

What They Didn't Teach You in Medical, Nursing or Therapy School

How to start and grow your private practice or healthcare business from the business perspective.

A practical introduction to virtual, in-person and hybrid practice ownership, with examples from mental health. Learn how business setup, payer participation, referral relationships and team growth fit together.

Meet Brittany

I am Brittany, founder of Pear Medical Consulting and founder/cofounder of two clinics in Houston. I hold an MBA with a healthcare concentration. My experience is in the business side of healthcare, and I help owners organize the work behind the care.

This guide gives you a starting point. Through Pear, we help you turn your goals into a plan for your business foundation, credentialing, operations, marketing and growth.



Use this guide to choose your next step

Read the topics, complete the readiness worksheet, and bring your questions to Pear. You do not need every answer today. Start by identifying what your practice needs before you spend, hire or promise appointment availability.

Educational business guidance. Ownership, licensing, payer and tax requirements depend on your state, profession and model. Confirm the specifics with the relevant authorities and qualified advisers.

Build the foundation before the launch

Define the practice you want to own

Choose the people you will serve, the services you will offer and where care will take place. For example, an adult outpatient practice offering therapy and medication management needs a different team and workflow from a child-focused practice.

- **Confirm the ownership and clinical structure.** Ask a healthcare attorney about the entity, ownership eligibility, professional rules and any required supervision or collaboration for your actual model.
- **Organize the entity and EIN.** If forming an LLC, partnership or corporation, register it with the state before applying for the EIN. Use the appropriate legal name and responsible party. An EIN is a federal tax ID and is free directly from the IRS. [1]
- **Separate business finances.** Prepare banking, bookkeeping, a startup budget and cash reserves. Ask your CPA about tax treatment; an EIN application is not a substitute for tax planning.

Choose space that fits your services

A large office is not the only starting point. Explore a private room in a coworking setting, a permitted clinical sublease, a small office or an appropriate private telehealth workspace. Compare total cost, lease terms, patient access and room availability.

Before signing, confirm clinical use is allowed and the location meets applicable licensing, accessibility, payer and enrollment requirements. A mailing address or virtual office should not be assumed to qualify as a clinical location. Telehealth needs a private setting, suitable safeguards and vendors with required business associate agreements. [2, 7]

Pear can help: business planning, entity setup coordination, space strategy, startup priorities and introductions to appropriate professionals.

Plan the group around your services

You can plan for a group with multiple disciplines, rather than a practice limited to one specialty. The structure should reflect the providers you actually employ or contract with and the services they are qualified to deliver.

Practice model	Illustrative team	Planning question
Single specialty	Several therapists providing therapy	How will you build capacity and coverage?
Multiple specialties or disciplines	A psychiatrist or PMHNP plus therapists; other disciplines when appropriate	Which services fit your population, licenses and contracts?

Understand the group and individual layers

- **Practice identity:** organize the legal entity, tax ID, organizational NPI when applicable, actual specialties, locations and payer contracts.
- **Clinician identity:** maintain each rendering provider's individual NPI, licenses, specialty information and payer-required credentialing or enrollment.
- **Billing relationship:** confirm how each clinician is linked to the group and which services, locations and products are approved. Medicare uses individual and group enrollment and reassignment processes. [3]

A multispecialty label does not automatically authorize every provider or service. Adding a specialty may require payer review, new applications, roster updates or contract changes. Do not assume a clinician's existing participation follows them to your group.

Pear can help: map your group structure, coordinate accurate applications, track provider affiliations and plan specialty expansion. Payers decide participation and effective dates.

Choose plans for your patient population

Start with local demand. Ask prospective referral partners which plans their patients carry, then compare the actual networks, covered services, payment terms and administrative requirements. A familiar insurer name alone does not identify the correct product.

Payer category	When to evaluate it	Questions before applying
Commercial plans	Employer coverage, individual coverage and local referral demand	Which exact products? Who manages behavioral health? Is the panel open? What rates and rules apply?
Original Medicare	A population that includes Medicare beneficiaries	Are your clinicians and services eligible? What enrollment, reassignment and billing steps apply?
Medicare Advantage	Local demand from members of specific private Medicare plans	Is a separate network contract needed? Which products and authorizations apply?
Medicaid and managed care	A population that includes Medicaid beneficiaries	What does your state require? Which managed care networks and provider types fit your model?

