MEDICARECODING.COM
℞ for Providers' Medicare Pain

"Pain-Free" Annual Support Program

	Maximum Relief	Regular Relief	Hotline Only
Preventative Services			
Education	2x/Client, Choice	1x/client, Choice	
Coding Query Hotline	Unlimited	Unlimited	Unlimited
Medicare Credentialing	Max 6x/year	Max 3x/year	
Newsletter (Email)	✓	✓	
Diagnostic Services			
Hourly Consulting	1x Office Visit or 4x Phone Consultations	1x Office Visit or 2x Phone Consultations	
Chart Audits	✓	✓	
Denial Mgmt Plan	✓		
Audit Prevention Plan	✓		
EHR Template Audits	✓		
Billing Audit (All Payees)	✓	✓	
Treatment Services			
Medicare Audit Support	✓		
Fee (10% Discount for pre-pay)	$3,000 yr ($250/mo*)	$1,800/yr ($150/mo*)	$495/Year*
****The program covers up to 2 providers/practice. $100/mo for each addt'l***			

I wish to take advantage of the Medicare Coding Annual Support Program indicated below.

___ Standard Retainer Program ($150/mo for 1st two providers, $100/mo for each additional, one year minimum)

___ Maximum Relieve Retainer Program ($250/mo for 1st two providers, $100/mo for each additional, one year Minimum)

___ Medicare Coding and Reimbursement Hotline Support (via phone/fax/email, payable in one payment of $495.00, one year minimum)

I hereby enter into agreement with Medicare Coding for the services outlined within the above indicated support program for a minimum period of one (1) year. This agreement shall continue in effect thereafter until proper notice of cancellation and/or alternate program selection is received.

If I cancel prior to the first complete year, I understand that services rendered during that period shall be calculated on an hourly basis and will be invoiced to me minus any monies paid up to cancellation.

______________________ ______________________ __________

Client **Signature** **Date**

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Program Selection								
Regular Relief	$150	+		Addit'l Providers (over 2)	x	$100	=	$
Max Relief	$250					$100		$
I want to prepay for a 10% Discount (check one)					Yes		No	

Participation (add addit'l pages as necessary)			
	Provider #1*	Provider #2	Provider #3
Name			
Title			
Phone			
Email			
*Primary Contact			

Method of Payment					
Name					
Title					
Company					
Address 1					
City		State		ZIP	

Payment Amount		Name of Cardholder			
$		Credit Card Address 1			
(Check One)		City			
	Check	State		Zip	
	Visa	Card Number			
	Master Card	Expiration Date		CVV#	
	Amex	Signature			

Submit your payment to:

Medicare Coding, LLC
7100 Pines Blvd, Suite 22
Pembroke Pines, FL 33024
FAX: 954-961-8733
Email: susan@medicarecoding.com