



Mayo Clinic Number (if known)	Name (First, Middle, Last)	
Birth Date (Month DD, YYYY)	Employer	E-mail Address

- Complete the form online and print.
- **Return it via the Executive Health Program secure fax number: 507-266-7729.**

For questions regarding:
Appointments: 507-284-2288
Billing or insurance: 507-284-8582
Medical issues: 507-538-1763

Please check one:				
<input type="checkbox"/> Executive/Professional	<input type="checkbox"/> Spouse of Executive/Professional	<input type="checkbox"/> Retired Executive/Professional	<input type="checkbox"/> Corporate Pilot	
Payment of claims (Check ALL that apply)				
<input type="checkbox"/> Employer-Paid	<input type="checkbox"/> Medical Insurance	<input type="checkbox"/> Medicare Primary	<input type="checkbox"/> Medicare Secondary	<input type="checkbox"/> Self Paid

If your employer will pay Mayo Clinic directly for any portion of your Executive Health Exam, please provide employer name and address below:

Employer Name		
Employer Address (Street)		
City	State	ZIP Code

Note: It is possible that your employer and/or insurance carrier may not cover all services provided during the Executive Health Examination.

Requests to cancel or reschedule confirmed appointments within 10 business days will be subject to a \$500 cancellation fee. This fee will also be applied to confirmed appointments with the Executive Health Program that the patient fails to keep or "no shows" for that appointment.

I hereby authorize Mayo Clinic Rochester, its employees or agents, to release itemized billing statements containing medical information (including, but not limited to, information relating to psychologic, psychiatric, sickle cell anemia, and alcohol and drug abuse diagnosis and treatment, if such information exists) to the above-listed employer. This disclosure is for the purpose of payment of claims resulting from my executive physical examination.

This authorization will terminate in one year, unless otherwise indicated.

This authorization is valid until revoked by me at any time by notifying Mayo Clinic Rochester Executive Health Program Billing Representative in writing, except to the extent Mayo Clinic Rochester has already taken action in reliance on it.

Signature	Date (Month DD, YYYY)
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