



# Target Coding

1245 Ginger Circle • Weston, FL 33326

Tel: 1-800-270-7044 • Fax: 1-954-389-3491 • [www.TargetCoding.com](http://www.TargetCoding.com) • [info@targetcoding.com](mailto:info@targetcoding.com)

## SMART CHOICE Program for DC-PT-MD Practices

Our **SMART CHOICE** program for integrated practices serves as a road map for growth, advancement and compliance improvement. Many practices mistakenly under-report their services or take unnecessary billing measures for fear of being audited. This program will help you S.W.A.N. (sleep well at night). We'll help you create fee schedules for every procedure, test, exam and supply sold that can easily be incorporated by insurance practices, personal injury practices as well as in and out of network practices. You'll be able to better evaluate your practice from a business standpoint as well as a billing, coding, documentation and cash patient point of view. This program helps a practice create compliant financial policies as they relate to insurance-based services as well as cash-based services. This program will help you submit claims supported by proper documentation to optimize reimbursement, prevent insurance audits, avoid state board issues and improve risk management awareness.

After our review plus 2-3 conference calls with Dr. Marty Kotlar (or with one of our certified professional compliance consultants), you will have specific action-steps to incorporate immediately plus an abundance of practical information to make your practice compliant and super successful. We will shred any protected health information after the review is complete.

### **The SMART CHOICE program focuses on the following:**

- **CODING**: A comprehensive review of your chiropractic, physical therapy and medical CPT codes, HCPCS codes, ICD codes and modifiers.
- **DOCUMENTATION**: A thorough analysis of your physical therapy, medical and chiropractic treatment plans, SOAP notes, evaluations, re-evaluations and treatment orders for diagnostic testing and DME.
- **MEDICAL NECESSITY**: Comprehensive training on how to establish and prove medical necessity, how to create patient goals, incorporate outcome measurements, ADLs, plus much more.
- **BILLING**: A complete review of your 1500 claim forms, fee schedules and EOBs.
- **FORMS**: An evaluation of your patient intake forms, HIPAA forms, assignment of benefits, insurance verification forms and office policy and procedure forms.
- **FINANCES**: An assessment of your patient financial policies and fee schedules.
- **TECHNIQUES**: A review of chiropractic techniques (e.g., Pettibon, CBP, ART, Cranial Adjusting, Atlas Orthogonal), carrier positions and medical necessity policies.

Please see next page for the **SMART CHOICE** program agreement and feel free to contact us if you have any questions.

Sincerely,

Target Coding

# SMART CHOICE Program for DC-PT-MD Practices

## The program includes:

- A comprehensive review of your chiropractic, physical therapy and medical CPT codes, HCPCS codes, ICD codes and modifiers.
- A thorough analysis of your physical therapy, medical and chiropractic treatment plans, SOAP notes, evaluations, re-evaluations and treatment orders for diagnostic testing and DME.
- Training on how to establish and prove medical necessity, how to create patient goals, incorporate outcome measurements, ADLs, plus much more.
- A review of your 1500 claim forms, fee schedules and EOBs.
- An evaluation of your patient intake forms, HIPAA forms, assignment of benefits, insurance verification forms and office policy and procedure forms.
- An assessment of your patient financial policies and fee schedules.
- A review of chiropractic techniques, carrier positions and medical necessity policies.
- Plus 2-3 follow-up conference calls with Dr. Marty Kotlar (or with one of our compliance consultants).
- **COST: ~~\$2,995~~ LIMITED OFFER: \$2,495 (or 2 payments of \$1,275)**

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Method: Visa    MasterCard    AMEX

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

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

**Credit Card Charges & HIPAA Notice:** The above named doctor authorizes Target Coding to charge the above credit card \$2,495 (one payment or 2 consecutive monthly payments of \$1,275) for the services set forth in this agreement. The above agreement does not include assistance with pre or post-payment audit related work. For purposes of HIPAA, Target Coding's relationship with your office will be as a Business Associate and will protect the integrity of any protected health information disclosed in the course of our business relationship. We will take reasonable measures to avoid disclosure of protected health information that you provide to us. For patient privacy purposes, supply us with a Business Associate Agreement. If you do not have a Business Associate Agreement, you should white-out patient names on all SOAP notes, EOBs and 1500 claim forms before sending to us. We will shred any protected health information after the review is complete.

**THE BELOW PARTIES HAVE EXECUTED THIS AGREEMENT FOR THE WRITTEN ABOVE:**

*Dr. Marty Kotlar*

\_\_\_\_\_  
Target Coding Representative Signature

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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