



1245 Ginger Circle • Weston, FL 33326

Tel: 1-800-270-7044 • Fax: 1-954-389-3491 • www.TargetCoding.com • 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 may take 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 contact you and then submit your package to the National Supplier Clearinghouse. You will need to pay Medicare an application enrollment fee. You can do this by going to <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do> and pay online. Also, you will need an MD/DO order/prescription prior to supplying and billing your patients for DME and Medicare will be doing a site visit at some point after your application is complete. 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 MD/DO must order/prescribe 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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