

## **Target Coding Membership – LEVEL 3**

## **LEVEL 3 MEMBERSHIP:**

- Unlimited Q & A support Questions answered within 24-48 hours
- Attendance to all webinars and seminars on coding, billing, recordkeeping, Medicare, HIPAA
- Attendance to all CA Boot Camp webinars
- Webinar playback recordings and CEUs included
- Access to member-only section for training videos and monthly e-newsletters
- 75 customizable forms, logs and templates
- A comprehensive review of your SOAP notes, CPT/ICD-10 codes, intake forms, HIPAA forms, fee schedules, modifiers, cash plans, insurance EOBs and 1500 forms
- Monthly customized trainings for providers and staff members
- A billing and coding compliance manual with policies & procedures customized for your practice
- A HIPAA compliance manual

**Pre-Pay Option:** 

- 180-page guidebook on The Best CPT & ICD-10 Codes to Improve Reimbursement
- \$499.00/month for 12 months (see pre-pay option below)

YES - I would like to save S	\$250 and pre-pay \$5,73	8 for the entire ye	ar.		
Member Information: Name:					
Street Address:					
City:		State:	Zip:		
Tel. #:	Website:		Email:		
<u>Credit Card Charges</u> : Member authorizes date below for the member services set fortl Coding for all 12 monthly payments. This a	in this agreement. If member	wants to cancel this ag	reement after 3 business days		
Payment Method: Visa	MasterCard AM	<b>IEX</b>		Amount:	<u>\$499/month</u>
Credit Card Number:				Exp. Date:	
Cardholder Name:				Sec. Code:	
Credit Card Billing Address &	Zip Code if different t	han above:			
THE BELOW PARTIES HAVE Dr., Marty Kotlan	u 			TEN ABOV	<b>/E.</b>
<b>Target Coding Representative Signature</b>		Meml	ber Signature		
Date		Date			