Build a shortlist rather than applying blindly

Commercial candidates to research include local Blue Cross Blue Shield plans, Aetna, Cigna and UnitedHealthcare, plus relevant behavioral health administrators such as Optum or Carelon. These are examples, not a universal recommended panel. Verify who administers each patient's benefit.

Medicare and Medicaid can support your access goals when your model, staffing and economics fit. Evaluate eligible patients, allowed services, contract rates, documentation workload and time to payment. Medicaid varies by state and managed care arrangement. [3, 4]

Your first task: rank three to six candidate networks using local demand, expected collections and operational fit. Pear helps organize the research and application priorities.

Get approved and prepare to bill

Follow the full participation workflow

- **Prepare:** gather group and clinician records, licenses, NPI information, tax documents, locations and required coverage certificates. Complete and maintain CAQH profiles where the payer uses them.
- **Apply:** identify the correct medical or behavioral health application route, submit complete records and track follow-up requests. Credentialing verifies qualifications; contracting establishes network terms. [5]
- **Confirm:** retain written approvals, signed contracts, provider affiliations and effective dates for the relevant products and locations. A submitted application is not participation approval.
- **Activate billing:** coordinate eligibility checks, authorizations, claim submission, electronic payments and remittance processing. Confirm the rendering and billing provider information before claims are sent.
- **Maintain:** track license renewals, profile attestations, recredentialing, revalidation and provider or location changes. Do not rely on a fixed approval timeline for every payer.

Payer participation and business insurance are different

Joining insurance networks lets an approved practice participate under its contracts. Protecting the business involves insurance policies. Ask a licensed broker to assess professional liability, general liability, cyber coverage, property and employment-related coverage for your actual risks.

For group coverage, ask who is insured, which disciplines and locations are covered, whether telehealth is included, and whether tail coverage may be needed under a claims-made policy.

Pear can help: credentialing coordination, payer tracking, group and provider updates, workflow preparation and connections to insurance professionals. Network approval, payment and insurance underwriting are not guaranteed.

Make referrals easy to send and receive

Your website introduces the practice. Business development builds professional relationships and makes access easier. Both need to describe what you can actually deliver today.

Prepare a referral partner introduction

- Create a one-page overview with your services, age groups, locations, appointment process, verified accepted plans and referral contact.
- Research psychiatric hospitals, discharge teams, emergency departments, urgent care, primary care practices, schools and community organizations that fit your patients.
- Ask about their needs: discharge access, therapy availability, medication follow-up, language access or coordination. Explain your capacity without promising a clinical outcome.
- Use a secure referral process. Define who receives referrals, who contacts the patient, how quickly staff respond and how consent and coordination are handled.

A simple outreach message

Hello [Name], I am [Name] with [Practice]. We offer [services] for [population] in [area or approved telehealth states]. I would appreciate learning about your outpatient referral needs and sharing our current availability, verified payer participation and secure referral process. Who coordinates these relationships on your team?

Measure the relationship through patient access

Track outreach attempts, partner conversations, appropriate referrals, completed appointments and reasons patients could not be scheduled. Use this feedback to improve intake and availability.

Keep outreach focused on care access and service information. Do not offer or accept payment or rewards for referrals. Have counsel review financial arrangements with referral sources. [6]

Pear can help: referral strategy, outreach training, presentations, marketing materials, websites and SEO, and referral workflow or app planning.

Grow beyond one provider with a plan

Adding clinicians can expand services and capacity. It also adds payroll, management and operational demands. Hire when patient demand and expected collections support the next role.

Choose the next role for a specific reason

If your medication management patients need therapy, evaluate a therapist. If therapy patients need psychiatric care, evaluate an appropriate prescribing clinician. Add services only when the clinical model, demand, ownership structure and payer approvals support them.

- **Recruit deliberately.** Define the role, schedule, qualifications, compensation and clinical oversight. Verify licenses and references and use appropriate employment or contractor agreements.
- **Prepare before opening the schedule.** Complete onboarding, required payer steps, documentation training, intake routing and access to systems. Build staffing around realistic appointment availability.
- **Standardize operations.** Write workflows for scheduling, benefits checks, authorizations, documentation, billing follow-up, complaints and escalation. Clinical policies require qualified clinical leadership.

