DOC2DOC · ADVISOR PACKET

A business-only planning workup for independent psychiatrists in transition.

Written for healthcare attorneys, CPAs, bankers, brokers, and senior physicians who get the call before any commitments are made.

The short version. A psychiatry-specific, business-only planning workup that gives an independent psychiatrist a read on transition path, indicative valuation range, transferability and continuity risks, evidence gaps, and the right next advisor questions.

Where we stop. We are not a broker, attorney, CPA, formal appraiser, transaction representative, or substitute for legal, tax, accounting, valuation, credentialing, or clinical advice.

Best time to use it. Before the doctor has made commitments to a buyer, successor, landlord, staff member, patient group, payer, or advisor.

01 · Advisor fit and referral triggers

Who this packet is for, and when to send a doctor over.

Doc2Doc helps make your hour with a referred psychiatrist more productive. The Workup is a planning step, not an advisory step. It organizes the file, names the path, and points to the right professional next.

Common referral triggers

- Owner is one to five years from likely retirement, slowdown, or transition, and is not yet sure which path is right.
- Owner has been approached informally by a buyer, successor candidate, or hospital affiliation but has no organized file.
- Owner is a current client on an unrelated matter (estate, tax, divorce, real estate) and the practice keeps coming up unresolved.
- Health, family, or scheduling change has compressed the timeline and a path decision is needed before commitments.
- Panel-continuity concern (controlled-substance prescribing, high-acuity patients, single-clinician dependency) needs planning before any sale or wind-down conversation.
- You are about to be asked questions you cannot efficiently answer without a clean baseline file.

Good-fit and poor-fit referrals

Good-fit referral	Poor-fit referral
Independent outpatient psychiatrist (solo or small group), 1-5 years from likely transition.	Doctor in immediate financial distress needing same-week cash, transaction representation, or emergency clinical coverage.
Owner unsure whether the practice is sellable, whether a successor is realistic, or what to prepare before calling counsel or a CPA.	Owner with an executed LOI who needs counsel to negotiate it. Send straight to a healthcare attorney.
Owner with controlled-substance, telepsychiatry, multi-state, or panel-acuity concerns that benefit from a planning step before commitments.	Owner who needs a clinical decision (ECT, hospitalization, custody case, fitness-for-duty). Clinical and ethical scope, not ours.
Owner approached informally by a buyer or successor who wants a baseline before responding.	Owner whose primary need is help transferring patient records or finding a custodian on short notice. Counsel and the records vendor are faster.
Transition timeline of 6+ months and willingness to gather a basic file.	Owner expecting Doc2Doc to operate or staff the practice during transition.
Owner whose primary concern is leaving patients well, not maximizing price.	Owner expecting a guaranteed price or a guaranteed buyer.

02 · Deliverables and business-only boundaries

What the doctor brings back to your office.

By the time a referred psychiatrist returns, the file should be more organized. The Workup should make your hour more productive, not duplicate your work.

Path read

Prepared sale, successor search, merger or affiliation, planned wind-down, or 'more preparation needed first,' with the reasoning written down.

Planning range

An indicative valuation range that shows the bridge from collections through normalization and transferability, not an unexplained multiple. Explicitly not a formal appraisal.

Continuity map

Aggregate, business-only segmentation of patient, referral, payer, staff, and records risks the doctor needs to address before commitments.

Evidence punch list

The specific items still missing from the file (24-36 month P&L;, owner-comp normalization, payer assignability, lease, malpractice, BAA status).

Advisor questions

Targeted questions for counsel, CPA, banker, broker, EHR, and malpractice carrier, written so the doctor can use them in the next meeting.

30 / 90 / 365 plan

An immediate, near-term, and full-cycle priority list the doctor can act on or hand to the next professional.

How the business-only review works

Intake asks for aggregate business and operations data: collections, expenses, owner clinical hours, active panel size, monthly visit volume, payer-mix percentages, staffing, billing model, EHR vendor, lease, referral-source categories, controlled-substance prescribing share at the panel level, telehealth share, and broad acuity distribution.

