

Executive Health Registration

CORE SERVICES

- Detailed Medical History and Physical Examination by Internist (includes review of family conditions, basic lifestyle assessment [diet, stressors, alcohol/drug use, exercise habits], medicines being taken, and appointments scheduled)
- Comprehensive Laboratory Screening Tests (blood and urine) to test for anemia, diabetes, thyroid, liver and kidney disease. Also includes lipid panel to assess cardiac and stroke risk factors.
 - Testing for men also includes prostate exam and PSA (Prostate Specific Antigen) screening.
- Fecal Occult Blood Test to detect GI bleeding
- Basic Audiologic Screening
- Resting Electrocardiogram (EKG) to test heart's electrical activity
- Exercise Stress Test
- Screening CT Scan of the Chest (for signs of lung cancer), to include a Coronary Calcium Scan (to assess heart size, wall thickness, etc.) for patients over 40 years of age unless otherwise indicated by physician
- Screening Pulmonary Function Tests to check for emphysema, bronchitis, etc.
- Final Interview with Internist, including review of test results
- Written Summary of evaluation and test results sent to patient's home (and his/her Primary Care Physician, if requested) within 3 – 5 business days (some test results may take longer)

PREMIUM SERVICES -include all Core Services, plus:

- Screening CT Scan of the Abdomen and Pelvis
- Eye Examination by Ophthalmologist
- Stress Echocardiogram (if indicated)
- Non-Invasive Vascular Screening Ultrasound

Please sign me up for:

- | | |
|---|--|
| <input type="checkbox"/> Core Services - \$2,200.00 | <input type="checkbox"/> Premium Services - \$3,400.00 |
|---|--|

SELECT SERVICES (additional screenings and their costs):

- | | |
|---|--|
| <input type="checkbox"/> Bone Mineral Density Test - \$300.00 | <input type="checkbox"/> Complete Pulmonary Function Testing - \$780.00 |
| <input type="checkbox"/> Virtual Colonoscopy - \$500.00 | <input type="checkbox"/> Traditional Colonoscopy Coordinating Fee - \$100.00 |
| <input type="checkbox"/> Complete Audiogram by Audiologist - \$175.00 | <input type="checkbox"/> Coronary Artery CT Scan - \$352.00 |
| <input type="checkbox"/> Whole Body Wellness Scan - \$875.00 | <input type="checkbox"/> Ear Wax Removal - \$80.00 |
| <input type="checkbox"/> Mammogram - \$225.00 | <input type="checkbox"/> Nuclear Stress Test- \$2,931.00 |
| <input type="checkbox"/> Nutrition Assessment (including BMI) - \$80.00
and consultation with Registered Dietitian | <input type="checkbox"/> Overnight Polysomnogram - \$2,291.00
for evaluation of sleep disorders |
| <input type="checkbox"/> Upper Endoscopy - \$1,945.00 | <input type="checkbox"/> Varicose Vein Screening - \$560.00 |
| <input type="checkbox"/> Echocardiogram - \$894.00
to evaluate Heart Valve Function | <input type="checkbox"/> CT Scan of Thorax and/or Abdomen and/or Pelvis - \$600.00 |
| <input type="checkbox"/> Venous Insufficiency Study - \$560.00 | <input type="checkbox"/> Peripheral Vascular Disease Study - \$371.00 |

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MRI Options:

- | | |
|--|---|
| <input type="checkbox"/> Joints - \$1,463.00 | <input type="checkbox"/> Brain - \$1,264.00 |
| <input type="checkbox"/> Spine - \$1,409.00 | |

Immunizations:

- | | |
|---|--|
| <input type="checkbox"/> Tetanus - \$122.00 | <input type="checkbox"/> Pneumococcal Pneumonia - \$127.00 |
| <input type="checkbox"/> International Travel Immunizations also available (cost varies); please specify: _____ | |

Ultrasound options:

- | | |
|---|--|
| <input type="checkbox"/> Abdomen - \$629.00 | <input type="checkbox"/> Pelvis - \$528.00 |
| <input type="checkbox"/> Carotid - \$606.00 | <input type="checkbox"/> Vascular (lower extremities) - \$629.00 |

I would like to schedule time with a specialist, as indicated below (\$25.00 coordinating fee applies and specialist cost varies):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Physical Medicine & Rehabilitation |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other _____ | |

Additional lab studies are also available as indicated by screening or exam by your Executive Health physician. Prices will vary.

CORPORATE PAYMENT/CANCELLATION POLICY:

A \$250.00 registration fee is charged at the time the appointment is made. This will be applied against the final bill. The registration fee will be refunded if the appointment is cancelled at least 2 weeks (10 business days) in advance; otherwise, the fee will be forfeited in full. A valid credit card number is required to hold all appointments. Payment is expected at the time of service.

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date (mm/yyyy): _____

Name on Card: _____

Signature: _____