Estimate whether a role can support itself

Planning example: 20 completed visits per week x \$100 average collected per visit x 4.33 weeks = approximately \$8,660 monthly collections. These are illustrative assumptions, not a revenue forecast. Account for denials, no-shows and payment delays.

Subtract clinician compensation, benefits or contractor costs, billing fees and additional overhead. Estimate the cash reserve needed before collections arrive. Revenue is not profit, and hiring more providers does not automatically improve profit.

Review monthly: completed visits, schedule utilization, collections, denials, receivables, payroll and cash balance. Pear helps with recruiting coordination, onboarding, operations and growth planning.

Build a practice that can stand on its own

Even if selling feels far away, organized records and reliable operations make your clinic easier to manage today. A buyer will want evidence of performance and a clear picture of what can transfer.

Prepare the information a buyer may request

- **Financial records:** accurate profit and loss statements, tax returns, collections, payroll, receivables and an explanation of owner-related expenses.
- **Operational records:** documented processes, staffing plans, leases, vendor contracts and referral information organized without unnecessary patient disclosure.
- **Clinical and payer records:** provider rosters, licenses, contracts, enrollment records, compliance documentation and outstanding issues.
- **Owner independence:** show who manages operations and how care and revenue continue if the owner reduces clinical or administrative work.

Understand the transaction before promising a price

A valuation depends on earnings, risk, contracts, team stability and other factors. Gross revenue alone does not determine a sale price. Payer contracts and enrollments should not be assumed to transfer automatically; confirm transaction-specific notices and approvals.

Ask a healthcare transaction attorney, CPA and qualified valuation or brokerage professional to assess the deal structure, ownership eligibility, tax treatment, records handling and transition obligations.

Pear can help: organize operations and business records, identify readiness gaps and coordinate with transaction professionals. This guide does not promise a sale, valuation or brokerage service.

Your next step

Create one secure business records folder and a list of your current contracts. Identify anything outdated, unsigned or dependent entirely on you.

Turn the overview into your action plan

Pear Consulting helps healthcare entrepreneurs organize the business work behind practice ownership. Your engagement should identify the services, deliverables, responsibilities and fees that apply to you.

Ways our team can support your practice

- **Business foundation:** startup strategy, market research, entity setup coordination, space planning, budgets and business priorities.
- **Payers and group practice:** payer selection research, credentialing coordination, NPI and CAQH support, provider affiliations and multispecialty growth planning.
- **Operations and recruiting:** role planning, executive recruiting, onboarding, HR file preparation, administrative workflows and clinical documentation coordination.
- **Visibility and referrals:** branding, websites and SEO, marketing materials, presentations, business development training and referral workflow planning.
- **Growth:** mentorship, recruiting priorities, team expansion, performance reviews and sale readiness organization.

Your next step	Current offer
Focused mentorship	\$1,500 for 5 sessions
Extended mentorship	\$2,500 for 10 sessions
Internship or broader services	Ask Pear about current availability, format, scope and pricing.

Ready to move forward? Message **START** to Pear on Instagram or TikTok, or email brittany@pearmedicalconsult.com. Include your profession, state, business idea and biggest obstacle. Visit pearmedicalconsult.com to connect.

Session prices reflect the offers provided for this guide. Filing, credentialing, recruiting, websites, travel and other services are included only when stated in your signed engagement. Mentorship and internship do not guarantee payer acceptance, referrals or revenue.

Choose what you will work on next

Use these prompts before contacting Pear. Write short answers and bring the three biggest unanswered questions to your conversation.

My practice idea and target patients

My state and virtual in-person or hybrid model

My planned services and first two provider roles

My entity EIN and location status

My top three payer networks to research

My first five referral partners to contact

My startup budget cash reserve and next action

Sources and verification

Reviewed October 4, 2026. Check current payer, federal and state requirements before acting. Sources support the regulatory guidance; planning examples and Pear service descriptions are provided for education.

- 1 [IRS Employer identification number](#)
- 2 [HHS Getting started with telehealth](#)
- 3 [CMS Medicare provider enrollment](#)
- 4 [Medicaid Managed care enrollment](#)
- 5 [Aetna Joining the provider network FAQs](#)
- 6 [HHS OIG Fraud and abuse laws](#)
- 7 [HHS HIPAA rules for telehealth technology](#)