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# DC-PT-MD-ACU Integration Program

## The DC-PT-MD INTEGRATION MEMBERSHIP includes:

- An analysis of your existing practice, corporate structure advice and consultations with your attorney.
- A comprehensive review of your chiropractic, physical therapy, acupuncture & medical CPT codes, ICD-10 codes, SOAP notes, intake forms, HIPAA forms, cash plans, insurance verification forms, EOBs and 1500 forms.
- A billing and coding compliance manual with customized policies, procedures and employee training logs.
- Monthly trainings for all DCs, PTs, MDs and staff - 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 chiropractic, PT, acupuncture, medical, HIPAA & Medicare forms, logs and templates.
- Free access to all Target Coding seminars.
- Plus news alerts and updates on billing, coding and documentation.
- **Cost: \$499 per month for 12 months (or \$699 per month with on-site) (see pre-pay option below)**

**Member Information:** Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Tel. #: \_\_\_\_\_ 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 \$250 and pre-pay \$5,738 for the entire year.
- YES - I would like to save \$300 and pre-pay \$8,088 for the entire year.

**Payment Method:**    Visa    MasterCard    AMEX    **Circle One:** \$499/month or \$699/month (with on-site)

**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