

The benefits of a large group. Without giving up your independence.

Practice MD is organizing New Jersey's independent behavioral-health practices into a provider-owned network — owned by the clinicians in it, not a payer, a hospital system, or a staffing platform. The network is forming now.

Shared infrastructure, without the merger

Nobody goes into behavioral health to chase panels, phone tag, and claims. Large groups bury that work in shared infrastructure no independent practice can justify alone. The network puts it at your disposal:

A booking platform that brings new patients.

Patients post what they need — reason for visit, insurance, availability — and your office answers only the requests that fit. Your calendar is never public. Flat monthly, no per-booking fees — and \$0 until it brings you your first appointment request.

Credentialing, handled. CVO-backed: one file, every panel — applications, re-attestations, and expirables tracked and maintained for you, so enrollment never sits on your desk.

Billing that scales. Full revenue-cycle management — claims out the door, denials worked, collections followed up — at a flat 7% of collections: the price of a big group's back office, shared.

The booking platform is the subscription. Credentialing and billing are there when you want them — benefits you can take up at any time, never a condition. That's the promise: the non-clinical weight comes off your shoulders — to exactly the degree you want it taken.

The payer relations of a large group

When a payer cuts rates, New Jersey's independent behavioral-health clinicians have no seat at the table. Next door in New York, clinicians have had one for a decade: provider-owned networks, recognized by the state, that deal with carriers as institutions. New Jersey has nothing like it. We're organizing it.

One point of contact for every carrier. The network holds one credentialing file and receives every contract offer through a single conduit. Each practice always decides for itself — but no practice deals alone.

See what you're signing. Members get an empirical picture of how a contract offer compares before they sign — visibility no solo practice has on its own.

Owned by the clinicians in it. Every member practice holds a stake and a vote. What the network builds next is decided by the clinicians who own it.

Where this kind of network goes — what New York's became: referrals that stay inside the network, shared data and quality infrastructure, and the standing to pursue value-based contracts no solo practice can reach alone. None of that exists for New Jersey's independents yet. Building the vehicle that can — member-owned — is the point.

THE FOUNDING 100

The first 100 behavioral-health practices to subscribe are the Founding 100.

	FOUNDING TERMS*	STANDARD
Booking platform	\$0 until your first appointment request, then \$200/provider/mo, locked 24 months	\$300/provider/mo
Credentialing	\$100/provider/mo, locked 24 months	\$150/provider/mo
Revenue-cycle management	7% of collections, flat	7% of collections
Network membership dues	\$500/practice/yr, from the day membership opens	\$500/practice/yr

* Founding terms; subject to final program documents.

Founding standing also includes: a seat on the roadmap council now, founding governance seats and first claim on membership when the network opens, and permanent founding-roster recognition — opt-in only.

WHAT WE NEVER ASK

No exclusivity — keep every relationship you have today. No volume commitments. No referral expectations. No share of your panel. **Your practice, your patients, your contracts.**

Worth 15 of your minutes.

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SCAN TO BOOK



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