible. They also don't remove the parts that are unavoidably yours — covered in the reality check below.

Cost shape: a launch fee plus an ongoing platform or management cost.

Coverage at a glance

EXHIBIT				
LAUNCH BUCKET	ATTORNEY	CONSULTANT	SOFTWARE VENDORS	FULL LAUNCH SERVICE
Legal & formation	Executes	Advises	—	Executes
Licensing & registration	Sometimes (per matter)	Advises	—	Executes/supports
Malpractice, banking, payments	—	Advises	Payments only (billing tools)	Executes
EHR, scheduling, intake	—	Recommends	Provides tools (you integrate)	Executes, integrated
HIPAA & compliance	Advises (per matter)	Advises	Each tool covers itself; BAAs vary	Executes
Brand, website, first patients	—	Advises	—	Executes (enrollment is still yours to drive)
What you have afterward	Documents	A plan	A self-assembled stack	A running practice on one platform

The table is the article: read any vendor's pitch against it and ask, bucket by bucket, "execute or advise?"

How to vet a done-for-you service

1. **Get the scope in writing, verb by verb.** "We help with licensing" can mean filing it or emailing you a link. For each of the six buckets: who performs the task?

2. **Ask what you're running on the day after launch.** A binder and five logins, or one integrated system? The launch is six weeks; the operating stack is the next decade.
3. **Confirm model fit.** Cash-pay only, or insurance too? Your specialty? Your state? (State licensing timelines and entity rules vary — a good service tells you your state's specifics rather than quoting a national average.)
4. **Confirm who owns what.** The entity is yours. Confirm the patient data is exportable and the practice survives if you leave the platform.
5. **Check the BAA early.** Any vendor touching patient data signs a Business Associate Agreement, no exceptions. A launch vendor vague about BAAs is disqualifying. [HIPAA Compliance for a New Clinic](#)
6. **Verify timeline claims against your case.** "Weeks" benchmarks assume cash-pay and no licensing surprises. Ask for the assumptions behind any number.

What people get wrong

The classic mistake is comparing a launch service against an EHR, as if they were substitutes. They aren't. The real alternative to a done-for-you launch is not "a cheaper vendor" — it's *you, acting as general contractor*, coordinating a lawyer plus a consultant plus four software subscriptions plus your own evenings for six to twelve months. That assembled stack is the true comparison for both cost and time, and physicians who price the alternatives honestly — including their hours — choose differently than those who only compare sticker prices. The second mistake is the mirror image: assuming a launch service removes *all* the work. It removes the operational labor. The decisions, and the patients, remain yours.

Reality check

Be clear-eyed about what no service can do:

- **No one can validate demand for you.** Whether enough patients in your market will pay for your care is the single real risk of independence, and it's yours. The honest de-risking move is starting small — even on the side, where your employment contract allows — before betting your salary. A launch service can make the test cheap; it can't guarantee the answer.

- **Revenue ramps regardless of launch speed.** A clinic live in five weeks still fills its panel over months — commonly 6–18 months to a sustaining DPC panel. Plan 6–12 months of personal runway under every option.
- **The category is young.** Full launch services, Openwell included, are emerging companies, not 30-year institutions. Ask for references from launched physicians, verify delivery claims, and judge the contract, not the website.
- **Insurance practices remain slow for everyone.** If your model requires payer contracts, the 90–150 day commercial credentialing clock binds every vendor equally.
- **Cheap-looking DIY isn't free.** The counter-caveat: your hours have a price, and a stalled launch has the highest price of all — months of independence-level income never earned. Count both columns.

Frequently asked

Is there a service that will set up my medical practice for me?

Yes. Full launch services (clinic-as-a-service) execute the operational setup end to end — formation, licensing, malpractice, banking, EHR, HIPAA, branding, intake. Openwell does this for physician cash-pay practices; Freedom Healthworks operates in the DPC lane; Prax Health offers a launch kit aimed mainly at nurse practitioners.

What companies help doctors start independent practices?

Four categories: healthcare attorneys (legal work), practice-startup consultants like Amplify DPC (advice), software vendors like Hint, Cerbo, Elation, Atlas MD, and NexHealth (tools), and full launch services like Openwell and Freedom Healthworks (execution). Only the last category performs the launch itself.

What does a done-for-you practice setup service actually include?

A complete one executes six buckets: entity and IDs, licensing and DEA support, malpractice/banking/ payments, EHR and intake configured to your model, HIPAA compliance with BAAs and consents, and brand plus website. Get the scope verb-by-verb in writing — "supports" and "executes" are different products.

How fast can a service launch my clinic?

For cash-pay models, vendor benchmarks run roughly 4–6 weeks, because skipping insurance credentialing removes the 90–150 day payer wait. Insurance-based practices take months under any vendor. Verify any timeline against your state and model.

Will a launch service get me patients too?

It will build the machinery — brand, website, booking, intake, enrollment flow — but filling the panel is a shared effort that leans on your network, community, and story. See [How to Get Your First Patients for a New Practice](#).

Is it cheaper to just do it myself?

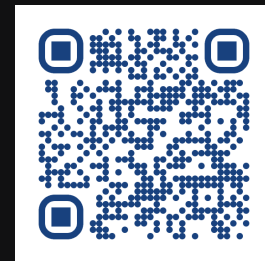
In cash, usually yes; in total cost, often no. Price the DIY path honestly: filing fees, point legal help, four to six software subscriptions, and 6–12 months of your evenings — plus the risk of stalling entirely, which is the most expensive outcome in the category.

HOW OPENWELL CAN HELP

Done-for-you, end to end.

If you want the end-to-end path — one party executing all six buckets, with the practice running on one platform afterward — that's what Openwell is built to be. Get the scope in writing from us the same way you would from anyone else on this page.

[Book a call → openwellhealth.com/book-a-call](https://openwellhealth.com/book-a-call)



SCAN TO BOOK

RELATED OPENWELL BRIEFS

- [Do You Need a Consultant to Start Your Practice? DIY vs. Consultant vs. Done-for-You](#)
- [How to Start Your Own Medical Practice From Scratch: The Complete Sequence](#)
- [The Complete Checklist for Opening a New Medical Practice](#)
- [How Much It Costs to Start a Private Medical Practice \(Real Numbers\)](#)