

FREE PLAYBOOK · PRINT IT, WRITE ON IT

The Solo Practice Time Playbook

Six templates for running a one-person nutrition practice without the admin eating your evenings: a weekly schedule, a 15-minute close-out after every visit, a weekly admin routine, a monthly money review, client message scripts, and a table to decide what to hand off first.

How to use it

Print it (Letter, any printer) or fill it in on screen. Do one template this week, not all six. Pick the one whose pain you felt most recently. Times marked **est.** are our estimates for a solo practice with roughly 20 client sessions a week, not study results. Your numbers win.

What is inside

PAGE	TEMPLATE	USE IT WHEN
2	The weekly time-block grid	Your days feel like one long inbox
3	The first 15 minutes after every visit	Notes pile up and billing goes out late
4	The weekly admin routine	You do admin whenever you remember
5	The monthly money and paperwork review	You are not sure what you are owed
6	Client message scripts	Reminders, balances and reschedules drain you
7	What to delegate first	You are ready for help, not sure with what
8	If you would rather hand it off	Doing it all yourself has stopped making sense

Start here: your week in numbers

Two minutes, a pencil. These make the rest of the playbook specific to you.

Client sessions I see in a typical week	
Hours I spend on admin in a typical week (notes, billing, messages, scheduling)	
Of those, hours that happen outside my working day (evenings, weekends)	
The one admin job I dread most	

Written for US registered dietitians who see clients privately, with or without insurance billing. It is general guidance: your payer contracts, state rules and own judgment come first.

TEMPLATE 1

Your weekly time-block grid

Decide where each kind of work lives before the week starts, so admin stops leaking into every gap. Shade each block in, or write C, A, B or M in it for Client, Admin, Buffer, CEU and marketing, then write the specifics in.

☐ Client sessions
 ☐ Admin one fixed block
 ☐ Buffer 10 to 15 min after sessions
 ☐ CEU / marketing
 ☐ Off leave white

	MON	TUE	WED	THU	FRI
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					

Four rules that do the work

- **One admin block.** Same day, same time, protected like a client.
- **10 to 15-minute buffers.** Right after a session is when the note is easiest to finish.
- **Cluster clients.** Two or three client days beat five thin ones.
- **CEU and marketing get a slot,** or they get nothing.

One way a Tuesday can look

9:00 45-min client, buffer
 10:00 45-min client, buffer
 11:00 45-min client, buffer
 12:00 Lunch, off
 1:00 45-min client, buffer
 2:00 45-min client, buffer
 3:00 CEU or marketing, 60 min

My fixed admin block

Day _____ Time _____

Length _____ min

aim for 60 to 90 est.

Print two copies: this week as planned, and the same grid at the end of the week, filled in with what actually happened.

This week's top three

Weekly check, 2 minutes on Friday

☐ Did the admin block happen?

☐ Notes closed by end of day? _____ of _____

☐ Hours of admin outside the grid: _____

One block I will move next week:

Duo can run this for you. Reminders and confirmations are drafted for your yes, and claims are ready for you to review and submit, so the admin block shrinks.

TEMPLATE 2

The first 15 minutes after every visit

Most admin pain is deferred admin. A fixed close-out while the visit is fresh turns a pile of "later" into five small, finished steps.

0 to 3 min
Capture

Write down what only you know right now

- ☐ Start time, end time, total minutes with the client
- ☐ The one or two things the client agreed to try
- ☐ Anything to follow up on (a lab, a referral, a question you owe them)

3 to 8 min
Close the note

Finish and sign the note from your template

- ☐ Reason for visit, assessment, diagnosis, what you counseled on, plan
- ☐ Goals and the next follow-up date
- ☐ Signed before you open the next thing

8 to 11 min
Set up billing

Make the visit ready to bill

- ☐ Code matches the visit: 97802 first visit, 97803 follow-up (15-minute units; your payer decides when a unit counts)
- ☐ ICD-10 diagnosis (from the referral if there is one), place of service and telehealth modifier as the payer wants them
- ☐ Insured: marked ready for the weekly billing run. Self-pay or out-of-network: superbill or receipt handed over

11 to 13 min
Client

Send one short message and book the next visit

- ☐ Summary or handout, plus the next step in one line
- ☐ Follow-up booked before they leave the session or the call

13 to 15 min
Reset

Empty your head into one list

- ☐ Add anything admin that came up (a balance, an insurance question, a form) to your admin inbox list
- ☐ Stand up, water, next client

Short on time? Do these three

Sign the note. Set the code. Book the follow-up. Everything else can wait for your admin block.

My admin inbox

One running list for everything that is not a client and not urgent. It gets cleared in the admin block, not between sessions.

This week's close-outs

DATE	NOTE SIGNED	BILLING SET	CLIENT MESSAGE	REBOOKED	MIN

Check the box or write the time. If "Min" runs over 15, shorten the note template before you shorten the steps.

