

ACCOUNT INFORMATION

Date _____

Name of Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____ - _____ Internet Address _____

Type of Organization Hospital Cardiac Rehab Center Other _____

Director of Marketing/Business Development _____

Phone Number () _____ - _____ Fax Number () _____ - _____ E-mail: _____

Hospital bed size _____ Coronary Angiograms per year _____

Hospital Ownership _____ For Profit Non-Profit

PROGRAM COORDINATOR

Name _____ Title _____ Best Contact Time _____

Phone Number () _____ - _____ Fax Number () _____ - _____ E-mail: _____

BILLING CONTACT

Name _____ Title _____ Best Contact Time _____

Phone Number () _____ - _____ Fax Number () _____ - _____ E-mail: _____

Address _____ City _____ State _____ Zip _____

ENROLLMENT

1. The Pocket EKG One-Time Account Enrollment Fee is \$950.
Please select the applicable Pocket EKG enrollment option(s) below:

- Pocket EKG Card Service.....\$20.00 Per Card
- Pocket EKG Card & Patient Satisfaction Survey Service.....\$22.00 Per Card
- Pediatric Pocket EKG Card Service.....\$24.00 Per Card
- Pocket EKG Card Web Application.....\$500.00 Per Month

- The Pocket Angiogram One-Time Account Enrollment Fee is \$950.
Please select the applicable Pocket Angiogram enrollment option below:

- Pocket Angiogram Card Service.....\$22.00 Per Card
- Pocket Angiogram Card & Patient Satisfaction Survey Service.....\$24.00 Per Card

2. Email the logo you want to appear on the Pocket EKG/Pocket Angiogram Card
to: enrollment@cardiomarkllc.com

3. Mail a printout from your EKG machine, enrollment form and payment to:

CARDIOMARK LLC
P.O. Box 929
SAN LUIS OBISPO, CALIFORNIA 93406

4. I would like information on market exclusivity in my area?

- Yes No