MAYO CLINIC

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: ☐ Routine   ☐ 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)*