



Executive Health Program
Return Fax Cover Sheet

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

To: Executive Health Program	Date:
Date of Appointment _____ Physician Name _____	Fax Number: (480) 301-9644
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 (*8+ pages total, including this fax cover sheet*)

- Information for Your Physician (*2 pages*)
- Executive Health Registration Form and the last page of the Patient Information and Mayo Clinic Authorizations and Service Terms (*2 pages*). *Please attach a copy of the front and back of all active insurance card(s) and your driver's license.*
- 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 their estimated charges prior to their appointment. Additional services added during your visit outside the original estimated charges will be balance billed to you.
- Authorization to Release Medical Records (*optional*)
- Electronic Mail Authorization (*1 page*)

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