Target Coding

1245 Ginger Circle • Weston, FL 33326
Tel: 800-270-7044 • Fax: 954-389-3491 • www.TargetCoding.com • info@targetcoding.com

Target Coding's Gold Membership Program

The GOLD MEMBERSHIP 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 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, e-mail or fax) and get your answers 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 we cover many different topics. The webinars are also available as an "instant download" for anytime viewing.
- 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 50 chiropractic customizable forms and templates.
- Unlimited access to all Target Coding seminars.
- 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:** _____

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