



13400 East Shea Boulevard
Scottsdale, Arizona 85259
(480) 301-8088

To: Executive Health Program		Date:	
Date of Appointment: _____		Fax Number: (480) 301-9644	
Physician Name: _____			
No. of Pages (including cover sheet):		Telephone: (480) 301-8088	
Delivery Instructions: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent			
Special Instructions:			
From:		Fax Number:	
		Telephone:	

Message: Mayo Clinic Executive Health Program – Required Forms to be Returned (6 pages total)

- Information for Your Physician (2 pages)
- Executive Health Registration Form (to include copies of insurance cards) (1 page)
- Mayo Clinic Authorization and Service Terms (1 page)
- Executive Health Recommended Packages (2 pages)
- \$3,000 Deposit required **if** insurance is **not** being billed and if you are not corporate sponsored. May be paid by credit card, check or money order
- **International patients** are required to pay in full prior to Executive Health Program examination

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