



ACCOUNT INFORMATION

Date _____

Name of Organization _____
 Address _____ City _____ State _____ Zip Code _____
 Phone Number (____) _____ -- _____ Fax Number (____) _____ -- _____
 Internet Address _____
 Type of Patient Database software: _____ Manufacturer: _____
 Type of Medical practice: Cardiology Internal Medicine Multi-Specialty Other: _____
 Administrator Name _____ Phone (____) _____ -- _____ E-mail _____
 Name of Physician leader in group _____ E-mail _____
 Number of Physicians in group _____ Do you participate in outreach clinics yes no
 Number of patients in practice _____ Number of new patients per week _____

POCKET EKG PROGRAM COORDINATOR

Name _____ Title _____ Best Contact Time _____
 Phone Number (____) _____ - _____ Fax Number (____) _____ - _____ E-mail: _____
 Estimated number of Pocket EKGs per week _____

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

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

3. Mail a printout from your EKG machine and enrollment form 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