



1.800.270.7044 | TargetCoding.com

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On-Site Program Agreement

Agreement Includes:

- A full day of training at your facility for all billing and clinical staff members.
- A comprehensive review of your CPT codes, ICD-10 codes, SOAP notes, fee schedules, cash plans, insurance EOBs and 1500 forms.
- 3 months of follow-up support.
- **Cost: \$2,400**

Client Information: Name: _____

Address, City, State, Zip: _____

Office #: _____ Cell #: _____ Email: _____

Payment: Client authorizes Target Coding to charge the below credit card \$2,400. Client is responsible for travel & lodging expenses (e.g., airfare, hotel, car rental) associated with the on-site visit. If client reschedules or cancels this agreement, client is responsible to pay for any travel & lodging cancellation/re-scheduling fees.

Payment Method: Visa MasterCard AMEX Amount: **\$2,400**

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