



1245 Ginger Circle • Weston, FL 33326  
Toll Free: 800-270-7044 • [www.TargetCoding.com](http://www.TargetCoding.com) • [info@targetcoding.com](mailto:info@targetcoding.com)

Dear Doctor:

Thank you for your interest in obtaining a Durable Medical Equipment (DME) supplier number through Target Coding. Supplying patients with DME can be an excellent overall approach to patient care in your practice. As part of the Medicare claims processing manual, doctors of chiropractic can bill Medicare for DME as the supplier if they have a valid supplier number assigned by the National Supplier Clearinghouse.

If you are like most busy healthcare professionals, you do not have the time to fill out extensive forms and applications and you do not want to spend time on the phone following up on the status of your application... **this is where we help expedite the process.**

It takes approximately 3-4 months to become an authorized DME supplier so we recommend you get started right away...all it takes is 2 easy steps.

**STEP 1: Fax or mail us the following items:**

- A copy of your professional license.
- A copy of your office liability policy that has a limit of \$300K for each occurrence. Contact your office liability policy insurance company and ask them to name National Supplier Clearinghouse, P.O. Box 100142, Columbia, SC 29202-3142 as the certificate holder.
- Written confirmation of your Tax ID # and legal business name. We recommend you supply us with IRS form CP 575 or 147C. If you do not have either of these forms, call the IRS at (800) 829-0115 or call your accountant.
- An original voided check from the bank that you want Medicare to make your payments. This voided check must be mailed to us, Medicare will not accept a fax copy.

**STEP 2: Complete the form on the next page and fax or mail it to us with payment for \$695.00.**

Once we receive all of the requested information, we will submit your package to the National Supplier Clearinghouse. You will need an MD/DO order prior to supplying and billing your patients for DME. After we receive confirmation that you have been accepted as a DME supplier, your claims should be sent electronically - the Medicare DME carrier assigned to your state determines this. This Medicare carrier may be different than the carrier you presently send your chiropractic claims to. We'll let you know the Medicare carrier and where to send your claims once we receive your accepted application.

Feel free to contact us if you have any questions.

Sincerely,

Target Coding

**For purposes of privacy Target Coding will protect the integrity of any information disclosed in the course of our business relationship. We will take reasonable care to avoid disclosure of information that you provide to us. We will shred all personal information after the application process is complete.**



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## DME Supplier Application Information

Doctor's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

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

Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email (please write clearly): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Individual NPI #: \_\_\_\_\_ Group NPI #: \_\_\_\_\_

Chiropractic College Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

How did you find out about Target Coding: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

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

Tel. #: \_\_\_\_\_ Contact Person at Bank: \_\_\_\_\_

### Disclosure Acknowledgement:

I \_\_\_\_\_ (print doctors name), am aware that a medical doctor must order the DME **prior** to supplying and billing my patients for DME. Please sign your name here: \_\_\_\_\_

### Payment Method:

Visa    MasterCard    AMEX                      Total: \$695.00

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address & Zip Code if different than above: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

\_\_\_\_\_ **Check Here If Paying By Check. Make check payable to Target Coding for \$695.00 and mail to 1245 Ginger Circle, Weston, FL 33326.**

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