



Target Coding

1245 Ginger Circle • Weston, FL 33326

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On-Site Program Agreement for Integrated Practices

This program includes:

- A full day of training at your office for you and all front desk CAs, insurance CAs and clinical staff members (DC, MD, DO, PT, NP, PA, CA, MT, PTA).
- A comprehensive review of your chiropractic, physical therapy and medical CPT codes, ICD codes, HCPCS codes, SOAP notes, Intake Forms, HIPAA Forms, Fee Schedules, Modifiers, Cash Plans, Insurance Verification Forms, Insurance EOBs and 1500 Forms.
- 3-months of follow-up support. Submit your questions via telephone, fax or e-mail and get your answers within 24-48 hours.
- 3-months of unlimited access to all Target Coding live webinars. The webinars are given just about every month and we cover many different topics.
- Plus our monthly e-newsletter...stay up-to-date on the latest coding, billing compliance and documentation information.
- **Cost: \$4,900 (one payment) or 2 payments of \$2,475.**

Doctor Information: Name: _____

Address, City, State, Zip: _____

Office #: _____ Cell #: _____ Fax #: _____ Email: _____

Credit Card Charges: The above named doctor authorizes Target Coding to charge the below credit card \$4,900 (one payment or 2 consecutive monthly payments of \$2,475) for the services set forth in this agreement. The above named doctor is responsible to reimburse Target Coding for all travel & lodging expenses (e.g., airfare, hotel, car rental) associated with the on-site visit. If doctor reschedules or cancels this agreement, doctor is responsible to pay Target Coding for any travel & lodging cancellation/re-scheduling fees.

Payment Method: **Visa** **MasterCard** **AMEX**

Credit Card Number: _____ **Exp. Date:** _____

Cardholder Name: _____ **Sec. Code:** _____

Credit Card Billing Address & Zip Code if different than above: _____

THE BELOW PARTIES HAVE EXECUTED THIS AGREEMENT FOR THE WRITTEN ABOVE.

Dr. Marty Kotlar

Target Coding Representative Signature

Doctor Signature

Date

Date