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Comprehensive Chart Audit & Fee Schedule Review

This Program Includes:

- A comprehensive review of 5 patient charts.
- A detailed analysis of your documentation, SOAP notes, CPT/ICD-10 codes, intake forms, 1500 forms and EOBs.
- A review of your fee schedules, cash plans and patient financial policies.
- A billing and coding compliance manual with policies & procedures customized for your practice.
- \$_____.

Client Information: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Tel. #: _____ Website: _____ Email: _____

Payment Method: Visa MasterCard AMEX **Amount:** \$ _____

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