Gold Membership

The GOLD MEMBERSHIP includes:

- A comprehensive review of your CPT codes, ICD codes, SOAP notes, Intake Forms, HIPAA Forms, Fee Schedules, Modifiers, Cash Plans, Insurance Verification Forms, Insurance EOBs and 1500 Forms.
- Monthly trainings for all DCs and CAs - 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 month 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.
- Our customizable digital forms and templates - receive 50 chiropractic forms, templates and fight-back letters.
- Four Training Manuals (with DVDs) on 1) How to Establish & Document Medical Necessity in your SOAP Notes, 2) Medicare Coding, Documentation & Billing for Chiropractic Services, 3) How to Create Chiropractic Treatment Plans and 4) Compliant Cash Plans & Financial Agreements.
- Free access to all Target Coding seminars.
- Plus news alerts and updates on chiropractic billing, coding and documentation.
- **Cost: $299 per month for 12 months (see pre-pay option below)**

Member Information: Name: _____

Address, City, State, Zip: _____

Office #: _____   Cell #: _____   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. This agreement is non-transferable.

Pre-Pay Option:

____**YES** - I would like to save $299 and pre-pay $3289 for the entire year.

Payment Method: Visa   MasterCard   AMEX

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**