With Duo: It drafts the note and the claim from the visit recording for you to review and sign, so the middle three steps get shorter.

TEMPLATE 3

The weekly admin routine

Three short, named sessions beat admin scattered across the week. Move the days to fit your schedule; keep the order.

DAY	WHAT HAPPENS	PLAN	ACTUAL
Monday Set up the week	☐ Look at the week: any new clients? Check their insurance, and whether the plan needs a referral or order on file, before the first visit ☐ Intake forms and consents outstanding for the week's clients? Chase them now ☐ Confirm who needs a reminder or a card on file	15 to 20 min est.	
Wednesday Follow-ups	☐ Clients who have not booked their next visit: send the nudge ☐ Referral, lab or letter requests waiting on you ☐ Reply to non-urgent messages in one pass	15 min est.	
Friday Billing day	☐ 1. File claims for every signed note that has none ☐ 2. Post the week's payments and remittances to the visits they paid ☐ 3. Fix and resend anything denied, using your denial notes ☐ 4. List claims filed 30+ days ago with no payment or denial; check their status ☐ 5. Balance sweep: one short message to each client who owes ☐ 6. Write next week's admin inbox into Monday's block	45 to 75 min est.	

Billing-day tracker

WEEK OF	FILED	PAID	DENIED	OPEN 30+

One-page denial notes

Every denial you fix once, write down once.

CODE	WHAT IT MEANT	THE FIX

Rules that keep billing day short

- File within days of the visit, not at the end of the month. Payers have filing limits and they vary, so write yours down.
- A denial is a to-do with a deadline, not a mood. Check the code first, then fix or resend.
- Keep billing day in the calendar even in a light week. A short run is still a run.

My billing day: _____ at _____

Filing limits to remember: payer _____ days _____
payer _____ days _____

Or let Duo do it. Claims go out when you press Submit, payments are matched to visits, denials are explained in plain English, and follow-ups are drafted for you.

TEMPLATE 4

The monthly money and paperwork review

Forty-five minutes, same day each month. You are looking for money that is owed to you and dates that will bite you. Do it early in the month, while last month is still clear.

1 Who owes me? (A/R aging)

UNPAID FOR	# CLAIMS	\$ OWED	ACTION
0 to 30 days			
31 to 60 days			
61 to 90 days			
Over 90 days			

Insurance and patient balances, listed separately if you can. The older the row, the sooner you act on it.

2 Three numbers to watch

MONTH	COLLECTED	DAYS TO PAY	DENIAL RATE %

Days to pay: visit date to money in. Denial rate: denied claims divided by claims filed.

5 Dates I must not miss

ITEM	DUE DATE	IN MY CALENDAR	DONE
State license renewal			
RD registration and CPEU cycle			
CAQH profile re-attestation (every 120 days)			
Payer recredentialing or revalidation			
Liability insurance renewal			
NPI and NPPES details current			
HIPAA risk review and BAAs			
Estimated tax payment			

Cycles shown are typical. Your state board, credentialing body and payers set the real ones: look them up once and enter the dates.

The one change I make next month

3 Denials this month

CODE	REASON	PREVENTABLE?

Same reason twice? Fix the cause upstream: a field on intake, a default in your claim setup.

4 Superbills and receipts

- ☐ Every self-pay or out-of-network visit has its superbill
- ☐ Outstanding: _____
- ☐ Missing card on file or consent: _____

Duo can take this on. Paid, denied and still-open claims are already in one place, so this review starts with the totals worked out.

Review day
Date: _____
Time spent: _____ min

TEMPLATE 5

Client message scripts

Short, warm, one ask per message. Written once, they save the dozen small decisions about how to say it. Swap the brackets and send.

Appointment reminder

48 hours before

Hi [Name], a reminder of your nutrition visit on [day] at [time]. [Video link or address]. Tap to confirm, or reply if you need to move it.

Gentle balance message

after the visit

Hi [Name], your balance for [date] is \$[amount]. You can pay here: [link]. Thank you, and see you on [next date]!

Second nudge on a balance

two weeks later

Hi [Name], a quick note that the \$[amount] from [date] is still open. Pay here: [link], or reply if you would like to set up a plan. Thank you!

Client asks to reschedule

same day

Of course. I have [day, time] or [day, time] open. Which works better? If neither does, tell me what does and I will find something.

Late cancel or no-show

after it happens

Hi [Name], I missed you today. Per the policy you agreed to at booking, changes inside [24] hours carry a session fee. Want to rebook for [day, time]?

After-hours message

set once, reuse

Thanks for your message. I reply to messages [days, hours]. For anything urgent or medical, please contact your doctor or local emergency services.

Insurance information missing

before first visit

Hi [Name], to bill your insurance I need a photo of the front and back of your card before [date]. You can reply here with it. Thank you!

