

EXAMPLE #3

**Departing ECU PHYSICIAN / Clinical Provider Checklist**

Physician/Provider Name: \_\_\_\_\_ Department: \_\_\_\_\_

Notice Given: \_\_\_\_\_ Length of Notice Required: \_\_\_\_\_ 90 days) \_\_\_\_\_ (120 days)

Date of Last Work Day: \_\_\_\_\_

Items to Complete in advance of last day worked: \_\_\_\_\_ Deadline Date: \_\_\_\_\_

**1. Letter of Resignation Sent to:**

- Group Practice Administration, Brody 1K20
- Health Sciences Human Resources, Brody 4W54
- Billing & Reimbursement, Thomas Professional Building
- Patient Services, Thomas Professional Building
- Vice Chancellor, Brody AD48
- Dean, School of Medicine, Brody AD52
- ITCS, Help Desk, Austin Building
- HIS/S, Lakeside Annex 2
- Clinical Laboratory, PCMH
- Benefits Administration, Brody 2W33
- Managed Care Office, Thomas Professional Building
- Prospective Health, Warren Life Science Building, Room 188
- Credentialing Office, Brody 1K20
- Risk Management, Pavilion #10
- Compliance, Brody 2W31
- ITCS Administrative Services (delete from Sprint White Pages)
- Laupus Library, Asst. Director

**2. Clinical Department Drafts:**

**Letter to all patients 60 days prior to the last date the physician plans to see patients and forward to Group Practice Administration.**

**Deadline Date:** \_\_\_\_\_.

**3. Department/Section responsibilities (to be accomplished by each area according to their own procedure prior to the last work day):**

**a) Clinical Department:**

- Cancel PCMH privileges
- Return ECU ID badge
- Return PCMH ID badge
- Return Keys
- Return Beeper – Remove from Service
- Return State Telephone Charge Card
- Return Library Card
- Return Home PC or Laptop

**b) Group Practice Administration**

- Notification Letter to Patients mailed
- Delete from Referral Directory
- Cancel ECU Credentialing
- Delete from Managed Care Listings

**c) Billing & Reimbursement:**

- Mark Provider "Inactive" in IDX
- Notify Payers

**d) Patient Access Services:**

- Verify provider's last day of clinic
- Delete clinic days on the system beyond that date
- Confirm Special Instructions (for interim):
  - other clinics to be deleted;
  - load new patient visit type deletion;
  - load patient distribution to other providers

**e) Notify Clinic Site Representatives, Coordinated Area Representative and other Patient Access Services Staff of:**

- Provider's last date of clinic
- Special interim instructions
- New practice location and phone number, if requested by a patient

**f) Risk Management**

- Cancel Malpractice Insurance

**g) Dean's Office:**

- Process Termination

**h) ITCS:**

- Delete E-mail access
- Delete IDX access

**i) Health Information Systems/Services:**

- Return and Completion of Records prior to termination date
- Delete Logician access

**j) Clinical Laboratory:**

- Delete Sunquest access