

CSI Client 5041 Dallas Hwy. Powder Springs, GA 30127

Dear CSI Client:

Thank you for selecting Coding Strategies, Inc (CSI) for your coding support needs. CSI will serve as an ongoing coding support center for YOUR ORGANIZATION'S NAME on an as needed basis to perform policy research; coding clarification and other coding related services. Services are billed monthly at a rate of \$XXX/hour. The monthly invoice includes a breakdown of the service provided and the time requirement. There is no minimum or maximum limits and we will guarantee your pricing until December 31, 2010. If you accept the terms of this agreement, please sign below as indicated.

Thank you for your trust in CSI. Please let me know if I may provide you with additional clarification. We

appreciate the opportunity to meet your coding support needs. Sincerely, Melody W. Mulaik Melody W. Mulaik, MSHS, CPC, CPC-H, RCC President Accepted By: YOUR ORGANIZATION'S NAME Name & Title Date Name: Ext: Fax: Email: YES! Send me a Consulting Support Agreement for my specialty(ies). Check all that apply: ☐ Radiology ☐ Cardiology ☐ Pathology ☐ Pain Management ☐ E/M Looking for consulting support for radiation oncology or infusion centers? Contact CSI today for more information on how we may best serve your consulting needs.

Please feel free to contact a CSI representative for further clarification regarding CSI Coding

Support Agreements at 1-877-6-CODING or at info@codingstrategies.com.