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Platinum Membership

The PLATINUM MEMBERSHIP includes:

- **A full day of training at your office for all employees.**
- A comprehensive review of your CPT codes, ICD-10 codes, SOAP notes, intake forms, HIPAA forms, fee schedules, modifiers, cash plans, insurance verification forms, insurance EOBs and 1500 forms.
- A billing and coding compliance manual with customized policies, procedures and employee training logs.
- Monthly trainings for all DCs and CAs - these trainings are personalized for your office.
- Q & A Support - submit your questions (via e-mail, fax or tel.) and get your answers within 24-48 hours.
- Access to all Target Coding webinars - live and recorded. The webinars are given just about every week and we cover many topics. You can watch our webinars from most tablets and mobile devices.
- Access to the member only section of our website. This includes our video library and e-newsletters.
- 80 customizable forms, logs and templates.
- Free access to all Target Coding seminars.
- Plus news alerts and updates on billing, coding and documentation.
- **Cost: \$599 per month for 12 months (see pre-pay option below)**

Member Information: Name: _____

Address, City, State, Zip: _____

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

Credit Card Charges: Member authorizes Target Coding to charge the below credit card 12 monthly consecutive payments beginning with the date below for the member services set forth in this agreement. If member wants to cancel this agreement after 3 business days, member is responsible to pay Target Coding for all 12 monthly payments. Member is responsible for all travel & lodging expenses (e.g., airfare, hotel, car rental) associated with the on-site visit. If member reschedules or cancels this agreement, member is responsible to pay for any travel & lodging cancellation/re-scheduling fees. This agreement is non-transferable.

Pre-Pay Option:

___ YES - I would like to save \$300 and pre-pay \$6,888 for the entire year.

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

Member Signature

Date

Date