



# DC-MD-PT-ACU Integration Membership – LEVEL 4

## LEVEL 4 MEMBERSHIP:

- A comprehensive review of your chiropractic, medical, physical therapy and acupuncture SOAP notes, CPT/ICD-10 codes, intake forms, HIPAA forms, fee schedules, modifiers, cash plans, insurance EOBs and 1500 forms
- Monthly customized trainings for providers and staff members
- A billing and coding compliance manual with policies & procedures customized for your practice
- A HIPAA compliance manual
- Unlimited Q & A support – Questions answered within 24-48 hours
- Attendance to all webinars and seminars on coding, billing, recordkeeping, Medicare, HIPAA
- Attendance to all CA Boot Camp webinars
- Webinar playback recordings and CEUs included
- Access to member-only section for training videos and monthly e-newsletters
- 75 customizable forms, logs and templates
- 180-page guidebook on The Best CPT & ICD-10 Codes to Improve Reimbursement
- **\$599.00/month for 12 months (see pre-pay option below)**

### Pre-Pay Option:

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

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

**Credit Card Charges:** Member authorizes Target Coding to charge the below credit card \$599 per month for 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. This agreement is non-cancellable after 3 days and is non-transferable.

**Payment Method:**    **Visa**    **MasterCard**    **AMEX**    **Amount:**    **\$599/month**

**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**