The doctor never submits patient names, dates of birth, addresses, chart excerpts, psychotherapy notes, appointment-level detail, prescriptions linked to individuals, or identifiable clinical scenarios. Documents shared with Doc2Doc are redacted of patient-level information first; we do not need it, and we do not want it on file.

Where a question would otherwise require identifiable patient detail, we ask for an aggregate description instead. If a question genuinely needs identifiable detail, we route it to the doctor's counsel rather than answer it ourselves.

Because Doc2Doc's intake avoids identifiable patient information, we do not operate as a Business Associate under HIPAA and do not execute BAAs as part of our standard engagement. If a document shared with us is later found to contain patient-level information, notify us immediately; we will return or destroy it and will not use it in our analysis.

03 · How Doc2Doc reduces advisor friction

Less remedial file-building. More advising.

The recurring complaint from healthcare attorneys, CPAs, and bankers about underprepared physicians is the same: most of the first hour is spent reconstructing facts the doctor should have walked in with. Doc2Doc absorbs that step.

For healthcare attorneys

The doctor arrives with a business-only practice description, payer-contract list, lease summary, malpractice context, and a draft notice timeline. Counsel can move directly to scope, structure, and risk.

For CPAs

Owner compensation history, P&L;, distributions, and personal expenses run through the practice are flagged for normalization. Adjusted-SDE construction and tax structure get the time, not data assembly.

For bankers

Adjusted-SDE summary, demand evidence, payer mix, and owner-overlap plan are organized in advance. Underwriting questions land on a real file instead of a verbal description.

For brokers

The doctor arrives with a credible business-only diligence baseline. Broker time can focus on positioning, comparable transactions, and outreach rather than reconstructing the practice.

For senior physicians and successors

Aggregate panel description, scope-of-care expectations, overlap plan, and credentialing timeline are documented. The clinical fit conversation can happen without crossing into identifiable patient detail.

For state medical boards

If a closure or transition is likely, the doctor is prompted to ask about mandatory notice obligations, documentation expectations, controlled-substance-prescribing panels, and telepsychiatry across state lines.

For estate and family-office advisors

The Workup makes the practice intelligible alongside other illiquid assets, with a planning range and timeline that can plug into broader retirement and estate work.

What we deliberately do not do

- Represent the doctor in a transaction, draft transaction documents, or negotiate with counterparties.
- Provide formal appraisals, fairness opinions, or broker opinions of value.
- Provide legal, tax, accounting, credentialing, or clinical advice. Where the work needs a licensed professional, we say so and route there.
- Collect, store, or analyze PHI as part of the early Workup.
- Solicit named doctors based on age, retirement status, accepting-patient status, or other inferred personal vulnerability.

- Pay referral fees that would create regulatory or fiduciary concerns for the referrer.

04 · Prequalifying questions for advisors

Five questions before sending a doctor to Doc2Doc.

If you have ten minutes with the physician, the answers to these five questions usually decide whether a Doc2Doc Workup is the right next step or whether they need a different first call.

01 · Timeline

"What does your timeline look like: months, a year, three years?" Anything short of two months is usually wind-down territory and probably needs counsel before a Workup.

02 · Existing commitments

"Have you signed anything, agreed to anything, or made any verbal commitments to a buyer, successor, landlord, payer, or staff member about the transition?" If yes, route to counsel first.

03 · Financial baseline

"Do you have at least 12 months of P&L you can put your hands on, even if it's messy?" If yes, the Workup can start with the economics instead of recreating them. If no, the first 30 days of the Workup will produce one.

04 · Panel acuity and prescribing

"How many of your active patients are on controlled-substance prescriptions, roughly?" A meaningful share concentrates continuity risk and shapes the path.

05 · Underlying motivation

"Are you primarily worried about price, about your patients, or about getting the timing right?" The honest answer tells you whether Doc2Doc, counsel, a broker, or a CPA is the better first stop.

How to refer

Send the physician to **doc2docpro.com** or have them email **hello@doc2docpro.com**. Mention your name and they will be routed accordingly. We will copy you on confirmation if the doctor consents.

Open feedback channel

Doc2Doc is in active build-out and we treat advisor feedback as professional time. We are particularly interested in disclaimer language, referral handoff, what your clients tend to prepare too late, and where a business-only planning report would or would not be appropriate.

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