



Target Coding

"Experts in Helping Chiropractors Get Properly Paid & Prevent Insurance Audits"

1245 Ginger Circle • Weston, FL 33326

Toll Free: 800-270-7044 • Tel: 954-389-9294 • Fax: 954-389-3491

www.TargetCoding.com • info@targetcoding.com

Target Coding's Gold Membership Program

The GOLD MEMBERSHIP program includes:

- A comprehensive review of your CPT codes, ICD-9 codes, SOAP notes, Intake Forms, HIPAA Forms, Fee Schedules, Modifiers, Cash Plans, Insurance Verification Forms, Insurance EOBs and CMS-1500 Forms.
- Monthly one-on-one online trainings for all DCs and CAs – these trainings are personalized for your office.
- Unlimited Q & A Support – submit your questions (via telephone, fax or e-mail) and get your billing, coding, compliance and documentation questions answered within 24-48 hours.
- Four Training Manuals (with audio CDs) on 1) How to Establish & Document Medical Necessity in your SOAP Notes, 2) Medicare Coding, Documentation & Billing for Chiropractic Services, 3) Evaluation & Management (E/M) Coding, Documentation & Billing and 4) Insurance Verification & Patient Financial Agreements.
- Unlimited access to all Target Coding webinars. The webinars are given just about every Tuesday and Thursday. The webinars are live, interactive and most are approved for CE credits by New York Chiropractic College.
- Target Coding's best-selling guidebooks on The Best Diagnosis Codes to Improve Reimbursement and The Best CPT & ICD-9 Coding Combinations to Improve Reimbursement.
- Our forms and templates package – you'll receive 18 chiropractic customizable forms and templates.
- Unlimited access to all Target Coding seminars. Most seminars are approved for 6 CE credits by New York Chiropractic College.
- Plus you'll receive monthly updates on proper coding, billing compliance and documentation.
- **Cost: \$299 per month for 12 months**

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.

Payment Method: Visa MasterCard AMEX

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

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

IN WITNESS WHEREOF, the parties have executed this agreement for the written above.

Dr. Marty Kotlar

Target Coding Representative Signature

Member Signature

Date

Date