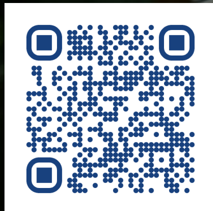
OPENWELL · RESOURCE BRIEF

LAUNCH PLAYBOOK

How Long It Actually Takes to Open a Private Medical Practice

Opening a private practice takes 4–6 weeks to 12 months. Cash-pay skips the 90–150-day payer credentialing wait; DIY insurance launches run 6–12 months.



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LAUNCH PLAYBOOK

Opening a private medical practice takes anywhere from **4–6 weeks to 12 months**, and the spread is explained by two choices: whether you bill insurance, and whether the setup work runs in parallel or sequentially. **A cash-pay practice (DPC, concierge) that skips payer enrollment can open in roughly 4–6 weeks with the administrative tracks run concurrently; an insurance-based practice typically takes 6–12 months, anchored by a 90–150-day commercial credentialing wait you cannot compress.** A DIY launch attempted in spare evenings around a full-time job stretches either number.

BY THE NUMBERS

4–6 wks	90–150 days	6–12 mo
fastest path — cash-pay, run in parallel	commercial credentialing wait	DIY insurance-based launch

What's the realistic timeline by practice type?

EXHIBIT

LAUNCH TYPE	REALISTIC TIMELINE	WHAT SETS THE PACE
Cash-pay, telehealth/hybrid, setup run in parallel (e.g., by a launch service)	~4–6 weeks (launch-service delivery benchmark; verify against current data)	Entity filing and systems configuration
Cash-pay, DIY, around a full-time job	~3–6 months	Your spare time; sequential execution
Insurance-based, setup run efficiently	~5–8 months	Commercial credentialing: 90–150 days (verified)
Insurance-based, DIY, with physical build-out	6–12 months	Credentialing + lease/build-out + sequential DIY

Assumptions: solo physician, no construction beyond light fit-out, licenses already active in your practice state. Add months if you need new state licenses or significant build-out.

They assume the clinical setup is the slow part. It isn't.

FROM THE BRIEF

What are the long poles — the things you can't speed up?

Three items dominate every slow launch, and all three are waits on third parties.

1. Payer credentialing (insurance practices only). Commercial payer enrollment and credentialing commonly take **90–150 days** — a verified industry range — and you cannot bill that payer until it clears. Medicare is faster at roughly 15–90 days; Medicaid runs about 60–120 days. No amount of hustle on your side shortens a payer's verification queue. This single item is why insurance practices

measure their launch in months and cash-pay practices measure theirs in weeks. Licenses and Credentialing You Need to Open a Clinic

2. State medical licensing (if you need a new state). If you're already licensed where you'll practice, this is a non-issue. If you need a new state — common for telehealth panels — application-to-issuance times vary widely by state board. Check your specific board's published processing times before building a calendar; this varies by state, and the pattern is that boards publish their own estimates.

3. Physical space. Lease negotiation, permitting, and build-out add months and run on landlords' and contractors' schedules, not yours. A telehealth or hybrid start removes this pole entirely and lets you add space later, when a panel justifies it.

Everything else on the launch list — entity, EIN, NPIs, malpractice, banking, EHR, HIPAA, branding — is measured in days to weeks and is mostly within your (or a delegate's) control.

Which steps can run in parallel?

Almost all of them, and this is the second-biggest lever after model choice. The dependency chain is short: the entity unlocks the EIN, the EIN unlocks banking and the organizational NPI, and the model decision shapes the systems. Beyond that, nothing has to wait for anything else.

A parallel launch looks like this: while the entity filing processes, malpractice is being underwritten, the EHR is being configured, HIPAA documents are being generated, and the website is being built — five tracks, one calendar. A sequential DIY launch does those same five things one at a time, each started after the last finishes, each preceded by research into how to do it. Same task list; three to six times the elapsed time. This is the core of what a done-for-you launch service is actually selling: not different tasks, but concurrency. Do You Need a Consultant to Start Your Practice? DIY vs. Consultant vs. Done-for-You

What does a week-by-week cash-pay launch look like?

For a solo cash-pay (DPC or concierge) practice, telehealth or hybrid, licenses already active, tracks run in parallel:

1. **Week 1:** Model and pricing committed. Entity filed. EIN application in. Malpractice quotes requested. Contract reviewed if still employed.

2. **Week 2:** Banking opened. Organizational NPI filed. EHR/platform configuration begins. Name and brand settled.
3. **Weeks 3–4:** EHR, scheduling, intake, and membership billing configured and connected. HIPAA risk analysis done; BAAs executed; privacy notice and consent forms finalized. Website built with booking.
4. **Week 5:** End-to-end test as a fake patient: book → intake → visit → charge → refund. DEA/prescribing workflow verified. Launch-week checklist cleared. The Complete Checklist for Opening a New Medical Practice
5. **Week 6:** Doors open. Announcement to network and community; first members enroll.

The 4–6 week figure is a launch-service delivery benchmark and should be verified against current delivery data; the structure of the plan holds regardless.

What can still delay a cash-pay launch?