Follow-up nudge

2 weeks after last visit

Hi [Name], it has been a couple of weeks. How are the changes going? I have [day, time] open for your next visit if you would like it.

Three rules for tone

- Lead with the person, then the ask.
- One message, one request, one link.
- Same words every time: a policy applied evenly is a boundary, not a mood.

Boundaries to write down once

- ☐ Message hours and typical reply time
- ☐ Late-cancel window and fee (check payer contracts before charging insured clients)
- ☐ What you do not do by message

My own wording

My policy, in two sentences

My reply-time promise

This week's message batch

WHO (INITIALS ONLY)	WHICH SCRIPT	SENT

Duo can help here. Appointment reminders, confirmations and follow-up messages are drafted for you and sent when you say yes.

TEMPLATE 6

What to delegate first

Start with the work that eats the most minutes and needs the least of your clinical judgment. The minutes are our estimates for a solo practice at about 20 sessions a week with much of it billed to insurance, before you set up any routines from this playbook.

TASK	MIN A WEEK EST.	SKILL NEEDED	DELEGATE?	MY MIN	MY PICK
Reminders and confirmations	15 to 45	Low	Yes		
Scheduling and rebooking	20 to 60	Low	Yes		
Chasing intake forms and consents	10 to 30	Low	Yes		
Insurance eligibility checks	20 to 50	Medium	Yes		
Claim prep and filing	40 to 90	Medium to high	Yes		
Posting payments to visits	15 to 30	Medium	Yes		
Following up on unpaid claims	15 to 45	Medium to high	Yes		
Patient balance messages	10 to 20	Low	Yes		
Prior authorizations	0 to 45	High	Maybe		
Appeals	0 to 60	High	Maybe		
Credentialing and renewals	5 to 30	High	Maybe		
Bookkeeping and taxes	20 to 60	Medium to high	Maybe		
Writing the clinical note	60 to 100	Your judgment	Draft help, you sign		
Counseling and clinical messages	varies	Your judgment	Keep		

"Yes" is a good first hand-off if you are getting help. "Maybe" is worth it only if you do it often, and usually needs someone who knows payers. "Keep" is yours.

Three questions for each task

1. Do I spend more than 30 minutes a week on it?
2. Could a careful person do it from written steps?
3. If it goes wrong, is it fixable rather than harmful?

Three yeses: hand it off first.

My first three hand-offs

1. _____
2. _____
3. _____

Before you hand anything off

Write the steps down once, including where the logins and files live. Hand off one job at a time and review the first few weeks. Anyone who touches client information needs a business associate agreement with you.

Duo can run this for you. It helps with most of the first eight rows, with you approving what goes out. You can start with just one.

IF YOU WOULD RATHER HAND IT OFF

An AI-powered admin and biller, free chart, 3.9% when insurance pays

Everything in this playbook you can do yourself. If you would like it done without doing it, that is what Duo Practice is for: an AI administrator and biller built for independent dietitians who bill Medical Nutrition Therapy. It is priced to be worth comparing with a hire, and the math is below.

What it does

- Records the visit and drafts the note and the claim for you to review
- Files the claim under your NPI when you press Submit, through your own Claim.MD account (and your payer enrollments in place)
- Matches payments to claims, explains denials in plain English and helps you fix them
- Drafts follow-ups and sends appointment reminders and confirmations on your yes
- Online booking, intake forms, eligibility checks through your own Claim.MD account, and invoices through your own Stripe account

What it does not do

- Send anything without you: nothing goes out until you press Submit
- Prior authorizations
- Appeals
- Credentialing
- Replace your clinical judgment: you review and sign every note

Those jobs stay with you or a specialist, so budget for them.

The cost, in plain numbers

Duo Practice

- The account and the chart are free, with no card on file
- Billing costs 3.9% of what the insurer pays on each claim. A claim paid \$0 costs \$0
- To bill you also need your own Claim.MD account, billed by them (currently \$30 to \$120 a month; check their plans)

Example: insurers pay you \$5,000 in a month. The fee is 3.9% of that, \$195, plus your Claim.MD plan.

Hiring an admin or biller: your math

Hours a week I would hand off _____

Hourly cost, with taxes and software _____

Hours x rate x 4.3 weeks = \$_____ a month

A billing service usually charges a share of collections: ask for the quote in writing and compare.

Duo side of the math: insurers pay me \$_____ a month x 3.9% = \$_____, plus my Claim.MD plan \$_____ a month.

How to try it in an afternoon

1. Create a free account

No card. Bring your clients over (a one-time import from Practice Better is built in) or add them by hand.

2. Run one visit through it

Record a session, read the drafted note and claim, correct what is off, sign.

3. Compare the minutes

Use the close-out tracker on page 3. If it does not save you time, you have spent nothing but the setup.

Rather not run these routines every week?

Create a free Duo Practice account. No card needed.

duopractice.com

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