



Smart Choice Program for DC Practices

Key Elements:

- A review of 5-10 patient charts.
- An analysis of your CPT codes, ICD codes, modifiers, care plans, SOAP notes and examinations.
- Training on how to establish medical necessity, functional outcome measurements and ADLs.
- A review of your 1500 claim forms and insurance EOBs.
- An evaluation of your patient intake forms, HIPAA forms, assignment of benefits, insurance verification forms and office policy forms.
- An assessment of your patient financial policies and fee schedules.
- Plus follow-up conference calls.
- **COST: ~~\$1,995~~ LIMITED OFFER: \$1,495 (or 2 payments of \$775)**

Client Information: Name: _____

Address, City, State, Zip: _____

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

Credit Card Charges & HIPAA Notice: The above named client authorizes Target Coding to charge the above credit card \$1,495 (one payment or 2 consecutive monthly payments of \$775) 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.

Payment Method: Visa MasterCard AMEX

Payment Options: ___ One payment \$1,495 ___ Two payments \$775

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