Skipping credentialing removes the biggest wait, but four things still stretch cash-pay timelines, and all four are foreseeable.

Slow entity processing. State filing offices vary; in slow states or with CPOM complications, the PC/PLLC can become the gating item, since the EIN, organizational NPI, and banking all hang off it. File it first and pay for expedited processing where your state offers it.

Malpractice underwriting. For most primary-care launches this is days. For higher-risk specialties or unusual scopes, underwriting can take longer and ask questions you'll want time to answer — request quotes in week one, not week four.

A new state license. If your model needs a license you don't hold — most often for telehealth reach — apply before anything else. It's the one physician-side item with board-controlled timing.

Decision drift. The most common delay isn't bureaucratic — it's the physician relitigating the model, the name, or the price for weeks. Pricing can be adjusted after launch; an unlaunched practice can't generate the evidence you need to adjust anything. Make the call, write it down, and let the calendar start.

None of these compares to a 90–150-day credentialing queue, but together they're the difference between six weeks and three months.

What does an insurance-based timeline look like?

1. **Month 1:** Everything in weeks 1–2 above, plus: CAQH ProView profile completed and attested, payer applications submitted immediately — this starts the only clock that matters.
2. **Months 2–3:** Systems, HIPAA, billing/RCM workflow, space (if any), staff (if any), website. All of this finishes long before credentialing does.
3. **Months 3–6:** Waiting on payers (90–150 days for commercial). Practices often soft-open here — seeing self-pay patients, or Medicare patients if that enrollment cleared first.
4. **Months 5–8:** Credentialing clears payer by payer; you can finally bill each one. Full open.

The galling part is months 3–6: the practice is built, staffed, and paying rent while legally unable to bill its main revenue source. That carry cost belongs in your budget. How Much It Costs to Start a Private Medical Practice (Real Numbers)

If you're converting an existing insurance practice rather than starting fresh, the timeline logic is different — see How to Transition From Insurance-Based to Direct Primary Care.

What do physicians get wrong about launch timelines?

They assume the clinical setup is the slow part. It isn't. Exam-room readiness, supplies, and clinical workflows are days of work. The slow parts are third-party waits (credentialing, licensing boards, landlords) and the DIY pattern of researching each unfamiliar task before doing it, one task at a time, in spare hours. The launches that take a year don't contain more work than the launches that take six weeks — they contain the same work, arranged badly, around a full-time job.

The second mistake: confusing "open" with "done." Opening day starts the panel ramp; it doesn't end the project.

Reality check

The timeline to open is not the timeline to a living. A cash-pay practice can open in six weeks, but most physicians model **6–18 months to a sustaining panel**. Plan 6–12 months of personal runway regardless of how fast the doors open — the dangerous gap isn't between decision and launch, it's between launch and a full panel.

Speed has a failure mode. Opening fast with zero demand validation means finding out *after* you've resigned whether patients in your market will pay for your care. The reversible alternative: build the foundation while employed, open small on the side where your contract permits, and let evidence — not a calendar — set your resignation date. How to Test Your Own Practice Without Quitting Your Job

Some waits are yours to cause. The most common self-inflicted delays: submitting payer applications late instead of in month one, choosing software before choosing a model, and discovering a missing BAA or permit during launch week. The checklist exists to prevent exactly these. The Complete Checklist for Opening a New Medical Practice

Frequently asked

How long does it take to open a direct primary care practice?

Weeks, not months — roughly 4–6 weeks with the setup tracks run in parallel, because DPC has no payer credentialing. The sequence: entity and IDs, malpractice, membership pricing, DPC-ready software, HIPAA, then enrollment. How to Start a Direct Primary Care Practice

How long does physician credentialing take for a new practice?

Commercial payer credentialing typically takes 90–150 days per payer; Medicare runs roughly 15–90 days and Medicaid about 60–120. You can't bill a payer until its credentialing clears, which is why insurance-based launches are measured in months.

Can I open my practice while credentialing is still pending?

Often yes — practices soft-open by seeing self-pay patients or payers whose enrollment cleared early. What you can't do is bill a commercial payer you're not yet credentialed with, so plan the carry cost of those months.

What's the fastest realistic way to open a private practice?

Cash-pay model, telehealth or hybrid (no build-out), in a state where you're already licensed, with the administrative tracks run in parallel — by you with ruthless project management, or by a launch service. That combination is what produces weeks instead of months.

Does opening a practice take longer if I'm still working full-time?

DIY, yes — significantly. Sequential spare-time execution is the main reason identical task lists take 6–12 months instead of weeks. Delegating the parallelizable setup work is how employed physicians launch without quitting first.

> General information, not legal advice. Licensing and credentialing timelines vary by state and payer — verify with your state medical board and payers, and consult a healthcare attorney licensed in your state on contract questions.

HOW OPENWELL CAN HELP

Done-for-you, end to end.

If the parallel-track timeline is what you want without running it yourself, that's the job Openwell does: a cash-pay launch executed end to end, with your clinic live on one integrated platform at the finish.

Book a call → openwellhealth.com/book-a-call

SCAN TO BOOK

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