



**CARDIOVASCULAR ASSOCIATES**  
*of* GLENBROOK *and* EVANSTON LLC

I choose to participate in the following CAGE Patient Care Program:

- CAGE-Care.** No fee. I understand I might be charged for unreimbursed services.
- CAGE-Choice** \$500.00 per person or \$750.00 per family per year.
- CAGE-Premier** \$2000.00 per person or \$3000.00 per family per year.

Print Name of Patient(s): \_\_\_\_\_ Date: \_\_\_\_\_

CAGE Physician \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Options:**

- Check Enclosed Amount: \$ \_\_\_\_\_

Make check payable to: Cardiovascular Associates of Glenbrook and Evanston

- Credit card: Please provide account information and sign below:

Visa     MasterCard     American Express

Account No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return this form and payment to:**

Cardiovascular Associates of Glenbrook and Evanston  
Attn: Michelle Stejskal  
2501 Compass Rd, Suite 100  
Glenview, Ill 60026

Each participant agrees that CAGE's liability to any participant for noncompliance with any aspect of these Plans shall be limited to the amount of the most recent annual fee paid by the participant. CAGE reserves the right to modify these Plans at any time as may be required by law. CAGE may also terminate these Plans as necessary in its sole discretion at any time, in which event it will return a prorated portion of the annual fee to participants. CAGE physicians will use best efforts to ensure they are generally available in accordance with the Premier Plan, but access to a specific CAGE physician may be limited from time to time because of occasional inaccessibility and personal emergencies and other unforeseen events.