



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 AND CARD DESIGN

1. Select the Pocket EKG Card Design (Please Check Option Below)

 **Your Logo & Name Displayed on Upper Panel in Black & White**

One-Time Account Enrollment Fee \$650.00
 (Cost Per Patient Packet with Pocket EKG Card . . \$24.00)
 Billed Monthly Per Patient Packet as Ordered

 **Your Logo & Name Displayed on Upper Panel in Full Color**

One-Time Account Enrollment Fee \$950.00
 (Cost Per Patient Packet with Pocket EKG Card . . \$25.00)
 Billed Monthly Per Patient Packet as Ordered

 Patient Satisfaction Survey (Optional)

One-Time Account Enrollment Fee \$500.00
 Cost per Patient \$5.00
 (If You Choose this Option, Please add \$500 to Enrollment Fee. You will be Billed an Additional \$5.00 for Each Patient Packet Containing a Survey.)

2. Enter enrollment fee amount: \$ _____

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

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

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

 Yes No

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